

MINUTES OF THE MEETING
BUSINESS AND LABOR COMMITTEE
MONTANA STATE
HOUSE OF REPRESENTATIVES

March 15, 1985

The meeting of the Business and Labor Committee was called to order by Chairman Bob Pavlovich on March 15, 1985 at 8:00 a.m. in Room 312-2 of the State Capitol.

ROLL CALL: All members were present.

SENATE BILL 66: John Cadby, representing the Montana Bankers Association introduced Matt Williams who represents banks, credit unions and savings and loans. Fifty Montana banks participate in understanding language format and to understand you must have a brief statement, if you make the language longer it is confusing. Studies show that longer language does not enhance the comprehension and does not meet the standards of plain language.

Representative Kadas asked Mr. Williams if there are business' in states that have plain language. Mr. Williams explained that yes they do. Wisconsin has plain language and the size of their forms has doubled due to this and nothing has been added to the understanding.

Representative Bachini asked Mr. Williams if the consumer does not understand the contract are they bound. Mr. Williams stated that if it is determined that the contract was not clearly writtent by a judge they this would apply.

Representative Simon asked Mr. Williams if the federal regulation takes precedent over state law. Mr. Williams stated that the federal truth-in-lending and the automatic transfer act must comply with state law unless there is an inconsistency.

Senator Halligan explained that the opinion by Mr. Williams is the industries perspective and not the consumers. In the bill introduced two years ago they "flesh test" requirement was present and the industry did not like it. If a federal requirement exists by statute it is exempted from any state law. Senator Halligan again explained that Citibank reduced a 300 word form down to 30 words.

There being no further discussion, the re-hearing was closed.

SENATE BILL 224: Hearing commenced on Senate Bill 224. Senator Fred Van Valkenburg, District #30, sponsor of the bill by request of the Department of Commerce, explained this increases from

\$675 million to \$975 million the bond debt limit of the Board of Housing. Presently there is \$522 million outstanding and federal law permits \$200 million per year for single family housing. Mortgages are being issued at three percent below market rate at an approximate interest of 10 3/8%. These mortgages provide jobs and create a market for the sale of existing homes, added Senator Van Valkenburg.

Proponent Jay McLeod, representing the Board of Housing, explained that the board is self supportive. The board currently service 164 communities and all lenders are participating in the program.

Proponent Linda Forrey, Single Family Program Officer, Board of Housing, provided written testimony which is attached hereto as Exhibit 1.

Proponent E. J. Bowlds, representing Sandiland-Shultz, Corporation, a developer/contractor in Helena, stated banks have a difficult time qualifying many individuals if this program is not available. The bulk of new construction is financed under the state board of housing and the program helps those that it was intended to. Mr. Bowlds presented Exhibit 2 to be placed of record.

Proponent Terry Carmody, representing the Montana Association of Realtors offered his support of the bill.

Proponent Riley Johnson, representing the Montana Home-builders Association, explained that one new home creates 35 jobs and this increase will add 49,000 jobs to the state. Mr. Johnson suggested to the committee they ask the board what the current success and default ratio is.

Proponent Russell Eklund, a Great Falls builder, explained that the board of housing has kept many builders in business.

Representative Driscoll asked Mr. McLeod how many delinquent loans the board has. Mr. McLeod explained that as of February 20th there were 10 loans that are 90 days or more past due. Approximately 75 loans have gone into default and all are insured by FHA or guaranteed by VA.

Representative Driscoll added that in Billings if a person does not go through a realtor or developer they can not get a bond. Mr. McLeod explained that the average homeowner

through a lending institution can arrange for a loan.

Representative Glaser asked Mr. McLeod how many full time employees they have and if they will need two more as the fiscal note indicates. Mr. McLeod explained that there are 10 full time employees and they will eventually need two more with the amount of paperwork that will be handled.

There being no further discussion by proponents and no opponents to the bill, all were excused by the chairman and the hearing on Senate Bill 224 was closed.

SENATE BILL 343: Hearing commenced on Senate Bill 343. Senator Mike Halligan, District #29, sponsor of the bill by request of the Department of Commerce, explained this provides that no deficiency in a public contractor's gross receipts tax may be collected later than five years after the return was riled.

Proponent Jim Madison, Administrator, Miscellaneous Tax Division, Department of Revenue, stated this should have been included in Senate Bill 243 from last session and is a housekeeping measure.

Representative Brandewie asked Senator Halligan why real estate was amended out of the bill. Senator Halligan explained that those transactions under \$50,000 are already exempt.

There being no further discussion by proponents and no opponents to the bill, both were excused by the chairman and the hearing on Senate Bill 343 was closed.

SENATE BILL 214: Hearing commenced on Senate Bill 214. Senator Joe Mazurek, District #23, sponsor of the bill, explained this permits a dental hygienist who is certified by the Board of Dentistry to administer local anesthetics under supervision of a licensed dentist. The bill eliminates the requirement for an oral interview of an applicant for a dental hygienists' license by the Board of Dentistry.

Proponents Peggy Newman, President of the Montana Dental Hygienists' Association, Patti Conroy, Legislative Chairman, Montana Dental Hygienists' Association and Valerie B. Olson, Vice-President of the Montana Dental Hygienists' Association, supplied written testimony which is attached hereto as Exhibit 3.

Proponent David Tawney, a dentist from Missoula supplied written testimony which is attached hereto as Exhibit 4.

Proponent Tom Christiansen, a dental hygienist, explained that the requirement for an oral interview is not necessary. Upon returning to Montana and waiting for a date to be set for his oral interview, Mr. Christiansen collected \$81 per week unemploy-

ment and had a wife and two children to support.

Proponent Roger Tippy, representing the Montana Dental Association, explained that the association supports the elimination of the oral interview requirement but has no position on the local anesthetic issue. Of 300 votes the opposition out numbered those in favor by a four vote margin.

Opponent Dr. Wayne Hansen a Billings dentist supplied written testimony which is attached hereto as Exhibit 5.

Opponent Dr. John Harlan, representing the Montana Medical Association, stated the main issue is what training do these individuals have in handling complication that may arise due to the anesthetic. A dental hygienist is not trained to administer they techniques necessary to start a heart. Although these situations are rare there is a responsibility to the public.

In closing, Senator Mazurek stated that during the senate hearing the Chairman of the State Board of Dentistry testified and stated the association received a split vote of the local anesthetic issue. This is entirely permissive and at the desire of the dentist. The dentist is still responsible, added Senator Mazurek.

Representative Wallin asked Senator Mazurek why the bill does not address the patients desire. Senator Mazurek explained that presently a doctor must have the consent of a patient prior to administering an anesthetic.

There being no further discussion by proponents or opponents, all were excused by the chairman and the hearing on Senate Bill 214 was closed.

SENATE BILL 221: Hearing commenced on Senate Bill 221. Representative Bob Pavlovich, District #70, introduced by the bill for Senator Richard E. (Dick) Manning.

Proponent Harold Gerke, Chairman, Montana State Board of Horse Racing explained this bill transfers from the Department of Commerce to the Board of Horse Racing the power to appoint the executive secretary and imposes certain restrictions on racing officials. Compensation of members of the Board of Horse Racing is increased to equal that of members of other state boards. The bill increases by one-half of one percent the Department of Commerce's share of the parimutuel pool and of parimutuel betting gross receipts.

Proponent H.S. Hanson, Vice-President, Yellowstone Metra and Fair Grounds, explained that he supports the bill if the senate amendments are deleted and the bill passes as introduced. The amendment was adopted to assess operating costs and help those tracks that are in trouble. This additional $\frac{1}{2}\%$ increases by \$57,000 and is coming from the better. This will present a greater than 100% increase in two years. The racing business in Montana needs to be increased, added Mr. Hanson.

Opponent Bob Holland, President, Montana Quarter Horse Association, stated he supports the bill with Mr. Hansons amendments. The additional $1\frac{1}{2}\%$ will generate \$60,000 for the board and they should become more accountable as to how they spend their money.

Opponent Jim McGowan, an owner/trainer in Montana, explained that the executive secretary could also serve as the steward to help eliminate expenses. The licensing fees have doubled and the board receives over \$200,000 per year which is sufficient to operate if the funds are handled correctly.

There being no further discussion by proponents or opponents, all were excused by the chairman and the hearing on Senate Bill 221 was closed.

The committee did relocate to Room 325 to hear Senate Bill 81.

SENATE BILL 81: Hearing commenced on Senate Bill 81. Senator Gary Aklestad, District #6, sponsor of the bill, explained this denies unemployment benefits to a person participating in a strike. There is 20 to 24% of the Montana work force that is taking advantage of this privelege. The unemployment trust fund is in a deficit situation, although this will not make a drastic change it will help. Between the years 1979 and 1984, approximately 2.6 million dollars has been paid to those on strike. In 1971 the maximum weekly amount was \$71 and in 1984 this amount was approximately \$140. It is not only big companies and corporations that are associated with strikes. Senator Aklestad distributed to committee members Exhibit 6 which is attached hereto. This is the result of a survey that was conducted in the Helena area, showing that all districts are against unemployment benefits for strikers. If an employer violates the law an employee is entitled to unemployment benefits. State government should not take an economic stand in a strike. Unemployment benefits should be used when a job fails a worker, not when the worker fails the job, added Senator Aklestad.

Proponent Chad Smith, representing the Montana Hospital Association and the Unemployment Compensation Advisors, explained that for over 40 years it has been understood what unemployment for striking meant. Some business' cannot cease operation, ie., hospitals, utility companies, prison, police department, added Mr. Smith. In 1978 registered nurses struck against a Missoula hospital, costing the hospital in excess of \$93,000. Strikes destroy public confidence and paying these individuals unemployment benefits, is contrary to federal statute. Unemployment benefits are for those who are unemployed through no fault of their own. There is little incentive for those on strike to return to work, it is unfair to other employers who must make up these costs and the collective bargaining process can be destroyed, stated Mr. Smith. Senate Bill 81 has nothing to do with strike breakers, but will put Montana in a neutral position during a strike.

Proponent Louis J. Day, Refinery Manager for CENEX at Laurel, MT, supplied written testimony which is attached hereto as Exhibit 7.

Proponent F. H. Boles, President, Montana Chamber of Commerce, supplied written testimony which is attached hereto as Exhibit 8.

Proponent Chip Erdmann, representing the Montana School Boards Association, stated that when a public employee strikes the employer must continue to operate. The employer finances strikers expenses and any additional costs and unemployment insurance is not intended for this.

Proponent Keith Anderson, President, Montana Taxpayers Association, explained that paying benefits to strikers has cost the fund 2.6 million dollars. Unemployment is to help a worker when there is not work available and paying benefits to strikers can prolong a strike. We can not build Montana if state law encourages strikes.

Proponent Bob Correa, representing the Bozeman Chamber of Commerce, explained the 600 small business' that he represents contribute more than their share to the unemployment trust fund. This is one way to help balance the deficit without raising taxes. A strike is by choice and 17% of the deficit has been paid recently to strikers.

Proponent Don Webb, an economist and small business consultant from Bozeman, stated the unemployment philosophy

is to assist those workers who become involuntary unemployed. Circumstances beyond control are recession, change in consumer demands, increased technology and increased importation of foreign goods. If you quit it is deemed voluntary, this should be true for strikers. This opens the door to all who become voluntary unemployed to collect unemployment benefits.

Proponent Bill Olson, Secretary/Treasurer, Montana Contractors' Association, offered his support of the bill.

Proponent Keith Olson, representing the Montana Logging Association, stated the cost of unemployment insurance has been increased by 110% to the logging industry. The association does not support management of oppose labor, but feels the inequities in the system should be addressed.

Proponent Ben Havdahl, representing the Montana Motor Carriers Association, stated this policy is unfair and there has been a 40% increase in rate to the association.

Proponent Riley Johnson, representing the Montana Homebuilders Association and the National Federation of Independent Business, urged the committee to vote their constituency and stated 87% of Montana favors Senate Bill 81.

Proponent Ron Grenad, representing the Montana Council of Cooperatives, supplied written testimony which is attached hereto as Exhibit 9.

Proponent Lorraine Gillies, a board member of the Montana Farm Bureau, supplied written testimony which is attached hereto as Exhibit 10.

Proponents David Stalk, representing the Laurel Coup Association, Dave Goss, representing the Billings Chamber of Commerce, Jeff Quick, representing the Missoula Chamber of Commerce, Irv Dellinger, representing the Montana Building Material Dealers Association and George Allen, representing the Montana Retail Association, offered their support of the bill.

Opponent Jim Murry, Executive Secretary of the Montana State AFL-CIO, received a round of applause from those individuals present from across the state in opposition to Senate Bill 81 and Senate Bill 74. Mr. Murry referred to the "company slugs" and expressed his disappointment in CENEX and the cooperatives in taking the lead and supporting Senate Bill 81. The family/farmer coalition is the foundation of the political system. The AFL-CIO has a history of supporting family, farmers and ranchers and doing the right thing for the people of Montana. In House Bill 284 a compromise was reached, both labor and

management sacrificed. This compromise is being broken with Senate Bill 81 and cheap shots are being thrown that will damage labor/management relations. A striker does not automatically receive unemployment benefits. If an employer uses strike breakers, benefits may be collected. The best law is that that encourages a fair and rapid settlement. There are 150,000 collective bargaining contracts across the nation and Montana is a highly unionized state. The current law works well, stressed Mr. Murry. Mr. Murry distributed to committee members Exhibit 11 which is attached hereto.

Opponent Julie Trimbo, an insulator at the CENEX refinery, explained that during the recent strike, they presented three ring binders full of proposals and an agreement was not able to be reached. Ninety-six percent of the workers agreed to the strike which was no vacation. A check of less than 1/3 of the average weekly wage was being received. There were nine negotiating sessions were called by the union but there was no reason for CENEX to bargain. The unemployment benefits that were received were used to feed and clothe families, added Ms. Trimbo.

Opponent Gene Fenderson, representing the Montana State Building and Trades Council, explained the Montana Power and several other companies have out of state contractors telling Montana how to run labor relations and these out of state contractors are implementing their ideas of labor. These out of state people want to influence the lifestyle of Montanans, stated Mr. Fenderson. Applause was extended Mr. Fenderson.

Opponent Tony Jewett, Executive Director of the Montana Democratic Party, supplied written testimony which is attached hereto as Exhibit 12.

Opponent Tom Ryan, representing the Montana Senior Citizen Association, explained that he experienced the farm/labor movement and without coalition there is no foundation program for education. The philosophy is contrary and brings unfairness into the industrial labor difficulties and is a radical change in the status guidelines, stated Mr. Ryan.

Opponent Chester Kinsey, Legislative Chairman of the Farmers Union, explained that he is a stock holder in the Townsend co-op and part of the coalition that was built in 1936. Mr. Kinsey expressed his animosity towards CENEX.

Representative Rod Garcia, District #93, voiced his opposition to the bill, along with Representative John Montayne, District #96. Representative Montayne stated this is a lock-out protection.

Opponent Nadiean Jensen, representing the AFSCME, AFL-CIO, Montana Council #9, supplied written testimony which is attached hereto as Exhibit 13.

Opponent Terry Minow, representing the Montana Federation of Teachers, supplied written testimony which is attached hereto as Exhibit 14.

Opponent Phil Campbell, representing the Montana Education Association, stated Senate Bill 81 upsets the balance at the bargaining table. The surveys that have been referred to are unfair, what the constituents are hearing is different than what the bill proposes, added Mr. Campbell.

Opponent Anne Brodsky, representing the Women's Lobbyist Fund, supplied written testimony which is attached hereto as Exhibit 15.

Opponent Tom Schneider, representing the Montana Public Employees Association, questioned the survey. Mr. Schneider explained that this is not fair and means nothing. If the state is involved when you go to the table, we will be spending money to bring in out of state labor experts.

Opponent Louise Kunz, representing the Montana Low Income Coalition, supplied written testimony which is attached hereto as Exhibit 16.

Opponent Eileen Robbins, representing the Montana Nurses' Association, supplied written testimony which is attached hereto as Exhibit 17.

Opponent John Mohlis, representing the Bozeman Central Labor Council, supplied written testimony which is attached hereto as Exhibit 18.

Opponents Mike Walker, representing the Montana Council of Professional Firefighters, John Forken, representing the Plumbers and Pipefitters, Local #41, Dick Hansen, representing the Plumbers and Pipefitters, Local #459, Jerry Podgan, President, Local #1334, Gene Vukovich, representing the Ironworkers Local and Seymour Flanagan, representing the Motel and Restaurant Employees, voiced their opposition of the bill.

Opponents Curt Wilson and Dave Emerson, representing the Plumbers and Pipefitters Local #139, supplied written testimony which is attached hereto as Exhibits 19 and 20.

Representative Driscoll asked Louis Day if CENEX brought in out of state workers during their strike. Mr. Day explained that yes they did, and they were not strike breakers, but CENEX employees.

Representative Bachini asked Chad Smith if he recalled House Bill 284 and the plea to not tamper with this bill as it was a compromise. Mr. Smith commented that House Bill 284 did not involve him.

Representative Nisbet asked Dave Wanzenried, Commissioner, Department of Labor and Industry, if the work strike is defined for application to the bill. Mr. Wanzenried stated it is defined in the Montana Nurses Act only and the department will adopt rules.

Representative Nisbet then asked Mr. Wanzenried the impact that strikes have had on the unemployment trust fund. Mr. Wanzenried stated there has been 2.6 million paid out. \$14,000 was paid out in 1981 and \$97,000 in 1983. The figures vary and depend on the number of strikes, participants, etc.

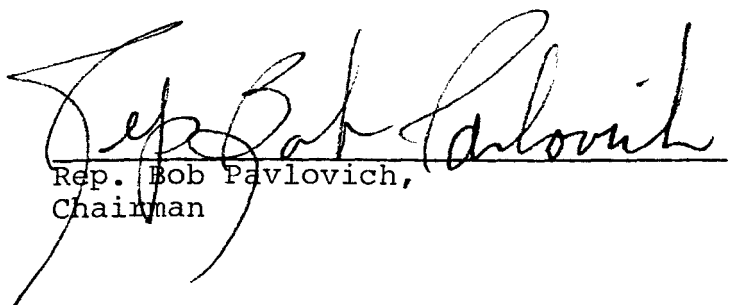
Representative Nisbet asked Mr. Wanzenried how many other states have similar legislation. Mr. Wanzenried explained that 26 states do and 13 states have identical law.

Representative Kadas commented to Senator Aklestad that it appears only large corporations who are able to overcome a strike, will benefit from Senate Bill 81.

Representative Driscoll commented to Senator Aklestad that to make fair, there should be a strike breaker bill and other sections of law should be amended should this pass.

There being no further discussion by proponents or opponents, all were excused by the chairman and the hearing on Senate Bill 81 was closed.

ADJOURN: There being no further business before the committee, the meeting was adjourned at 12:00 p.m.



Rep. Bob Pavlovich,
Chairman

DAILY ROLL CALL
BUSINESS AND LABOR COMMITTEE

49th LEGISLATIVE SESSION -- 1985

Date March 15, 1985

NAME	PRESENT	ABSENT	EXCUSED
Bob Pavlovich	✓		
Les Kitselman	✓		
Bob Bachini	✓		
Ray Brandewie	✓		
Jan Brown	✓		
Jerry Driscoll	✓		
Robert Ellerd	✓		
William Glaser	✓		
Stella Jean Hansen	✓		
Marjorie Hart	✓		
Ramona Howe	✓		
Tom Jones	✓		
Mike Kadas	✓		
Vernon Keller	✓		
Lloyd McCormick	✓		
Jerry Nisbet	✓		
James Schultz	✓		
Bruce Simon	✓		
Fred Thomas	✓		
Norm Wallin	✓		

3/15/85

Submitted by: Linda Forrey

2001 ELEVENTH AVENUE
FSI PLAZA

TED SCHWINDEN, GOVERNOR

STATE OF MONTANA

(406) 444-3040

HELENA, MONTANA 59620

March 15, 1985

TO: CHAIRMAN BOB PAVLOVICH
MEMBERS OF BUSINESS AND INDUSTRY COMMITTEE

RE: SENATE BILL 224 AMENDING THE HOUSING ACT OF 1975:

(1) To Increase the Bond Debt Limit to \$975 million

The housing board's current debt limit is \$675 million. This means that the total amount of bond debt incurred by the Board cannot exceed \$675 million at any time. Our current debt is \$522 million which represents the funding of 10,000 mortgage loans since 1977.

