

SENATE JOURNAL
Sixty-third General Assembly
STATE OF COLORADO
Second Regular Session

Twenty-third Legislative Day

Thursday, January 31, 2002

Prayer By Senator Matsunaka.

Call to Order By the President at 9:00 a.m.

Roll Call Present--Total, 32
Absent/Excused--Hanna, Perlmutter, Phillips--Total, 3.
Present later--Hanna, Perlmutter, Phillips.

Quorum The President announced a quorum present.

Reading of Journal On motion of Senator Tate, reading of the Journal of Wednesday, January 30, was dispensed with and the Journal was approved as corrected by the Secretary.

COMMITTEE OF REFERENCE REPORTS

Agriculture and Natural Resources After consideration on the merits, the committee recommends that **HJR02-1006** be referred favorably to the Senate for final action.

Education After consideration on the merits, the committee recommends that **SB02-064** be amended as follows and, as so amended be referred to the Committee of the Whole with favorable recommendation.

Amend printed bill, page 2, strike lines 2 and 3.

Strike pages 3 through 10.

Page 11, strike lines 1 through 15.

Renumber succeeding sections accordingly.

Page 13, strike lines 3 through 11 and substitute the following:

"SECTION 4. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety."

Page 1, line 101, after "**CONCERNING**", insert "**NOTICE OF CONVICTIONS PERTAINING TO**" and strike "**SCHOOLS, AND, IN CONNECTION**" and substitute: "**SCHOOLS.**";

strike lines 102 through 105.

Education After consideration on the merits, the committee recommends that **SB02-051** be amended as follows and, as so amended be referred to the Committee of the Whole with favorable recommendation.

Amend printed bill, page 2, line 8, strike "AUGUST 15" and substitute "A DATE DETERMINED BY THE LOCAL BOARD OF EDUCATION";

line 9, after "year.", insert "THE DATE DETERMINED BY THE LOCAL BOARD OF EDUCATION FOR FILING OF APPLICATIONS SHALL NOT BE ANY EARLIER THAN AUGUST 15, OR ANY LATER THAN DECEMBER 1."

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Health
Environment,
Children &
Families

After consideration on the merits, the committee recommends that **HB02-1007** be referred favorably to the Committee of the Whole.

Health,
Environment,
Children &
Families

After consideration on the merits, the committee recommends that **SB02-012** be amended as follows and, as so amended be referred to the Committee on Public Policy and Planning with favorable recommendation.

Amend printed bill, strike everything below the enacting clause, and substitute the following:

"SECTION 1. 10-16-105 (7.2) and the introductory portion to 10-16-105 (7.3) (c) (II), Colorado Revised Statutes, are amended to read:

10-16-105. Small group sickness and accident insurance - guaranteed issue - mandated provisions for basic and standard health benefit plans. (7.2) The commissioner shall promulgate rules to implement a basic health benefit plan and a standard health benefit plan to be offered by each small employer carrier as a condition of transacting business in this state. Such rules shall be ~~effective January 1, 1995,~~ and in conformity with the provisions of article 4 of title 24, C.R.S., AND SHALL INCORPORATE THE FOLLOWING:

(a) THE STANDARD HEALTH BENEFIT PLAN SHALL REFLECT THE BENEFIT DESIGN OF COMMON PLAN OFFERINGS IN THE SMALL GROUP MARKET; AND

(b) THE BASIC HEALTH BENEFIT PLAN SHALL OFFER THE BENEFIT DESIGNS OF THE FOLLOWING:

(I) CATASTROPHIC HEALTH INSURANCE AS DEFINED IN SECTION 10-16-116; EXCEPT THAT HEALTH MAINTENANCE ORGANIZATION BASIC HEALTH BENEFIT PLANS SHALL REFLECT A SHARING OF HIGHER CONSUMER COSTS THROUGH HIGHER COPAYMENTS INSTEAD OF DEDUCTIBLE AMOUNTS. SUCH CATASTROPHIC HEALTH INSURANCE SHALL BE OFFERED IN CONJUNCTION WITH A MEDICAL SAVINGS ACCOUNT AS DEFINED IN SECTION 39-22-504.7, C.R.S., WHICH MEDICAL SAVINGS ACCOUNT SHALL REFLECT AN EMPLOYER CONTRIBUTION OF NOT LESS THAN ONE HUNDRED FIFTY PERCENT OF THE AMOUNT PAID BY THE EMPLOYER FOR EACH INDIVIDUAL EMPLOYEE; EXCEPT THAT A BUSINESS GROUP OF ONE MAY NOT CONTRIBUTE MORE THAN THE BUSINESS GROUP OF ONE'S NET INCOME TO A MEDICAL SAVINGS ACCOUNT.

