

MINUTES OF THE MEETING OF THE HUMAN SERVICES COMMITTEE
February 16, 1983

The meeting of the Human Services Committee held February 16, 1983, 12:30 p.m., in Room 224A of the Capitol Building was called to order by Chairman Marjorie Hart. All members were present except Rep. Darko, who was excused.

EXECUTIVE SESSION
HOUSE BILL 269

REP. JAN BROWN, sponsor. This bill would allow a county rather than a city, town, or municipality to establish a fund for licensed day-care centers.

REP. DOZIER: Moved that HOUSE BILL 269 DO PASS

REP. BROWN: I talked with REP. FABREGA who talked with SEN. VAN VALKENBURG regarding the amendments and SEN. VAN VALKENBURG said the amendment would be fine.

REP. FABREGA: Moved that the amendments be accepted.

1. Title, line 6.

Following: "FOR"

Insert: "PROGRAMS AND EMPLOYEE TRAINING FOR"

2. Page 1, lin3 24.

Following: "of"

Insert: "programs for and training for operators and employees of"

Question was called and the amendments PASSED UNANIMOUSLY.

REP. JAN BROWN: Moved that HOUSE BILL 269 DO PASS AS AMENDED.

The motion PASSED with REPS. SEIFERT AND KEYSER voting no.

HOUSE BILL 312

REP. HART, sponsor. This bill gives the Department of Institutions the authority to prepare a comprehensive long-term state chemical dependency plan to be updated each biennium.

REP. FABREGA: Moved HOUSE BILL 312 DO PASS

REP. KEYSER: Moved the Statement of Intent be accepted.

The motion to DO PASS HOUSE BILL 312 PASSED UNANIMOUSLY.

The motion to accept the Statement of Intent PASSED UNANIMOUSLY.

HOUSE BILL 321

REP. SEIFERT, sponsor. This bill would prohibit health service corporation membership plans from disallowing payment to a dentist for care or services usually performed by a physician if the dentist is licensed to perform such care or service.

REP. SEIFERT: Moved HOUSE BILL 321 DO PASS.

REP. FARRIS: We should leave "FOR CARE OR SERVICES" and strike "USUALLY PERFORMED BY A PHYSICIAN".

REP. FARRIS: Moved the amendments with the one change mentioned above.

The motion to accept the amendments PASSED UNANIMOUSLY.

REP. DOZIER: Moved HOUSE BILL 321 DO PASS AS AMENDED.

The motion PASSED UNANIMOUSLY.

HOUSE BILL 360

REP. HART, sponsor. This bill would clarify and properly designate Department of Institutions administrator of both the alcohol and drug programs by defining and using term "chemical dependency".

REP. FABREGA: Moved HOUSE BILL 360 DO PASS.

Question was called and the motion PASSED UNANIMOUSLY.

HOUSE BILL 401

REP. J. JENSEN, sponsor. This bill would amend Section 53-2-602, MCA, to delete the provision that excludes casual, periodic, or occasional income in determining grant amounts for public assistance.

REP. FARRIS: Moved HOUSE BILL 401 DO NOT PASS.

REP. KEYSER: Made a substitute motion that HOUSE BILL 401 DO PASS. He said there is a federal law involved here. There is a federal statute that discusses this type of language that we have here.

REP. SWIFT: Doesn't the federal law require--in order to qualify, you have to consider that.

REP. KEYSER: SRS needed it to comply with federal law.

REP. FABREGA: Medicaid funding is supplied by the federal government. If we leave that language, it is a confusing situation.

REP. FARRIS: Medicaid is only one of four classifications that this applies to and there was some question that was never answered about the other kind of county aid that is offered under this statute. Rather than change our state law to conform to federal law, we should leave it the same way. We have the federal law if we want to conform to the federal guidelines in the federal program.

REP. SWIFT: How many dollars are we talking about if we take some action that rules out medicaid.

REP. DOZIER: When this gets down to a local program and local money, we will have to adjust the grant. I don't see any reason for the bill.

REP. FABREGA: We need to make sure that we don't lose medicaid certification.

A roll call vote was taken with five members voting yes (REPS. FABREGA, KEYSER, JONES, SEIFERT and SWIFT) and six members voting no (REPS. FARRIS, BROWN, CONNELLY, DOZIER, HANSEN and CHAIRMAN HART). The motion DO PASS HOUSE BILL 401 DID NOT PASS.

REP. FARRIS asked that the vote be reversed.

REP. FABREGA moved that HOUSE BILL 401 BE TABLED.

The motion PASSED with REP. FARRIS voting no.

HOUSE BILL 416

REP. JAN BROWN, sponsor. This bill would allow release of certain general information pertaining to a patient's injury to the news media by a health care facility if a law enforcement authority reported injury.

REP. BROWN moved that the following amendments be accepted:

1. Title, line 5.

Following: "PATIENT'S"

Strike: "INJURY"

Insert: "CONDITION"

2. Page 3, line 5.

Strike: "or general nature of the injuries"

Question was called and the motion PASSED UNANIMOUSLY.

REP. BROWN: Moved that HOUSE BILL 416 DO PASS AS AMENDED.

The motion PASSED with REPS. FARRIS, SEIFERT and CONNELLY voting no.

HOUSE BILL 424

REP. SHONTZ, sponsor. This bill would allow the Department of SRS to operate a program of home and community-based medicaid services as an alternative to long-term institutional services.

REP. FABREGA: Moved HOUSE BILL 424 DO PASS.

REP. FABREGA: We should make use of every instance so that people who are in nursing homes can move home.

REP. SWIFT: When you look at page 3, New Section, line 11, I asked who is going to have the responsibility for administering this program. In this new section, you do not see anything except they are going to penalize the nursing home if they do not participate in promulgating the information and imply telling the people whether or not they qualify, etc. It is not clear who is going to be responsible for administering this program to determine who stays home and who goes to a nursing home.

REP. FABREGA: If you look at line 18, the department shall provide the information to be disseminated. One of the biggest problems we have is making people aware of what is available to them.

REP. FARRIS: I would like to offer an amendment to correct this problem by striking New Section 4 in its entirety and to insert language that would have the Department of SRS advise that this option is available. In previous testimony it was pointed out that the doctors are the ones who ordered people to nursing homes. If we had SRS directing doctors that this was an available option that they might want to consider in making placements for their people, the doctors would have the responsibility for putting people in nursing homes.