Federal law limits to \$200 million the amount of single family bonds the agency may sell each year. Because this federal financing tool expires December 31, 1987 and more important because lower income families need this type of assistance to buy their first home, we are asking the legislature to increase the bond debt limit to \$975 million. As a result, 8,000 young families would receive the benefits of homeownership at an interest rate of 2% to 3% below market rate loans. 3,000 new homes are expected to be constructed. This new construction activity will create 2,500 jobs, generate \$20 million in federal, state and local tax revenues and the purchase of major household appliances. The total new construction economic activity is

estimated to reach \$283 million. No general fund monies are required. All financing programs are funded by the spread between the Board's cost of money and the income it receives from the repayment of the mortgage loans and investment income.

(2) To Determine how Bonds Sold at a Discount are Counted Against the Bond Debt Limit

Our average bond issue is approximately \$50 million. Out of this \$50 million, less than 5% is sometimes structured as a deep discount. The purpose of using a deep discount is that it significantly lowers the mortgage rate on a bond issue. We count the initial value instead of the maturity value because the money we receive is based on the issue value not the maturity value. The difference is interest which is not used to calculate the bond debt limit. For example, assume the sale of a 20-year bond at a discount with a maturity value of \$5,000 and the issue price of this bond today is \$500. We propose that the \$500 be used to calculate the outstanding bond debt instead of the maturity value of 5,000, 20 years from today. The maturity value method utilizes our bonding authority in a relatively short period of time.

State Total: \$410,526,324

BOARD OF HOUSING LOANS
BY COUNTY
(12/84)

State Total: \$410,526,324 .

NUMBER OF LOANS & PRINCIPAL PURCHASED

PER CITY AS OF FEBRUARY 20, 1985

<u>TOWN</u>	<u># OF LOANS</u>	<u>AMOUNT</u>
Absarokee	3	\$ 149,650.00
Alberton	6	250,879.62
Amsterdam	1	31,080.00
Anaconda	69	2,066,225.12
Baker	34	1,371,918.30
Ballantine	1	43,467.08
Belgrade	163	7,431,058.08
Belt	9	318,249.88
Bigfork	16	784,962.81
Big Sandy	3	99,104.23
Big Sky	1	47,882.50
Big Timber	8	314,608.73
Billings	2,461	121,402,800.58
Black Eagle	13	396,740.83
Bloomfield	1	46,500.00
Bonner	11	554,851.45
Boulder	9	322,027.42
Bozeman	339	16,565,103.63
Bridger	2	93,400.00
Broadus	3	114,949.29
Broadview	2	69,000.00
Butte	322	10,381,672.28
Cascade	6	206,229.90
Charlo	3	124,983.63
Chester	2	105,000.00
Chinook	28	1,015,301.62
Choteau	4	175,616.67
Churchill	1	29,500.00
Circle	10	445,962.20
Clancy	42	1,908,717.18
Clinton	6	297,400.38
Colstrip	8	395,050.00
Columbia Falls	97	4,493,160.06

<u>TOWN</u>	<u># OF LOANS</u>	<u>AMOUNT</u>
Columbus	10	\$ 486,811.84
Conrad	18	581,916.25
Corvallis	6	264,297.09
Culbertson	2	66,579.20
Cut Bank	49	2,109,836.41
Deer Lodge	40	1,327,665.69
Dillon	35	1,301,140.87
Dupuyer	1	31,176.39
Dutton	3	79,986.31
East Glacier	1	21,794.65
East Helena	100	4,013,494.72
East Missoula	23	1,175,392.59
Edgar	2	99,568.00
Ekalaka	1	18,000.00
Elliston	1	35,099.18
Ennis	17	776,346.99
Eureka	6	192,045.55
Fairfield	8	256,873.80
Fairview	12	446,805.11
Fallon	1	28,725.85
Florence	31	1,517,890.02
Forsyth	18	865,207.75
Fort Benton	6	230,286.77
Fort Smith	2	89,555.18
Frenchtown	19	1,001,449.71
Froid	1	22,284.13
Gallatin Gateway	1	41,000.00
Gardiner	4	156,089.67
Glasgow	56	2,232,958.52
Glendive	161	6,717,248.00
Great Falls	1,576	66,127,312.98
Hamilton	21	794,495.26
Hardin	33	1,350,927.67
Harlem	2	71,807.52
Harlowton	3	84,000.00

<u>TOWN</u>	<u># OF LOANS</u>	<u>AMOUNT</u>
Havre	157	\$ 6,329,411.46
Helena	649	27,501,894.67
Hingham	1	54,700.00
Hobson	1	37,350.00
Hungry Horse	4	121,384.11
Huntley	6	263,749.27
Huson	7	351,969.85
Joliet	6	265,267.71
Jordan	3	80,514.58
Kalispell	327	15,211,609.49
Kila	3	146,150.00
Kremlin	1	38,310.56
Lakeside	10	472,934.00
Laurel	149	6,980,587.35
Lewistown	77	2,415,336.69
Libby	82	3,112,783.33
Lincoln	2	63,875.88
Livingston	95	3,310,051.05
Lodge Grass	1	39,936.14
Lolo	104	5,351,182.47
Malta	13	566,029.19
Manhattan	18	649,948.18
Martin City	1	46,100.00
Marysville	1	42,500.00
Miles City	271	9,938,668.10
Missoula	1,023	47,779,868.08
Molt	1	49,885.96
Montana City	2	84,685.53
Moore	1	10,976.06
Nashua	3	93,400.74
Noxon	1	17,000.00
Opheim	1	30,000.00
Pablo	10	336,802.05
Park City	17	655,781.83
Phillipsburg	3	103,860.47

<u>TOWN</u>	<u># OF LOANS</u>	<u>AMOUNT</u>
Piltzville	1	\$ 34,526.00
Plains	2	78,392.49
Plentywood	2	82,263.54
Polson	99	3,721,905.40
Poplar	1	56,500.00
Potomac	1	55,000.00
Power	1	50,000.00
Proctor	1	45,000.00
Radersburg	1	28,338.97
Ramsey	1	60,000.00
Red Lodge	15	558,013.84
Richey	1	24,675.84
Roberts	1	54,000.00
Ronan	23	868,945.68
Rosebud	1	37,650.00
Roundup	8	321,056.60
Roy	1	24,185.95
Rudyard	2	36,791.04
Ryegate	1	31,500.00
Saco	1	52,850.00
St. Ignatius	4	124,987.40
St. Regis	6	257,778.92
Sand Coulee	1	41,568.64
Savage	4	175,112.25
Scobey	1	30,699.35
Seeley Lake	7	312,108.00
Shawmut	1	33,946.32
Shelby	18	620,508.16
Shepherd	29	1,572,197.30
Sheridan	1	30,527.09
Sidney	135	6,188,769.80
Silesia	2	85,150.00
Silverbow	1	49,960.25
Simms	3	114,500.00
Somers	2	101,800.00
Stanford	3	123,000.00

<u>TOWN</u>	<u># OF LOANS</u>	<u>AMOUNT</u>
Stevensville	49	\$ 2,079,942.36
Superior	33	1,294,613.57
Swan Lake	1	34,973.75
Terry	2	113,800.00
Thompson Falls	7	284,823.45
Three Forks	9	331,308.82
Toston	2	101,234.71
Townsend	23	918,109.55
Tracy	1	30,000.00
Trout Creek	1	39,980.54
Troy	13	427,444.39
Turah	3	187,700.00
Ulm	3	107,500.00
Valier	5	167,629.31
Vaughn	8	258,220.52
Victor	4	192,235.76
Virginia City	4	157,968.25
West Yellowstone	2	93,800.00
Whitefish	69	2,994,811.80
Whitehall	9	371,572.53
White Sulphur Springs	28	881,192.30
Wilsall	1	18,300.07
Winston	1	19,985.89
Wolf Point	27	1,160,365.06
Wordon	2	87,100.00
TOTALS	9,694	\$427,662,449.40

3/15/85

Submitted by: E.J. Bowld

To Whom it May Concern,

In 1984 we bought a house with State Board of Housing money. Without SBH money we could not have afforded to buy a home. We would have been forced to rent until we could afford a very large down payment to offset the high interest rates available today. This could have meant putting off our purchase for as much as 10 years!

We felt we were very fortunate to have qualified for SBH money and we hope more people will have the chance we had.

Sincerely,

Randy McJohnson

3835 Karta Dr.

Nanya B Johnson

(Mr. & Mrs) Adrian C. Howe 3830 Kandy Dr.

Collette C. Alfson - 3895 Kandy St.

Michael L. Alfson - 3895 Kady Dr.



Montana Dental Hygienists' Association

FACT SHEET

SB214

A bill for an act entitled: An act permitting certain dental hygienists to administer local anesthetic agents; removing the requirement that an applicant for a license to practice dental hygiene submit to an oral interview.

Reasons for Deletion of Oral Interview:

1. Delays employment
2. Financial hardship for applicants
3. Not used for pass/fail in licensure procedures
4. Complaints of irrelevant, discriminatory questions

Administration of Local Anesthesia by Dental Hygienists:

1. Thorough cleaning of tooth root surfaces is the best method of treating and preventing periodontal (gum) disease. Ninety percent of the adult population in the United States suffer from periodontal disease. It is the primary reason for tooth loss after age 35. It is essential for hygienists to have the ability to use all procedures necessary to carry out their role in preventing and controlling the disease. The administration of local anesthesia is one of these procedures.
2. Benefits
 - A. Consumer
 1. Pain control during uncomfortable periodontal procedures
 2. Uninterrupted treatment
 3. Cost efficiency
 - B. Dentist
 1. Decreases interruptions
 2. Option of delegation of this duty
 3. Direct supervision requirement
 - C. Dental Hygienist
 1. Utilization of learned skills
 2. Better utilization of time
 3. Ease of patient management
3. Educationally qualified to administer local anesthetics. Continuing education programs available in local anesthesia administration. Most dental hygiene schools offer training in local anesthesia.
4. Montana is the only western state which does not allow this function.
5. This issue is under consideration in 13 other state legislatures.
6. No legal actions or complaints in any of the states which allow this function.
7. The majority of Montana dental hygienists are in favor of this proposal. This information taken from several surveys over the last few years.
8. This proposal is supported by many Montana dentists.
9. The administration of local anesthesia by dental hygienists is supported by The American Dental Hygienists' Association, and the Council on Dental Education of the American Dental Association.
10. Education standards and examination requirements for certification in this area would be established by the Board of Dentistry.



Montana Dental Hygienists' Association

To: Legislative Committee Members
From: The Montana Dental Hygienists' Association
Re: Testimony in Support of Senate Bill 214

Chairman, Committee Members, and Guests,

The Montana Dental Hygienists' Association supports Senate Bill 214. The Association feels that the changes in the Dental Practice Act, as addressed in the bill, would be beneficial to the dental consumer of Montana, as well as to the dental hygiene professional.

Direct benefits for the dental consumer would be the cost containment of dental health care services.

1. Less visits required to complete dental health services.
2. Less overtime for dental hygienists, thus reducing overhead costs which are covered by patient fees.
3. Increased patient comfort.

The dental hygienists is the preventive professional in the dental delivery system. In Montana, the majority of dental hygienists are employed in a private practice setting. We work directly with the public to prevent tooth and gum disease. Gum disease (periodontal disease) is fast replacing tooth decay as the major dental problem facing most Americans. Treatment of this condition involves a thorough cleaning of the teeth (oral prophylaxis). It becomes necessary to slip an instrument deep beneath inflamed gum tissues, remove the debris that has collected on the root of the tooth, (root planing) and remove diseased gum tissues that is next to the root of the tooth. (curettage)

This type of treatment is painful. Dental hygienists can administer local anesthetic agents which would eliminate this this discomfort. It is within our scope of practice. We have the education and the skills necessary to perform this function.

Senate Bill 214 -- Local Anesthesia, Section 1.

1. "Certain dental hygienists" defined
2. "Direct supervision" defined
3. Options to patients, dentists and dental hygienists

Senate Bill 214 -- Elimination of the Oral Interview, Section 2.

1. Interview Situation
2. Objectivity
3. Types of Questions
4. Cost and Inconvenience to Candidate
5. Delay in Employment

The Montana Dental Hygienists' Association supports Senate Bill #214. This support is based on Association policy adopted by the members of the Montana Dental Hygienists' Association.

MDHA supports the administration of local anesthesia as an expanded duty for dental hygienists. (adopted May 1982)

MDHA supports the concept of a Board of Dentistry local anesthesia endorsement. (Adopted May 1982)

MDHA supports the concept of a licensing process which does not unduly restrict the dental hygiene candidate from future employment possibilities. (Adopted May 1981)

We urge the members of the Committee to review carefully the data and the testimony that is being presented and support Senate Bill 214.

Thank you.

A handwritten signature in cursive script, reading "Peggy Newman". The signature is written in dark ink and is positioned above the typed name and title.

Peggy Newman, R.D.H.
President



Montana Dental Hygienists' Association

Outline of Testimony for SB 214

- I. Introduction
- II. Benefits
 - A. Consumer
 - 1. comfort
 - 2. efficiency of treatment
 - 3. cost
 - B. Dentist
 - 1. efficiency
 - 2. choice of whether to delegate local anesthesia
 - C. Hygienist
 - 1. utilization of skills
 - 2. efficiency
 - 3. quality and ease of care
- III. Representation
 - A. 96-100% of survey respondents among Montana hygienists favor local anesthesia
 - B. Many Montana dentists favor local anesthesia administration by hygienist
- IV. Education
 - A. Basic background
 - B. Overview of eight dental hygiene programs
 - C. ADA recommendations for educational requirements
- V. Comparison to Other States
 - A. Map - dates of inception, supervision requirements
 - B. Summary of state laws
 - 1. adoption dates
 - 2. supervision requirements
 - 3. educational requirements
 - 4. no legal actions against hygienists administering local anesthesia
- VI. Responsibility
- VII. Summary



Montana Dental Hygienists' Association

To: Legislative Committee Members
From: The Montana Dental Hygienists' Association
Re: Testimony in Support of _____

Mr. Chairman, Committee Members, and Guests,

My name is Patti Conroy. As Legislative Chairman and a past president of the Montana Dental Hygienists' Association, I represent that organization in addressing the change in Section 37-4-401 of the Montana Dental Practice Act.

Local anesthesia is frequently necessary as an adjunct to the oral prophylaxis and periodontal treatment currently provided by dental hygienists. Research continues to demonstrate the importance of establishing a clean, smoothly planed root surface in order to create an environment for optimal oral health. Local anesthesia is often essential to the comfort and well-being of the patient in order to complete these delicate and occasionally uncomfortable procedures.

BENEFITS

Benefits to the Consumer

1. Patient comfort increases during root planing and curettage procedures when the tissue is anesthetized.
2. Patient apprehension, fear, anxiety, and stress levels decrease with pain control.
3. Patients can receive uninterrupted treatment.
4. The dental hygienist is able to do more thorough scaling when tissue is anesthetized.
5. The cost of preventive services is kept to a minimum when fewer appointments are necessary, due to better utilization of the hygienist's time.

Benefits to the Dentist

1. The dentist's time with his own patients would be uninterrupted by the hygienist, enabling the dentist to provide continuous care to his patients.
2. The dentist would have the option of allowing a hygienist to perform this function, or to administer the local anesthetic himself.

Benefits to the Dental Hygienist

1. Learned skills could be utilized.
2. Better utilization of time. Time now spent waiting for the dentist to inject a patient could be used for actual instrumentation and direct patient care.
3. No compromise is made because of patient discomfort, reluctance to ask the dentist for anesthesia, or shortened amount of productive work time.
4. Patient management is much easier. Patients are more cooperative and appreciative of the care they are receiving if they are not in pain.

REPRESENTATION

Montana hygienists have been surveyed on several occasions in the past few years regarding the local anesthesia issue. A 1978 legislative survey revealed that 96% of the respondents felt hygienists should have the opportunity to become certified

to administer local anesthesia. A 1979 survey showed 100% of the respondents to be in favor of this expanded function. A December 1984 survey reiterated these same results. The Montana Dental Hygienists' Association is pursuing this issue on the premise that this position on local anesthesia represents the opinion of the majority of dental hygienists in Montana. MDHA's position on local anesthesia is also supported by a large number of Montana dentists.

EDUCATION

Dental hygienists are or have the ability to be educationally qualified to administer local anesthetics. They receive an excellent basic and medical science background. Even the hygienist with no formal education on the administration of local anesthesia has the academic background necessary to acquire this knowledge and skill on a post-graduate level.

Eight dental hygiene programs in states where local anesthesia administration is legal were contacted. The majority teach a didactic, laboratory, and clinical component in their basic curriculum for local anesthesia, as well as post-graduate continuing education programs. Clinical competence is achieved by administration of local anesthesia to appropriate dental hygiene patients who are receiving root planing and curettage services. Where a dental hygiene program is within a dental school, the dental hygiene students also gain experience administering local anesthesia to patients in other dental departments. Where dental and dental hygiene students are in the same institution, it seems the lecture courses pertaining to local anesthesia are the same for both groups. Individual dental hygiene programs at other accredited institutions are receiving equivalent courses. It is the opinion of the educators that are responsible to teach these students that both dental and dental hygiene students are prepared to safely administer local anesthesia. Specific information on this course information were compiled from schools listed on the last page of the testimony.

An information packet was prepared by the Council on Dental Education of the American Dental Association which was provided to assist state societies, state boards of dentistry, other concerned agencies and dental auxiliary educators. It contained a section regarding the administration of local anesthetic agents for dental hygienists. Upon completion of certain course requirements, it was concluded that dental hygienists would be qualified to administer local anesthesia.

COMPARISON TO OTHER STATES

The map of the Western United States which is included in this testimony, illustrates the fact that Montana is the only western state which does not allow hygienists to administer local anesthesia. Additional states which allow this function are included at the bottom of the page as well as those states where this issue is currently being pursued. The map includes dates of inception and supervision requirements. The following is a summary of state laws from these states:

1. Adoption by most states has been in the last five years, although in Washington it became legal in 1971, and in Oregon in 1972.
2. Supervision levels range from undefined to specific definitions of general, indirect, or direct supervision.
3. Educational requirements differ from state to state. All require formal education, some specify completion of a Board approved course, most ask for successful completion of either an accredited dental hygiene program which included a local anesthesia course, or a continuing education course in local anesthesia.
4. None of the states contacted were aware of any legal actions or complaints in any of the states since the inception of the function.

A list of practice acts from which this information was taken is included on the last page of this testimony. These practice acts and the education and examination material we have collected would be made available to the Board of Dentistry to assist them in establishing the rules and regulations for this expanded duty.

RESPONSIBILITY

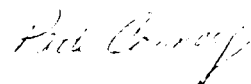
Montana dental hygienists are aware of the serious nature of administering local anesthesia and are willing to assume the responsibility of becoming clinically proficient in this function. The Montana Dental Hygienists' Association supports a program of education and regulation that can be implemented in an orderly and professional manner. The public has the right to assume that any individual administering local anesthesia has met minimum educational criteria, demonstrated practical skill and expertise, and is licensed by a regulatory board. Quality control of health services is of high priority. It is essential that competency in this new function be assured within the existing licensure system. We would like to stress that MDHA supports those requirements which would ensure the highest qualifications for our local anesthesia certified dental hygienists.

