COLORADO TITLE SETTING BOARD

IN THE MATTER OF THE TITLE, BALLOT TITLE, AND SUBMISSION CLAUSE FOR INITIATIVE 2023-2024 #149

MOTION FOR REHEARING ON INITIATIVE 2023-2024 #149

Alethia Morgan ("Movant"), a registered elector of the City and County of Denver, Colorado, through counsel, Ireland Stapleton Pryor & Pascoe, PC, hereby files this Motion for Rehearing on Initiative 2023-2024 #149 ("Initiative #149").

On March 6, 2024, the Title Board set the Title for Initiative #149 as follows:

> A change to the Colorado Revised Statutes concerning expanding a patient's right to access medical records, information, or communications created by a physician, other licensed healthcare professional, or a healthcare institution including staff, management, or a board of directors about any act or omission that caused or could have caused injury to, or the death of, the patient; and in connection therewith, providing access to certain records that are currently not available to the patient.

I. Summary

Initiative #149 violates the single subject rule because it has distinct and incongruous purposes. The measure purports to expand a patient's already-existing right to their own medical records. However, hidden within the measure—and identified nowhere in the title—is a second set of subjects requiring healthcare providers to disclose their own internal records even if those records are protected by various privileges under Colorado law and have nothing to do with medical treatment.

For example, Initiative #149 mandates disclosure of a healthcare provider's internal professional review and quality assurance records. Not only have these records never been considered a patient's in the first place, they have long been protected from discovery or subpoena in order to safeguard the professional review process that ensures quality healthcare in Colorado. Initiative #149 also requires healthcare providers to disclose internal attorney-client privileged communications, which have nothing to do with providing medical treatment, such as internal settlement communications.

Consequently, Initiative #149 has very little to do with its stated single subject of expanding patients' "rights" to their own medical records. Rather, the personal injury trial lawyers behind this measure are seeking to eviscerate existing privileges and protections in the healthcare industry to bolster their litigation prospects—all to the ***detriment of patient safety and quality of care in Colorado***. This type of blatant logrolling is why the single subject requirement exists. Moreover,

even if the Board had jurisdiction to set a title, the failure to identify ***any*** of these separate and distinct purposes violates the Colorado Constitution's clear-title requirements.

II. Initiative #149 Violates the Single Subject Requirement.

A. The Title Board Must Sufficiently Examine Initiative #149 to Determine Whether It Has Multiple Subjects.

At the March 6, 2024 hearing, the Board expressed confusion as to what Initiative #149 proposes to do. This confusion is unsurprising because, while Initiative #149 purports to merely expand patient access to their medical records, buried within the measure are critical provisions that do much more than that.

When faced with questions about what Initiative #149 does, Proponents' counsel deflected by asserting that the Board cannot consider the legal "effects" of the measure. However, understanding what the measure actually does, as opposed to speculating about its effects, are two very different things. The Board has a duty to sufficiently examine and analyze the measure to "determine whether it contains incongruous or hidden purposes or bundles incongruous measures under a broad theme." *In re Title & Ballot Title & Submission Clause for 2005-2006 #55*, 138 P.3d 273, 278–79 (Colo. 2006), *as modified on denial of reh'g* (June 26, 2006) ("[T]his court has repeatedly stated it will, when necessary, characterize a proposal sufficiently to enable review of the Board's actions.") (citing authorities).

The rationale for this principle is that "[a]n evaluation of whether the component parts of a proposed initiative are connected and are germane to one another, so as to comprise one subject, simply cannot be undertaken in a vacuum." *Id.* at 278, n.2 (quoting Justice Mullarkey's concurrence in *In re Proposed Initiative on Parental Rights*, 913 P.2d 1127, 1134 (Colo.1996)). Thus, for example, in *2005-2006 #55*, the Colorado Supreme Court examined a measure that, at first blush, appeared to have a straightforward central theme of "restricting non-emergency services". The court "explore[d] the purposes effected by restricting all non-emergency services . . . and identified two distinct, unrelated purposes", and therefore reversed the Title Board's title setting. 138 P.3d at 280-82. As part of its analysis, the court assessed how and why non-emergency services are provided by state and local governments to determine whether there were multiple purposes behind banning them in certain circumstances. *See id.*

Determining what a measure actually does is particularly important where the measure makes sweeping changes to existing law under the guise of a broad theme, thereby presenting risks of "logrolling". *See, e.g.*, *In re Title, Ballot Title & Submission Clause, for 2007-2008, #17*, 172 P.3d 871, 873 (Colo. 2007), *as modified on denial of reh'g* (Dec. 17, 2007) (analyzing measure creating environmental conservation department to determine that the measure also created a "public trust standard", which was a second subject); *In re Title, Ballot Title, Submission Clause for 2009-2010 No. 91*, 235 P.3d 1071, 1080 (Colo. 2010) (analyzing measure with the broad stated purpose "to protect and preserve the waters of this state" to determine the measure had distinct purposes embedded within it).

