

## **MINUTES**

### **MONTANA HOUSE OF REPRESENTATIVES 52nd LEGISLATURE - REGULAR SESSION**

#### **COMMITTEE ON HUMAN SERVICES & AGING**

**Call to Order:** By Rep. Angela Russell, Chair, on February 15, 1991, at 3:10 p.m.

#### **ROLL CALL**

##### **Members Present:**

Angela Russell, Chair (D)  
Tim Whalen, Vice-Chairman (D)  
Arlene Becker (D)  
William Boharski (R)  
Jan Brown (D)  
Brent Cromley (D)  
Tim Dowell (D)  
Patrick Galvin (D)  
Stella Jean Hansen (D)  
Royal Johnson (R)  
Betty Lou Kasten (R)  
Thomas Lee (R)  
Charlotte Messmore (R)  
Jim Rice (R)  
Sheila Rice (D)  
Wilbur Spring (R)  
Carolyn Squires (D)  
Jessica Stickney (D)  
Bill Strizich (D)  
Rolph Tunby (R)

**Staff Present:** David Niss, Legislative Council  
Jeanne Krumm, Committee Secretary

**Please Note:** These are summary minutes. Testimony and discussion are paraphrased and condensed.

#### **EXECUTIVE ACTION ON JOINT RESOLUTION**

**Motion:** REP. S. RICE MADE A MOTION FOR THE HUMAN SERVICES COMMITTEE TO SPONSOR A JOINT RESOLUTION TO THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE UNITED STATES TO ADEQUATELY FUND MEDICARE.

##### **Discussion:**

REP. S. RICE stated that she doesn't think the Federal Government forgets that Medicare is their program and it should be adequately funded.

**Vote:** Motion carried 19-1 with REP. KASTEN voting no.

HEARING ON HB 596

Presentation and Opening Statement by Sponsor:

REP. MARK O'KEEFE, House District 45, Central Helena and Unionville, stated that this is an act that prohibits discrimination in public accommodations in housing on a basis of marital status. In the case of public accommodation discrimination because of marital status is and will be deemed illegal by the State of Montana.

Proponents' Testimony:

Marcia Schraeder, Montanans for Social Justice & Montana Law Income Coalition, gave her support to HB 596.

Susan Fifield, submitted written testimony. EXHIBIT 1

Kristin Page, Montana Public Interest Research Group (MPIRG), stated that they provide a service called consumer hotline, each year MPIRG receives approximately 1,000 calls on consumer issues. 90% of the issues deal with landlord/tenant disputes. They do receive calls about marital discrimination. The advice given to these people is that there is no current law prohibiting discrimination on the basis of marital status.

Chester Kinsey, Montana Senior Citizens Association, stated that many seniors have problems with landlords that want to get rid of them for one reason or another. Some are discriminated because of their marital status. This should not be allowed to continue.

Mickie King, stated that she has seen four different cases where people have been discriminated against because they were not married.

Angie Burros, stated that she has a child and is not married. She has come across numerous landlords who have asked her if she was married. This is not really the situation that needs to be looked at. My son and I need a home.

Kate Cholevia, Montana Womens Lobby, supports HB 596.

Anne MacIntyre, Administrator Human Rights Commission, submitted written testimony. EXHIBIT 2

Paul Hirk, Ovando, stated that he has witnessed discrimination in regards to marital status and landlord tenants. He submitted over 200 signatures collected by low income persons in the state regarding the issue. EXHIBIT 3

Marcia Dias, Montana Low-Income, submitted written testimony. EXHIBIT 4

Michael Colon, Vice President Student Body, Carroll College,

stated that he is representing his sister and her roommate who are single, work full-time and are full-time students. They found an apartment and were accepted. The landlord called back later after they had gone home and were told that they would not be able to rent because they were both single. The same has happened to many other Carroll students.

Helen McKnight, Montana Seniors Citizens Association, stated that she supports HB 596.