At the present time, dental hygienists accept the responsibility for all of the services they perform. Those hygienists who wish to pursue a course of certification in local anesthesia would accept the additional responsibility of this expanded function. It should be stressed that each individual dentist would choose whether he/she wished to delegate this function to a qualified dental hygienist, and determine the appropriateness of the procedure being done by a hygienist based on the needs and limits of his/her own practice.

SUMMARY

The Montana Dental Hygienists' Association believes that our testimony indicates local anesthesia administration by dental hygienists to be in the best interests of the dentist and the dental hygienist as they continue to work together in the tradition of dentistry to provide the highest standards of care possible to the consumer. The legalization of the administration of local anesthetics by dental hygienists is not intended to be a pursuance of a new direction for our profession, but a way to augment existing capabilities within our profession to ensure quality care to our patients. The bottom line is that we have a responsibility to strive to do what is best for the consumer. Our purpose for submitting this bill is to meet that responsibility.

Respectfully Submitted,



Patti Conroy RDH
Legislative Chairman
Montana Dental Hygienists' Association



Montana Dental Hygienists' Association

TO: Legislative Committee Members

FROM Valerie B. Olson, RDH, MDHA Vice-President

RE: Testimony Supporting Senate Bill 214

Mr. Chairman, Members of the Committee and Guests:

I am a practicing dental hygienist from Colstrip. I was born in Billings, went to college at the University of Montana for two years, then completed my Bachelor Degree at the University of Oregon Dental School. The state of Montana helped my education by paying the out of state portion of my tuition through a WICHE scholarship. Many of my classes at the University of Oregon Dental School were taken with the dental students who were working toward their doctorates. Together we took two quarters of Pain and Anxiety Control where we learned initially about local anesthetics, then moved on to a clinical class where we learned to give anesthesia to each other, and finally to volunteer patients.

After graduation I practiced in a private office in Portland. In addition to my routine duties of taking and developing x-rays, cleaning teeth, and patient education, I was frequently called upon to root plane and curettage teeth with gum disease. This deep scaling is very uncomfortable and is not a procedure I feel at ease doing when my patient is not numb. Because of the training at the dental school, I felt qualified to administer local anesthesia and was required to do so by the dentist I worked with. I never had a patient complaint regarding my injections and I feel my treatment was faster, more efficient, and less painful because of my ability to do the proper anesthesia.

Four years ago I returned to Montana and am the only hygienist in Rosebud County. Because of the current law, I am not able to administer local anesthesia and must rely on the dentist I work with to postpone treatment of his patient, come to my operatory and administer the numbing agent. Several times the doctor has

been in surgery and has not been able to leave his patient. These delays are inconvenient to our patients. It would be a great service if I were able to proceed with treatment free of interruption.

There have been numerous studies committed to discovering whether or not a dental hygienist is capable of administering local anesthesia with proper training. In 1973 a pilot project at Loma Linda University School of Dentistry in California selected five hygienists to receive training and then use dental anesthetic in a private setting. Dr. Richard C. Oliver was the principle investigator on the project and said the following:

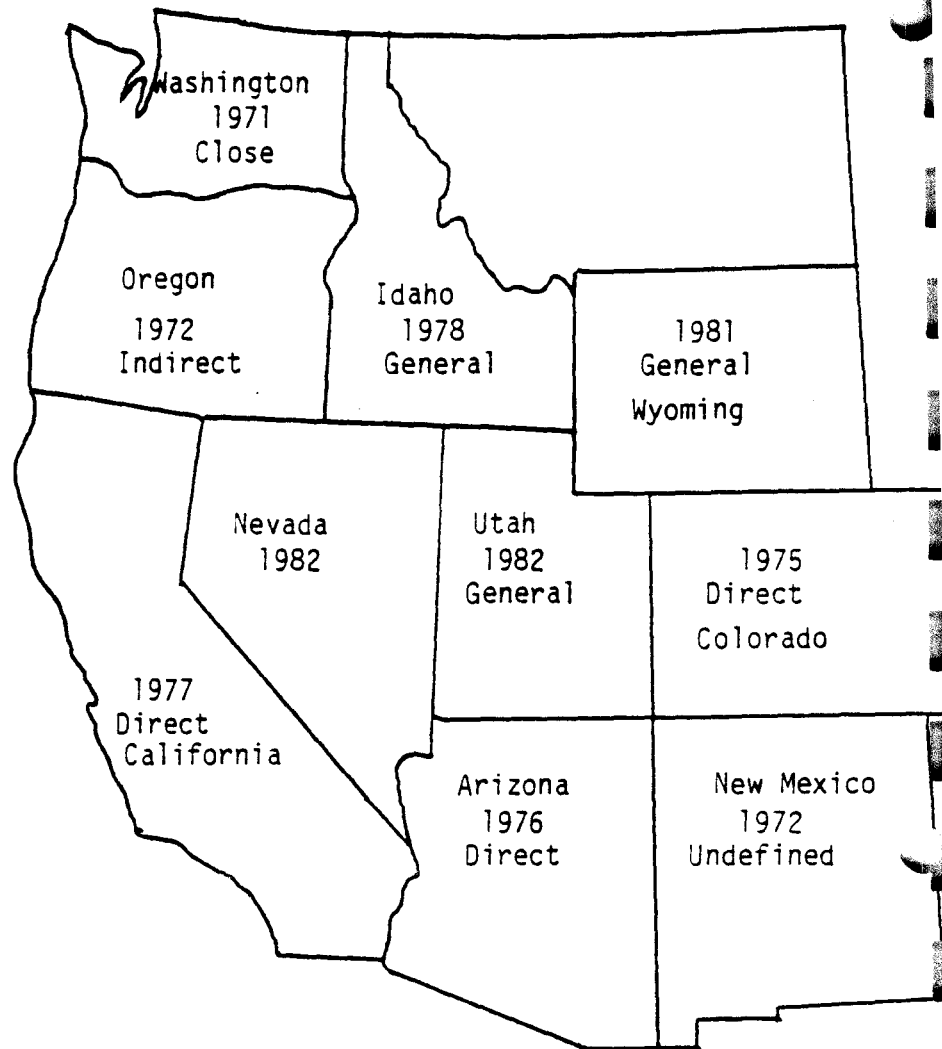
"...each of the five hygienists administered local anesthetics hundreds of times in practice over a three year period to facilitate scaling and root planing in subgingival areas. Patient acceptance was excellent, the quality of dental services improved without the pain barrier to thorough calculus removal and there was not a single untoward incident (even fainting) during the period of time. In addition, this service saved from 1/2 to 1 hour of the dentists' time each day."

Another study, The Forsyth Experiment from 1971, had similar results.

I have been trained, tested, and licensed in Oregon to administer local anesthesia and I would like the chance to do the same here in Montana. Thank you for the opportunity to present my opinion and the facts supporting the state's hygienists.

Valerie B. Olson, R.D.H.
VALERIE B. OLSON, R.D.H.

Map of Local Anesthesia Inception Dates and Supervision Requirements



Other states allowing administration of local anesthesia by dental hygienists:

Alaska, 1978, Indirect
Oklahoma, 1980, Direct
Missouri, 1977, Indirect

Legislation or rule change pending in the other states.

Delaware
Washington D.C.
Hawaii
Illinois
Iowa
Kansas
New Jersey
New York
Kentucky
Minnesota
Rhode Island
Nebraska
Pennsylvania
Wisconsin

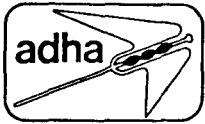
INFORMATION ON FILE WITH MDHA

Exams and Course Information

Weber State College - Ogden, Utah
midterm and final exams, course outline
University of Southern California - Los Angeles, California
final exam for school course, outline for Malamed's continuing education course
Idaho State University - Pocatello, Idaho
outline and course objectives
University of Washington - Seattle, Washington
final exam for school course, study questions, course outline
University of Colorado Health Science Center - Denver, Colorado
course objectives
Oregon Health Sciences University - Portland, Oregon
outline of courses, final exam for school course
Chabot College - Hayward, California
continuing education course outline
Portland Community College - Portland, Oregon
course outline and objectives, clinical competency test

State Practice Acts

Alaska
Washington
California
Colorado
Idaho
Arizona
Oregon
Missouri
Utah
Oklahoma
New Mexico



American Dental Hygienists' Association

444 North Michigan Avenue, Suite 3400
Chicago, Illinois 60611 (312) 440-8900

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District VI
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District VII
Lorraine Gaul, RDH
District VIII
Jelly Fritz, RDH
District IX
Judy K. Harbrecht, RDH
District X
Jacklyn Clark, RDH
District XI
Betty Sherman, RDH
District XII
Rosalie Wall, RDH
District XIII
Albert J. Sunseri, PhD
Executive Director

March 4, 1985

Ms. Peggy Newman, RDH
President, Montana Dental Hygienists' Assn.
P.O. Box 1455
Columbia Falls, MT 59912

Dear Peggy:

I enjoyed the opportunity to talk with you today on your pending legislation. I hope your strong showing in the senate is equaled in the house.

In keeping with our conversation, I am enclosing letters I have received from the state boards of dentistry in states which allow hygienists to administer local anesthetics. In the states reporting, no incident has arisen from a hygienist administering local anesthesia.

The safety of dental hygienists administration of local anesthetics is further supported by a letter from Maginnis and Associates, the professional liability insurance administrator for hygienists. The letter states that the premium for a hygienist administering local anesthetics is not greater than for the hygienist who doesn't. Since insurance premiums are based upon risk, one may conclude that granting dental hygienists local anesthesia administration does not increase risks to the patient.

I hope this information is helpful to you. Please contact me if you have any questions or if I may be of further assistance.

Sincerely,

Bob Mankivsky
Manager, State Government Affairs

BM/bp
Enclosure



January 25, 1985

Members of the Senate and
House of Representatives,
State of Montana

To the Legislators of the
State of Montana:

I am writing to you in order to express my support for the proposed legislation which would permit qualified, registered dental hygienists in your state to administer local anesthetics to their patients requiring dental care.

I feel that I am qualified to lend support to this legislation. A dentist (NYU 1969) I have taught on a full-time basis at the University of Southern California School of Dentistry since 1973. My specialty is anesthesia and medicine, which I teach to dental students, dental hygiene students, and to practicing doctors through continuing education programs presented both at USC and throughout the United States. I was involved in setting up the training guidelines in local anesthesia and nitrous oxide-oxygen inhalation sedation for dental hygienists in the state of California in the mid-1970's. Many other states (interestingly, all west of the Mississippi River) have passed legislation based upon Californias or quite similar to it. Most recently the state of Alaska (1980) enacted legislation based on the U.S.C. local anesthesia curriculum. I have taught five courses for dental hygienists in that state to date. As a final credential towards my "expertise", I am author of "Handbook of Local Anesthesia", a textbook used in most dental schools and other training institutions in the United States and Canada.

My feeling, and one which I hold quite strongly, is that the dental hygienist is fully capable of administering regional anesthesia in the oral cavity utilizing local anesthetics with no additional risk to the dental patient, provided the hygienist has been "fully" trained in an acceptable program.

Training in local anesthesia for the dental hygienist ideally should take place during their two years of schooling in dental hygiene. At this time, when important subjects such as anatomy, physiology, and pharmacology are relatively fresh in their minds, a core-course in local anesthesia of approximately 18 didactic and 24 clinical hours is quite adequate. Whenever possible such training should be together with dental students (i.e. there can be no difference in course structure or content between these two groups). Where it is not possible for the dental hygienist to receive training in local anesthesia during dental hygiene schooling, a continuing education course is necessary. This course must contain all of the materials presented in the "school" course plus additional material.

Members of the Senate and
House of Representatives,
State of Montana
January 25, 1985
Page 2

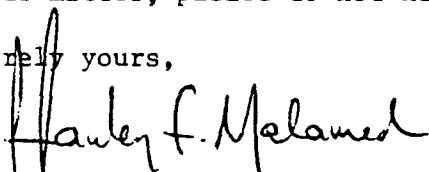
Such additional course material includes reviews of relevant anatomy, physiology, pharmacology, emergency medicine and physical evaluation, plus a greatly expanded clinical program. As presented by me at this time this continuing education program is approximately 50 hours in length and includes a significant clinical portion. Students are required to administer a minimum of 20 injections. The usual class average is 36 injections per person. All injections are administered by the "student" to either a fellow classmate or to a dental patient who will be treated by the "student".

Though a degree of modification is acceptable in program design to meet individual requirements, such an outline has been shown to work. Hygienists in California have been licensed to administer local anesthetics for almost ten years now, and the feedback from hygienists, doctors, and their patients has been uniformly positive. Medicolegal complications (i.e. litigation) have not followed the institution of this expanded function. Indeed reports indicate that the hygienist administering local anesthesia for dental care is more caring, has greater empathy, and gives less traumatic injections than do most doctors.

Rather than continue to extol the virtues of the dental hygienist administering local anesthesia I need say that I, a typical apprehensive dental patient myself, do not hesitate to permit a well-trained (i.e. "certified") dental hygienist to administer these drugs to me. I have the utmost confidence in them.

I am willing to work with you in any way necessary to provide the consumers and health professionals of the State of Montana with a well-written piece of legislation which would enable the dental hygienist to administer local anesthesia to their patients. Should you have any questions or should you require additional information on this matter, please do not hesitate to contact me.

Sincerely yours,



Stanley F. Malamed, D.D.S.
Associate Professor
Section of Anesthesia & Medicine

SFM:ps

Enclosure

THE OREGON HEALTH SCIENCES UNIVERSITY

University Hospital
Hospital Dental Service

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 503) 225-8635

November 27, 1984

Patti Conroy, RDH
Legislative Chairman
Montana Dental Hygienists' Association
1328 Valley Forge
Billings, Montana 59105

Dear Mrs. Conroy:

I would like to take this opportunity to formally endorse proposed legislation in the state of Montana which would permit qualified dental hygienists to utilize local anesthesia during treatment of their patients. However, I believe there are three critical issues that need clarification in this matter.

- 1) The need for dental hygienists to use local anesthesia.
- 2) The ability of hygienists and hygiene students to master the necessary scientific background and clinical skills related to local anesthesia.
- 3) The safety record accrued in other states (i.e., Oregon, Washington) where dental hygienists have utilized local anesthesia for over ten years.

I. Need

Dental hygienists today are routinely performing periodontal procedures which require adequate pain control. Although under the supervision of their dentist, it is very inconvenient to have another individual (the dentist) interrupt his/her patient care to provide local anesthesia services for the hygienists on an adlib basis. It is also not safer to provide anesthetic services in that manner as the individual trained in local anesthesia is not with the patient after the drug is given or during a period when undesired side effects may occur.

II. Ability

For over ten years in The School of Dentistry (Oregon Health Sciences University) dental hygiene students have been instructed in the use of local anesthesia. In fact, their curriculum in anesthesia and pain control is identical to and taken with the dental students. During this period of time, we have never failed a hygiene student and have felt that the hygiene students in general performed as well as the dental students.




PATTI CONROY, RDH
November 27, 1984
Page Two

III. Safety

To my knowledge, over the past ten years there has not been any instance of a major complication or malpractice suit involving a dental hygienist using local anesthesia. In general, hygienists have performed on a level equal to that of most practicing dentists.

As you can see, our experience in Oregon with dental hygienists using local anesthesia has been very good, without any significant complications and well accepted by the practicing dentist and patient population.

With best wishes,

A handwritten signature in dark ink, appearing to be 'J. Jastak', followed by a long horizontal line extending to the right.

J. Theodore Jastak, DDS, PhD
Professor and Chairman
Department of Hospital Dentistry

kg

THE OREGON HEALTH SCIENCES UNIVERSITY

School of Dentistry
Department of Dental Hygiene

511 SW Campus Drive Portland, Oregon 97201 (503) 225-8895

December 18, 1984

State of Montana Legislature

Dear Legislator:

The purpose of this letter is to offer information on administration of local anesthetic agents by dental hygienists, for your consideration in acting on legislation proposed by the Montana Dental Hygienists' Association. I am the Director of the Dental Hygiene Program and Chairman of the Dental Hygiene Department at the Oregon Health Sciences University. I have held the position since January, 1977. Prior to that time, I was Assistant Secretary of the American Dental Association's Council on Dental Education and Commission on Dental Accreditation. The assistant secretary has administrative responsibility for development and implementation of Association policy related to education, utilization and practice of dental assistants, dental hygienists, and dental laboratory technicians. I was employed by the American Dental Association for seven years and during that time drafted educational standards for basic dental hygiene education and expanded function dental hygiene education as well as standards for education in the other dental auxiliary fields. It was my responsibility to oversee the evaluation and accreditation of dental hygiene education programs which required that I visit programs on a routine basis and that I be familiar with the curricula of all programs across the country. It also was my responsibility to maintain information on legal provisions for performance of "expanded or new functions" by dental assistants and dental hygienists in all states and U. S. territories.

Dental hygiene education provides the science background required for teaching administration of local anesthetic agents. When the Oregon Dental Practice Act was amended in 1972 to allow dental hygienists to administer local anesthetic, instruction in the procedure was incorporated into the dental hygiene curriculum. That instruction includes review of the anatomy of the head and neck, pharmacology of anesthetic agents and their interaction with other drugs, management of adverse effects and emergencies, and techniques of administering anesthetics. In the fourteen years that the Oregon Health Sciences University Dental Hygiene Program has been teaching local anesthetic administration, there has never been an adverse reaction. In fact, there has never been a reported life-threatening reaction to administration of local anesthetic by a dental hygienist in Oregon or any of the other states in which hygienists are performing this function.

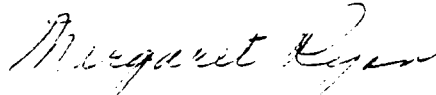
Certainly, the benefits to the public and their well-being are the most important concerns in considering the question of whether the dental hygienist should administer local anesthetic agents. It is well documented that thorough root instrumentation in the form of "root planing" is the best method of preventing advancement of, and treating periodontal disease. Ninety percent of the adult population in the United States suffer from periodontal disease. It is the primary reason for tooth loss after age thirty-five. Hygienists play a key role in preventing loss of teeth from periodontal disease and it is essential that hygienists have the ability to utilize the adjunct procedures that are necessary to carry out their role in preventing and controlling the disease. There is considerable evidence to support the fact that hygienists can administer local anesthetics without harm. To deny hygienists the opportunity to



administer local anesthetics is not in the best interest of the public. In many instances, hygienists are not able to perform the extensive root instrumentation ~~they are~~ legally and ethically responsible for without the use of local anesthetic. Without legal authority to administer local anesthetics, dental hygienists are "by law limited to patient neglect".

The provision in Oregon law for dental hygienists to administer local anesthetic agents has improved the quality of dental hygiene care provided to the citizens of Oregon, as well as their access to care. In Oregon, dental hygienists practice with general supervision. Thus, the dentist is not always on the premises when the hygienist is providing treatment for patients. The hygienist's ability to administer the anesthetic when it is indicated has extended availability of services to meet patients' needs, and allowed dental hygienists to practice in accord with their ethical and professional responsibility.

Respectfully submitted,



Margaret M. Ryan
Chairman
Dental Hygiene Department
Oregon Health Sciences University

FAMILY DENTAL GROUP

**10 THREE MILE DRIVE
KALISPELL, MONTANA 59901
PHONE 733-7890**

January 29, 1985

Senate Public Health Committee
Capital Station
Helena, Montana

Dear Senators,

I am writing in support of Senate Bill 214; a bill for an act entitled: "An Act Permitting Certain Dental Hygienists to Administer Local Anesthetic Agents; Removing the Requirement that an Applicant for a License to Practice Dental Hygiene Submit to an Oral Interview; Amending Sections 37-4-401 and 37-4-402, MCA; and Providing Effective Dates."