Here, Initiative #149's central theme is purportedly "expanding a patient's right to access medical records, information, or communications . . . regarding any act or omission that caused or

could have caused injury to, or the death of, the patient." Voters would be surprised to learn, however, that Initiative #149 does much more than expand already-existing patient rights to access their own medical records, information, and communications. Initiative #149 also eliminates or overrides long-standing, sacrosanct privileges set forth in Colorado law, including peer review and quality assurance privileges, the attorney-client privilege, and the physician-patient privilege. In doing so, Initiative #149 gives patients and their attorneys access to records, information, and communications that are not the patients' at all, and, in some cases, are not related to medical treatment whatsoever. This result is driven by language buried within Initiative #149's lengthy provisions and definitions.

Initiative #149 has no limits or exclusions and provides an absolute "right" on demand to "***any***" of the following items related to an "adverse medical incident" that could cause injury or death: (1) "medical records"; (2) "medical information"; and (3) "medical communication", which are made or received in the course of (a) "***business***"; (b) "treatment"; or (c) "***evaluation of prior or ongoing treatment***". Proposed C.R.S. § 25-1-804(1) (emphasis added).

The definition of "adverse medical incident" is 12 lines long and is extremely deceptive because it incorporates records, information, and communications even if they are not related to "medical" incidents and even if the incidents are not "adverse". *See* Proposed C.R.S. § 25-1-804(1) (including "any other act, neglect, or default" that "***could have caused***" injury, thereby encompassing, for example, such things as slippery sidewalks, wet floors, etc.); *see also id.* (expressly including "***near misses***" where no injury occurred).

The definition of "adverse medical incident" also includes "those incidents that are . . . reviewed by any health-care institution . . . through a peer review, risk management, quality assurance . . . or similar committee", and thus the measure is squarely aimed at providing access to internal peer review records that have long been privileged under state law. Proposed C.R.S. § 25-1-804(2)(d). Similarly, the definition of "adverse medical incident" also includes "information or documents reported to or reviewed by any representative of any [professional review] committee" established and authorized by the Colorado Professional Review Act at C.R.S. § 12-30-201 *et seq*. Thus, the measure provides access to professional review records of state-sanctioned professional review committees, thereby eliminating the professional review privileges that exist under Colorado law. *See also* Proposed C.R.S. § 25-1-804(2)(e) (expanding the definition of "medical record" to include "any medical records and draft records pertaining to any treatment by any licensed health-care professional").

Further increasing the expanse of Initiative #149, the definition of "medical information" has no meaningful bounds and is similarly misleading because it includes information that is not related to a patient's medical treatment and which is otherwise protected by the physician-patient privilege. The definition broadly includes ***all*** information "created by a physician, other licensed health-care professional, or health-care institution staff, ***management, executive staff, or corporate directors***, and includes information that may not be protected by the physician-patient privilege." Proposed C.R.S. § 25-1-804(2)(f). This includes "audit trails, text messages, messages on any messaging system, electronic mail communications, other electronic communications, and handwritten documents." *Id.*

In making no exceptions to the definition of "medical information", Initiative #149 captures, for example, attorney-client privileged communications between counsel and physicians or hospital management regarding a patient's lawsuit. Similarly, Initiative #149 captures executive management's internal work product regarding anything that could have potentially injured a patient, regardless of whether related to their medical treatment. To cement the fact that #149 opens the door to any and all internal communications, regardless of privilege, confidentiality, or other legal protection, the definition of "medical communication" has no exceptions and applies to any form of communication that falls within the sweeping definition of "adverse medical incident." Proposed C.R.S. § 25-1-804(2)(g).