Opponents' Testimony: None

Questions From Committee Members: None

Closing by Sponsor:

REP. O'KEEFE stated that citizens of our state have been discriminated against because of their marital status. This is a prejudice that comes out of fear of how their private property is going to be treated, and in most cases that fear is unwarranted.

EXECUTIVE ACTION ON HB 596

Motion/Vote: REP. STICKNEY MOVED HB 596 DO PASS. Motion carried 19-1 with REP. BOHARSKI voting no.

HEARING ON HB 545

Presentation and Opening Statement by Sponsor:

REP. THOMAS NELSON, House District 95, Billings, stated that this bill amends the type of medical services provided under the Montana Medicaid Program. Medicaid is primarily funded with federal monies. The percentage of federal contributions vary among the states. The Federal match is based upon a state per capita income, because the average income of Montana citizens is low, the federal government pays approximately 72% of the costs of the Medicaid program in Montana. Federal law requires that certain medical services such as physician and hospital care be provided. Other services such as drug and dental care may be provided but are not mandated by federal law, thus are termed optional services. Federal law also requires that the state Medicaid program meet the Medicare premiums for certain persons referred to as qualified disabled working individuals. This bill also requires two services which were passed through the 1989 Legislature. These two services are Hospice Care and Presumptive Eligibility for Pregnant Women were to sunset on June 30, 1991. This bill will continue its services without a sunset date.

Proponents' Testimony:

Russ Cater, Director, Department of Social Rehabilitative Services, submitted written testimony. EXHIBIT 5

Bonnie Adie, Montana Hospice Organization, stated that this provision should not be allowed to sunset on June 30, 1991. As a certified Medicare provider, our Hospice has served eight of the Medicaid beneficiaries at home and seven more in a nursing home in the past year and a half. Of the 924 patient days represented by these 15 patients, Medicaid paid for only three in-patient days at the rate of \$309 a day. I believe these numbers indicate that this benefit did do what Hospice promised you it would do last session, and that is to reduce the in-patient cost to Medicaid. This benefit does not initiate a new and formerly reimbursed service for Medicaid patients. I am not trying to tell you that Hospice will save the Medicaid system lots of dollars, but I do contend that this benefit is no more costly to the system than providing in-patient care. The numbers don't really tell you the story.

Debbie Edsale, President, Montana Primary Care Association, Executive Director, Community Health Center, stated that one of the three health centers mentioned is federally funded in this state and we do serve low income people. FQHC is a federal mandate and it proposes to provide Medicaid patients and this centers cost reimbursement for treating those so that we can take my federal funds and treat those that don't qualify for Medicaid. We need this funding so that we can cover the costs to our Medicaid patients so we don't use our federal money that we use to grant moneys. We can treat more of those individuals that don't qualify.

Robert Olson, Montana Hospital Association, stated that MHA supports HB 545.

Paulette Kohman, Montana Council Mother Child Health (MCMCH), stated that this bill incorporates some important changes in Medicaid, but MCMCH is concerned that it only covers half. Montana has been operating on an administrative basis with a couple of programs that are not in this bill that ought to be.

Judy Garrity, Healthy Mothers Healthy Babies, stated that continuous eligibility is very important. Once a woman has determined she is pregnant and has a doctor who has verified the pregnancy, it is very important that she keep up with her prenatal care. If a woman is subject to eligibility requirements that may fluctuate with her income, she can no longer keep up with the prenatal care. She runs the risk of having no care at all because she probably doesn't have anyone else that will pay for it.

Opponents' Testimony: None

Questions From Committee Members:

REP. SQUIRES asked about the insurance premiums and the eligibility to the people who need the premiums. Mr. Cater stated that the Federal law authorizes SRS to look at Medicaid

clients and this is an expanded eligibility. In some instances where SRS determines that it is more beneficial to pay the insurance premiums.