I have a long history of actively seeking a rules change by the Board of Dentistry which would allow dental hygienists to administer local anesthesia in the practice of dentistry. Hygienists do perform procedures now which in many cases utilize local anesthetic, such as root curettage (root planing). A large number of periodontal patients receive these services in my practice from a well trained, competent dental hygienist and many times there are significant delays in beginning treatment until I am able to administer the local anesthetic.

Most schools of dental hygiene including Carroll College Department of Dental Hygiene train hygienists in administration of local anesthetics. That training is comparable in scope to that which is received by dental students. In addition in recent years that same training has been available through university programs for dental hygienists who were graduates prior to widespread local anesthesia training within their hygiene programs. It only makes sense that hygienists should be equipped in their training to provide their patients with adequate pain control in conjunction with routine treatment.

The second issue, that of deleting the oral interview, also meets with my approval. The way the interviews have been conducted has led to little or no useful information relative to licensure of applicants, contributes to inefficiency in the licensing procedure, and has the potential of introducing unjustified bias into the licensing process.

Thank you for your consideration.

Sincerely yours,



Robert W. Bowman, D.D.S.

RWB/cbm

KEVIN P. CONROY, D.M.D.

935 LAKE ELMO DRIVE
BILLINGS, MONTANA 59101

TELEPHONE 252-4200

January 28, 1985

To: Legislative Committee Members

Re: SB214

To Whom It May Concern,

I would like to express my support for SB214. In regard to the deletion of the oral interview requirement for dental hygiene licensure:

1. This has proven to be an inconvenience for dentists who wish to employ a hygienist immediately following regional board exams.
2. Hygienists often are required to forego employment for several months, causing considerable financial hardship.
3. Quite frequently the expense of making an additional trip for the interview adds to the financial hardship.

In regard to the certification of certain qualified dental hygienists administering local anesthesia:

1. A need exists for dental hygienists to administer local anesthesia to patients receiving painful periodontal procedures. Interrupting a dentist for the administration of a local anesthetic is at the least an inconvenience and at times is not possible (ie when performing surgical procedures).
2. Most dental hygiene programs now teach local anesthesia administration and excellent continuing education programs are available for those who need this type of program.
3. Dental hygienists are trained in medical emergency treatment. Under the direct supervision requirement, the dentist is also available to respond to an emergency. The administration of local anesthesia is a relatively safe procedure and should not be confused with the risks associated with administering general anesthesia.
4. Many other states now permit hygienists to administer local anesthesia, and the acceptance level is high both among the dental community and the general public.
5. The delegation of this duty is optional. Those who do not wish to utilize a hygienists' skills in this manner, have that option.

Sincerely,



Kevin P. Conroy D.M.D.

STEPHEN L. BLACK, D.D.S., P.C.

Diplomat of the American Board of
Oral and Maxillofacial Surgery

115 West Kagy Boulevard
Bozeman, Montana 59715
(406) 587-0767

1/16/8

To whom it may concern.

I wish to support legislation
proposed by the Montana Dental
Hygienist association which would
allow appropriately trained
hygienists to administer local
anesthesia, under the direct
supervision of their employer
dentist.

Stephen L. Black

ROBERT W. BERGESON, D.D.S.
ROSE PARK PROFESSIONAL BUILDING
2370 AVENUE C
BILLINGS, MONTANA 59102
(406) 652-2130

January 21, 1985

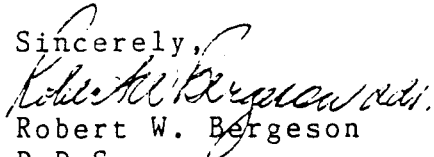
To Whom It May Concern;

I am writing to state my support for the proposed legislation to allow dental hygienists in the state of Montana to administer local anesthesia.

As long as the law would provide for the necessity of meeting very stringent requirements for certification including didactic and clinical education, then I feel the hygienist is qualified for this expanded duty.

I think it is important to stress that the dentist always has the option of using this expanded duty or not. For example, I see no place for this service in my own practice now or in the future.

Sincerely,


Robert W. Bergeson
D.D.S.

DOUGLAS S. HADNOT, D.D.S.

JACKIE S. JONES, D.M.D.

**FAMILY DENTAL
GROUP**

SOUTHGATE MALL
MISSOULA, MT 59801

PHONE:
721-3608

January 17, 1985

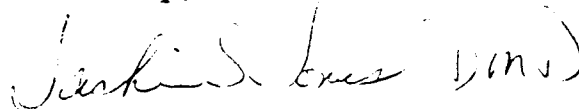
To whom it may concern:

I am writing this letter in reference to the issue of Dental Hygienists Administrating local Anesthesia to their patients. As a former dental hygienist I feel very strongly about this issue. As a practicing dentist I am very much in favor of allowing dental hygienists to administer local anesthetics under the guidelines proposed by the Montana Dental Hygienists' Association. Under these guidelines the dentist and hygienist each may choose in this matter. Since not all hygienists must take the local anesthesia certification and not all dentists must allow their Hygienists to perform this duty it leaves the final decision up to the individuals involved.

Having been trained in local anesthesia as a hygienist and subsequently as a Dentist I have no doubt that the training requirements in this bill will adequately train the hygienist and protect the public.

I strongly recommend passage of this bill.

Sincerely,



Jackie S. Jones, D.M.D.

Practice Limited To Periodontics

January 15, 1985

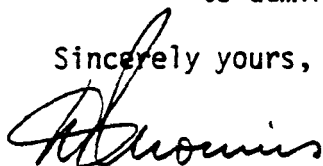
To: Legislative Committee Members

Re: Local Anesthesia for Dental Hygienists

I support legislation allowing administration of local anesthesia for Registered Dental Hygienists under the following conditions:

1. Successful completion of accredited didactic course (sponsored by a university dental school) in all aspects relating to local anesthesia (e.g., pharmacology, anatomy, physiology, medical history evaluation, emergency procedures, etc.)
2. Certification of clinical competency in technique of administration of local anesthesia.
3. Board of Dentistry certificate of competency.
4. Continuing education standards.
5. Practice under direct supervision of licensed dentist.
6. Responsible dentist may elect not to allow dental hygienist to administer local anesthesia even though certified.

Sincerely yours,



David L. Movius, DDS, MSD

sb

January 24, 1985

Mr. Chairman, Members of the Committee, and Guests,

I would like to take this opportunity to voice my support of the MDHA in their campaign to amend the Dental Practice Act to allow them to administer local anesthetic under the direct supervision of a person holding a D.D.S. or D.M.D. degree.

All hygienists have at least two years of training in their profession. Many of them have spent additional years in college. This is similar to the amount of time many Registered Nurses in the state of Montana spend on their education and, as we all know, nurses are allowed to administer a wide range of injectable medications. During the two years, in most schools, the hygiene students are introduced to the various aspects involved in the administration of local anesthetic. In addition to this introduction in school each candidate will be required to complete additional training dealing only with local anesthesia, will complete and pass an examination by the Board of Dentistry, and then will be allowed to administer local only if the dentist who employs the hygienist is present and agrees. If the dentist feels that even with certification the hygienist is not qualified to administer local or if the hygienist were to use local without permission or even against the wishes of her/his employer, the employing dentist has the right not to allow that hygienist to administer the anesthetic. By setting such strict rules, I feel that the Hygiene Association has demonstrated their concern for continuing the high standard of dental care exhibited by Montana dentists. I also feel that it demonstrates great concern for that portion of the public who seek our services.

Along more practical lines, I feel that allowing this procedure would enable those practitioners who work extensively with a hygienist to have more flexibility in their practice. It would prevent their having to leave the patient with whom they are working in order to anesthetize the hygienist's patient. This allows both patients to receive more continuous care without the dentist's patient feeling "abandoned" and the hygienist's patient feeling that the hygienist "was so rough that the dentist had to numb me".

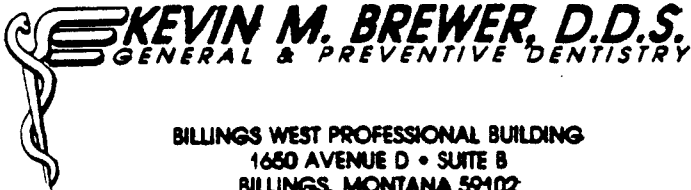
I think that we should all keep in mind that this is not designed to become a "routine" procedure. The vast majority of patients do not need anesthetic but those patients who require extensive scaling and root planing, duties usually delegated to the hygienist, could benefit immensely. These patients would be able to receive their care under optimum conditions and comfort without waiting for the dentist to have time to anesthetize. It would serve to improve the relationship between the primary care giver at that time, the hygienist, and his/her patient. No relationship can be good and no patient can be treated well or humanely when they are hurting. Also, no hygienist can be expected to do a good job under the stress of dealing with a patient who cannot tolerate the procedure.

In closing, I feel it is important, regardless of the decision of the legislature, that at this time when we have people in Montana practicing aspects

of dentistry without any formal education that we recognize the efforts of the hygienists who are not interested in "short cuts", but seek to improve themselves and their profession through proper channels and under strict control.

Respectfully submitted,

Mary R. Youngbauer, D.D.S.
Mary R. Youngbauer, D.D.S.
Forsyth, MT



BILLINGS WEST PROFESSIONAL BUILDING
1650 AVENUE D • SUITE B
BILLINGS, MONTANA 59102
406-259-1509

January 15, 1985

Dear Legislative Committee Members,

I'm writing this letter in support of the Dental Hygienist's Anesthesia Bill. The hygienists are a valuable ally in the dental profession. In many instances a hygienist's work can be made easier, for the hygienist as well as the patients, with the use of a local anesthetic.

I feel the key issue here is whether or not the hygienist is trained and qualified, I see no problems - after all, she is still working under the authority of the dentist, and if the dentist does not feel comfortable with hygienist local anesthesia, then the dentist can reject this procedure from office policy.

Sincerely,

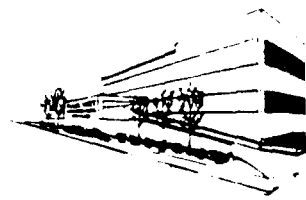
Kevin M. Brewer, DDS

Kevin M. Brewer, D.D.S.

KMB/cmb

PLAZA WEST DENTAL GROUP

1537 AVENUE D
BILLINGS, MONTANA 59102
PHONE 248-7171



SD Erickson D.M.D.
CV Gorder D.D.S.
CG Hanson D.D.S.
CF Hawver D.D.S.
MJ McCarthy D.D.S.
RR McDonald D.D.S.
RA Miller D.D.S.
CE Peterson D.D.S.
ML Sade D.M.D.



January 17, 1984

Dear Committee Members:

I would like to take this opportunity to express my support for the new legislation that would allow a Registered Dental Hygienist to administer local anesthetic under the supervision of a licensed dentist.

Dentistry faces a tremendous challenge from the voting and paying public. Specifically, "We want the best dentistry for the most people at an affordable rate!"

I feel that the only way dentistry can meet this need is to step into the more progressive era of auxiliary utilization. This will permit well trained and certified staff personnel to perform supervised duties that will free the dentist to use his training in a more efficient manner.

The foundation for the academic and technical expertise needed to administer local anesthetic has already been provided for in the curriculum of most accredited dental hygiene schools.

The bill itself provides for a Board of Dentistry approved program of certification insuring that those who need additional training or continuing education must reach that level of expertise before being certified.

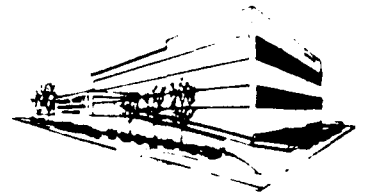
I urge you to seriously support this progressive type of legislation for passage and provide Montana with the ability to meet the new demands in dentistry.

Sincerely,

Dr. Michael J. McCarthy D.D.S.
Dr. Michael J. McCarthy

PLAZA WEST DENTAL GROUP

1537 AVENUE D
BILLINGS, MONTANA 59102
PHONE 248-7171



SD Erickson D.M.D.
CV Gorden D.D.S.
DG Hanson D.D.S.
CF Mawyer D.D.S.
MJ McCarthy D.D.S.
RS McDonald D.D.S.
RA Miller D.D.S.
DE Peterson D.D.S.
ML Slade D.M.D.



January 17, 1985

To whom it may concern:

I endorse the concept of Dental Hygienists administering local anesthetic with proper training.

Cordially;

Mac L. Slade, D.M.D.
1537 Avenue D
Billings, Montana

The Office of
Sid H. Hall, d.d.s.

Specialist in Periodontics

108 North Eleventh
Bozeman,
Montana
59715
(406) 587-2222

January 14, 1985

To Whom It May Concern,

I am personally in support of the bill in the legislature to allow dental hygienists to use local anesthetics under the supervision of their employing dentists. I feel that this bill is most reasonable and will allow hygienists to provide better care to the people that they serve. I can see nothing in the bill that is detrimental to the interests of either the public or the dentists of Montana.

I think it is important to note that under this law no dentist would be forced to allow this in his office. It only gives the individual dentist the choice to allow his hygienist to use local anesthetic if he/she so desires (and, of course, if the hygienist is properly trained and certified by the Board of Dentistry).

Thank you for your consideration of this.

Sincerely,

Sid Hall, DDS

Sid Hall, D.D.S.

LAWRENCE P. PENDLETON, D.M.D.

108 NORTH 11TH AVENUE
BOZEMAN, MONTANA 59713

TELEPHONE 586-5949

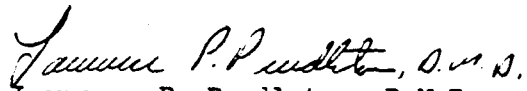
January 28, 1985

To Whom It May Concern:

RE: SB 214

I support the administration of local
anesthesia by properly trained and
qualified registered dental hygienists.
The ability to administer local anesthetics
would enable dental hygienists to perform
their functions more effectively.

Sincerely,


Lawrence P. Pendleton, D.M.D.

GREGORY W. OLSON, D.M.D., P.C.

P.O. BOX 938

COLSTRIP, MONTANA 59323

TELEPHONE 748-2022

TO: Legislative Committee Members

FROM: Gregory W. Olson, D.M.D.

RE: Testimony for Senate Bill 214

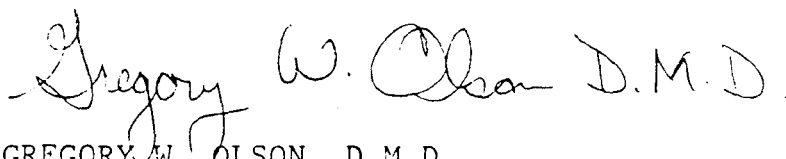
I would like to state my full support of the Montana Dental Hygienists' Bill proposing the use of local anesthesia.

These people are highly trained individuals whose profession of oral hygiene requires great skill. The skills required to do a proper scaling and or curretage are consistent with those required for proper injection technique.

Many of these individuals have already been trained and certified to give injections by accredited dental schools.

The tax payer of Montana is not getting his or her dollars' worth when a student is trained in a particualr skill and is not allowed to use this skill.

I urge you to support Senate Bill 214.

A handwritten signature in cursive script that reads "Gregory W. Olson D.M.D.".

GREGORY W. OLSON, D.M.D.

David H. Kiesling, D.D.S. Roger L. Kiesling, D.D.S.
Kiesling Dental Associates

FAMILY DENTISTRY

1900 NORTH MAIN ST.
HELENA, MONTANA 59601
443-5526

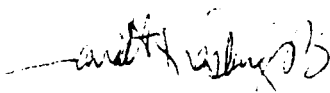
301 SOUTH ELDER
BOULDER, MONTANA 59632
225-4236

January 30, 1985

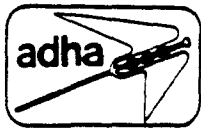
Dear Senators,

I wholeheartedly support the concept that a dental hygienist with a four year Dental Hygiene degree may administer local anesthetic.

Sincerely,



David H. Kiesling, DDS



American Dental Hygienists' Association

444 North Michigan Avenue, Suite 3400
Chicago, Illinois 60658 (312) 440-8900

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Jacklyn Clark, RDH
District XI
Betty Sherman, RDH
District XII
Rosalie Wall, RDH
District XIII

Albert J. Sunseri, PhD
Executive Director

DATE: January 15, 1984

TO: Legislative Committee Members

FROM: Judy Harbrecht, RDH *Judy Harbrecht, RDH*
ADHA District X Trustee *District X Trustee*

RE: Local Anesthesia for the Dental Hygienist

The American Dental Hygienists' Association (ADHA) is the organized National voice of the dental hygienist. As a member of the Board of Trustees of ADHA, I speak in favor of this bill.

Existing ADHA policy statements, support the efforts of the Montana Dental Hygienists' Association to seek legislative change in the Montana Dental Practice Act to allow the administration of local anesthesia by the dental hygienist.

"The ADHA believes that expansion of functions of a dental hygienist must be predicated on formal educational preparation. The licensure renewal process must represent assurance to the public that the dental hygienist has the qualifications necessary to function in an expanded role."
(R-40-Am-82-H)

"The ADHA advocates that licensed dental hygienists successfully complete clinical and didactic education before performance of additional functions permitted through a change of state law." (R-9A-Am-78-H)

"The ADHA believes that in order to be most effective in the delivery of primary preventive dental care to all people, services of the dental hygienist should be fully utilized in all public and private practice settings."
(R-55-Am-82-H)

"The ADHA supports the broadening of the scope of dental hygiene practice to meet the health care needs of the public in accordance with state dental and/or dental hygiene practice acts, and the ADHA encourages the implementation of the scope of dental hygiene practice through alternative methods of practice in a variety of settings which would enable the dental hygienist to become a primary care provider of preventive services, thereby delivering increased health care to a greater percentage of the population." (SR-45-77-H)

"The ADHA supports current Cardio-Pulmonary Resuscitation certification for all dental hygienists." (R-19-82-H)

"The ADHA believes that the practice of dental hygiene is an integral part of the dental health care delivery system and that services provided by the dental hygienist must be performed in cooperation with the dental profession and within the context of the overall dental health needs of the patient." (SR-42-Am-81-H)

Local anesthesia for the dental hygienist is not a new idea. Many states have allowed this expanded function for many years. In California, a dental hygienist is not eligible for licensure without being qualified to administer local anesthesia. The need has been identified, the demand by the public and the dental community has been recognized and the safety precautions for the public have been addressed.

ADHA endorses the expanded function of local anesthesia for the dental hygienist under the guidelines as outlined by the Montana Dental Hygienists' Association.

2303 South Third
Bozeman, Montana
January 27, 1985

To Whom It May Concern:

This letter is to urge your support of SB 214 which would allow qualified dental hygienists to administer local anesthesia in Montana.

As a practicing dental hygienist for over twelve years, seven of those years in Montana, I have seen the need for hygienists to administer local anesthesia to relieve the extreme pain some patients experience during a thorough dental cleaning. A thorough dental cleaning known as a prophylaxis has become the treatment of choice in most cases of periodontal disease which is fast replacing dental decay as the major dental problem facing most Americans. A prophylaxis usually includes deep scaling of teeth, root planing and curettage of the gum tissues. Needless to say, these procedures commonly performed by the dental hygienist may cause great discomfort to the patient. Presently, the dentist must interrupt treatment of his patient to anesthetize the dental hygienist's patient. This approach is disruptive to both practitioners, to the patient and to the smooth and efficient operation of the dental practice.

If dental hygienists in Montana were allowed to administer local anesthesia, both the education and licensing to enable the dental hygienist to practice this function would be carefully defined and controlled by the Board of Dentistry and the schools of Dental Hygiene to insure the safety of the patient. The dental hygienists' educational background provides them with the scientific knowledge necessary to support the learning of this expanded function. The administration of local anesthesia is presently taught in most schools of Dental Hygiene including Carroll College in Helena. The practice of dental hygienists administering anesthesia in other states has proven safe, efficient and most dentists report that their patients prefer the hygienist to administer local anesthesia because of reduced discomfort during the injections.