(II) A PREFERRED PROVIDER ORGANIZATION;

(III) A HEALTH MAINTENANCE ORGANIZATION; OR

(IV) A TRADITIONAL INDEMNITY PLAN.

(7.3) (c) (II) In the case of a small employer carrier that establishes more than one class of business, as defined in sections 10-8-602 (3.5) and 10-16-102 (11), the small employer carrier shall offer to eligible small employers at least one basic health benefit plan and at least one standard health benefit plan for each type of plan it offers in the general market, including traditional indemnity, preferred provider, CATASTROPHIC HEALTH PLAN, and health maintenance organization in each class of business so established. A small employer carrier may apply reasonable criteria in determining whether to accept a small employer into a class of business if:

SECTION 2. 10-16-104 (1) (a) and (1.7), the introductory portions to 10-16-104 (4) (a) and (5), 10-16-104 (5.5) (a) (I) and (8) (b), the introductory portions to 10-16-104 (9) (a) and (10) (a), 10-16-104 (11) (b), the introductory portion to 10-16-104 (12) (a), and 10-16-104 (13) (a) and (14) (a), Colorado Revised Statutes, are amended, and the said 10-16-104 is further amended BY THE ADDITION OF A NEW SUBSECTION, to read:

10-16-104. Mandatory coverage provisions. (1) Newborn

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children. (a) All group and individual sickness and accident insurance policies ISSUED BY AN ENTITY SUBJECT TO PART 2 OF THIS ARTICLE and all service or indemnity contracts issued by any entity subject to part 3 or 4 of this article, NOT INCLUDING CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO 10-16-105 (7.2) (b) (I), shall provide coverage for a dependent newborn child of the insured or subscriber from the moment of birth.

(1.7) Therapies for congenital defects and birth abnormalities. (a) After the first thirty-one days of life, policy limitations and exclusions that are generally applicable under the policy may apply; except that all individual and group health benefit plans, NOT INCLUDING CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO 10-16-105 (7.2) (b) (I), shall provide medically necessary physical, occupational, and speech therapy for the care and treatment of congenital defects and birth abnormalities for covered children up to five years of age.

(4) Low-dose mammography. (a) For the purposes of this subsection (4), "low-dose mammography" means the X-ray examination of the breast using equipment dedicated specifically for mammography, including but not limited to the X-ray tube, filter, compression device, screens, and film and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast. All individual and all group sickness and accident insurance policies, except CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO 10-16-105 (7.2) (b) (I) AND supplemental policies covering a specified disease or other limited benefit, ~~which~~ THAT are delivered or issued for delivery within the state by an entity subject to the provisions of part 2 of this article and all individual and group health care service or indemnity contracts issued by an entity subject to the provisions of part 3 or 4 of this article, as well as any other group health care coverage provided to residents of this state, shall provide coverage for routine and certain diagnostic screening by low-dose mammography for the presence of breast cancer in adult women. Routine and diagnostic screenings provided pursuant to subparagraph (II) or (III) of this paragraph (a) shall be provided on a contract year or a calendar year basis by entities subject to part 2 or 3 of this article and shall not be subject to policy deductibles. Such coverages shall be the lesser of sixty dollars per mammography screening, or the actual charge for such screening. The minimum benefit required under this subsection (4) shall be adjusted to reflect increases and decreases in the consumer price index. Benefits for routine mammography screenings shall be determined on a calendar year or a contract year basis, which shall be specified in the policy or contract. The routine and diagnostic coverages provided pursuant to this subsection (4) shall in no way diminish or limit diagnostic benefits otherwise allowable under a policy. If an insured person who is eligible for a routine mammography screening benefit pursuant to subparagraphs (I), (II), and (III) of this paragraph (a), has not utilized such benefit during a calendar year or a contract year, then such provisions shall apply to one diagnostic screening for such year. If more than one diagnostic screening is provided for such person in a given calendar year or contract year, the other diagnostic service benefit provisions in the policy or contract shall apply with respect to such additional screenings. This mandated mammography coverage shall be provided according to the following guidelines:

(5) Mental illness. Every group policy or contract providing hospitalization or medical benefits by an entity subject to the provisions of part 2 or 3 of this article, EXCEPT CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO 10-16-105 (7.2) (b) (I), shall provide benefits for conditions arising from mental illness at least equal to the following:

(5.5) Biologically based mental illness. (a) (I) Every group policy, plan certificate, and contract of a carrier subject to the provisions of part 2, 3, or 4 of this article, except CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO 10-16-105 (7.2) (b) (I) AND those described in section 10-16-102 (21) (b), shall provide coverage for the treatment of biologically based mental illness that is no less extensive than the coverage provided for any other physical illness. Any

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preauthorization or utilization review mechanism used in the determination to provide such coverage shall be the same as, or no more restrictive than, that used in the determination to provide coverage for any other physical illness. The commissioner shall adopt such rules as are necessary to carry out the provisions of this subsection (5.5). In promulgating such rules, the commissioner shall recognize that the substance of the mechanisms for preauthorization or utilization review may differ between medical specialties and that such mechanisms shall not be more restrictive with respect to a covered person or a mental health provider for a determination under this subparagraph (I) than for any other physical illness.

(8) Availability of hospice care coverage. (b) Notwithstanding any other provision of the law to the contrary, no individual or group policy of sickness and accident insurance issued by an insurer subject to the provisions of part 2 of this article and no plan issued by an entity subject to the provisions of part 3 of this article ~~which~~ THAT provides hospital, surgical, or major medical coverage on an expense incurred basis, EXCEPT CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO 10-16-105 (7.2) (b) (I), shall be sold in this state unless a policyholder under such policy or plan is offered the opportunity to purchase coverage for benefits for the costs of home health services and hospice care ~~which~~ THAT have been recommended by a physician as medically necessary. Nothing in this paragraph (b) shall require an insurer to offer coverages for which premiums would not cover expected benefits. This paragraph (b) shall not apply to any insurance policy, plan, contract, or certificate ~~which~~ THAT provides coverage exclusively for disability loss of income, dental services, optical services, hospital confinement indemnity, accident only, or prescription drug services.

(9) Availability of coverage for alcoholism. (a) Any other provision of law to the contrary notwithstanding, no hospitalization or medical benefits contract on a group basis issued by an insurer subject to the provisions of part 2 of this article or an entity subject to the provisions of part 3 of this article, EXCEPT CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO 10-16-105 (7.2) (b) (I), shall be sold in this state unless the policyholder under such contract or persons holding the master contract under such contract are offered the opportunity to purchase coverage for benefits for the treatment of and for conditions arising from alcoholism, which benefits are at least equal to the following minimum requirements:

(10) Prostate cancer screening. (a) All individual and all group sickness and accident insurance policies, except CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO 10-16-105 (7.2) (b) (I) AND supplemental policies covering a specified disease or other limited benefit, ~~which~~ THAT are delivered or issued for delivery within the state by an entity subject to the provisions of part 2 of this article and all individual and group health care service or indemnity contracts issued by an entity subject to the provisions of part 3 or 4 of this article, as well as any other group health care coverage offered to residents of this state, shall provide coverage for annual screening for the early detection of prostate cancer in men over the age of fifty years and in men over the age of forty years who are in high-risk categories, which coverage by entities subject to part 2 or 3 of this article shall not be subject to policy deductibles. Such coverage shall be the lesser of sixty-five dollars per prostate cancer screening or the actual charge for such screening. Such benefit shall in no way diminish or limit diagnostic benefits otherwise allowable under a policy. This coverage shall be provided according to the following guidelines:

(11) Child health supervision services. (b) An individual HEALTH BENEFIT PLAN, A small group HEALTH BENEFIT PLAN OTHER THAN CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO 10-16-105 (7.2) (b) (I), or A large group health benefit plan issued in Colorado or covering a Colorado resident that provides coverage for a family member of the insured or subscriber, shall, as to such family member's coverage, also provide that the health insurance benefits applicable to children include coverage for child health supervision services up to the age of thirteen. Each such plan shall, at a minimum, provide benefits for preventive child health supervision services. A plan

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described in this paragraph (b) may provide that child health supervision services rendered during a periodic review shall only be covered to the extent such services are provided during the course of one visit by or under the supervision of a single physician, physician's assistant, or registered nurse.