REP. SQUIRES asked how this program coordinates with the Governor's program. Mr. Cater stated that if both bills pass, SRS has every intention of coordinating within the same section as the Administration. This bill makes a reference to the federal law which authorizes us to purchase the insurance. That federal law restricts us to only provide that private insurance for people who are on the Medicaid program so we cannot go beyond the federal mandates.

REP. SQUIRES asked what happens to the individual who spends six months in the Hospice program if the patient has six months to continue to pay. Nancy Elery stated that there is a mechanism to get another certification from the physician if that should be the case.

REP. BOHARSKI asked does this change the Hospice program from mandatory Medicaid program in to fund the limited auction Medicaid services. Mr. Cater stated that the intent of moving the Hospice program to optional program was an effort on DSRS to keep it in sync with the federal law.

REP. BOHARSKI asked if the program is covered under page 2 of the bill those being the mandated Medicaid services have a higher priority, which prohibits us from having these programs, these are the ones that might not be as important as the ones that we want to consider first. Mr. Cater stated that its not our intention to say that Hospice is any less important than hospital care or even to accept priorities, but the intention was to indicate in subsection 2 what the mandatory services are by federal law. It includes the rest of the optional services, although optional services optionally allowed by federal law, but it necessarily isn't optional medical services.

REP. RUSSELL asked if we put targeted case management in the bill, would it change the fiscal note considerably. Ms. Elery stated that this target case management requires pregnant women has been included in another bill that is being introduced. The fiscal note on that bill will reflect target case management.

Closing by Sponsor:

REP. NELSON closed on HB 545.

EXECUTIVE ACTION ON HB 545

Motion/Vote: REP. CROMLEY MOVED HB 545 DO PASS. EXHIBIT 6

Discussion:

REP. TUNBY asked what the fiscal impact would be. REP. SQUIRES

stated that the DSRS puts in a bill of this nature indicating the things that they want to be mandated and then send it to the Appropriations Committee and they deal with that.

REP. HANSEN stated that the patient pays for this. In the case where that the patient can't pay, then the DSRS would pay more money.

Vote: Motion carried unanimously.

#### HEARING ON HB 548

#### Presentation and Opening Statement by Sponsor:

REP. VIVIAN BROOKE, House District 56, Missoula, stated that this bill deals with crime victims compensation funds. This deals with the health primarily of the secondary victims of a crime. Because there is no compensation or awards to the victims spouse or family, this is unfair. This bill will rectify that situation. We devised a mechanism of how to fund this extra compensation. At present time, the fines are paid into Justice Courts 50% goes to the State Treasury and 50% to the County General Fund. Out of the 50% that goes to the State Treasury, the crime victims state compensation fund now receives 16.9%. We have taken 5% from the State General Fund, which now receives 23% of its fines and puts it into the fund to pay for the extra compensation for the secondary victims.

#### Proponents' Testimony:

Ed Hall, Montana Board Crime Control, stated that it is the intent of the legislature that those persons who are the innocent victims of criminal acts who suffer bodily injury or death is provided compensation for injuries suffered as a direct result of criminal acts of others. Currently payments to crime victims are limited to \$25,000 per claim. The benefits that this law currently allows are for such things as medical expenses, wage loss, and funeral expenses.

Janet Swenson, Victims Family, stated that her daughter was kidnapped and in a rescue attempt she was shot by one of her captors. Her daughter survived and she was a recipient of money from the victims fund. She has traveled across the United States talking to victims rights groups about the problems that they share. She has been distressed by the number of families that fall apart under the stress of coping with death or serious injury of a child. The majority of these families have not stopped counseling or have had access to it as it costs. She submitted written testimony. EXHIBIT 7

Cheryl Bryant, Crime Victims Unit, submitted written testimony. EXHIBIT 8

Opponents' Testimony: None

Questions From Committee Members:

REP. JOHNSON asked are we taking money away from the General Fund and allocating it to another fund to end up with any number of dollars. Mr. Hall stated that in terms of the General Fund that is accurate.