CHAIRMAN HART read from the Cascade Convalescent Nursing Home "When a physician medically orders nursing home care, an administrator is in no position to change that order or disregard it. Therefore, the dissemination of required information at that point would be needed. The dissemination of required information regarding community-based medicaid services must occur prior to physician's orders. This could easily be accomplished during the local welfare office's prior approval of medicaid eligibility activities. This requirement should be

a function of the Department of SRS and local welfare office.

REP. FARRIS: We would insert a "New Section 4. Dissemination of Information. The Department of Social and Rehabilitation Services shall advise medicaid doctors in Montana and present residents of long-term facilities of the availability of this program."

REP. SWIFT: Moved the amendment be accepted.

The motion to accept the amendment PASSED UNANIMOUSLY.

REP. DOZIER: Moved that HOUSE BILL 424 DO PASS AS AMENDED.

The motion PASSED UNANIMOUSLY.

REP. SWIFT moved that the Statement of Intent be accepted (EXHIBIT 1).

The motion PASSED UNANIMOUSLY.

HOUSE BILL 445

REP. ELLERD, sponsor. This bill would require a nonsmoking area to be designated in all enclosed public places, removing the option of designating the entire area of a public place as a smoking area.

REP. DOZIER: Moved HOUSE BILL 445 DO PASS

REP. SEIFERT: Made a substitute motion to POSTPONE INDEFINITELY HOUSE BILL 445.

REP. FABREGA: I think we need to consider line 16. The way this bill is written, it mandates that you designate a portion of any public room to be a smoking area. Before, we had the option to designate the whole place smoking or a portion--non-smoking. He presented an amendment to designate the entire public area nonsmoking.

1. Page 1, line 16.

Following: "designate"

Insert: "the entire public area as a"

Following: "nonsmoking"

Strike: "areas"

Insert: "area"

REP. SWIFT: The discussions we are having right now indicates the confusion of this bill. There is no discussion of the cost to the parties affected.

REP. DOZIER: There is no place in the bill that says anything about how large the nonsmoking area has to be.

REP. HANSEN: Instead of nonsmoking, we should have smoking on line 18, and then you could reserve an area for smoking.

REP. DOZIER: REP. FABREGA'S amendment gives them a second option to declare the entire area nonsmoking.

REP. KEYSER: If you have a banquet room, and the law goes through as it is here, it would put those people in jeopardy of the law. I think it is a good amendment.

The motion to accept the amendment was voted on and PASSED UNANIMOUSLY.

REP. DRISCOLL: Proposed another amendment.

Page 1, line 19,
Following: "designating"
Strike: "a smoking"
Insert: "the nonsmoking"

The motion to accept the amendment was voted on and PASSED UNANIMOUSLY.

REP. JAN BROWN: Asked about Phil Strobe's amendments.

REP. FABREGA: Moved the following amendments be accepted.

Page 2, line 6.
Strike: "both a restaurant and"
Following: "tavern"
Strike: ", in which some"

Page 2, line 7.
Strike: "patrons choose to eat their meals in the tavern,"

Page 2, line 9 and 10.
Following: "area"
Strike: "in the tavern area of the establishment"

REP. JAN BROWN: What is an establishment? What does that mean? An establishment containing a tavern. Does that mean it has an eating area?

REP. FARRIS: I don't understand. Take the example of Jorgenson's. Jorgenson's doesn't have to have a nonsmoking area because they have a tavern?

REP. DOZIER: I don't agree with that.

REP. FARRIS: That's the way it reads now.

The amendment as proposed by REP. FABREGA was voted on and PASSED with REPS. WINSLOW, DOZIER, SEIFERT, HANSEN and CONNELLY voting no.

A roll call vote was taken on the motion TO POSTPONE INDEFINITELY HOUSE BILL 445.

The motion FAILED with REPS. BROWN, KEYSER, SEIFERT, SOLBERG, SWIFT voting yes and REPS. FARRIS, CONNELLY, DOZIER, DRISCOLL, FABREGA, HANSEN, JONES, MENAHAN, WINSLOW, and CHAIRMAN HART voting no.

A roll call vote was taken on the motion DO PASS AS AMENDED HOUSE BILL 445.

The motion PASSED with eleven voting yes (REPS. FARRIS, CONNELLY, DOZIER, DRISCOLL, FABREGA, HANSEN, KEYSER, JONES, MENAHAN, WINSLOW and CHAIRMAN HART) and four voting no (REPS. BROWN, SEIFERT, SOLBERG, and SWIFT).

REGULAR SESSION

HOUSE BILL 513

REP. PAVLOVICH, sponsor. This bill requires the Board of Chiropractors to approve continuing education programs for license renewal requirements. The bill also authorizes the Board to establish and collect a late fee for renewal applications received one month after expiration.

PROPOSERS:

CARROL ALBERT, D. C., stated this late renewal fee poses a problem in expenses in processing these late renewals. He said this year they had 230 renewals, 43 of which were late and two did not renew until after January 1st. He felt they should be penalized for not renewing on time.

OPPOSERS: None

REP. PAVLOVICH closed.

QUESTIONS:

REP. CONNELLY: In Montana, does a chiropractor have to be an M. D.

DR. ALBERT: No.

REP. KEYSER: What kind of an educational program have you approved as a board.

DR. ALBERT: We accept all those colleges that are accredited by the Chiropractic Council on Education. They must have two years prerequisite and then follow the guidelines set up by the Chiropractic Council on Education.

REP. KEYSER: How many hours are you requiring your people to take continuing education.

DR. ALBERT: We intend to increase to 15 this next convention.

REP. DOZIER: Has there been some problem with the continuing education program?

DR. ALBERT: Not with the program.

REP. JONES: What is the license fee at the present time?

DR. ALBERT: \$50. There is an additional fee for renewal. It would cost \$15 for penalty fee.

REP. SWIFT: You would not be adverse to inserting "a fee commensurate with costs"?

MARY LOU GARRETT: All our fees are commensurate with costs.

CHAIRMAN HART closed the hearing on HOUSE BILL 513.

HOUSE BILL 479

REP. FARRIS, sponsor. This bill authorizes the Department of Health and Environmental Sciences to license and regulate air ambulance service.

PROPONENTS:

DREW DAWSON, Chief Emergency Medical Services Bureau, Department of Health and Environmental Sciences, stated HOUSE BILL 479 would provide for the licensure of air ambulance services and would grant rule-making authority to the Department of Health and Environmental Sciences. The primary purpose of this bill is to assure good patient care, and to prevent unnecessary death or worsening of a patient's condition during air transportation. Recognizing the importance of air transportation in rural Montana, it is not intended to be unduly restrictive, but to ensure that at least certain minimal standards, which are essential to good patient care, are met (EXHIBIT 2).