(12) **Hospitalization and general anesthesia for dental procedures for dependent children.** (a) All individual and all group sickness and accident insurance policies that are delivered or issued for delivery within the state by an entity subject to the provisions of part 2 of this article and all individual and group health care service or indemnity contracts issued by an entity subject to the provisions of part 3 or 4 of this article, except CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO 10-16-105 (7.2) (b) (I) AND supplemental policies that cover a specific disease or other limited benefit shall provide coverages for general anesthesia, when rendered in a hospital, outpatient surgical facility, or other facility licensed pursuant to section 25-3-101, C.R.S., and for associated hospital or facility charges for dental care provided to a dependent child, as dependent is defined in section 10-16-102 (14), of a covered person. Such dependent child shall, in the treating dentist's opinion, satisfy one or more of the following criteria:

(13) **Diabetes.** (a) Any health benefit plan, except CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO 10-16-105 (7.2) (b) (I) AND supplemental policies covering a specified disease or other limited benefit, that provides hospital, surgical, or medical expense insurance shall provide coverage for diabetes that shall include equipment, supplies, and outpatient self-management training and education, including medical nutrition therapy if prescribed by a health care provider licensed to prescribe such items pursuant to Colorado law, and, if coverage is provided through a managed care plan, such qualified provider shall be a participating provider in such managed care plan.

(14) **Prosthetic devices.** (a) Any health benefit plan except CATASTROPHIC PLANS OFFERED AS BASIC HEALTH BENEFIT PLANS PURSUANT TO 10-16-105 (7.2) (b) (I) AND supplemental policies covering a specified disease or other limited benefit, that provides hospital, surgical, or medical expense insurance shall provide coverage for benefits for prosthetic devices that equal those benefits provided for under federal laws for health insurance for the aged and disabled pursuant to 42 U.S.C. secs. 1395k, 1395l, and 1395m and 42 CFR 414.202,414.210,414.228, and 410.1.00, as applicable to this subsection (14).

(15) NOTWITHSTANDING ANY PROVISION OF THIS SECTION TO THE CONTRARY, THE BENEFITS MANDATED IN SUBSECTIONS (1), (1.7), (4), (5), (5.5), (8), (9), (10), (11), (12), (13), AND (14) OF THIS SECTION SHALL BE SUBJECT TO THE DEDUCTIBLE PROVISIONS OF CATASTROPHIC HEALTH INSURANCE WHEN SUCH HEALTH BENEFIT COVERAGE IS OBTAINED THROUGH CATASTROPHIC HEALTH INSURANCE PURSUANT TO SECTION 10-16-116.

SECTION 3. 10-16-116 (2) (h), Colorado Revised Statutes, is amended, and the said 10-16-116 (2) is further amended BY THE ADDITION OF A NEW PARAGRAPH, to read:

10-16-116. Catastrophic health insurance - coverage. (2) Each catastrophic health insurance policy issued pursuant to subsection (1) of this section is required to:

(h) For group coverage, include a portability clause which provides that

(F) when an employee leaves employment for any reason the employee, the employee's spouse, and the employee's dependent children may each elect to continue coverage or convert coverage to an individual policy pursuant to section 10-16-108. and

~~(H) Conversion benefits shall be the insured's choice of the same coverage issued, without evidence of insurability, as an individual policy or the conversion coverage specified in section 10-16-108;~~

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(i) PROVIDE COVERAGE FOR THE MANDATED BENEFITS IN SECTION 10-16-104 (1), (1.7), (4), (5), (5.5), (8), (9), (10), (11), (12), (13), AND (14) SUBJECT TO THE APPLICABLE DEDUCTIBLE FOR THE CATASTROPHIC POLICY.

SECTION 4. 10-16-116, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

10-16-116. Catastrophic health insurance - coverage.
(3) INSURERS SHALL PROVIDE A WRITTEN DISCLOSURE TO A COVERED PERSON THAT INDICATES THE MANDATED BENEFITS OF SECTION 10-16-104 (1), (1.7), (4), (5), (5.5), (8), (9), (10), (11), (12), (13), AND (14) ARE COVERED BENEFITS AFTER THE COVERED PERSON HAS EXHAUSTED THE DEDUCTIBLE AMOUNT OF THE CATASTROPHIC HEALTH INSURANCE PLAN.