Perhaps most troubling is that these critical aspects of the measure, *i.e.,* providing access to privileged and confidential information that are not medical records at all, are nearly impossible for the average voter to discern; at the same time, these fundamental changes to the provision of healthcare are actually the primary thrust of the measure because patients already have access to their medical records under existing laws, such as the Health Insurance Portability and Accountability Act (HIPAA). *See* 45 CFR 164.501.[1]

B. Eliminating Long-Standing Professional and Peer Review Privileges Is a Separate Subject.

At the initial hearing, Proponents' counsel did not dispute that the measure eliminates existing professional and peer review privileges under Colorado law. Instead, Proponents contend that these are mere "effects" of the measure that the Board cannot consider. March 6 Hearing Audio at 2:35:10.[2] That is wrong, because the Board is required to understand and consider that Initiative #149 eliminates these privileges in assessing whether the measure has disconnected or incongruous purposes. *2005-2006 #55*, 138 P.3d at 278.

Peer review is defined as "a basic component of a quality assurance program in which the results of health care given to a specific patient population are evaluated according to health-wellness outcome criteria established by peers of the professionals delivering the care . . . . Review by peer groups is promoted by professional organizations as a means of maintaining standards of care. Retrospective review critically evaluates the results of work that has been completed; it is done for purposes of improving future practice."[3]

Colorado has codified peer and professional review privileges in various statutes. For instance, the Colorado Professional Review Act provides protections and privileges for state-sanctioned professional review boards to review the quality of care of licensed healthcare professionals. C.R.S. § 12-30-204(11)(a) (providing that "the records of an authorized entity, its professional review committee, and its governing board are not subject to subpoena or discovery and are not admissible in any civil suit"). The records subject to protection include, for example:

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[1] In fact, HIPAA is broader in some respects because patients may obtain any of their health records (not only those related to an "adverse medical incident"). 45 CFR 164.501.

[2] *Available at* https://csos.granicus.com/player/clip/434?view_id=1&redirect=true.

[3] Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition (*available at https://medical-dictionary.thefreedictionary.com/peer+review*).

interview transcripts, statements, reports, memoranda, and progress reports developed to assist in professional review activities. *Id.* at § 202(8).

Likewise, the Colorado Quality Management statute generally provides:

> [A]ny records, reports, or other information ***of a licensed or certified health-care facility*** that are part of a quality management program designed to identify, evaluate, and reduce the risk of patient or resident injury associated with care or to improve the quality of patient care shall be confidential information . . . [and] ***shall not be subject to subpoena or discoverable or admissible as evidence in any civil or administrative proceeding*** ….

C.R.S. § 25-3-109(3), (4) (emphasis added).

The General Assembly has expressly recognized these privileges as forming the foundation of the professional and peer review processes by allowing for candid internal review and analysis of patient care:

> The general assembly hereby finds and declares that the implementation of quality management functions to evaluate and improve patient and resident care ***is essential*** to the operation of health-care facilities licensed or certified by the department of public health and environment pursuant to section 25-1.5-103(1)(a). For this purpose, ***it is necessary*** that the collection of information and data by such licensed or certified health-care facilities be reasonably unfettered so a complete and thorough evaluation and improvement of the quality of patient and resident care can be accomplished.

C.R.S. § 25-3-109(1) (emphasis added); *see also* C.R.S. § 12-30-205 ("The quality and appropriateness of patient care rendered by [licensed healthcare providers] ***so influence the total quality of patient care*** that a review of care provided in a hospital is ineffective without concomitantly reviewing the overall competence of, professional conduct of, or the quality and appropriateness of care rendered by these persons.") (emphasis added).

The Colorado Supreme Court has also recognized the important role of peer review in ensuring high-quality care in holding that the Medical Practice Act "protects the records of a professional review committee from all forms of subpoena or discovery." *Colorado Med. Bd. v. Office of Admin. Courts*, 2014 CO 51, ¶ 7. The court reasoned that state legislatures across the country, including in Colorado, "provide for confidentiality of professional review committee proceedings and records in order to ensure that committee members are able to openly, honestly, and objectively study and review the conduct of their peers. *Id.* at ¶ 13.