JUDITH CARLSON, Deputy Director, Department of SRS, said they support HOUSE BILL 479 to license air ambulance service. In order to qualify for medicaid payment, ambulance services must be licensed (EXHIBIT 3).

NILS ("SWEDE") TROEDSSON, Montana Emergency Medical Service Association and Beaverhead Ambulance, Dillon, said ten years ago he was part of the process requiring licensure and regulation of ground ambulances in the state. He felt that health care of acutely ill patients would not have progressed in Montana to the level it is today were it not for the acts and regulations that focused public attention to the primitive state of the art that ambulance care once had. Those interested in updating the system were given the lever needed to turn things around. The guarantee of a minimal level of health care was held out in all transportation environments except one--air ambulance. Dillon's ambulance service supports this proposed legislation and does not view it as a financial threat to our communities capability to initiate most air ambulance flights (EXHIBIT 4).

He also read into the record a letter from Kenneth C. Hunt, M. D., Chief of Staff Barrett Memorial Hospital, Dillon, Montana, who stated "As physicians, the bottom line for us is maximal quality patient care. This must be maintained after it is initiated from the stabilization level at our local hospital when patients are transported to other facilities. Passage of such a bill would be a great reassurance for us as physicians as well as staff nurses who frequently accompany such patients on such transfers" (EXHIBIT 5).

JACK DAVIS, M. D., Kalispell, Montana, stated that throughout the past two years, the Montana Medical Association has been concerned about the lack of regulations on air transport facilities. A general concept was originated to develop air ambulance law with minimum regulations that would protect the patient. This was reviewed by a committee representing some thirty physicians throughout the state of Montana and received support of the Montana Medical Association.

RICHARD DUKE, Chairman, Montana Emergency Medical Services Air Ambulance Committee and the Administrator of Granite County Memorial Hospital, Phillipsburg, Montana, stated air ambulances are not licensed or regulated by state board or federal government. There is no minimum standard of care or equipment to be carried on air ambulances yet these have existed since 1971 on ground ambulances. Many people that

have encountered bad situations with ground ambulances have been able to deal with them through the Department of Health and through the mechanism of the state. With air ambulances, the only course of action is to go into civil court against an individual operator. There is no restriction that even though they are not licensed or regulated and they do advertise to the public as being air ambulances. The public perceives an ambulance as an ambulance. They expect the air ambulances to have the same equipment as the ground ambulance. They expect the same quality of care and the same standards to be upheld. The current safeguards are not enough for the people of Montana to ensure that when they select an ambulance service to move their loved one that they are going to receive a licensed and a medically sound system.

NANCY RAHM, R. N., Billings, Montana, stated that with ground ambulance patients, you are looking at 5% of the patients being in critical condition. With air ambulance, you are looking at 80% of the patients being in critical condition. That 80% deserves to have a standard of quality care.

MICKEY NELSON, Lewis and Clark County Coroner, said that most of the people who use air ambulances are desperate. He strongly supported this legislation.

OPPONENTS:

JEFF MORRISON, Morrison Flying Service, questioned the premise of the legislation as it is written. For the most part, he thought they were providing a very high standard of transportation for patients at a cost they cannot obtain by any other means. Some of the stories you have heard are unfair. We are talking about two different issues--patient care and transportation. Air ambulance operators may be a term that we should not use. We do not provide medical care. We only want to provide transportation--a qualified pilot in a qualified airplane. We rely on hospitals, doctors and family to provide medical care on the flight. We don't know what care the patient needs. We also rely on the doctor of the hospital to tell us what special equipment is needed. We are regulated by the FAA as far as airplanes and pilots. There are several different types of ambulance services. We provide three of the four different types. Most of our air ambulance services are post-hospital experiences. The hospital evacuation aircraft, which is different from the one we are talking about, is specially equipped and staffed. Helicopters provided by hospitals is also a very expensive cost. They are and should be manned by qualified people. Most of the things that we are involved with are routine hospital transfers. In many instances, we don't need special equipment or a special attendant. We do have emergency

Minutes of the Meeting of the Human Services Committee
February 16, 1983

transfers. These are initiated by a doctor or hospital. We ask them to provide the specialized equipment and personnel that are necessary to make the trip. The speed with which these air ambulance operators respond to a case is very important. If you have to rely on a hospital airplane or helicopter, the time is lengthened considerably. Not only are you going to have to wait, but you are going to have to pay three or four times as much money. In many instances, your insurance will not cover it. There are many times when we, as businessmen, are much better equipped to handle these routine transfers--taking a patient home, etc.. Please consider that there are various levels of service on an ambulance that are necessary and 80% of the time we can provide the service without any outside interference or regulation at a considerably cheaper rate. The federal government three years ago considered nationwide legislation for air ambulances. This was dropped when they discovered the very things that I am talking about today. Not only are costs going to go up but service is going to decrease, particularly in small rural areas. Only large hospitals are going to be providing the service. In Montana ten years ago I served on a committee that decided that the results would be detrimental rather than healthful to people of the state of Montana. Just to summarize--the costs are going to go up, the service will be reduced; much time will be lost to the patient; patient care will not, necessarily, improve; there are going to be certain costs to the state to administer the program; and the enforcement will be extremely difficult. He urged consideration of this bill.

SIG UGREN, Miles City, Montana, reiterated that aviation doesn't want to be charged with medical responsibility. One of the things he wanted to make clear, they have never picked up a patient that was not under the express supervision of a physician. You speak about dedicated service being provided--for this to happen all over the state of Montana would be financial suicide. Transportation will cost 400% more. People of Montana cannot afford this additional cost for treatment. We start out with a few regulations and the thing will get entirely out of hand. He thought we ought to think in terms of the person who is sick.

REP. SCHYE read a letter from VIC WOKAL, Glasgow, Montana, who is opposed to this legislation (EXHIBIT 6).

DON MORRIS, Dillon Flying Service, said it would cost him \$563 to get a license. He opposed this legislation.

REP. VINGER, Wolf Point, read letter on behalf of CHRIS KOLSTAD who stated that he is against licensing as enough regulations are already set upon pilots and their aircraft--covering safety in flying ability and maintenance. It was mentioned that if "we" as a Board do not set the law for licensing, then someone else will, so we went on to make rules that we thought the majority could live with--large cities and small if and only if the licensing law passed (EXHIBIT 7).