REP. J. RICE asked if the bill is just extending services to the secondary victims in the mental health counseling area. REP. BROOKE stated that this is correct. There are many expenses involved in this.

REP. BOHARSKI asked is there currently a balance in the crime victims compensation fund. Mr. Hall stated that there is a balance of approximately \$700,000.

REP. BOHARSKI asked if there is \$700,000 in the fund that we are not using, why are we taking another \$260,000 out of the General Fund and putting it into the crime victim compensation fund. Mr. Hall stated that the fund balance is basically due to participation in a federal act where we were reimbursed up until a few years ago. The revenues arrived from fines and forfeitures.

Closing by Sponsor:

REP. BROOKE stated that this is an important need in our state. The Division of Crime Victims Compensation Unit does a very good job in their analysis of their awards to innocent victims. Please give your help to the secondary victims of the assaults.

EXECUTIVE ACTION ON HB 548

Motion/Vote: REP. STICKNEY MOVED HB 548 DO PASS. Motion carried 19-1 with REP. KASTEN voting no.

HEARING ON HB 564Presentation and Opening Statement by Sponsor:

REP. VICKI COCCHIARELLA, House District 59, Missoula, stated that this bill deals with abused and neglected children in a way that the state hasn't dealt with under the law. At this time, a child who is suspected of being abused and neglected when that situation ends up in court, judges now order the Department of Family Services (DFS) to pay for the cost of medical, psychological counseling, and treatment services. This bill will help provide a way for families, or people who are responsible for the abused or neglected children, to be involved in the treatment process whether it is for their own treatment and counseling or the counseling and treatment of the child. It also allows the courts to have a way to investigate whether or not the family is able to pay for those costs themselves.

**Proponents' Testimony:**

Anne Gilkey, Department of Family Services (DFS), submitted written testimony. EXHIBIT 9

**Opponents' Testimony:** None**Questions From Committee Members:**

REP. BROWN asked if there are types of enforcement provisions or a mechanisms for where the money goes. Ms. Gilkey stated that the fiscal note addresses the issue on the assumption that if the court cannot direct DFS to pay for these services and must find way to pay prior to ordering DFS to do so.

REP. CROMLEY asked if this changes the type of treatment or process at all due to funding. Ms. Gilkey stated that is correct.

REP. CROMLEY asked if the court has to have some jurisdiction over the parent. Ms. Gilkey stated that there are hearings before youth court for abuse and neglects of the parents and are given notice and the court has jurisdiction over those parents for purpose of the treatment plan.

REP. SQUIRES asked if a parent is evaluated on one single occasion or is evaluated on the build up to the occasion where she is caught. Ms. Gilkey stated that she is dropped in on at home and work at different times. They notice how the house is kept up. There is a report written up and then taken to the County Attorney.

**Closing by Sponsor:**

REP. COCCHIARELLA stated that this bill doesn't deal with how a person ends up in court. This bill only deals with once they are there and the abuse of a child is there and the family is there. It has to do with the ability to pay as provided in the statute.

**EXECUTIVE ACTION ON HB 564**

**Motion:** REP. STICKNEY MOVED HB 564 DO PASS.

**Discussion:**

REP. WHALEN stated that the SRS intervenes with people who are virtually without exception are low income people. This type of bill adds insult to injury. The vast majority of cases intervene and remove the child from the home, often they move under the emergency provisions of the Youth Court Act and remove that child without the parent even knowing about it. A lot of times this happens with little justification for doing so. If a neighbor gets into a spat with another neighbor, all that they have to do



is call the local welfare department which contains employees from the DFS who administer this program. Most of the time they make things up and on those heresay cases they will ask that the child be removed and then go into court and get a 90 day order which is always granted. This is a temporary investigative authority and if they haven't been able to get to the case by then they might go in and ask the court for another 120 days. They don't do that with middle or upper income families because they know they wouldn't get away with it.