SECTION 5. Effective date - applicability. (1) This act shall take effect January 1, 2003, unless a referendum petition is filed during the ninety-day period after final adjournment of the general assembly that is allowed for submitting a referendum petition pursuant to article V, section 1 (3) of the state constitution. If such a referendum petition is filed against this act or an item, section, or part of this act within such period, then the act, item, section, or part shall take effect on the specified date only if approved by the people.

(2) The provisions of this act shall apply to health benefit plans issued or renewed on or after the applicable effective date of this act."

MESSAGE FROM THE REVISOR

We herewith transmit:

Without comment, as amended, HB02-1141.

INTRODUCTION OF RESOLUTIONS

The following Resolution was read by title and referred to the committee indicated:

SJR02-003 by Senator(s) Andrews--Concerning affirmation of the response by the United States government to the threat of terrorism.
Judiciary

SENATE SERVICES REPORT

Senate Services Correctly revised: HJR02-1011, 1012.

On motion of Senator Thiebaut, and with a majority of those elected to the Senate having voted in the affirmative, the balance of the calendar of General Orders--Second Reading of Bills--Consent Calendar (**SB02-054**), was laid over until Monday, February 4, retaining its place on the calendar.

COMMITTEE OF REFERENCE REPORTS

Government, Veterans and Military Relations, and Transportation After consideration on the merits, the committee recommends that **SB02-038** be referred favorably to the Committee of the Whole.

Government, Veterans and Military Relations, and Transportation After consideration on the merits, the committee recommends that **SB02-015** be referred favorably to the Committee of the Whole.

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On motion of Senator Thiebaut, and with a majority of those elected to the Senate having voted in the affirmative, the Senate proceeded out of order for Consideration of Resolutions (**HJR02-1007**).

CONSIDERATION OF RESOLUTIONS

HJR02-1007 by Representative Stengel; also Senator Fitz-Gerald--Concerning the certification by the general assembly of its estimate of state general fund revenues and allowable state general fund appropriations for the 2002-03 budget year.

On motion of Senator Fitz-Gerald, the Resolution was **adopted** by the following roll call vote:

YES	35	NO	0	EXCUSED	0	ABSENT	0
Anderson	Y	Fitz-Gerald	Y	May	Y	Takis	Y
Andrews	Y	Gordon	Y	McElhany	Y	Tate	Y
Arnold	Y	Hagedorn	Y	Musgrave	Y	Taylor	Y
Cairns	Y	Hanna	Y	Nichol	Y	Teck	Y
Chlouber	Y	Hernandez	Y	Owen	Y	Thiebaut	Y
Dyer	Y	Hillman	Y	Pascoe	Y	Tupa	Y
Entz	Y	Isgar	Y	Perlmutter	Y	Windels	Y
Epps	Y	Lamborn	Y	Phillips	Y	Mr. President	Y
Evans	Y	Linkhart	Y	Reeves	Y		

Co-sponsor added: Hernandez.

COMMITTEE OF REFERENCE REPORTS

Judiciary After consideration on the merits, the committee recommends that **SB02-034** be referred favorably to the Committee on Appropriations.

Judiciary The Committee has had under consideration and has had a hearing on the following appointments and recommends that the appointments be confirmed:

JUVENILE PAROLE BOARD

for terms expiring at the pleasure of the Governor:

Walter R. Schmidt of Lakewood, Colorado, to serve as a member from the public at large, appointed.

On motion of Senator Thiebaut, and with a majority of those elected to the Senate having voted in the affirmative, the balance of the calendar of Thursday, January 31, was laid over until Friday, February 1, retaining its place on the calendar.

General Orders--Second Reading of Bills: **SB02-032, SB02-002, SB02-030, SB02-028, SB02-044, SB02-004, SB02-040, SB02-069, SB02-006, SB02-041, SCR02-002, SB02-074, SB02-095, SB02-072, SCR02-001, SB02-108, SB02-055, SB02-102, SB02-049, SB02-007.**

Consideration of Resolutions: **HJR02-1003, SR02-005, HJR02-1009.**

Consideration of Governor's Appointments:

Colorado Water Resources and Power Development Authority

JC page 112, line 25.
Strike Tupa -- Insert Perlmutter.

On motion of Senator Thiebaut, the Senate adjourned until 9:00 a.m., Friday, February 1, 2002.

Attest:

Approved:

Karen Goldman
Secretary of the Senate

Stan Matsunaka
President of the Senate

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