REP. FARRIS closed saying the proposed licensing fee is \$5 and not \$500. Montana is a big state and it is a rural state. When we have services offered to us, we ought to know what we are getting. She had an intern call individuals in the yellow pages listed and he found a wide variety of services offered. There is definitely a need for regulations. This is a consumer protection bill. We are talking about ambulance air service. If someone has a broken leg and needs to fly home, that is charter service and we should not be charging ambulance service rates for charter flights. She urged passage of this legislation.

QUESTIONS:

REP. KEYSER: Of the 2,000 air ambulance calls handled in the state, how many were ordered by the hospital or by a physician.

DREW DAWSON: I do not have specific facts on that.

REP. KEYSER: Doesn't it seem conceivable to you that if the physician has a very critical patient that they know is going to need special equipment, the doctor will order whatever is required and will provide for some competent medical person to go with that patient.

DREW DAWSON: The problem is that when he orders "air ambulance", he has an expectation that that level of care and equipment will be provided on arrival. When the physician orders a ground ambulance, he knows there will be trained personnel and special equipment on board. The same should be true of air ambulance. The purpose of this law is that the physician or nurse does not have to take the time in an emergency to make sure qualified people and proper equipment are on board.

REP. KEYSER: If that is all that is required, why come in with a whole bill that sets up rules and regulations when you could come in with a definition, defining in specific terms what we are referring to by the term "air ambulance". If these people do not qualify, they cannot hold themselves out as that; whereas, they are holding themselves out as that now.

DREW DAWSON: That is the intent of this bill.

REP. JONES: Would you give us an idea as to cost?

DR. DAVIS: We have handled over 300 fixed-wing flights. None of these flights were by an aircraft supplied by the hospital. They were supplied by private operators in our area of north-western Montana. The cost is no different than the average flight under those circumstances. It sounds as if there is an attempt to divide into those systems which are operated by hospitals (helicopters) and those which are not. That is not the intent of the legislation. The intent of the bill is to provide minimum standards equal for all.

REP. JONES: How long would it take the air ambulance to get from Kalispell to Libby.

DR. DAVIS: 30 minutes.

REP. JONES: From the time they get a phone call, how long before they are in the air and who is on board?

DR. DAVIS: Three minutes from the time the phone call is received, a team is dispatched including two trained nurses and proper equipment. The cost is no different than it is for ground ambulance.

REP. SOLBERG: Was CHRIS KOLSTAD in favor of this legislation?

RICHARD DUKE: When I discussed the philosophy and the intent of this bill, he inferred he was in favor of this legislation. I was surprised to hear the letter of opposition.

REP. SEIFERT: What does it cost to maintain that program on a yearly basis (the helicopter program).

DR. DAVIS: The helicopter program is completely separate from the fixed wing air program. To maintain the total program in Kalispell is probably about \$130,000 per year. That is a community supported program in which the entire community cooperates. The cost to the patient is no different than ground ambulance transportation.

REP. SEIFERT: The way this bill is written--it specifies the air ambulance service provides all transportation and all medical care. In section 9, the criminal penalty would not, in fact, the way this bill is drafted almost prohibit most areas of the state from having any facilities available whatsoever.

DR. DAVIS: It must be clarified--the difference between air taxi and air ambulance.

REP. SWIFT: 79 people are involved in a general way. How many of those people were involved in this rulemaking process?

RICHARD DUKE: One, Chris Kolstad. It my understanding this bill does not set up the rules. It merely gives the Department of Health the authority to establish rules. Based upon our experience with ground ambulance, we assume that the Department of Health will formulate a group which will include some of these fixed base operators to formulate those rules and will test those rules.

REP. SWIFT: Is it necessary to have a definition of "air ambulance" in order to get medicaid payments.

DREW DAWSON: Medicaid will not reimburse without the licensing procedure. That is not true of medicare.

REP. SWIFT: Of the 2,000, how many fatalities were there?

DREW DAWSON: I don't have specific information. It is impossible to accumulate that information at this time.

REP. WINSLOW: \$16,000 is the cost we are talking about on the fiscal note. If no care is administered, how many days of intensive care would that take?

DR. DAVIS: Five to ten days. That has nothing to do with the fact that the life was lost. The person died; the Department of Workman's Compensation would pay the family approximately \$50,000.

REP. WINSLOW: That clarifies the importance of what happens if the patient does not have the right kind of care.

REP. WINSLOW: Did you see the definition of the air ambulance? When you stood up and testified you said there was a difference between the service you would give and the service some of the other facilities give.

MR. MORRISON: As it says here "air transports and medical care". This assumes that we are taking the responsibility for medical care.

REP. WINSLOW: But in some cases, that medical care is being administered by these facilities in Kalispell and Billings.

MR. MORRISON: But in some cases, the operator made no pretense of providing medical care. When they hire a person like me to come in, they are saying for me to provide the airplane-- they will provide the medical care.

REP. WINSLOW: They are providing medical care which is different when you fly somebody some place.

MR. MORRISON: There are many times when I do not require medical people on board.

REP. WINSLOW: We are talking about two different types of service--one that administers care and one that transports. Why is it that both call themselves the same thing?

MR. MORRISON: It is a term that we have applied to the services we render. This may not be the proper term. Maybe we should call ourselves "Air Evacuation" and put in parenthesis (No Medical Care Provided).

REP. WINSLOW: The problem is everybody is calling themselves "Air Ambulance". If they did use different terminology and this would pass licensing, you would not even go near them. Is that correct?

DREW DAWSON: They would not be able to provide the service of an ambulance.

REP. WINSLOW: The concern that is coming forth--if they are not advertising as an air ambulance, they would not be forced to license and they would not be restricted in the transportation of these types of people.

DREW DAWSON: That is correct.

MR. MORRISON: I hope this would not preclude us from providing critical patient transfers by a qualified medical team--say, a doctor.

REP. WINSLOW: I don't think it would.

MR. MORRISON: I don't want to preclude a doctor from using me to transport a critical patient because I am not an air ambulance.

REP. FABREGA: The bill forbids advertising yourself as air ambulance service unless you provide the service. If a sick person wants to call an air taxi, there is nothing that forbids them from doing so; but at least they know that is what they are getting. If you are not willing to abide by the rules of this law, do you feel that you are still entitled to call yourselves "air ambulances" when it is not an ambulance service.

MR. MORRISON: As long as we are not precluded from providing the service we now provide, I don't have a problem. We still should be able to advertise that we provide this type of medical service.

REP. FABREGA: If you are going to call yourself "air ambulance", you ought to provide the service that goes with it. On page 2, line 5, regular service means more than once during calendar year you could be charged with transporting a patient under the air ambulance service and they are not qualified. Could you explain what is the intent of that?