**REP. STICKNEY** stated that it is obvious that only those people with the ability to pay would be asked to take some responsibility for the child. The philosophy is the point and not the money particularly, accept that we tend to pay more attention when we have to pay something.

**REP. CROMLEY** stated that he supports the concept of the bill. There are reservations concerning the child getting abused from a parents spouse. Maybe the parent wouldn't report the abuse.

**REP. WHALEN** stated that it became clear by looking at the fiscal note that the people that are trying to impose these fines on are in fact low income people. Putting a \$10 fine on these people if they had limited resources, which indicated to me that they were primarily thinking about looking towards low income people because it also seemed that they were referring to those people as being the people that she felt were the most difficult to deal with. That is worn out by the fact that the amount of money that this bill will save is \$3,500 per year. If you are low income people and you have had your children involuntarily removed from your home and you have to go through the types of proceedings that you then have to go through and be invested by the DFS people, it is humiliating enough if you have any pride, and if you don't have any pride hitting you with a \$10 isn't going to make any differences anyway.

**REP. STRIZICH** stated that the fiscal note seems to be low. The other thing that I am confused about is what this bill is aimed at are probably not low income people, if they are low income people the court will find that they are medically vague. The DSRS finds separately when people are IV-E eligible. I can't imagine that a court would then come and say to a person that is IVE eligible a welfare family that they can afford some onerous amount of money to pay for evaluation of treatment. There are many middle to upper class people who are abusers and are found in abuse and neglect situations who because of an inability or lack of direction to the court don't and won't pay for things that they should be obligated to pay for. I think that the concerns are really outside of the scope of this bill.

**REP. HANSEN** stated that the concept of this bill is good. It doesn't really define who the SRS can go after.

**REP. GALVIN** stated that if you find an abuser and turn that child

back to the abusive people, the one who fined will abuse that child more and will be subject to more abuse.

REP. TUNBY stated that this type of bill is something that we can try, and if it doesn't work out in a couple of years, get rid of it.

REP. BOHARSKI stated that a court can continue to order this treatment if it is necessary, until they have gone through and found out if the family is able to pay for this.

Motion/Vote: REP. STICKNEY MADE A SUBSTITUTE MOTION TO TABLE HB 564. Motion carried 14-6 with REPS. BOHARSKI, CROMLEY, JOHNSON, KASTEN, MESSMORE, STRIZICH voting no.

#### HEARING ON HJR 21

#### Presentation and Opening Statement by Sponsor:

REP. TIM WHALEN, House District 93, Billings, stated that the great deal of money that is available to the Department of Social and Rehabilitative Services (SRS) are moneys that have to be spent on long term health care facilities because of the way the federal government writes their rules on the distribution of their funds, Montana's SRS is put in a mode on whether it be mandated on particular land that makes money less available for other programs including developmental disabilities. In order to get more flexibility in the way those monies can be spent. The only thing that we can do at the State level is urge the federal government to make those rules a little more flexible.

#### Proponents' Testimony:

Julia Robinson, Director, Department of Social and Rehabilitative Services, stated that in order to operate either developmentally disabled community programs or elderly home and community based programs, the State of Montana must receive a waiver. These are called waiver programs. The waiver is for waivers from Rules and Regulations for maintaining Institutional programs or Nursing Home programs. There are limits on the size of the waiver of how many beds we can get. Waivers are extremely difficult to get. The State of Montana is very fortunate in that it has had excellent medical staff for years. This resolution says that we want some community based programs treated equally, we want them to be a regular part of our health care system. To recognize that our first line of defense in terms of both elderly services and handicapped services should be community programs.