If a dentist objects to a dental hygienist administering local anesthesia, he is free to make that a policy in his practice. But those dentists seeing the benefits of such an expanded function for dental hygienists may take advantage of the legislative enactment of SB 214. I strongly urge your support of this bill.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads "Sandra McAdam Morasky".

Sandra McAdam Morasky, BS, R.D.H.

165 Wedgewood Lane
Kalispell, Montana 59901
January 30, 1985

Senate Public Health and Welfare Committee
Capital Station
Helena, Montana 59601

Dear Senators,

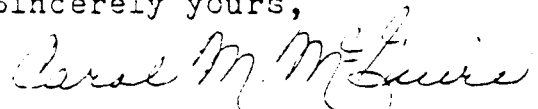
I wish to voice my support for Senate Bill 214; "An Act Permitting Certain Dental Hygienists to Administer Local Anesthetic Agents; Removing the Requirement That an Applicant For A License to Practice Dental Hygiene Submit to An Oral Interview; Amending Sections 37-4-401 and 37-4-402, MCA; and Providing Effective Dates."

I have practiced dental hygiene in the state of Montana for the past fourteen years, thirteen of which I have worked primarily with adults seeking treatment for periodontal disease. Local anesthesia is essential for patient comfort when deep root scaling and curettage are performed. In the past it has been necessary to wait to proceed (wasting my time as well as the patient's time) until my employer dentist is able to leave his patient to perform this service. With advances in education, administration of local anesthetics is now taught throughout the country in dental hygiene schools at a level equal to dental students' training and is allowed by practice acts in most Western states with no complications.

Regarding the requirement that an applicant submit to an oral interview, this has been used by the Board of Dentistry in the past for no useful purpose, and has only been an inconvenience to applicants who may need to make a special trip to Helena to "meet" the Board members. This also has a potential for creating a bias which the Board of Dentistry has worked with Western Regional Examiners to eliminate by having unanimity of all applicants during an exam.

Thank you for your consideration.

Sincerely yours,

A handwritten signature in cursive script, reading "Carol M. McGuire".

Carol M. McGuire, R.D.H.

January 30, 1985

Dear Senators,

I wish to voice my support for SB 214. I am very much in favor of allowing a licensed dental hygienist, with the proper training, to administer local anesthetic agents in conjunction with dental hygiene services.

I am a dental hygienist, licensed to practice in the states of Montana and California. I am certified by the state of California to administer local anesthetic.

There are certain dental hygiene procedures that, if done correctly, can be somewhat uncomfortable for the patient. I found that the administration of a local anesthetic allowed me to deliver the highest quality of care to my patients, while they experienced the minimum amount of discomfort. It was a mutually beneficial situation, and one that would be welcome in Montana.

Sincerely,

Michele G. Kiesling, RDA

Michele G. Kiesling, RDA

February 1, 1985

PROPONENT SB-214

TO: SENATORS, PUBLIC HEALTH COMMITTEE

I urge you to vote FOR SB-214.

Passage of this bill will allow the qualified dental hygienist to administer local anesthetics as a means of pain control for the patient being treated in the dental office under the supervision of the dentist.

A well trained dental hygienist can safely provide a painless dental hygiene experience to the patient if allowed to administer local anesthetics. A painless experience will give better service to the patient.

I have been teaching local anesthesia and local anesthetic techniques at Carroll College since Fall 1979, as part of the dental hygiene educational curriculum. As graduates, these students can administer local anesthetics in California, Idaho, Colorado, Nevada and Arizona, but not in their home State of Montana.

It is my firm belief that in order to give the most complete care and treatment to a dental patient, that the dental hygienist should be allowed to eliminate any pain connected with the procedures necessary to restore a person to optimal oral health.

Vote YES for SB-214.

JO ANNE KARR, Registered Dental Hygienist

February 1, 1985

IN SUPPORT OF SB-214

To: SENATORS, PUBLIC HEALTH COMMITTEE

I urge you to vote YES for SB-214 which will eliminate the Board of Dentistry Oral Interview presently required of the dental hygienist prior to licensure. The Oral interview is a waste of the taxpayers' money. Elimination of the oral interview would eliminate the time required by the members of the Board of Dentistry to conduct these interviews, thus reducing the per diem payed to each member.


The oral interview serves no purpose toward determining the qualifications of a dental hygienist. There is no mechanism to deny licensure based on results of the oral interview.

The oral interview of a dental hygienist by the Board of Dentistry will not protect the consumer.

The oral interview of a dental hygienist by the Board of Dentistry is an illegal discriminatory practice. It should be eliminated from the statutes.

I urge you to vote Yes on SB-214.

Proponent,



JO ANNE KARR, Associate Professor
Chairperson, Dental Hygiene Department
Carroll College, Helena, Montana

January 29, 1985

Sandra K. Portouw R.D.H.
309 Harrison Blvd.
Kalispell, MT 59901

Senate Committee for Health and Human Services
Helena, MT 59620

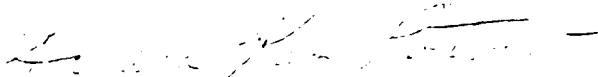
Dear Committee Members

I would like to state my support for senate bill 214, which will allow licensed Dental Hygienists to administer local anesthesia. I am licensed in Oregon to perform this function, and I feel it enriches the performance of the Dental Hygienist. The People of Montana should be given the opportunity to obtain the latest skills and technology available to them.

I am opposed to the oral exam given by the board, because it did not seem pertinent to the licensing process. I was asked by the board how I liked the exam, where I would be working, and if I had any suggestions or questions for the examiners.

I hope that you will join with me in supporting bill 214 and allow it to pass through the legislature in 1985.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Sandra Portouw', with a horizontal line extending to the right.

Sandra Portouw, R.D.H.

January 17, 1985

To whom it may concern:

I strongly urge your support of dental hygienists administering local anesthetics in the practice of dental hygiene.

The use of local anesthesia would in my opinion allow the dental hygienist to more effectively and efficiently treat patients needing subgingival sealing. The benefit would be for the patient in two areas: comfort and effectiveness of treatment. The dental hygiene operator could provide a much greater service for the patient.

Mary Lynn Eiseman
Mary Lynn Eiseman RDH
3555 Pattee Canyon Rd.
Missoula, Mt. 59803

January 16, 1985

To the Members of the Legislative Committee:

I am writing in regard to the legislation concerning administration of local anesthesia by dental hygienists. I am a graduate of a four year dental hygiene program with a Bachelor of Science degree and also have several years of experience in dental hygiene. Because of her background and training, a hygienist has the qualifications to become certified to perform this function.

There are benefits to be gained from such legislation. I consider this additional responsibility advantageous to the profession of dental hygiene. A more important benefit would be for the dental consumer. This function could enable hygienists to provide uninterrupted and more efficient care, possibly lowering costs for the consumer.

Respectfully,

A handwritten signature in cursive script that reads "Julie Ledebore RDH". The signature is written in dark ink and is positioned above the typed name.

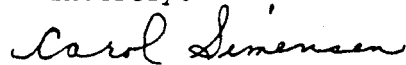
Julie Ledebore, RDH

27 January 1985

TO WHOM IT MAY CONCERN:

With all the educational and licensure requirements necessary for a hygienist to become registered, it seems appropriate for her to perform the administration of local anesthetic. The hygienist is required to complete more courses in Anatomy than their sister professionals, the nurses.

Sincerely.

A handwritten signature in cursive script that reads "Carol Simensen".

Carol Simensen R.D.H.

27 January 1985

TO WHOM IT MAY CONCERN:

It is my firm belief that a Registered Dental hygienist should be legally allowed to administer local anesthetic.

Nurses have been giving shots for many years.

The hygienist is required to take three more courses in Anatomy than a nurse.

If one considers the educational requirements of a hygienist, there should be no doubt in anyones mind as to their ability to administer a local anesthetic.

Sincerely,

A handwritten signature in cursive script, appearing to read "Alice K. Wynne".

Alice K. Wynne R.D.H.

27 JANUARY 1985

TO WHOM IT MAY CONCERN:

If Hygienist's were able to administer local anesthetic to thier periodontal patients when they are performing periodontal scalings, they would be able to render a service to the patient under much less painful circumstances. They have been educated to perform more difficult procedures than this. They are licensed professionals capable of performing this task.

Sincerely,

A handwritten signature in cursive script that reads "Debi Nansel". The signature is written in dark ink and is positioned above the printed name.

Debi Nansel

January 26, 1985

Dear Sirs;

I am writing in support of Senate Bill #214, allowing qualified dental hygienists to administer local anesthetic.

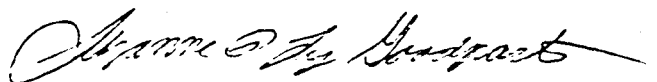
I am a licensed dental hygienist, currently practicing in Kalispell, Mt. I hold additional hygiene licenses in six other states, three of which, allow fully trained and qualified hygienists to administer local anesthetic.

Montana's current law, allowing only the doctor to administer local anesthetic, interrupts both the doctor's and hygienist's schedules, reducing office efficiency.

Allowing qualified dental hygienists this procedure could free doctors from this kind of interruption. Patients requiring additional dental procedures could be anesthetized, and a rubber dam placed by the hygienist. This could save the doctor time, attributing to better utilization of office staff.

I would appreciate your support of this bill. Thank you.

Sincerely,

A handwritten signature in cursive script, reading "Suzanne P. Lynn Goodpaster".

Suzanne P. Lynn Goodpaster, R.D.H.

To whom it may concern:

I am writing in regards to SB214 which would allow Dental Hygienists in the state of Montana to administer local anesthetic. I am a Dental Hygienist employed by a periodontist. We treat those patients with more severe gum disease. Due to the severity of the disease in most of our patients; we use local anesthetic on the average of two to three of my patients per day. Every time I need anesthetic for a patient I must wait till the dentist is available to give the injection. This detains my patient longer and takes the dentist away from his patient. I do not hesitate to ask for anesthetic for my patients though because most of them are older and I feel it is safer for them to have the anesthetic than deal with a dramatic dental experience. If this bill passes I feel it would benefit Dental Hygienists, Dentists, and most of all the consumer, as everyone likes their dental appointments to be as painless and expedient as possible. Thank you very much for your time.

Sincerely,
Donna L. Durham,
Registered Dental Hygienist

1-20-85

In May of 1983 I came out to Montana from Minnesota to take the practical part of the Western Regional Exam. Two weeks later I found out I had passed. I did not get to take the jurisprudence exam and oral interview till August. The trip from Minnesota in August meant I had to fly out for just one day. It cost me around \$400 for the time it took for the jurisprudence exam and oral interview.

Shirley Perkins RD

3/15/85

Submitted by: David Tawney

March 15, 1985

Bob Pavlovich, Chairman
Business and Labor
State Capitol Building
Helena, Montana 59620

House Committee Chairman and Members:

My name is David Tawney. I am a member of the Montana Board of Dentistry. Today I am not speaking for the Board, but rather am expressing my personal views on registered dental hygienists administering local anesthetics. I have practiced dentistry in Missoula for 36 years.

In our office, we feel that the best service we render to our patients is education. We teach people how to care for themselves and prevent dental disease. Prevention is the central theme of a good dental practice. Allowing dental hygienists to administer local anesthesia will improve the dentists ability to do a better job of prevention and provide a better service to the public.

I speak in support of SB 214 permitting certain qualified dental hygienists to administer local anesthetic agents. In our general dental practice we have many patients with periodontal or gum disease. Periodontal disease is a condition which involves the destruction of bone and tissue around teeth. Most often this condition is controllable if properly diagnosed and managed. The dental hygienist plays an integral part in the management of periodontal disease. Patients with perio problems require treatment that involves more than a routine prophylaxis or cleaning. This treatment involves root planing which is a thorough scaling of root surfaces. Root planing can be a painful procedure. If a dental hygienist were allowed to administer local anesthesia, the patient would be comfortable during the procedure and the hygienist could do a more thorough job. In other words, allowing qualified hygienists to administer local anesthetic will make periodontal treatment available in the least expensive and most efficient manner.

Recent graduates of dental hygiene schools have been thoroughly trained in the use of local anesthetics. By recent, I mean within

the last 10-12 years. My youngest daughter graduated in dental hygiene from Shoreline Community College in Seattle last June. I have a copy of her local anesthesia text book. It is very comprehensive, including pharmacology.

The Board of Dentistry earlier discussed that stringent testing procedures be completed before a dental hygienist would be allowed to administer local anesthesia. We discussed using an exam similar to the one used in the State of Utah. I would venture to say that most practicing dentists would have difficulty passing the exam without considerable study, if they'd been out of school very long.

The inability of dental hygienists to use skills they're trained for in Montana, has kept two hygienists that I know, from practicing in this state.

The privilege to use local anesthetics will be strictly regulated and it will be voluntary. Hygienists must be certified and it will be up to each employer dentist and his or her hygienist to decide if they want to use the privilege in their practice. The dental hygienist will be under the direct supervision of the dentist. The dentist is ultimately responsible for the dental hygienist he employs.

By denying this service to Montana citizens, I feel that it is more difficult for them to obtain proper periodontal treatment in the dental office. Effective use of properly trained registered dental hygienists would also help hold down costs to patients.

The majority of Western States allows properly trained dental hygienists to administer local anesthetics. They include Colorado, Utah, California, Oregon, Arizona and Washington. Mr. Chris Rose, Executive Secretary for the Washington State Dental Examiners, indicates that the Board has received no complaints concerning dental hygienists administering local anesthetics.

I feel that it is very much in the public's best interest to allow registered dental hygienists to administer local anesthetics.

Thank you for your consideration.

Dr. David B. Tawney, P.C.
Missoula, Mt.

3/15/85

WAYNE L. HANSEN, D.D.S., P.C.

COLLEGE PARK PROFESSIONAL CENTER

2520 17TH STREET WEST

SUITE 301

BILLINGS, MONTANA 59102

Submitted by: Dr. Wayne
Hansen

[406] 259-1623

PERIODONTICS-ENDODONTICS
EXCLUSIVELY

March 13, 1985

Health and Aging Services Committee

Re: Senate Bill 214

Dear Committee:

I am opposed to this Bill and I will give you some information as to why I am opposed to it and why the Ninth District Dental Society of Billings, Montana is opposed to this.

This Bill deals with the local anesthetic which we use in the practice of dentistry. Dental hygienists are asking that they be allowed to give local anesthetics in the office under the direct supervision of a Dentist.

We are opposed to this Bill for the following reasons. This Bill is not in the best interests of the American public and is not a necessary part of dentistry. If it were, we as the doctors would be the first to initiate such a bill. The Montana State Dental Association polled the Montana Dentists to see what their feeling was about Senate Bill 214 and the majority of the Dentists in the State were against Senate Bill 214. The State Board of Dental Examiners is definitely against this Bill as is our Ninth District Dental Society which is composed of eighty five dentists which is almost one fourth of the dentists in the State.

I want to give you a little background of the education of the people that presently are administering local anesthetic.

1. The dentist, (D.D.S. or D.M.D.) has four years of college, four years of dental school with two to six years in specialty training.
2. The medical doctor, (M.D.) has four years of premed, four years of medical school, a year of internship and three to eight years of graduate training for specialties if needed.
3. The nurse anesthetist (R.N.) has four years of nurse training in a nursing school and two to three years of anesthesiology training in a hospital residency.
4. The R.N. (Registered Nurse) with four years of training in nurses school is not allowed to give local anesthetic without going through two to three more years of extra training.
5. A dental hygienist, one to two years of prehygiene training and two years of Dental Hygiene School.

WAYNE L. HANSEN, D.D.S., P.C.

COLLEGE PARK PROFESSIONAL CENTER

2520 17TH STREET WEST

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BILLINGS, MONTANA 59102

PERIODONTICS-ENDODONTICS
EXCLUSIVELY

[406] 259-1623

Health and Aging Services Committee

Re: Senate Bill 214

Page 2

We feel there are two main issues here that are involved: 1. Is this local anesthetic by the dental hygienist needed in the dental practice? The advocates of utilizing a dental hygienist to administer local anesthetic are strictly for it for the monetary value and convenience for the dentist. It takes approximately thirty seconds to a minute to administer an infiltration and a block and this really does not take that much time away from your other patients. I have been in practice approximately twenty six years and I have a busy practice of endodontics and periodontics and I see probably on the average of 25 to 30 patients a day and I still haven't found it necessary to utilize anybody to administer my anesthetics and I would not want anybody to administer anesthetic to my patients unless they were duly qualified.

In a busy practice of periodontics, you may have 3 to 4 hygienists working for you and the men that do have this many hygienists are pretty busy examining these patient anyway and the time that it takes to give a local anesthetic does not take that much time away. But in the states that do have this the men that are using this are the ones that have 3 to 4 hygienists in their practice. We have run an analysis of these practices and have found that in these busy practices, they utilize the dental hygienist to administer a local anesthetic between 15 to 20% of the time. Now if you are administering a local anesthetic 15% of the time, you don't get very proficient at it and, lets face it, giving a local anesthetic with a needle is not the easiest procedure to do and it is probably one of the most painful things we do in dentistry. So, really, when it gets down to basics, we have found that the only reason the we would need a dental hygienist to administer local anesthetic is to save a few minutes a day and I don't think that the risk is worth that. Administering a local anesthetic can be a difficult procedure and the adverse effects of administering any kind of drug to a patient, especially a local anesthetic, can be far more reaching than you can believe. We have had deaths with local anesthetic, -- we have deaths every year and this can happen in any dental office whether he is a Doctor of Dental Surgery or a Medical Doctor.

We have eleven states that allow a dental hygienist to administer local anesthesia and it varies in each state. Some states allow the hygienist to give an infiltration, some allow them to give a block and an infiltration. In the state of Wyoming, the Legislature voted to extend the privilege to the dental hygienist to administer local anesthetic providing they could pass the Board Exam by the State Board of Dental Examiners. They did this in 1980. As of the end of 1984, not one dental hygienist had passed the exam given by the Board so consequently, they do not have any hygienists at the present time administering local anesthesia. I have

continued - -

WAYNE L. HANSEN, D.D.S., P.C.

COLLEGE PARK PROFESSIONAL CENTER

2520 17TH STREET WEST

SUITE 301

BILLINGS, MONTANA 59102

PERIODONTICS-ENDODONTICS
EXCLUSIVELY

[406] 259-1623

Health and Aging Services Committee

Re: Senate Bill 214

Page 3

talked quite extensively with the Board on this and they felt that these girls were not prepared in the basic sciences to administer a local anesthetic. They basically could not pass the basic tests in pharmacology, physiology, anatomy, anesthesiology and basic life support exams.

I think that the board members in Wyoming and in other different areas believe that the issue is not how to administer the needle to the patient, but it is the basic knowledge and experience that is needed to handle a patient and monitor and recognize the signs and symptoms of distress and be able to treat those symptoms. So, you can understand our feelings about Senate Bill 214.

If you should allow something like this Senate Bill 214 to pass, you are not looking out for the best interests of the public that you represent. If we doctors thought it was needed, we would be the first ones to be pushing for something like this if we know it was going to be safe for the American public and in the best interests of dentistry. This issue just boils down to monetary and convenience and it is going to end up costing the patient more in the longrun. The hygienist is going to have to have more money, malpractice insurance will go up for the dentist who is responsible for the hygienist's actions and the hygienist is going to have to have malpractice insurance. We feel this Bill should not go any further in our Legislature than this Committee, and we would appreciate your giving some thought to, and look into the situation thoroughly as to what the consequences will be to the American public if this Bill were to pass.

Sincerely,

Wayne L. Hansen, D.D.S.

WLH/bh

HELENA, MT. - House District #44, #45, & #47

ISSUES

Constitutional Amend. Requiring
Balanced Federal Budget

	<u>#44</u>	<u>#45</u>	<u>#47</u>
Favor	64%	60%	---
Oppose	25	25	---
Undecided	9	14	---

If Additional State Taxes Needed

Income Tax	15%	17%	21%
Property Tax	2	3	6
Gasoline Tax	8	9	15
General Sales Tax	49	33	46
Natural Resource Tax	11	n/a	n/a
Coal/oil Tax	n/a	20	n/a
No More Taxes	7	10	8

Striking Workers - Unemployment Ins.