DREW DAWSON: Those that advertise need to have their own standards. Even without advertising, if they regularly provide care for the patients who should receive medical attention enroute, those people should provide medical supervision of critical patients. If they don't have the proper training, then I think there would be a problem.

REP. FABREGA: That is the decision of someone in the family. If an air transport service gets called to transport a sick person more than once a year, they would have to be licensed as an air ambulance?

DREW DAWSON: They provide medical transportation in which medical care is required, that is right.

REP. SOLBERG: The services that you have been providing with a hospital furnishing help and equipment--do you feel that under the regulations of this law, you would be able to continue to operate the same way with the exception of calling yourself an air ambulance?

MR. MORRISON: I will continue to operate but there are many operators in the state who will not be able to.

REP. DOZIER: When you hold yourself out to be an air ambulance, do you charge a different fee than when you hold yourself out to be an air taxi.

MR. MORRISON: I charge extra for stretcher and oxygen. The regular air taxi rates are considerably less than ground ambulance.

REP. SEIFERT: Have you had any complaints from people relative to abuses?

DREW DAWSON. Yes we have. We just simply advise people we have no control over that.

REP. SEIFERT: How many?

DREW DAWSON: Four to five a year.

REP. DRISCOLL: Who usually calls for an airplane?

"SWEDE" TROEDSSON: Usually a physician.

REP. DRISCOLL: If we call people who provide airline services by a different name than those who provide qualified personnel and hospital services, would that supply the need?

NANCY RAHM: A definition has been established--air hospital taxi and this definition states that this is someone who transports a patient from a hospital setting that requires no care. The key word is "taxi".

REP. DRISCOLL: Also the words "no care". What if you are in a small area and your baby is in an incubator. The hospital furnishes the nurse, incubator, and all the life support system and the pilot furnishes the plane. Why can't there be a definition for those people? When that person arrives, you would have to furnish the equipment.

NANCY RAHM: That is what we believe the definition of an air ambulance in this legislation will give us--an ability to know that if we call somebody labeled an air ambulance that what we will receive is an airplane with the equipment and personnel furnished.

CHAIRMAN HART closed the hearing on HOUSE BILL 479.

EXECUTIVE ACTION
HOUSE BILL 543

REP. BENGTON requested that the bill not be heard.

REP. KEYSER moved to TABLE HOUSE BILL 543. The motion PASSED with REP. DRISCOLL voting no.

HOUSE BILL 620

REP. HANSEN moved to TABLE HOUSE BILL 620. The motion PASSED.

HOUSE BILL 699

REP. WINSLOW moved DO PASS HOUSE BILL 699.

REP. WINSLOW said the two concerns were continuing competency or continuing education. I don't see a whole lot of difference between the two. The other concern was that they were getting too much rulemaking authority and REP. FABREGA pointed out that the statement of intent really did define the areas of rulemaking.

REP. DRISCOLL: Moved to amend HOUSE BILL 699--
Page 15, lines 22, 23, 24 and 25
Strike: In its entirety.

REP. BROWN: If you do it on page 15, do you want to do it on page 8, lines 6 through 10.

REP. WINSLOW: Roger Tippy mentioned that there are some court hearings pending at the present time and the attorney general's decision was --

DAVE BOHYER: I think it was a case from Helena where the defense had said they couldn't be charged a license fee. Professionals, in general, are under the impression they are exempt from business license taxes.

REP. DRISCOLL: There is a court case over the attorneys suing the City of Billings because the City of Billings imposed a license fee on doctors, lawyers and dentists.

REP. FABREGA: The state has the licensing power--not the cities and counties. If the local government has the ability to levy a license fee, they also have the power to license. Under the statutes right now, they cannot impose a license tax. To allow them to impose a license fee is very dangerous. Then they could indicate they have the authority to issue licenses. You could destroy the whole method of public safety and welfare. I would be against the amendment. I think it belongs there for clarity.

REP. DRISCOLL: On licenses, I understand what you are saying. But on business tax, we charge every other business a fee or a tax.

REP. FABREGA: A store license you pay to the city but you also pay the county a store fee but that is outside the professional licensing. That is business licensing which is different from professional licensing.

Question was called on the previous amendment which reads:

Page 8, line 8.
Strike: "or business tax"

Page 15, line 24.
Strike: "or business tax"

The amendment PASSED with REPS. KEYSER, WINSLOW, CONNELLY and SWIFT voting no.

REP. WINSLOW moved HOUSE BILL 699 DO PASS AS AMENDED.

The motion was voted and PASSED with REPS. CONNELLY and SWIFT voting no.

REP. WINSLOW moved that the Statement of Intent be accepted. The motion PASSED UNANIMOUSLY.

HOUSE BILL 401

REP. FARRIS: Moved to RECONSIDER action on HOUSE BILL 401.

The motion to RECONSIDER HOUSE BILL 401 PASSED with REPS. SWIFT, SOLBERG and BROWN voting no.

REP. FABREGA: Moved HOUSE BILL 401 DO PASS.

Page 19

Minutes of the Meeting of the Human Services Committee
February 16, 1983

REP. FABREGA: What the bill does is in determining public aid to a recipient, the income from other sources is taken into account to determine the need.

REP. FARRIS: This bill covers the \$2 you got from babysitting. This law applies in at least four other cases and should be left on the books.

REP. DRISCOLL: Who is going to go to work if for every dollar they make, they are going to get a dollar deducted. I don't see any need for this type of legislation.

REP BRAND: Made a substitution motion that HOUSE BILL 401
DO NOT PASS.

The motion was voted on and PASSED with REPS. KEYSER, SWIFT, FABREGA, WINSLOW and FARRIS voting no.

The meeting adjourned at 2:45 p.m.



CHAIRMAN MARJORIE HART



Secretary

H STATEMENT OF INTENT
Bill No. 424 [LC 1067]

Under the Omnibus Budget Reconciliation Act of 1981, states are allowed to provide an array of home and community based services to the elderly, the physically disabled and the developmentally disabled. These generally less costly alternative services are meant to divert costs from the nursing home program. Under the provisions of the Omnibus Budget Reconciliation Act states are not allowed to spend more than they would otherwise spend for nursing home care.

The intent of this bill is to grant the Department of Social and Rehabilitation Services the authority to operate such a home and community-based services program within the limits of this bill and the applicable federal regulations. The bill also grants the Department the authority to adopt rules for implementing a long-term care placement evaluation program, which should be designed to encourage prospective Medicaid recipients to consider these less costly alternative services before entering a nursing home.