Hank Hudson, Governor's Coordinator on Aging, stated that senior citizens greatly prefer to receive health care services in their home. Montana has good home base health care systems for seniors and in no way cast any dispersion on the quality of nursing homes in Montana, which are very good facilities. This resolution will help send a message to millions of seniors we that have a system

that provides an incentive to providing care at home first, and it that is possible.

Judith Carlson, Montana Human Resources Council, stated that the whole concept of community based independent living is at home living where people reside and have that choice. SRS has done a great job with this program. This resolution would send the word to Congress that we need to have them open up the doors on this matter.

Joan Taylor, Montana Case Management Association, submitted written testimony. EXHIBIT 10

John Ortwine, Montana Catholic Conference, stated that this is a very progressive way at looking at health care.

Opponents' Testimony: None

Questions From Committee Members: None

Closing by Sponsor:

REP. WHALEN closed on HJR 21.

EXECUTIVE ACTION ON HJR 21

Motion: REP. WHALEN MOVED HJR 21 DO PASS.

Motion/Vote: REP. WHALEN moved to amend HJR 21. Motion carried unanimously.

Page 2, line 14.  
Following: "services"  
Insert: "can"  
Strike: "the best"  
Insert: "an excellent alternative"

Vote: Motion carried unanimously.

EXECUTIVE ACTION ON HB 260

Motion: REP. HANSEN MOVED HB 260 DO PASS.

Motion: REP. HANSEN moved to amend HB 260.

Title, line 7.  
Strike: "ON"  
Insert: "TO"  
  
Title, line 8.  
Strike: "BASIS"  
Insert: "EXTENT"  
Strike: "OTHER DEPENDENTS"  
Insert: "NATURAL CHILDREN OF THE INSURED"  
Strike: "AN"

Insert: "A NEWBORN"

Page 1, line 22.

Strike: "on"

Insert: "to"

Strike: "basis"

Insert: "extent"

Page 1, line 22.

Strike: "other dependents"

Insert: "natural children of the insured or  
subscriber"

Page 2, line 2.

Following: "Coverage"

Insert: "for newborn infants as provided in 33-22-301  
and 33-22-504"

Page 2, lines 5 and 6.

Strike: "in the physical custody of the adoptive  
parent"

Insert: "placement for adoption as defined in 40-8-  
103"

Page 2, line 12.

Strike: "on"

Insert: "to"

Page 2, line 13.

Strike: "basis"

Insert: "extent"

Strike: "other dependents"

Insert: "natural children of the member"

Page 2, line 18.

Following: "Coverage"

Insert: "for newborn infants as provided in 33-8-103"

Page 2, lines 21 and 22.

Strike: "in the physical custody of the adoptive  
parent"

Insert: "placement for adoption as defined in 40-8-  
103"

Page 3, line 2.

Strike: "on"

Insert: "to"

Strike: "basis"

Insert: "extent"

Strike: "other dependents"

Insert: "natural children of the enrollee"

Page 3, line 7.

Following: "Coverage"

Insert: "for newborn infants as provided in 33-31-102  
(1) (e)"

Page 3, lines 10 and 11.

Strike: "in the physical custody of the adoptive  
parent"

Insert: "placement for adoption as defined in 40-8-  
103"

Discussion:

REP. HANSEN stated that the adopted child would be covered under the same conditions as a natural child.

REP. MESSMORE stated that what we have to decide is whether we are going to discriminate against natural children and by the internal conflict of the bill, that is basically the decision we would have to make to accept it. Ms. Ask said that is correct. David Niss stated that those changes were not intended to address that problem.

Vote: Motion carried 18-2 with REPS. JOHNSON and KASTEN voting no.