Yes	20%	22%	16%
No	70	65	77
Undecided	9	11	6

Is Build Montana Working

Yes	24%	---	21%
No	39	---	37
Undecided	34	---	37

Restrictions on Woodburning Stoves

Favor	---	55%	41%
Oppose	---	37	50
Undecided	---	7	8

Competency Tests for Teachers

Yes	---	85%	83%
No	---	12	11
Undecided	---	3	5

3/15/85

Submitted by: Louis J. Day



CENEX • Post Office Box 909 • Laurel, Montana • 59044-0909 • Phone (406) 252-9326

Louis J. Day
Refinery Manager
Petroleum Division

Testimony of Louis J. Day
Before the House Business and Labor Committee
Senate Bill 81

I am Lou Day, Refinery Manager for CENEX at Laurel, Montana. My testimony here today is to encourage you to approve the changes in the Montana unemployment compensation law as proposed in Senate Bill 81.

The payment of unemployment benefits to strikers simply because the company being struck is willing to bear the additional expense of continuing its operation or services is neither fair nor just to employers. In the case of CENEX during our recent five month strike we were penalized for attempting to serve the energy needs of Montana farmers and ranchers. In order to sustain this operation during a strike requires extreme effort on the part of many people as well as considerable additional expense. The burden of supporting a strike fund by way of unemployment compensation benefits should not be added to this expense.

The recent five month strike at the CENEX refinery was the longest in the history of the refinery, which CENEX has operated since 1943. I firmly believe the strike would have been settled much quicker if the strikers had not received unemployment benefits. A comment appearing in the newspapers by the union leader tends to support this. He told reporters the strikers were surviving with little financial disruption, that they were losing money but they were also on "vacation" and that some strikers had actually been able to save money during the strike. I am sure the average taxpayer would not agree to paid vacations from the unemployment fund.

Opposition to this bill has claimed the present law creates a balance between labor and management. For negotiations to be accomplished on a fair and equitable basis, each side must face a substantially equal risk. Under current law, union workers can go into a strike situation with the knowledge that there are only two likely courses of events. First, that they be successful in shutting down the business or, secondly, that the business will continue operation (at considerable additional expense) and strikers will receive unemployment compensation. Either situation weighs the delicate negotiation balance in favor of labor, regardless of who finances unemployment compensation benefits.

There is a basic unfairness in a situation that requires employers to finance both sides of a labor dispute. Senate Bill 81 would repair that inequity.

Thank you.

MONTANA UNEMPLOYMENT COMPENSATION
POSITION PAPER

As the Montana legislature enters the 1985 session, unemployment compensation reform promises to be a hotly debated issue. The impetus for that debate is the financial condition of the Unemployment Compensation Fund, which cannot meet its benefit obligations without falling deeper in debt to the federal government. While dealing with the fund's financial problems must remain a high legislative priority, the 1985 session will also provide an appropriate opportunity to deal with the fairness of Montana's unemployment compensation law.

As former associate U.S. Supreme Court Justice Potter Stewart once said, "Fairness is what justice really is." There is solid evidence that Montana state unemployment compensation law, in some areas, is neither fair nor just.

Consider the court enforced definition of "work stoppage" under Montana statutes--a definition that allows striking Montana workers to draw unemployment compensation while on strike unless the business or organization which is the target of the strike is shut down.

That provision has been used to support striker employment benefits in such recent strikes as the 1975 Billings Teachers strike; a 1975 strike at Conoco; a 1980 strike by Billings city employees; 1980 strikes at the Exxon, Conoco and CENEX refineries in Billings and Laurel; the 1981 air traffic controllers strikes; a 1983 strike at the Great Falls Paintery; a 1983 strike at Vida Rich Dairies; a 1983 strike at Cyprus Industrial Minerals of Columbia Falls; and a 1984 strike at the CENEX refinery.

In each case, the organization being struck was faced with a very real need to maintain its operations--both in terms of economics and its obligation to those it serves. In each case that need could be met only at considerable cost. And, in each case, the organization being struck was forced to finance not only their own operations during the strike, but that of the strikers as well (by virtue of the fact that employer contributions underwrite the Unemployment Compensation Fund).

Does that situation serve justice? Is it fair?

As Billings Gazette columnist Roger Clawson wrote in the Gazette's May 12, 1983 edition, that interpretation of the law "puts employers, who must pay unemployment taxes, in the position of financing strikes against their companies or organizations."

In short, the payment of unemployment benefits to strikers simply because the organization or company being struck is willing to bear the additional expense of continuing its operations or services is neither fair nor just to employers.

That particular provision by the law also fails to meet the fairness test in terms of negotiation. For negotiations to be accomplished on a fair and equitable basis, each side must face a substantially equal risk. Under current law, union workers can go into a strike situation with the knowledge that there are only two likely courses of events. First, that they be successful in shutting the business down or, secondly, that the business will continue operations (at considerable additional expense) and strikers will receive unemployment compensation. Either situation weighs the delicate negotiation balance in favor of labor, regardless of who finances unemployment compensation benefits.

Ironically, the law also fails to pass the fairness justice test when measured against its impact on employees, despite its negative impact on employers. Clearly, it is more than fair to the union employees who benefit during strikes not accompanied by business or service shutdowns. But union employees make up only ~~24~~²⁴ percent of the Montana workforce. What about the other ~~76~~⁷⁶ percent of our workers? As state legislator Thomas F. Keating wrote in a guest column in the July 15 Billings Gazette, "This minority (union workers) has an advantage over those workers who do not strike." In very simple terms, the law is neither fair nor just in terms of 88 percent of the state's workforce.

And what about the state as a whole? Is the current situation fair to the average citizen or taxpayer? Let's look at the impact of the law. First, knowing business will have to support striker efforts through the unemployment compensation fund hardly provides unions a bargaining incentive--and may actually work to prolong costly strikes. Consider the comments attributed (in a April 10 Billings Gazette article) to a key union leader in the 1984 CENEX refinery strike. That union leader told reporters the strikers were surviving with little financial disruption, that they were losing money, but that they were also on "vacation" and that some strikers had actually been able to save money during the strike. One of the main reasons the union was able to continue its strike with little financial disruption was employer underwritten unemployment compensation benefits they received.

And, who suffers when we operate with laws that provide little incentive for meaningful negotiations, that may actually provide an incentive to strike? Each and every Montana resident--for economic disruptions have an impact on our overall business climate, our tax load and the cost to taxpayers of human service efforts. Once again the law falls short of the standard of fairness and justice.

In short, the Montana unemployment compensation law, as it relates to payment of unemployment compensation in cases where an organization does not shut down as a result of a strike is unfair to: Montana businesses and organizations; nearly 90 percent of the overall Montana workforce; and to the state's citizens as a whole.

Further, it appears the application of Montana's unemployment compensation law--through the definition of work stoppage, is also unfair to the legislators who wrote that law. Its current application would not pass the test of legislative intent--for it is unlikely those who penned that statute intended it to provide a means to force Montana businesses; municipal governments; or educational institutions to finance strikes against their own organizations.

Further, it would be hard to believe legislative intent in drafting that section of the law was to give union employees an advantage over non-union workers or to tip the negotiating balance in favor of union workers.

When we look at all the facts, it is clear the 1985 legislature should redefine "work stoppage"--providing in law that unemployment compensation benefits not be paid to striking workers, and ensuring Montana unemployment compensation law can meet the "fairness and justice" test.

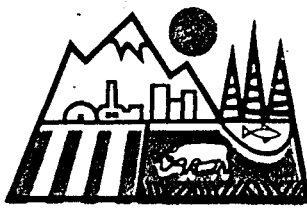


Exhibit 8
SB81
3/15/85
Submitted by: F.H.Boles

MONTANA CHAMBER OF COMMERCE

P. O. BOX 1730

• HELENA, MONTANA 59624

• PHONE 442-2405

Testimony
in support of
SB 81

by

F. H. Boles, President
Montana Chamber of Commerce
January 22, 1985

Mr. Chairman, members of the committee, you have before you legislation whose time has come. Many of you have heard the arguments on this issue before. There is an important difference this time though. Public awareness of this issue has greatly increased, and I believe public sentiment of the vast majority of Montanans supports, passage of SB 81. The broad public discussion of the unemployment trust fund deficit over the last two years fostered the increasing awareness and editorial support for elimination of unemployment compensation benefits to strikers appeared in leading newspapers in our state.

This unearned benefit to strikers is unfair to the vast majority of workers in Montana who do not belong to unions. It is unfair to those union workers who do not happen to work for a business that stays in operation during a strike and it is grossly unfair to make the employers of Montana contribute their tax dollars to what really becomes a strike fund.

Over 80% of Chamber members in surveys we conducted list this specific issue among their top priorities for change. It should be changed. The current law is a perversion of the purpose of unemployment compensation insurance. The law requires that everyone else be "available," "able" and actively "seeking" work to qualify for benefits. If you are on a picket line you certainly aren't available nor actively seeking work. We should not continue to allow these selected workers this special exemption from these widely accepted qualification requirements.

I sincerely encourage that you pass SB 81. (1) Public sentiment favors it, (2) current law is grossly unfair to other workers and employers, and (3) current law is discriminatory in its unemployment compensation qualification requirements.

Thank you for your attention.

/ssg

MONTANA COUNCIL OF COOPERATIVES ON DELETION OF
STRIKER BENEFITS FROM THE
UNEMPLOYMENT TRUST FUND

WHEREAS Montana has recently suffered a prolonged strike that was further aggravated and prolonged by a Montana requirement that strikers be paid unemployment benefits while on strike; and

WHEREAS farmers and ranchers are having a difficult time as interest rates stay up and farm prices go down; and

WHEREAS agricultural input costs are affected by costly exclusionary work rules as well as long labor disputes; and

WHEREAS it is unfair in the matter of labor disputes to cause the company being struck to finance both sides of the dispute, that is, finance the loss to the company caused by the strike and also payment to strikers of unemployment benefits; and

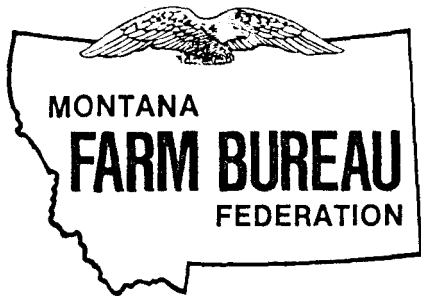
WHEREAS the Montana unemployment compensation fund has been depleted and the 1983 legislature authorized borrowing \$10 million; and

WHEREAS the 1985 session of the legislature will find it necessary to increase unemployment compensation taxes; and

WHEREAS Montana's rural economy, its manufacturing economy or its general business economy can ill afford prolonged work

stoppages, the cost to the unemployment compensation fund or the reputation as an anti business state

THEREFORE, be it resolved that the Montana Cooperative Council, on behalf of its members urges the 1985 Montana Legislature to reform the law so that strikers are not paid unemployment compensation during a strike.



502 South 19th

Exhibit 10

SB81

3/15/85 Bozeman, Montana 59715
Phone (406) 587-3153

TESTIMONY BY:

Lorraine GilliesBILL # SB 81DATE 3-15-85SUPPORT X

OPPOSE _____

For the record my name is Lorraine Gillies, board member of the Montana Farm Bureau. We support SB 81.

We feel strongly that those unable to provide for themselves for reasons of health or age must be given assistance, as do those who are out of a job through no fault of their own. However, the able bodied person who chooses not to work (for strike purposes should not be compensated. In these difficult economic times, Montanans must concentrate on those who are truly in need of help.

Thank you.

Lorraine Gillies
SIGNED



Exhibit 11
SB81
3/15/85
Submitted by: Jim Murry

Box 1176, Helena, Montana

JAMES W. MURRY
EXECUTIVE SECRETARY

ZIP CODE 59624
406/442-1708

TESTIMONY OF JIM MURRY ON SENATE BILL 81, BEFORE THE HOUSE BUSINESS AND LABOR COMMITTEE,
March 15, 1985

I am Jim Murry, Executive Secretary of the Montana State AFL-CIO. I am here today in strong opposition to Senate Bill 81. This bill would disqualify workers on strike from unemployment insurance compensation under most circumstances.

Passage of this bill would extremely damage labor-management relations in our state. Under current law, striking workers do not automatically receive unemployment benefits. If the business is shut down because of a strike, they are eligible for benefits. Both the employer and the strikers are put under intense economic pressure, which gives them an incentive to return to the bargaining table. This provision does not give an advantage to either labor or management.

However, if an employer uses strike breakers so that the business goes on substantially as usual, then the striking workers are eligible for unemployment benefits.

This bill distorts the collective bargaining process by upsetting the balance between labor and management which is maintained under the present law. Employers would be encouraged to hire strike breakers and would be given a definite advantage over striking workers. Nobody likes strikes, so the best law is the one which encourages a fair and rapid settlement. Current law provides for that.

What this bill really does is emphasize and distort the negative aspect of labor-management relations. It dwells on the instances where we cannot agree, and the result is a labor dispute.

But the truth is that labor-management negotiations go very well in Montana and in the nation. The overwhelming majority of those negotiations are settled with absolutely no labor dispute.

The 101 affiliated international unions of the National AFL-CIO are made up of more than 48,000 local unions. These local unions have negotiated more than 150,000 collective bargaining contracts. According to the United States Department of Labor, 98 percent of these contracts run their course without a strike or other interruption of work.

While we do not have the capabilities to make those kinds of statistical studies in Montana, we are convinced that our record is as good or better than the national record. Montana is a highly unionized state, and the result has been a very positive relationship between unions and the business community. The Montana State AFL-CIO is very proud of that.

The current law works and works well for both labor and management. Please retain the good balance which the law provides by voting against Senate Bill 81.

Thank you.

3/15/85

Submitted by: Tony
JewettTESTIMONY

SB 81

HOUSE BUSINESS AND LABOR COMMITTEE
MARCH 15, 1984

MR. CHAIRMAN, MEMBERS OF THE COMMITTEE, I AM TONY JEWETT, EXECUTIVE DIRECTOR OF THE MONTANA DEMOCRATIC PARTY. THE DEMOCRATIC PARTY IS OPPOSED TO SENATE BILL 81.

THE MONTANA DEMOCRATIC PARTY HAS TAKEN THE LEAD IN OUR STATE OVER THE PAST SEVERAL YEARS IN FORGING NEW PROGRAMS TO BUILD AND ENHANCE MONTANA'S SMALL BUSINESS CLIMATE. OUR EFFORTS IN THIS AREA COME FROM THE FUNDAMENTAL BELIEF, CENTRAL TO THE DEMOCRATIC PLATFORM, THAT THE LIFEBLOOD OF MONTANA'S ECONOMY AND OUR COMMUNITIES IS THE HEALTH OF OUR SMALL MAINSTREET BUSINESSES, WHERE OVER 90% OF OUR STATE'S EMPLOYEES FIND JOBS AND WHERE THE OVERWHELMING MAJORITY OF MONTANA'S DOLLARS CIRCULATE.

SENATE BILL 81 IS A PIECE OF LEGISLATION THAT WILL ERODE THE ECONOMIC STABILITY OF MAIN STREET BUSINESSES IN COMMUNITIES ACROSS MONTANA.

THE ECONOMIC HEALTH OF MONTANA'S MAIN STREET BUSINESSES ARE DIRECTLY TIED TO THE WAGES EARNED BY WORKERS IN MONTANA'S COMMUNITIES. THE BETTER THE LIVING A WORKER IS ABLE TO PROVIDE THEIR FAMILIES, THE MORE EXPENDABLE ARE THE DOLLARS THAT WORKER AND THEIR FAMILIES WILL PUT INTO COMMUNITY ECONOMIES.

SENATE BILL 81 IS A BILL DESIGNED TO LIMIT THE EXPENDABLE DOLLARS OF MANY MONTANA WORKERS WHO FORM THE FABRIC OF OUR COMMUNITIES. IT IS A BILL DESIGNED TO UNDERMINE THE COLLECTIVE BARGAINING PROCESS. THIS BILL PLACES WORKERS IN A NO-WIN POSITION WHERE THEIR ABILITY TO DETERMINE THE WAGE AND BENEFIT CONDITIONS OF THEIR WORKPLACE

Montana Democrat Central Committee • Steamboat Block, Room 306 • P.O. Box 802 • Helena, MT 59624 • (406) 442-9520

Executive Board

Bruce Nelson Chairman	Donna Smal Vice Chairman	Mary Hempleman Secretary	Bobbie Gould Treasurer	Tony Jewett Executive Director	Evan Barrett Nat'l Committeeman	Sherlee Graybill Nat'l Committeewoman
Sharon Peterson	Helen Christensen	Virginia Egli	Wendy Fitzgerald	Chas Jeniker	Les Morse	Les Pallett
Sen. Bill Norman	Gracia Schall	Barb Skelton	Clara Spotted Elk	Chuck Tooley	Mike Ward	Blake Wordal
Sen. Fred Van Valkenburg		Jim Foley	Rep. John Vincent	Rep. Hal Harper	Phillis Moore	

IS SERIOUSLY COMPROMISED. THIS BILL IS NOT JUST A BILL DESIGNED TO FORCE WORKERS TO TAKE WAGE CUTS, IT IS A BILL DESIGNED TO FORCE COMMUNITIES TO TAKE WAGE CUTS.

CONSIDER THE MAJOR LARGE EMPLOYERS IN MONTANA, MOST OF WHOM EMPLOY AN ORGANIZED WORKFORCE. THEY ARE THE METAL MINE COMPANIES, THE COAL COMPANIES, AND THE LARGE TIMBER COMPANIES. THEY ARE HEADQUARTERED OUTSIDE OF MONTANA, WITH INTERESTS SCATTERED THROUGHOUT OTHER STATES AND OTHER COUNTRIES. IF THE WORKFORCE IN THESE INDUSTRIES TAKES LARGE PAYCUTS, THE FREED UP DOLLARS WILL IN ALL LIKELIHOOD NOT BE PLOWED BACK INTO THE LOCAL ENTERPRISE FROM WHICH IT CAME. RATHER, IT WILL FIT INTO A NATIONAL AND INTERNATIONAL PROFIT FORMULA IN WHICH ITS INVESTMENT OUTSIDE OF MONTANA IS THE LIKLIEST SCENARIO.

A LOCAL WORKER WHO ONCE MADE \$10 AN HOUR BUT IS NOW MAKING \$5, WILL HAVE 5 LESS DOLLARS TO SPEND ON GOODS IN THEIR LOCAL COMMUNITY. AND LOCAL BUSINESSES WILL SEE 5 LESS DOLLARS CROSS THEIR CASH REGISTER.

CURRENT MONTANA LAW SAYS THAT, IN THE EVENT OF A STRIKE, MONTANA WORKERS CAN BENEFIT FROM UNEMPLOYMENT INSURANCE, IF THERE IS NO STOPPAGE OF WORK. THE PRESENT LAW PUTS FORTH AN EQUITABLE BALANCE THAT ALLOWS BOTH THE EMPLOYER AND THE EMPLOYEES TO BARGAIN ON CONTRACT FAIRNESS WHILE THE PLACE OF BUSINESS CONTINUES TO OPERATE.

IF SB 81 WAS TO PASS, THIS BALANCE WOULD EVAPORATE. CONSIDER YOUR DECISION IF YOUR EMPLOYER DEMANDED THAT YOU TAKE A 25% WAGE CUT OR RISK LOSING YOUR JOB. CONSIDER YOUR DECISION IF YOU WERE RAISING A FAMILY, SENDING YOUR CHILDREN TO SCHOOL, MAKING PAYMENTS ON A HOUSE AND A CAR. CONSIDER BARELY MAKING ENDS MEET EACH MONTH WHEN THE BILLS COME DUE, AND THEN CONSIDER BEING ASKED TO MAKE THOSE SAME ENDS MEET WITH 25% LESS DOLLARS. AND THEN, AFTER YOU'VE MADE THESE CONSIDERATIONS, CONSIDER WHAT YOUR DECISION WOULD BE IF YOUR ONLY CHOICE WAS A 25% PAYCUT, OR NO PAY AT ALL.