In promulgating rules for long-term care placement evaluation, the department shall take into consideration the following concerns:

(1) If the alternative services are to meet the objective of diverting costs from the nursing home program, then persons at risk of needing long term care must be identified prior to entry into the nursing home. This is because after entry into the nursing home, the person has generally expended or otherwise disbanded the financial and social resources that would have enabled the person to remain in the community. Early intervention into the decisionmaking of persons entering the nursing home is therefore essential to making this alternative a viable option.

(2) The alternative services may also create a demand that will cause the federal budget formula for providing the alternative services to be exceeded. To prevent this, it is essential to have in place a utilization control procedure for identifying those persons who would truly meet the federal requirements for the home and community based alternative.

(3) Federal law and regulations now provide for freedom of choice in a recipient's use of Medicaid services. Any rules governing long-term care placement evaluation should conform to current federal law and regulations.

VISITOR'S REGISTER

HOUSE HUMAN SERVICES

COMMITTEE

BILL HOUSE BILL 513

DATE 2-16-83

SPONSOR REP. PAVLOVICH

[illegible]

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Testimony of
Drew E. Dawson, Chief
Emergency Medical Services Bureau
Department of Health & Environmental Sciences
To House Human Services Committee
In Support of House Bill 479

Representative Hart, members of the Committee. I am here in support of House Bill 479. I would like to provide you with some basic information concerning the history of this proposal and the intention of the bill.

House Bill 479 would provide for the licensure of air ambulance services and would grant rule-making authority to the Department of Health and Environmental Sciences. The primary purpose of this bill is to assure good patient care, and to prevent unnecessary death or worsening of a patient's condition during air transportation. Recognizing the importance of air transportation in rural Montana, it is not intended to be unduly restrictive, but to ensure that at least certain minimal standards, which are essential to good patient care, are met.

Since 1971, there has been a licensure law for ground ambulance services requiring certain minimal standards of personnel and equipment. It is generally recognized that this has improved the quality of pre-hospital patient care in Montana.

There are a number of persons advertising in the yellow pages as air ambulance services. Yet, there is absolutely no assurance regarding their capabilities. There are no standards or guidelines for air ambulance services as the FAA does not deal with the medical issues. A critically ill patient can be transported by air without an attendant on board; with no medical direction and with no medical equipment on board. We don't allow this to happen on the ground; why should it be allowed because transportation is done by air?

Recognizing the importance of this issue, the 1981-82 Montana State Health Plan, adopted by the State Health Coordinating Council, strongly recommended the passage of air ambulance licensing legislation. During the past year, we have had a committee, broadly representative of the medical profession and aviation industry, working on this legislation and the proposed rules and regulations. We would continue to use this group, plus others, in developing any proposed rules.

Several comments concerning the intention of anticipated rules and regulations are in order:

1. The patient and his medical care are of paramount importance. However, the rural characteristics and limitations of Montana must also be considered, resulting in reasonable regulations.
2. The rules and regulations would cover those services who regularly provide and/or advertise as air ambulance services. It is meant to cover those situations in which medical supervision of the patient enroute is required.
3. These rules and regulations are not intended to restrict the occasional good samaritan rescue which is a life or death emergency and for which a properly equipped air ambulance is not available.

4. Minimal equipment would be required on every flight, recognizing however, the space and weight limitation of the aircraft. The rules and regulations would not suggest a "flying emergency room" but, particularly during interhospital transfers, would require only more sophisticated equipment which, in the judgement of the medical advisor, is necessary for the care of the patient. Aircraft regularly involved with medical rescue or initial response would, of course, need additional equipment on board.
5. Equipment would not need to be available in the aircraft at all times, but available during patient transport. Appropriate medical equipment could be available from the local hospital.
6. There would need to be medically trained persons on board the aircraft to manage the patient. The level of training would obviously depend on the patient's medical condition and treatment required. Minimal training regarding medical precautions and problems during flight should be provided to medical flight attendants.
7. There should be a medical advisor (physician) for an air ambulance service.
8. The aircraft would need to be of sufficient size to accommodate a litter patient and be able to provide care to that individual enroute.

Summary

Members of the Committee, proper care of the ill or injured patient is of paramount importance. Persons receiving air ambulance transportation have a right to expect a certain minimum standard of care.

House Bill 479 is intended to assure proper equipment and properly trained personnel on board the aircraft. The regulations to be adopted in concert with the many affected agencies, are intended to be reasonable and to recognize the importance of medical air transport in rural Montana.

Testimony on HB 479: An Act giving the department of health and environmental sciences the authority to license and regulate air ambulance services; and providing effective dates.

The department of social and rehabilitation services supports HB 479 to license air ambulance service.


In order to qualify for medicaid payment, ambulance services must be licensed.

This bill will be helpful in two ways:

1. It would simplify administration of medicaid because rates for air ambulances would be established in the same way as rates for ground ambulances.
2. It would provide assurances that the services provided are equal to those provided by ground ambulances - an assurance of quality.

We will have to watch to potential problem of rate increases resulting from this bill. However, we will attempt to use our current limits to assure that this does not happen.

Submitted by: Judith H. Carlson
Deputy Director, SRS
February 16, 1983



TESTIMONY

by

Nils A. ("Swede") Troedsson, Member

Air Ambulance Committee

Montana Emergency Medical Services Association

on

House Bill 479

(Licensure & Regulation of Air Ambulances)

before

The Human Services Committee

of the

House of Representatives

2/16/83

Committee Chairman - Marjorie Hart (Glendive)

Sponsor - Representative Carrol Farris (Great Falls),
Vice Chairman, Human Services Committee

Madam Chairman:

My name is Nils A. ("Swede") Troedsson. I am a member of the Air Ambulance Committee of the Montana Emergency Medical Services Association. My testimony here today also represents the opinions of my home volunteer ambulance organization, the Beaverhead Emergency Medical Services Corporation, in Dillon, Montana, and Region IB of the Montana Emergency Medical Services system.

Last year twenty percent of the patients transferred from Dillon were transported by aircraft. About one-third of these flights originated in our community using local aircraft and pilots. We consider our option for initiating our own air ambulance flights a vital one.

It was my privilege about ten years ago to be a part of the rule making process regarding licensure and regulation of ground ambulances in this State. I am convinced that field health care of injured and acutely ill patients would not have progressed in Montana to the level it is today were it not for the acts and regulations that focused public attention to the primitive state of the art that ambulance care was then. Those dedicated enough to persist in improving the system were given the lever needed to turn things around. The guarantee of a minimum level of health care was held out in all transportation environments except one, air ambulance.