Similar to the body of law protecting professional review, the 2019 Colorado Candor Act allows healthcare providers to have candid "open discussion communications" with patients who have suffered an "adverse health-care incident". The Candor Act encourages healthcare providers and patients to have open discussions in an effort to fairly and effectively resolve past adverse-incidents short of litigation and to prevent such incidents from happening again. *See* C.R.S. §§

25-51-103(4), -103(4). The privileges afforded to "open discussion communications" form the foundation of the Candor Act, which would be gutted without them. C.R.S. § 25-51-105. Doing away with the Candor Act has no possible connection to Initiative #149's purported patient-protection theme.

Various other Colorado statutes provide privileges or protections for healthcare provider's professional review records and communications. *See, e.g.*, Medical Practice Act, C.R.S. § 12-240-125(9), *et seq.* (protecting medical board investigations of healthcare professionals consistent with the terms of the Colorado Professional Review Act); *see also* Health-Care Facilities Consumer Information Reporting Statute, C.R.S. § 25-1-124 (requiring licensed healthcare facilities to report information regarding certain adverse incidents to CDPHE to compile data to facilitate consumer choice in medical care and protecting such reports from disclosure or subpoena).

Notably, the statues recognizing these privileges consider internal professional review records to be records "of" the healthcare provider, not personal records of the patient. C.R.S. § 12-30-204(11)(a) (privileging the records "***of an*** authorized entity, its professional review committee, and its governing board") (emphasis added); C.R.S. § 25-3-109(3), (4) (privileging "records, reports, or other information ***of a***" healthcare facility).

Further, ***none of these privileges prevents discovery or access to the original source patient records*** regarding their treatment, from which patients contemplating litigation or their attorneys can perform an evaluation of the quality of care. This is true even if the original source records are used in the professional review process. *See, e.g.*, C.R.S. § 12-30-204 (providing that "original source documents are not protected from subpoena, discovery, or use in any civil action merely because they were considered by or presented to a professional review committee").

Consequently, the notion that the central purpose of Initiative #149 is merely to expand a patient's "right" to their own medical records and information is extremely misleading, particularly given that patients already have the ability to access their personal medical records under existing laws, such as HIPAA. *See* 45 CFR 164.501. In fact, Initiative #149 has nothing to do with protecting patients, but instead has everything to do with eliminating the longstanding right of healthcare providers to conduct internal, privileged, ***post-care*** evaluations of patient care. Eliminating these privileges will harm patients across the state as evidenced by the General Assembly's myriad declarations that the professional review process—***including its associated privileges***—are integral to providing quality healthcare in Colorado.

When Initiative #149's paragraph-long provisions and definitions are stripped down to plain sight, it's easy to see why Proponents are trying to hide its fundamental changes within a deceptively titled "patient rights" measure. Proponents could not pass a standalone measure eliminating all professional review privileges because voters would be able to understand such a measure and would reject it. This type of flagrant logrolling is barred by the single subject requirement.

Consequently, where, like here, a measure purports to do one thing, but separately eliminates rights or duties under existing law, the measure violates the single subject requirement. *See, e.g.*, *In re Title, Ballot Title and Submission Clause for 2003-04 #32 and #33*, 76 p.3d 460,

462 (Colo. 2003) (reversing single subject finding where measures altered the petitioning process and also separately excluded all lawyers from participating in the title setting process); *In re Title, Ballot Title,& Submission Clause for Initiative 2015-16 #132 and #133*, 2016 CO 55 (finding a redistricting measure had a second subject because "coiled in the folds" of the measure were changes that impacted the duties of the Supreme Court nominating commission).

In short, if Proponents want to eliminate all professional review privileges to the detriment of healthcare patients in Colorado, they need to do so in a standalone measure that is comprehensible to the average voter.

C. Overriding the Physician-Patient Privilege Is a Separate Subject.

As part of the professional review and quality assurance processes, healthcare providers typically collect records and information of similar adverse medical incidents as an important component in understanding risks and trends. In fact, CDPHE regulations require "quality management programs" for licensed health facilities, which include the review of negative patient outcomes, errors, and potential for errors reported by staff. 6 CCR 1011-1:2-4.1 (privileging reports created as part of a quality management program at 4.1.5).

Yet, even after such records are compiled into any collective report or memorandum, they would fall within the broad scope of Initiative #149 and be subject to any single patient's "right" to access those records. Nothing in the definitions of "medical record", "medical information", or "medical communication" limits these terms to be patient-specific, and Initiative #149 makes no exception for records otherwise protected by the physician-patient privilege.