BY SUPPORTING THIS BILL, THAT IS THE POSITION YOU ARE PLACING MANY MONTANA WORKERS, AND THEIR COMMUNITIES, IN. THE DEMOCRATIC PARTY URGES YOUR DEFEAT OF THIS LEGISLATION.

3/15/85

NAME: Nadrian JensenDATE: 3/15/85ADDRESS: P.O. B 5356PHONE: 442-1192REPRESENTING WHOM? AFSCMEAPPEARING ON WHICH PROPOSAL: SB 81DO YOU: SUPPORT? _____ AMEND? _____ OPPOSE? X

COMMENTS: We are opposed to SB 81. There has been a
misconception of strikers receiving un-employment. Not
all workers who are involved concerted activities are
entitled ~~eligible~~ to this benefit. Only those workers who's
employers have continued to operate at 70% or
better are eligible for benefits. And, then only
after they have gone through the appeals process.

Another misunderstanding is that everytime there
are negotiations there are strikes - not true.
97% of negotiations are concluded without a
work stoppage.

We recommend a do not pass vote on SB 81

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

Terry Minow - Montana Federation
of Teachers

The MT Federation of Teachers
uses in opposition to SB 81. This
is an unfair bill. There currently
exists a balance of power between
the employee & the employer. The
right-to-strike is not being
abused. In fact, there were no
public employee strikes in 1984.
I submit to you that if this
bill passes, - hereby giving the
employer the advantage in labor
relations, the number of strikes
may very well increase.

SB 81 is unfair. Please
give it a "Do Not Pass" recom-
mendation.

WOMEN'S LOBBYIST FUND

Box 1099
Helena, MT 59624
449-7917

Exhibit 15

SB81

3/15/85

Submitted by: Anne
Brodsky

March 14, 1985

Members of The House Business and Labor Committee:

My name is Anne Brodsky + I am here today to speak on behalf of The Women's Lobbyist Fund against SB 81. ^{SB 81} is a bill about economic power and equity. ^{these subjects are subjects about which the WLF is concerned.} It is an issue of equity because The current law, allowing u.i. benefits to certain strikers, gives both the employer and employee an equal incentive to return to the bargaining table, when an impasse in negotiations has occurred, ^{and workers are forced to go on strike.} SB 81 instead places the employee at an economic disadvantage, and the negotiating process is no longer equal.

Women in today's workforce constitute a class of people that are already at an economic disadvantage. In Montana, women earn even less than they do nationally for every dollar earned by men. * In 1980, this figure had dropped to 50.5¢. Today in Montana, women are beginning to organize faster than any other group. They organize for the purpose of achieving economic power.

Women are striving for economic betterment and equity in many ways. SB 81 reduces the economic power of women. It tips the balance against the worker in the negotiating process, and it denies women workers hundreds of thousands of dollars on which they now may live when a strike occurs.

The WLF urges you to give SB 81 a do not pass recommendation.

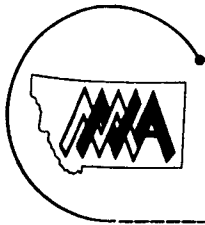
* In 1970 in Montana, for workers working 50-52 weeks/yr., women earned 52.2¢ for every dollar earned by men.

3/15/85

DATE: _____

NAME: Louise KungADDRESS: 107 LawrencePHONE: 449-8801REPRESENTING WHOM? MT. Low-Income CoalitionAPPEARING ON WHICH PROPOSAL: SB 81DO YOU: SUPPORT? _____ AMEND? _____ OPPOSE? XCOMMENTS: Bill destroys bal. of power between
bus + labor and will destroy the standard of living
labor has achieved.We recognize this as a low income issue
People aren't at the bottom of the economic ladder by
choice and one voice that has fought for an improved
life style for all individuals has been labor unions
They have spoken out on the behalf of the low income
on all our issuesWe urge you. Do NOT Pass

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.



Montana Nurses' Association

715 Getchell
~~200 KLEVENIX AVENUE~~

(406) 442-6710

P.O. BOX 5718 • HELENA, MONTANA 59604

Exhibit 17
SB81
3/15/85
Submitted by: Eileen
Robbins

TESTIMONY SB 81

The Montana Nurses' Association strongly opposes this bill. The right to strike as a means of economic pressure on an employer is a fundamental right of all organized workers of America; it is sometimes the only way to persuade an employer to reach agreement on a contract. To arbitrarily deny unemployment benefits to workers involved in a strike is unfair, and puts undue pressure on employees to reach settlement prior to strike at any cost.

Employees who decide to withhold services from an employer do not make the decision to do so lightly. Almost always a mediator is involved in the bargaining process prior to a decision to strike. The mediator assists the parties to attempt resolution of differences; if unsuccessful, impasse results. Organized employees then have only two choices: accept the employer's last offer or strike.

If the decision to strike is made employees must retain the right to unemployment benefits as long as a stoppage of work does not result from the strike. If there is no work being done by the employer, no unemployment benefits need be paid. However, if the employer keeps the business going and refuses work to employees on strike by refusing to bargain further on contract proposals, then striking employees must be paid unemployment benefits.

A striking employee's only leverage is the strike itself; if the right to strike is denied them by refusing earned unemployment benefits while out of work, collective bargaining is no longer an equal process between the employees and employers.

I urge you to kill this bill.

Respectfully submitted,

Eileen Robbins

March 14, 1985

NAME: JOHN MOHLISADDRESS: 1200 ROYAL KEEGRADE SE714PHONE: 388-1324REPRESENTING WHOM? BOZEMAN CENTRAL LABOR COUNCILAPPEARING ON WHICH PROPOSAL: S.B. 81DO YOU: SUPPORT? _____ AMEND? _____ OPPOSE? X

COMMENTS: THERE HAVE BEEN FEW STRIKES SINCE THE
INFAMOUS PATCO STRIKE WHICH SET A TONE FOR THE
NATION - CORPORATIONS CAN BREAK UNIONS. CORPORATIONS ARE
LOCKING OUT THEIR WORKERS - THROWING THEM OUT IN THE STREET
AND TAKING ADVANTAGE OF THE HIGH UNEMPLOYMENT RATE
BROUGHT UPON US BY THE REAGAN DEPRESSION. S.B. 81
WOULD ENCOURAGE CORPORATIONS TO LOCK THEIR WORKERS OUT,
REPLACE THEM WITH STRIKEBREAKERS AND CONTINUE TO OPERATE
AND MAKE MONEY WHILE THE WORKERS ARE LEFT TO
ROT IN POVERTY. I URGE YOU NOT TO PUT THE STATE
ON THE SIDE OF MANAGEMENT IN A LABOR DISPUTE -
PLEASE VOTE AGAINST S.B. 81.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

3/15/85

NAME:

Carl Wilson

DATE:

3/15/85

ADDRESS:

RRS 214 Great Falls, Montana

PHONE:

965-3032

REPRESENTING WHOM?

Myself

APPEARING ON WHICH PROPOSAL:

SB 81

DO YOU:

SUPPORT?

AMEND?

OPPOSE?

X

COMMENTS:

I feel present law pertaining to this issue is fair for both sides of the issue in that when an employee's business is no longer in operation he is as economically disadvantaged as the employer he has put out on strike. Please understand that no employee chooses to go on strike unless he is forced into the situation by an unreasonable demand from the employer. To pass this legislation would, in my opinion, place the financial burdens only on the employees; resulting in them either starving their families, or being forced to accept the employer demands.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME David Emerson BILL NO. SB 81
ADDRESS 317 22nd Ave N W Gt Falls, Montana DATE 3/15/85
WHOM DO YOU REPRESENT Plumbers & Pipefitters Local 139
SUPPORT _____ OPPOSE XXXXXXXX AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

I oppose SB81 for the following reasons:

Since 98 percent of our current contract negotiations reach a satisfactory conclusion without any labor dispute that would end up in a strike, I find no reason for a bill such as SB81. Past practices have worked well, demonstrating the effectiveness of current methods to settle contracts.

This bill seems to be a corporate-backed bill that seeks to destroy a workers legal rights to fair collective bargaining on an equal basis with his employer. It also violates one or more of the basic rights upon which this country was founded. At the present time checks and balances are in effect through present Labor Laws to put Labor and Management on a fairly equal basis. If you pass this bill you ~~put~~ put an economic hammer over the heads of many workers.

Economic conditions have already put workers at an extreme economic disadvantage, and to pass this bill at this time would only add to their already vulnerable position.]Axx

SB81 would help to create a real imbalance in negotiations, and make them more vulnerable to irresponsible demands by management for wage and contract concessions.

When you consider this bill look into your own section of Montana and calculate how many of your friends, brothers, sisters, and other relatives that this Bill will hurt. Economic conditions of supply and demand are presently keeping ~~contract~~ contract Negotiations in balance, I do not believe that we need any further complications in an already complex collective bargaining system.

I URGE YOU TO VOTE FOR A DO NOT PASS WHEN YOU VOTE ON SB 81, you will be ~~casting~~ casting a vote for the workers of Montana, and their familys.

HAROLD A. PRESSMAN, D.D.S.-M.S.
114 GRAND AVENUE
BILLINGS, MONTANA 59101

AREA CODE 406
TELEPHONE 259-2236

The State of Montana, through its Dental Practice Act, has authorized the practice of dentistry within the state. Under this act, a Board of five members is appointed by the Governor. It is the duty of this Board to examine, license, and regulate those dentists and hygienists who practice here in Montana.

The overriding concern of all dentists within the state as well as those on the Board, should be safeguarding the patients' welfare. He or she should ask himself, or herself, the following question. Is this change or proposal in the best interest of the patient? If it is not, that proposal should be rejected.

For over 70 years, the dental profession throughout this state has rendered professional and competent service to the citizens. The Board of Dental Examiners has asked to have the dental practice act revised only when such revision was in the best interest of the public. It has resisted changes in it when it was felt those changes were detrimental to the public.

Certain groups, for purely selfish reasons, have now chosen to circumvent the Board of Dental Examiners, and taken their case directly to the legislature.

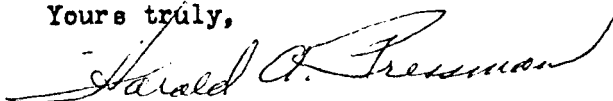
It is important that you know what is behind this move by the hygienists to gain permission to give local anesthetic. The answer is that well-known word which surfaces all too often these days--GREED!

If the hygienists are granted this privilege, they hope they can command a better salary. They are encouraged in their efforts by perhaps 40% of the practicing dentists in the state. Why? The administration and waiting for a local anesthetic to take effect, takes time. If these men can delegate this very technical, potentially traumatic experience to an auxiliary, they can obviously make more money. It is that simple! But no one can convince me that such a procedure is in the best interest of the patient--and that, my friends, is the bottom line.

Furthermore, we are all concerned about the rising cost of health care. In Montana the dentists now paying the very lowest premiums (due to their low-risk exposure) have been informed that their premiums for malpractice insurance will increase 300% come January 1, 1986. How much will the increase be the following years if hygienists are giving local anesthetic?

Gentlemen, trust your Board of Dental Examiners. They are against this proposal. They are "in the know". They have said, "NO". I hope you do too.

Yours truly,



Harold A. Pressman, D.D.S., M.S.

ORAL AND MAXILLOFACIAL SURGERY, P.C.

Dr. Mackay Hull

Diplomate - American Board of

Oral and Maxillofacial Surgery

COLLEGE PARK PROFESSIONAL CENTER

BILLINGS, MONTANA 59102

March 13, 1985

Health and Aging Services Committee

Re: Senate Bill 214

Dear Committee Member:

I am submitting this letter regarding the administration of local anesthetics by dental hygienists. I would very much like to attend this committee meeting in person but due to a commitment made two months ago, I will not be able to attend your committee hearing. I will be making a trip to the University of Nebraska Medical Center in Omaha to work with one of my Professors regarding some new surgical techniques.

I do not wish to take a great deal of time; however, I certainly could make this letter very lengthy regarding my opinion and opposition to the administration of local anesthetics by dental hygienists. I cannot see any justified reason for a dental hygienist to administer local anesthetics. The administration of local anesthetics is a brief procedure in comparison to the majority of other dental procedures performed on the patient. I am not aware of dentists who are so busy that they do not have time to administer their own anesthetics.

The area that I wish to touch upon regarding local anesthetics pertains to the definite risks related to an anesthetic, even if this is a local anesthetic. Patients can have mild to severe reactions to a local anesthetic. The dental hygienist must be educated and prepared to deal with reactions to local anesthetics. I do not feel their educational background has prepared them to deal with certain reactions that can occur with local anesthesia.

In addition, the dental office should be equipped with basic emergency equipment to deal with possible reactions and I believe that it is the primary responsibility of the dentist for the welfare of the patient. In the event of an anesthetic emergency, the dentist would be the individual responsible for treating the patient and not the hygienist. A Registered Nurse is not allowed to administer medication or local anesthetics without the consent of the physician and they are certainly far more trained to treat emergencies than a hygienist.

I would like to cite the fact that I have had patients develop significant syncopal episodes following the administration of local anesthesia. I recently was performing surgery, and this was a minor surgical procedure, upon the

continued - -

Health and Aging Services Committee

Re: Senate Bill 214

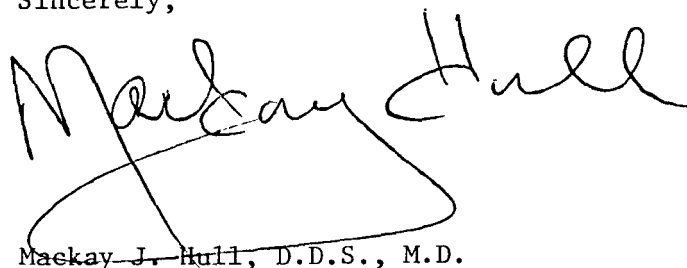
Page 2

husband of my receptionist. The patient developed a significant syncopal or vasovagal reaction to the Xylocaine local anesthesia. The treatment of the patient required administration of oxygen with a bag and manual delivery of the oxygen. The patient had a significant drop in blood pressure and pulse and we had to place the patient on an EKG monitor as well as start an intravenous line so that we could give two drugs. We had to give Atropine to raise the pulse and Ephedrine to raise the blood pressure. The drop in pulse and blood pressure was of a significant degree and this was due to a syncopal reaction related to the administration of the local anesthetic.

I do not feel that a dental hygienist has the background, training or experience to deal with problems that can arise with local anesthesia. I likewise do not feel they need to administer local anesthesia as this can be done by the supervising dentist.

Thank you very much for your time.

Sincerely,

A handwritten signature in black ink, appearing to read "Mackay Hull". The signature is written in a cursive style with a large, sweeping loop at the bottom.

Mackay J. Hull, D.D.S., M.D.

MJH/bh

NAME: Bernice C. Tucker DATE: 3-15-85

ADDRESS: 4233-3rd St N West Falls, Mo

PHONE: 452-7918

REPRESENTING WHOM? Labor - Operating Engineers Local 400

APPEARING ON WHICH PROPOSAL: SB 81

DO YOU: SUPPORT? AMEND? OPPOSE? X

COMMENTS: As the wife of an Operating Engineer and the mother
of a teenager I urge defeat of SB 81. It gives a huge
advantage to the employer who can dictate to their
employees if all the trump cards are in their hand.
I would challenge the proponents to place themselves
in a strikers position and tell a child you cannot replace
his worn out shoes or outgrown winter coat because there
is no money coming in. Because Daddy wants to work for
a decent wage & decent conditions he feels he must strike
even though business goes on as usual at the job where
Daddy worked. A child can't understand, I can't
understand it and I hope you agree. SB 81 should
not pass!!

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

BOZEMAN MONTANA CENTRAL LABOR COUNCIL A.F.L.-C.I.O.
422 EAST MENDENHALL
BOZEMAN, MONTANA 59715

Walter Frost
Land 239

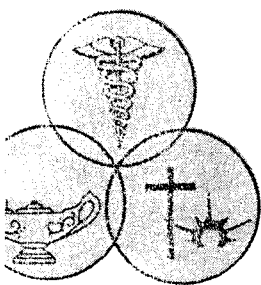
Cement workers

unemployment

The fact is Hankins and you
have taken the the idea through
the Union over board instead
of we will all survive or all go
down together. We have been
your whipping boy in all cases
we seem to be the sacrificial lamb
this year. You look to us too
take up the slack in taxes. Were
the people and we only ask for
a fair shake and not the theft

We feel that workers in the last
3 yrs have taken the brunt of the
down turn in our economy and now
if the this bill pass we will be
burdened with the mistakes of the
company and now with our on state
government on our back to do us in
instead of a buffer zone or a rest to
catch our breath.

and suppose Senate Pass



NORTHERN MONTANA HOSPITAL

March 14, 1985

Representative Bob Pavlovich, Chairman
House Business and Labor Committee
Capitol Station
Helena, MT 59601

Dear Representative Pavlovich:

Your Business and Labor Committee will be hearing SB 81. I hope you will support passage of this bill.

SB 81 would deny unemployment benefits to strikers. The purpose for unemployment benefits is to assist those who have lost their jobs through no fault of their own. Striking workers do have a choice. They also have a fund, in most cases, which is specifically designed to assist them weather the losses of a strike.

Hospitals and other service industries must continue operations for their customers even during strikes. We cannot close the doors until a strike is settled, but must provide at least emergency services to the area we serve. This would mean anyone striking a business such as a hospital would receive unemployment benefits along with their strike funds and have little incentive to bargain in a meaningful and realistic manner.

Northern Montana Hospital has never experienced a strike and hope to continue our cooperative relationship with our union employees. However, strikes are a potential and I believe both labor and management should have equal reason to try to avert such an occurrence.

Please support passage of SB 81 in it's present form.

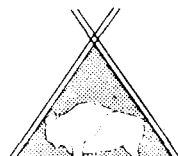
If you have any questions please feel free to contact me at the above telephone number or at my home number 265-5335.

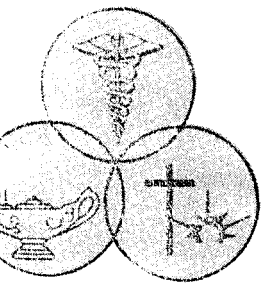
Sincerely,

Collyn Peklewsky
Personnel Manager

CP/tlm

"We Build To Serve"





NORTHERN MONTANA HOSPITAL

March 14, 1985

Representative Bob Pavlovich, Chairman
House Business and Labor Committee
Capitol Station
Helena, MT 59601

Dear Representative Pavlovich:

Please support SB 81 which will be in your Business and Labor Committee.

SB 81 is intended to end the inequity in our present system of awarding unemployment benefits to strikers whose plant or business continues operation. Some businesses cannot cease operations due to a strike because of the services provided and the public served. Employees of those businesses have an unfair advantage over all other employees.

As you are aware, Montana's Unemployment Compensation fund is supported entirely by employers. It makes little sense for the employer to pay, even indirectly through taxes, strikers to stay off work and away from the bargaining table. A strike can seriously effect the operation, even the survival of a business without the additional tax burden on Montana employers.

Montana needs to encourage new business and employment through progressive and positive legislation. Please support SB 81.

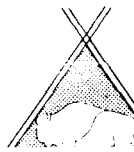
Please feel free to call me here at 265 2211 or at home, 265-8566 if you have any questions. I would appreciate it if you keep me apprised of the status of this bill.