Around half the air ambulance flights from our community are provided by flying services based in Montana, but outside of Dillon. Unfortunately, we all too often do not become aware of the inadequacies of an out-of-town air ambulance service sent to pick up our patient until the doors of the aircraft open. Because of the urgency of the transfer, the added expense of ordering another aircraft, and due to commitments already made, we have had to reluctantly surrender our patient into a health care environment of lesser capability than ours. In a sense, we were pressured into a medical-legal situation termed as abandonment.

We have had aircraft arrive for our patients with no attendant, or with an attendant who was merely another pilot who was seeking some flying time to maintain his proficiency.

We have had aircraft arrive with no oxygen for the patient when the need for oxygen was indicated; without a backboard or scoop stretcher for transportation of a patient with a back injury; without seats removed for a patient that needed to be transported lying down; without suction for a patient in possible need of this vital airway maintenance; without cabin pressurization for a patient in need of that type of protected environment; or without adequate bedding or personal comfort equipment.

We have had to send along our nurses or EMTs as attendants on out-of-town air ambulances in order not to abandon a critical patient to the level of inadequacy presented to us. We have had to loan equipment vital to the patient's care because the arriving aircraft did not carry the most basic of vital patient management equipment. In one case, we sent an inadequate aircraft back home and replaced it with one from another city.

Dillon's ambulance service supports this proposed legislation and does not view it as a financial threat to our communities capability to initiate most air ambulance flights. We can meet reasonable requirements with equipment and personnel available within our community. Based on the history of the formulation of regulations regarding ground ambulances, we are confident that the Department of Health will seek counsel from an advisory committee sensitive to the needs of rural Montana, and will test proposed regulations through the hearing process. We are willing to take our chances in hopes of a reasonable guarantee of a minimum health care system for over 2,000 patients transported annually in this State by air ambulance.

I wish to thank you for the opportunity to testify before you today, and would feel privileged to be allowed to answer any questions at such time as you deem appropriate.

DEER LODGE CLINIC, P.C.

FRANCIS L. BERTOGLIO, M.D.
STANLEY N. SMITH, M.D.
STEVEN J. SHIRILLA, M.D.
GARY D. LORD, M.D.

(406) 846-1722



PROFESSIONAL PLAZA

1101 Maryland Ave.
Deer Lodge, Montana 59722

CLINIC DENTAL OFFICE
GARRT. PHELPS, D.D.S.
D.G. HIESTERMAN, D.D.S.
(406) 846-1818

PHYSICAL THERAPY
J. PATRICK MCGILLIS, R.P.T.
(406) 846-1991

February 10, 1983

Representative Joe Brand
House of Representatives
Capitol Building
Helena, Montana 59601

Dear Joe:

I am writing you on behalf of the Emergency Medical Services of the State of Montana, in particular, EMS Region 1B of which I am President.

At our Board of Directors meeting last evening, I understand that House Bill 479 regarding Air Ambulance licensing will come up for public hearing on 16 February 1983.

One of our Board of Directors, Nels "Swede" Troedsson, from Dillon will be making a presentation representing our views.

I feel his presentation readily outlines our feelings about Air Ambulance licensing. That is, we strongly endorse such legislation. I had not been aware of the lack of strict standards as far as having Air Ambulances meet a minimal standard. The Federal standards address only requirements for oxygen at given altitudes. Those of us involved in emergency medicine feel there is more to an Air Ambulance than a pilot, co-pilot, nurse and a bottle of oxygen.

The licensing of an Air Ambulance will allow those involved in Emergency Medical Services to establish basic minimum requirements for Air Ambulance and transport within the state and for those services transgressing our state boundaries.

As usual, your support of this measure will be greatly appreciated.

Sincerely yours,

Stanley N. Smith, M. D.

SNS:bk

c.c. Red Menahan
House of Representatives
Capitol Building
Helena, Montana 59601

Swede Troedsson
P.O. Box 1322
Dillon, Montana 59725

BOARD OF DIRECTORS MEETING
9 February 1983

The meeting was called to order by Dr. Stan Smith, President, with Walt Jenkins, Ed Bouchard, Mrs. Cee Takach, Dr. Buzz Takach and Barb Simonsen, RN, in attendance.

We reviewed the minutes of the previous meeting and it was felt that probably St. James had accepted our last proposal regarding equipment usage.

Buzz Takach announced that the video camera will be demonstrated at our next meeting in its use and care so that we can keep it in the region.

Buzz also reported that the ad for the KXLF-TV spot has been taped and needs to be edited.

The Department of Transportation slides for EMT courses have arrived and they seem to be an excellent teaching aid. It was decided that these slides would be placed in propylvinyl transparent holders rather than in carousels to facilitate transport and quick viewing prior to each instructor's usage.

The financial statement through 9 February '83 was received from Cee Takach. The beginning balance in the Self-Sufficiency Fund was \$9,506.42 and we had a current balance of \$9,016.23. In petty cash account, we had a current balance of \$474.70.

New Business - Buzz Takach has been appointed the EMS Representative from Butte-Silver Bow and everyone was pleased to have him aboard as a voting member.

Walt Jenkins and Ed Bouchard expressed a desire for increased training in their area. They were advised that Powell County Ambulance would be willing to send EMT's down to help with any of the instruction for their advanced First Aid and/or supplemental hours that are available through the State Board of Health.

Swede Troedsson announced that he would still be the Representative on the Board of Directors from Beaverhead. He also made an excellent presentation in support of House Bill 479, the Air Ambulance Licensing measure, subject to Public Hearing on 16 February 1983. The Board of Directors unanimously agreed to have me write a letter in support of this measure which will be forwarded to our Representative in Powell County, Joe Brand and Red Menahan from Anaconda.

Butte County Commissioners approved Red Mountain, XL Heights this evening. St. James will be in charge of local and the remote site maintenance. There will be a three year renewable lease.

Under the Training Report, it was announced that the Helmville QSU and the Avon QRU are undergoing Advanced First Aid and First Responder courses respectively. The Wisdom Ambulance Service has Advanced First Aid starting the 11th of February.

Ed announced that there is CPR instruction being carried out for the Harrison school.

Walt reported that Sheridan has an Advanced First Aid course that started 8 February 1983.

Barb Simonsen suggested we set up a one day or weekend Regional Program in the future.

The next meeting of the Board of Directors and Training Coordinators will be 16 March '83.