Accordingly, in requiring the production of records that are not patient specific, Initiative #149 overrides the physician-patient privilege codified at C.R.S. § 13-90-107(1)(d). This privilege was "adopted to achieve the purpose of placing a patient in a position in which he or she would be more inclined to make a full disclosure to the doctor and to prevent the patient from being humiliated and embarrassed by disclosure of information about the patient by his or her doctor." *Cmty. Hosp. Ass'n v. Dist. Court In & For Boulder Cnty.*, 570 P.2d 243, 244 (Colo. 1977).

Thus, for example, Patient/Voter A would be surprised to learn that Initiative #149 requires the disclosure of her medical information to Patient/Voter B in contravention of the physician-patient privilege. Requiring such disclosure is not rationally related to the purported purpose of expanding patient "rights", and thus constitutes a separate subject.

D. Overriding the Attorney-Client Privilege and Work-Product Doctrine Is a Separate Subject.

As outlined in section II above, by providing a "right" to all things broadly defined as "medical information" and "medical communications", Initiative #149, on its face, overrides the attorney-client privilege when it comes to communications about "adverse medical incidents". *See Proposed* C.R.S. § 25-1-804(2)(f), (g). Thus, under this measure, healthcare providers would be deprived of the "oldest of the privileges … known to the common law" and which is codified under Colorado law at C.R.S. § 13-90-107. *See Upjohn Co. v. United States*, 449 U.S. 383, 389 (1981).

The United States Supreme Court has recognized that the attorney-client privilege "is founded upon the necessity, in the interest and administration of justice, of the aid of persons having knowledge of the law and skilled in its practice, which assistance can only be safely and readily availed of when free from the consequences or the apprehension of disclosure" *Id.* Accordingly, the attorney-client privilege is a centuries-old right, which Initiative #149 would upend with its careless and expansive definitions that make no exception to what a patient has the "right" to access.

Similarly, Initiative #149 overrides the decades-old "work-product doctrine", which was recognized by the United States Supreme Court in *Hickman v. Taylor*, 329 U.S. 495 (1947). The work-product doctrine generally protects trial preparation materials from discovery and is codified by Rule 26 of the Colorado Rules of Civil Procedure. These Rules of Civil Procedures are adopted by the Colorado Supreme Court, which, "as part of its inherent and plenary powers, ***has the exclusive jurisdiction over attorneys and the authority to regulate, govern, and supervise the practice of law in Colorado to protect the public***." *Chessin v. Office of Attorney Regulation Counsel*, 2020 CO 9, ¶ 11 (emphasis added). Initiative #149's attempt to encroach on the jurisdiction of the Colorado Supreme Court is yet another reason why the measure has multiple subjects. *See* 2016 CO 55 (reversing the Title Board's single subject determination in part because changes to the Supreme Court Nominating Commission's duties encroached on the role of a separate branch of government).

But even aside from this jurisdictional issue, taking away the right of hospitals, physicians, nurses, dentists, and other healthcare providers to have privileged consultations with an attorney about an "adverse medical incident" has nothing to do with expanding patient rights to medical records. A doctor's email with her lawyer about her settlement position during ongoing litigation related to an "adverse medical incident" cannot logically be connected to "patient rights". Rather, it has everything to do with the personal injury bar gaining an unfair advantage in litigation.

Eliminating the attorney-client privilege in an opaquely disguised "patient rights" measure is another example of unabashed logrolling and an independent basis for determining Initiative #149 violates the single subject requirement.

E. Requiring Disclosure of Non-Medical Information Is a Separate Subject.

As the Board recognized at the initial hearing, the expansive scope of Initiative #149 gives patients the right to demand and access records and information that are not related to their medical treatment in any way. *See* Proposed C.R.S. § 25-1-804(1) (including "any other act, neglect, or default" that "***could have caused***" injury, regardless of any connection medical treatment). Neither patients nor anyone else has a right to demand and access such information from healthcare providers outside of a traditional litigation context.

Creating this new "right", which is not tied to medical treatment, is a separate and distinct subject. Voters would be surprised to learn that a measure purporting to be about "expanding a patient's right to access ***medical*** records, information, or communications", also requires healthcare providers to disclose non-medical information, such as information about slippery floors, icy sidewalks, loose railings, or the presence of asbestos in an aged building.