Cordially,

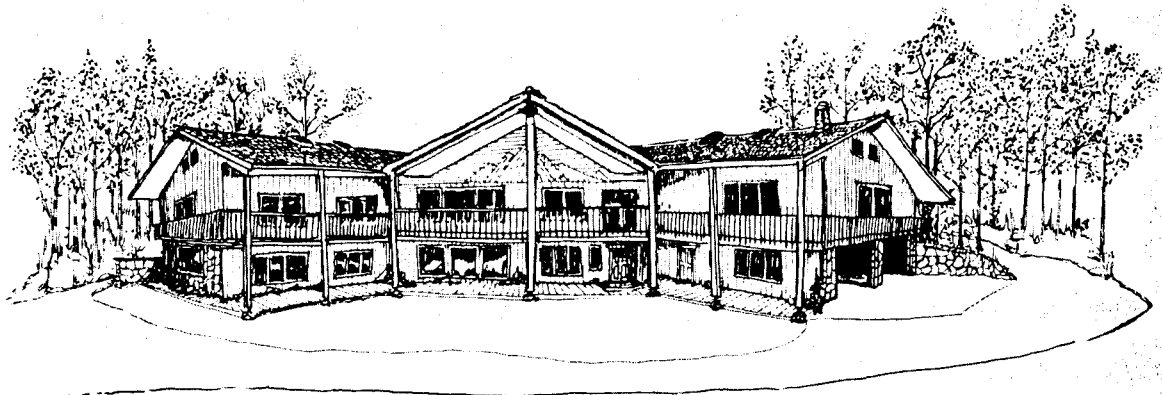
Gerald W. Bibb
Administrator

GWB/tlm

"We Build To Serve"



SB 81



The Chairman
Business and Labor Committee
State Capitol
Helena, Montana 59601

Dear Sir:

We were very pleased to learn that SB81, excluding strikers from receiving unemployment benefits, has passed the Senate. It is our understanding that it will now come before your Committee and we hope you will uphold the Senate decision.

The inequities in the present system, whereby strikers of companies which continue operations during strikes receive unemployment benefits, are obvious. Strikers of companies such as utilities, telephone, hospitals, etc., which have no choice but to continue operations, have a built-in guarantee of unemployment benefits which are denied to strikers in other industries. It is also obvious, when you consider the deficit in the unemployment compensation fund, that this practise can no longer be afforded.

We feel the unemployment funds available should be limited to those who are unemployed and not distributed to those who are employed but choose not to work. Strikes adversely affect the State's economy, inconvenience the public and cost the companies which employ strikers millions of dollars, and it is incomprehensible that they should be compensated for so doing.

When this bill comes before your committee we urge you to support the Senate decision by the passing of this bill.

Sincerely,

A handwritten signature in cursive script that reads "Terry Povah".

Terry Povah
P.O. Box 250
West Yellowstone, MT 59758



**GREAT
FALLS AREA
CHAMBER OF COMMERCE**

P.O. BOX 2127
926 CENTRAL AVENUE
GREAT FALLS, MONTANA 59403
(406) 761-4434

March 14, 1985

To: House Business and Labor Committee

From: Roger W. Young, President

Subject: ***UNEMPLOYMENT TO STRIKERS SB 81***

The Great Falls Area Chamber of Commerce strongly supports the passage of SB 81 (Aklestad) which would exclude strikers from receiving unemployment benefits. Strikers currently receive unemployment compensation benefits if the struck plant or business continues operation. Obviously, telephone companies, hospital, and electric and gas utilities don't have a choice. They must continue operations. During the recent Cenex strike and the Mountain Bell strike, it is estimated that benefits approaching \$1 million were paid to strikers. Not very fair, especially when you consider the deficit in the unemployment compensation fund and the fact that other workers aren't afforded this built in strike fund.

Please support SB 81. The time has come in Montana politics to correct this long ignored abuse of union power.

cc: Cascade County Legislative Delegation

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
Gene Vuckovich	Ironworkers Amalgamated			X
3/10/81	PL Umbors # 459			X
Richard J. Hansen	Plumbers Pipefitters # 459	S.B. 81		X
Bob CORREA	Borgman Chamber	SB 81	X	
Nancy Jayne	Borgman Chamber	SB 81	X	
Don Webb	Borgman Chamber	SB 81	X	
Jim Blanches	Apex Eng. Local # 400	SB 81		X
Carolyn Thomas	ATSCME Local 398	SB 81		X
Paul W. Miller	IRONWORKERS # 815	SB 81		X
Jim Miller Mular	BRAC			X
Joe Brand	UTU			X
John Emerson	BLW			X
Cal Davis	BLE			X
Ken James	Ironworkers Local 81			X
Mac Thomas	Ironworkers Local 708			X
Loraine Gibbs	Mont. Iron Bureau		X	
Robert Apple	Laurel Mount			X
Doni Fowler	Laurel Mount			X
Gene E. Ditzel	Const & General Laborers # 1334	SB 81		X
Bill Tardis	Laurel Local 2-443			X
Paul Kroll	Laurel Local 2-443			X
Lane Collins	Bullinger Mount			X
Neil Lunde	Uniteef Steelworkers			X
George Bonner	Local 185 IBEW			X
Phil Campbell	MEA			X
Tom Williams	MBAC		X	

SENATE AND HOUSE COMMITTEE

SENATE BILL #81

DATE 3/15/85

SPONSOR

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY

VISITORS' REGISTER

SENATE AND HOUSE COMMITTEE _____

BILL SB 81DATE 3-15-85SPONSOR AKlestad

NAME	REPRESENTING	RESIDENCE	SUPPORT	OPPOSE
Don Judge	MT STATE AFL-CIO	Helena		X
Julie Trimbo	OCAW 5-470	Billings		X
Claude Curry	OCAW-2470	Billings		X
Bob Hein	UFCW #33	Billings		X
Bud Trimbo	LOCAL 11 Bm OCAW-5-470	Billings		X
Don P. Williams	Labor 1334	Missoula		X
Kenneth M. Wood	Labor 1334	Missoula		X
Frank Masello	I UOE Local 400	MISSOULA		X
G. Oaklo	I. U. O. E. Local 400	Libby		X
Elmer Bastrom	I U O E Local 400	White Fish		X
GORDON ELEE HALL	MONT. POSTAL UNION AUP	SOMERS		X
Ray Taylor	I AM & AW 4488	Butte		X
Charles Davies	I UOE # 375	Butte		X
John Carlin	I UOE Local #375	Butte		X
Ronald Boyce	Local 153	Helena		X
Vincent Bonarek	Local 103	Gr. Falls		X
Donald Engen	Local 103	Great Falls		X
John Monev	Local 1334	Great Falls		X
Pat Brady	Local 1334	Great Falls		X
Paul R. Brady	Loc # 139	Great Falls		X
Chris Murphy	Local 3038 LPW	Bonner		X
Shad Nelson	Local 361	Libby		X

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY

DATE

COMMITTEE ON

SB 81

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
KEITH OLSON	MT. Logging Assn	SB 81	✓	
Seasonal	Laurelwest Plantation			✓
Local Washer	Coquella	SB 81	✓	✓
Geoff Zucht	Missoula Chamber	SB 81	✓	
Jeff Smith	Mont Harp Air ^{+ misc} ^{Ben Adams} Land Sup Cont	SB 81	✓	
Ben Hardaul	Mont Motor Carriers Assn	SB 81	✓	
Gene Goodrich	Laurens	SB 81		✓
Jim Jensen	Laurens	SB 81		✓
Bill Asher	AGRICULTURAL PRES ASSN	SB 81	✓	
Don G. Stenbol	Mont. State Bldg Trade			✓
Edgar Brown	Mont. House & Cosce	SB 81		X
Don Jensen	Sheet Metal Workers #103	SB 81		X
Mike J. Barnes	Elect. Workers	SB 81		X
Corine Tucker	Operating Engineers	SB 81		✓
Bachell & Mansfield	Delegate from 14 - 15 - 16 - 17	SB 81		
Kathleen Standa	Booth & Post	SB 81	✓	✓
Barbara Schenck	Billings West	SB 81	✓	✓
Anne Brodsky	WLF	SB 81		✓
John D. Martin	H & O/L	SB 81		
Gene Foubert	MT State Bldg Trade	SB 81		✓
Chip Erdmann	MT School Bd Assoc	SB 81	X	
Don Jensen	Self	SB 81	X	
Bill Olson	MT Contractors - Helena	SB 81	X	
Don Jensen	Billings Chamber Commerce	SB 81	X	
Jim Mockler	MT. Coal Council	SB 81	X	
Don Allen	MT. Work Productivity	SB 81	X	
Don Allen	MT. Retail Union	SB 81	X	

(Please leave prepared statement with Secretary)

VISITORS' REGISTER

SENATE AND HOUSE COMMITTEE _____

BILL SB 81DATE 3-15-85SPONSOR AKlestad

NAME	REPRESENTING	RESIDENCE	SUPPORT	OPPOSE
Dean Crawford	Local 239	Manhattan		X
Joe Morrison	LOCAL 239	Three Forks		X
Mark Roodman	LOCAL 239	Manhattan		X
Pam Paluska	LOCAL 239	THREE FORKS		X
Jack D. Hornum	LOCAL 239	Three Forks		X
Wyatt Frost	Local 239	Bozeman Mt		X
Eric Keffeler	Local 815	Great Falls		X
Richard Thumm	Local #815	Great Falls		X
Oliver Greenwood	Local #122	Great Falls		X
Bob Partan	Local #139	Great Falls		X
Tony M. Stinae	" "	" "		X
OM Stinae	" "	" "		X
Steven Ziegler	Local 286	" "		X
John Nymy	Local #139	Great Falls		X
Ace Ekelet	Local #139	Great Falls		X
Helen Kemmerer	Local #254	Helena		X
AK Kemmerer	"	"		X
Bob Westfall	Local #103	Great Falls		X
Georg Hofknecht	Local #400	Gr Falls		X
Wilbur W. Corson	Local #815	Gr Falls		X
Norm Kingsland	Local 815	Gr. Falls		X
Dan Youso	LOCAL #400	Helena		X

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VISITORS' REGISTER

SENATE AND HOUSE COMMITTEE _____

BILL SB8

DATE _____

SPONSOR _____

NAME	REPRESENTING	RESIDENCE	SUPPORT	OPPOSE
Wm Stallen	Local 400	GT Falls		X
Harold Boget	Local 1334	GT Falls		X
John Fignelle	Local #400	GT Falls		X
Michael Fignelle	Local #400	GT Falls		X
Martin Klein	Local #45	GT Falls		X
Richard Fignelle	" #1334	GT Falls		X
Don H. Jones	" 1500	GT Falls		X
L Don Rogers	Local #400	Great Falls		X
Pete Hoppe	Local 1334	GREAT FALLS		X
Jim Telfer	Local No 3	Great Falls		X
Jim Steubach	Local #400	Missoula		X
Kenrick M. Howard	Local #400	Missoula		X
Don Froese	" 598	KALISPELL		X
Clifford E. Wilfong	Local #1334	Missoula		X
Edward D. Weibach	Local 153	Helena		X
Herb Olson	Local 153	Helena		X
Jim Pellett	LOCAL 400	MSLA		X
Mike Curran	LOCAL 1334	MSLA		X
Dennis Huff	Local 1334	GT Falls		X
John Hefner	Local 1334	GT Falls		X
Mark Hefner	Local 28	Helena		X
Mat Laughlin	" 286	GT Falls		X

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VISITORS' REGISTER

SENATE AND HOUSE COMMITTEE _____

BILL

SB81

DATE _____

SPONSOR _____

NAME	REPRESENTING	RESIDENCE	SUPPORT	OPPOSE
Jim Russell	Local 153	Helena		X
Donald O'Connell	LU 532 IBEW	General		X
Jeff Hoffer	LU 185 IBEW	Helena		X
JOHN MOHLIS	EDMUND CENTER LABOR COUNCIL BELLEVUE			X
KEN PERES	SELF	MISSOULA		✓
DOV REED	SELF	HELENA		✓
Rud Kupa	SELF	Helena		X
Clayton Grivell	SELF	Helena		X
Carol Shuler	Local 400 IWOE	Denver Lodge & Helena		X
Melvin Shuler	BC + TW	Great Falls		X
Oliver L. Buer	B.T.E.	Harro Mt.		X
James R. Tuckson	Local 400	GT FALLS MONT		X
Charles H. Hols	IWOE 400	Fort Shaw		X
Norma Shultz	Cascade Trade Union Assembly	Great Falls		X
Joy A. Cate	H.M.R.T.E Local #101	Great Falls		☺
Wesley McKay	Local 400	Fort Shaw		X
Arnold Smith	Local 400	Helena		X
Leon H. Niguel	Local 254 I.U.M.W.	Helena		X
William F. Knutson	Local #254	East Helena		X
Alvin C. Hodges	Wife of Union Member	Laurel		X
Darryl L. Hodges	LOCAL O.C.F.W. 2-413	LAUREL MONT.		X
Member (unintelligible)	LOCAL 2812	MSLA MT		X

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VISITORS' REGISTER

SENATE AND HOUSE COMMITTEE _____

BILL

SB 81

DATE _____

SPONSOR _____

NAME	REPRESENTING	RESIDENCE	SUPPORT	OPPOSE
W. Clute	Local 2812	missouri		X
Shirley LaRogue	Local #1334	Great Falls		X
Harvey LaRogue	Local #1334	St. Falls		X
Oae, But	"	But Falls		X
Mrs. Smith	Local 400	St. Falls		X
Bob McMahon	LOCAL 254	HELENA		X
Paul Naim	LOCAL 254	Helena		X
Ray Tindel	UFCW #8	BFALLS		X
John Hewitt	UFCW #1981	MISSOULA		X
John Crane	UFCW local #8	Great Falls		X
Jay Schenck	IUOE #400	Billings		X
Eileen England	Montana Fed. of Chrs	Helena		X
Dave Arcey	IUOE #400	GT Falls		X
Mark Lutz	Local 56	Billings		X
Veronica Brown	H.E.R.E. #56	Billings		X
Rebecca Ried	HERE #56	Billings		X
Lois Gifford		Billings		X
Thad Lang, Jr	Here #56	Billings		X
Ken Brown	local 400	Billings		X
ESS EXMOUR	HERE #56	Billings		X
R C Carson	Local 103	Helena		X
Alvin R Davis	Local 834	Deer Lodge		X

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VISITORS' REGISTER

SENATE AND HOUSE COMMITTEE _____

BILL SB 81

DATE _____

SPONSOR _____

NAME	REPRESENTING	RESIDENCE	SUPPORT	OPPOSE
Joe Gilman	Local 834	Harrison, MT		X
Don Gilman	Local 834	Garrison MT		X
Barry Persons	Local 834	Harrison MT.		X
Maurice Gladstet		Conrad Mt.	X	
Opal Gladstet	Box 1357	Conrad Mt.	X	
Lucina Durkin	Local 331 Transist	Butte Mt.		X
Linda Gordon	A.T.U. #381	Butte, MT		X
Jerry Ewing	USWA Local 72	East Helena		X
Mark Ryckman	USWA Local 72	East Helena		X
Dave Duul	OSWA Local 72	East Helena		X
James F. Velman	USWA Local 72	East Helena		X
James P. Beardon	USWA Local 72	East Helena		X
Tom Casey	" " "	" " "		X
Jim James	USWA LOCAL 72			X
Rini D. Kemmner	Local 400	Helena		X
Linda Cardinal	Local 1981	Missoula		X
Katherine R. Jewett	VFCW Local 1981	Missoula		X
George Lerman		Missoula		X
Bill Best	I.U.O.E. Local 400	HARDIN		X
James Smeltzer	Local 1334 Laborers	Missoula		X
Boyd St	MY LIVELYHOOD	Box 348 Hardin, MT		X

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VISITORS' REGISTER

SENATE AND HOUSE COMMITTEE _____

BILL

SB 81

DATE _____

SPONSOR _____

NAME	REPRESENTING	RESIDENCE	SUPPORT	OPPOSE
Jim Eagan	Local #815	GT Falls		X
J. J. Futh	Local 400	GT. Falls		X
Wick Latta	Local 400	GT. FALLS.		X
Mauri Sarna	HOCAH #254	HELENA		X
Don Erickson	Local #254	Helena		X
John LaRue	LOCAL 254	Helena		X
Randy C. Kemeis	Local 400	Blg		X
Randy Ray Luera	Local 2812	Anaconda		X
Clayton C. Carr	Myself	Bozeman		X
Marlin E. Lake	Local #400	HELENA		X
Claude Curry	OCAC 2470	Blg		X
Raymond Gault	Capt. Ins local 88	Anaconda		X
Les Erickson	Anaconda	Job Corps		X
Ray Elvin	Helena local #153	Helena		X
Bill Thompson	Supports local 153	Helena		X
James Rosenlooy	Local 6002	Anaconda		
Allen B. Mays	Local 885	Florence		X
Dirk Hughes	Local 885	Florence		X
Ken Getchmor	Local 400	Missoula		X
Don Lott	Local 815	GT. FALLS		X
Wick Smith	IRONWORKERS	GT. FALLS		X
John K. Reichert	Local 139	GT Falls		X

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VISITORS' REGISTER

SENATE AND HOUSE COMMITTEE _____

BILL SB 91

DATE _____

SPONSOR _____

NAME	REPRESENTING	RESIDENCE	SUPPORT	OPPOSE
Elaine Tweet	Labours Un. 1334	Queen Mt		X
W. W. L. White	Sheet Metal #103	Great Falls		X
Gordon L. Long	UPIW LOCAL 3038	MISSOULA		X
Don R. Jones	UPIW Local 885	Missoula		X
Ronald J. Chatriand	UPIW #885 + Future of Mt.	Missoula		X
Jerome J. Gregory	UPIW #885	Missoula		X
Jack B. Russell	UPIW 885	Arlee		X
Donald E. Arps	OPE 400	Vaughn		X
Barbara Arps	Housewife	Vaughn		X
Shirley Wernking	Housewife	Great Falls		X
Henry G. Wank	IBEW 122	Great Falls		X
B. F. Bushel	IW Local 815	St. Falls		X
Pat Partain	Housewife	Great Falls		X
Lymon Boyd	1334			X
Walter W. Gaudin	1234			X
Phyllis Ameline	400	St. Falls		X
Wm. H. Ameline	400	St. Falls		X
Russell Smith	1334	St. Falls		X
Robert Hicks	1334	41m		X
Joe Brand	UTU Montana	Helena		X
Mert Reese	Local 885	St. Falls		X
Louis Ball	69th Butler Co.	Missoula		X

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VISITORS' REGISTER

SENATE AND HOUSE COMMITTEE _____

BILL

SB 81

DATE _____

SPONSOR _____

NAME

REPRESENTING

RESIDENCE

SUPPORT

OPPOSE

MILLARD J. LAMB

Int'l Rep Paperworkers

SPOKANE, ID

~~XXXX~~

X

Ron Retter

LOCAL 885 UP/IL

MISSOULA

X

Lynda Pham

Box 20146

MS/2

X

John H. Harker

IUOE Local 361

Libby

X

John H. Harker

IUOE Local 100

HELENA

X

Daniel T. Fox

Teamsters Local 415

Helena

X

John H. Harker

Local 1029

17

X

John H. Harker

Mont: AFL-CIO

cr

X

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VISITOR'S REGISTER

HOUSE _____

COMMITTEE

BILL SB 81

DATE _____

SPONSOR _____

[illegible]

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WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

HOUSE

COMMITTEE

BILL

SB 214

DATE _____

SPONSOR

[illegible]

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

HOUSE _____

COMMITTEE

BILL SB 221

DATE _____

SPONSOR _____

[illegible]

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

HOUSE _____

COMMITTEE

BILL SB 224

DATE 3-13-85

SPONSOR _____

[illegible]

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

HOUSE _____ COMMITTEE

BILL SB 343

DATE _____

SPONSOR _____

[illegible]

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.