KENNETH C. HUNT, M.D.
FAMILY PRACTITIONER
1260 SOUTH ATLANTIC
DILLON, MONTANA 59725
TELEPHONE (406) 683-5113

February 15, 1983

Ms. Majorie Hart
Committee Chairperson
Human Services Committee
Capital Building
Helena, MT 59601

RE: HOUSE BILL 479 (Licensure & Regulation of Air Ambulances)

Dear Ms. Hart:

As members of the rural medical community, we would encourage you to positively consider House Bill 479. As physicians of Barrett Memorial Hospital, we frequently need to transport critically ill patients to other referring hospitals in the region for continued medical care or diagnostic evaluation. While our own ambulance service in coordination with the local air ambulance service provides excellent service and has high standards of care when transporting patients, this is not always necessarily the case when outside air transport service is needed. We feel that the proposed licensure and regulation of air ambulances would allow for uniformity and standards of patient transport care such that we now expect and get from ground ambulance service.

As physicians, the bottom line for us is maximal quality patient care. This must be maintained after it is initiated from the stabilization level at our local hospital when patients are transported to other facilities.

Passage of such a bill would be a great reassurance for us as physicians as well as staff nurses who frequently accompany such patients on such transfers.

Your support of this bill, we feel, is in the best interest of the people of Montana, any of whom could at any given time be in need of such quality service.

Yours truly,

Kenneth C. Hunt, M.D.
Chief of Staff Barrett Memorial Hospital

KC Hunt MD
Ronald V. Loge, M.D.

Ronald V. Loge

Judith H. Wilson, M.D.

Judith H. Wilson

RVL/srs

Ex. 6
HB 479

WOKAL FLYING SERVICE

CESSNA SALES AND SERVICE

GLASGOW, MONT.

P. O. BOX 468
AREA CODE 406
PHONE: 228-4023
RES. 228-4655

FLIGHT INSTRUCTION
TAXI & RENTALS
USED AIRCRAFT

10 February 1983

Mr. Ted Schye
928 Logan
Helena, MT 59601

Dear Ted:

This letter is written with regard to House Bill No. 479 which we've discussed over the phone.

I have been in the flying business many years and first began offering air transportation for medical transfer in 1944. During these thirty-eight years, all medical flights have been successfully handled with utmost care and consideration for the patient. Having been involved in this business all these years, I believe I can speak with much qualification about this proposed legislation.

The following are reasons why I am opposed to the proposed regulatory legislation:

1. I believe we are sufficiently regulated by the Federal Aviation Administration at both the federal and state levels. Under the FAA, we are governed by part 135 regulations which are high standards for air taxi operations; these regulations cover all charter operations, including air ambulance.
2. I also believe passage of this legislation would lead to increased cost of medical air transportation. Passage of this bill would lead to regulation and over-seeing of medical air transportation by the State Health Department. Cost of license, cost of personnel to handle the licensing and cost of personnel to enforce the regulations would have to be paid by someone. The end result would be increased cost to the patient which also means added expense to the insurance company which, of course, will then lead to increased insurance rates.
3. This legislation, if passed, would, in all probability, cause some charter services to discontinue offering medical air transportation. Imagine a patient whose condition has worsened necessitating air transport to a larger community. If a local charter service were not licensed, a licensed air ambulance would have to be dispatched from another community. Usually, in cases of medical emergency, time is of the essence. In some instances, the patient may not have the time to wait for the air

ambulance to be summoned and arrive to transport him to a medical facility where he can be given better or more specialized care.

4. I believe that if stricter regulations need be applied, it should be done by the FAA which knows the flying business extensively. Complaints and violations would be directed to and handled by them as it now is. These regulations should not be governed by an organization which is not familiar with aircraft operations.

5. Last, passage of this piece of legislation would lead to increased bureaucracy which is something government has been working to eliminate. In addition, passage of this legislation will, in all probability, lead to increased restrictions finally getting to the point where air ambulance service would become over-regulated.

Leaving the status quo would mean avoiding more paperwork and bureaucracy, keeping efficient medical air transportation in smaller communities, time-saving with regard to medical necessity, lower cost for all concerned, continuation of already professional air ambulance services, and regulation by an agency which is knowledgeable of aviation.

Perhaps a more acceptable alternative would be a simply stated list of air ambulance guidelines issued by the State Health Department.

Please take these reasons under deep consideration. We await your reply.

Thank you for working so closely with us on this issue. It is reassuring to know our legislator is concerned with the opinions of the people he represents. Keep up the good work.

Sincerely,

A handwritten signature in cursive script, appearing to read "Victor Wokal".

Vic Wokal
Wokal Flying Service

Ex.7
HB479

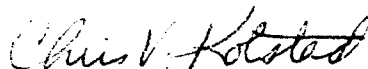
Box 3046
Wolf Point, Mont.
Feb. 12, 1983

Mr. Orren Vinger:

I was very pleased to be asked to participate as a member of the Air Ambulance Board. I feel as I mentioned to the Board in the beginning, that I am against licensing as enough regulations are already set upon pilots and their aircraft--covering safety in flying ability and maintenance. It was mentioned that if "we" as a Board do not set the law for licensing, then someone else will, so we went on to make rules that we thought the majority could live with--large cities and small if and only if the licensing law passed. I did not believe this body was set up to submit the law but would be ready to approach the Regulatory body with workable rules if and only if the law was passed.

Thank you for participation on our behalf.

Sincerely,



Chris V. Kolstad

Reference: House Bill HB-479

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VISITOR'S REGISTER

HOUSE HUMAN SERVICES COMMITTEE

BILL HOUSE BILL 479

DATE 2-16-83

SPONSOR REP. FARRIS

NAME	RESIDENCE	REPRESENTING	SUP- PORT	OP- POSE
M.E. "Mickey" Nelson	Helena MT	Self as Governor	X	
Dr. L. E. Albert	Great Falls, MT	Board of Chiropractic Examiners	X	
M. L. Garrett	Helena	Dir of Chiropractic		
Drew Dawson	Dept of Health &	Ems	X	
Richard Deke	Missoula	Grange Co. Mem. Hospital	X	
Mary A. Rahn	Roundup	MT-Med Health Resources & MT. E.M.S. Assoc.	X	
Nils ("Swede") Troedsson	Dillon	MT. E.M.S. Assoc. & Beaverhead Ambulance	X	
Ken Daniels	Missoula	Hawthorne House		
Jeanet Leonard	Helena	MT. Medical Assn (MMA)	X	
Linda Sletten	Helena	Legislative Intern		
Larry Carlson	Helena	SRS	X	
Jack Davis, MD	Kalispell	Mont. Med. Assoc	X	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

HOUSE HUMAN SERVICES COMMITTEE

BILL HOUSE BILL 620

DATE 2-16-83

SPONSOR REP. S. HANSEN

[illegible]

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.