In short, if Proponents want to achieve all the separate and distinct purposes baked into Initiative #149, they can propose separate measures.

III. The Title Is Unfair, Inaccurate, and Incomplete.

Ballot titles must clearly express a measure's single subject. Colo. Const. art. V, § 1; C.R.S. § 1-40-106.5. Titles must also:

> allow voters, whether or not they are familiar with the subject matter of a particular proposal, to determine intelligently whether to support or oppose the proposal. Thus, in setting a title, the title board shall consider the public confusion that might be caused by misleading titles and shall, whenever practicable, avoid titles for which the general understanding of the effect of a 'yes/for' or 'no/against' vote will be unclear.

Matter of Title, Ballot Title & Submission Clause for 2015-2016 #73, 2016 CO 24, ¶ 22.

Here, the Title set for Initiative #149 highlights and exacerbates the problem with setting a ballot title for a measure that has multiple, distinct purposes hidden with its folds. The single subject is expressed as:

> A change to the Colorado Revised Statutes concerning expanding a patient's right to access medical records, information, or communications created by a physician, other licensed healthcare professional, or a healthcare institution including staff, management, or a board of directors about any act or omission that caused or could have caused injury to, or the death of, the patient . . . .

The title finishes by merely stating that the measure "provides access to certain records that are currently not available to the patient", which tells the voter nothing.

The single subject expression by itself is extremely prejudicial and inaccurate accurate on multiple fronts. First, patients already have a right to their own medical records. *See* section II, *supra*. Second, the measure provides for access to non-medical records, yet "medical" is in the Title. *Id.* Third, the measure provides access to more than just records, information, and communications "***created by***" healthcare professionals and institutions; it provides access to any of these broad categories "made or ***received*** in the course of ***business***, treatment, ***or evaluation prior or ongoing care***". Proposed C.R.S. § 25-1-804(1). This distinction is critical because it means that the measure captures all records and communications prepared by outside professional review committees or attorneys. *See also id.* at -804(2)(e), (g) (defining "medical record" and "medical communication" to include records and communications created by third parties).

Consequently, it is misleading to describe the measure as an expansion of existing patient rights to their ***medical*** records. Rather, the measure is aimed at eliminating codified rights by mandating healthcare providers to disclose: (1) their own privileged internal professional review records; (2) privileged "open discussion communications" with patients protected by the Candor Act; and (3) privileged attorney-client and work-product legal communications.

The Title identifies none of this, and instead reads like a campaign slogan for the personal injury bar with its expansion-of-rights language. The average voter will have no clue—from reading either the measure or the Title—that Initiative #149 guts existing laws aimed at ensuring high-quality patient care in Colorado. That is exactly what Proponents want because they could not pass their measure if voters understood the effects of a "yes" vote.

In a similar case, the Colorado Supreme Court said, "[T]he titles in this case create confusion and are misleading because they do not sufficiently inform the voters of the parental-waiver process and its virtual elimination of bilingual education as a viable parental and school district option. . . . Contrary to the title board's and proponents' position, we need not engage in the prediction of doubtful future effects to reach that conclusion." *In re Ballot Titles 2001-2002 #21 & #22 ("English Language Education")*, 44 P.3d 213 (Colo. 2002).

If the Board proceeds with title setting, the Board must clearly and fairly identify the effects of Initiative #149, including:

- Sufficiently putting voters on notice of their existing rights to their medical records;
- Identifying that the measure requires physicians, other licensed healthcare providers, and healthcare institutions to provide access to any of their records, information, communications about any act or omission that caused or could have caused injury to, or the death of, a patient;
- Identifying that disclosure is required even if such records, information, and communications are privileged or confidential under various state laws providing for the professional review of healthcare professionals or institutions;
- Identifying that disclosure is required regardless of application of the physician-patient privilege or attorney-client privilege; and
- Identifying that disclosure is required regardless of whether the health records, information, and communications are related to medical treatment.

WHEREFORE, Movant respectfully requests that the Title Board reverse the title setting for Initiative #149 because it violates the single subject requirement, or, alternatively, correct the deficiencies with the Title.

Dated: March 13, 2024

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby affirm that a true and accurate copy of the foregoing **MOTION FOR REHEARING ON INITIATIVE 2023-2024 #149** was sent this 13th day of March, 2024, via first class U.S. mail, postage pre-paid or email to:

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