Discussion:

REP. J. RICE asked what is the internal conflict in this bill. Ms. Ask stated that the internal conflict refers to lines 21 and 22 on page 1, and lines 2 and 3 on page 2. On page 1 it say an adoptive child is to be treated on the same basis as any other natural child as the subscriber. On page 2 the coverage must apply regardless of any medical conditions existing prior to placement. You are not treating the adopted child on the same basis as any other natural child of the subscriber. Because a natural child subscriber is enrolled without preexisting conditions if the child was a newborn within the first 30 days. After that point and time a natural child subscriber is subject to the same waiting periods as anybody else, but an adopted child with the language on lines 2 and 3 on page 2 would be enrolled without regard to that preexisting waiting period even if the child was over the age of 30 days.

REP. J. RICE asked that the only difference is the 30 day waiting period. Ms. Ask stated that the 30 day waiting time period is a period in which a newborn can be enrolled without preexisting waiting period.

REP. BOHARSKI asked what happens where an insured family moves from one insurance company to another and one of their children is adopted. Does the child that is adopted after placement and other natural children on their new health plan are subject to a preexisting injury clause. Ms. Ask stated that if the child was adopted then does this mean that the child is going to be able to enroll at any time under a new group policy without a waiting

period where the natural children would be subject to that particular waiting period. There is no time period included within that particular provision and that was the reason that we were suggesting our previous amendments to clarify that it would only be within the first 31 days that the newborn would be eligible for no waiting period. David Niss stated that he agrees with Ms. Ask.

REP. CROMLEY asked if the amendments were to pass, would this clear up the internal conflict. Ms. Ask said that is correct.

REP. DOWELL stated that the internal conflict notes the bill is from the point of view of an outsider. Judging from the position of the family, a newborn comes into your family, you are insured and when that baby is born it automatically comes into your insurance policy. The same family under the same company and a child comes into their lives through a different means, the adoptive process, from their point of view that child is still entering their life, they are covered by their insurance, but now that can't get that insurance without the preexisting conditions. From their point of view they are seeing a real conflict here. I would have to oppose the amendment.

REP. CROMLEY stated that he doesn't see the bill having a chance of passing without this amendment. If we pass this bill without this amendment then we would have the situation which basically make insurance unavailable because all persons would be subject to adoption. So if my neighbor had a child who was facing horrible medical costs and was uninsured, I would adopt that child and the parent being unable to afford the \$100,000 worth of medical bills would certainly allow me to adopt that child and then that child's medical bills would be paid.

REP. WHALEN stated that the idea sounds good in theory, but completely ignores the entire law with regard to adoption. The adoption has to be approved by a court of law after an investigation. It is true that part of what has to be in adoption that there has to be consent given by the parents that are having their rights terminated. There is also an investigation required by SRS or DFS.

REP. RUSSELL stated that there are a couple of states that already do this. REP. HANSEN stated that this is correct.

REP. MESSMORE asked if this bill achieved what it was set out to do. David Niss stated that the problem was policy judgment. In line 8 of the title, to require coverage of an adopted child's condition that existed prior to placement, is now restricted to a newborn not any adopted child as the language on page 2, lines 2 and 4 initially say. If we amend the title the bill is still consistent with the title.


Motion/Vote: REP. LEE MOVED HB 260 DO PASS AS AMENDED. Motion carried 16-4 with REPS. RUSSELL, JOHNSON, J. RICE, and SQUIRES


voting no.

REP. RUSSELL APPOINTED A SUBCOMMITTEE FOR HB 281. REPS.  
STICKNEY, WHALEN, and J. RICE WERE APPOINTED.

ADJOURNMENT

Adjournment: 6:25 p.m.

  
\_\_\_\_\_  
ANGELA RUSSELL, Chair

  
\_\_\_\_\_  
Jeanne Krumm, Secretary

AR/jck

# HOUSE OF REPRESENTATIVES

## HUMAN SERVICES AND AGING COMMITTEE

ROLL CALL

DATE 2-15-91

NAME	PRESENT	ABSENT	EXCUSED
REP. ANGELA RUSSELL, CHAIR	✓		
REP. TIM WHALEN, VICE-CHAIR	✓		
REP. ARLENE BECKER	✓		
REP. WILLIAM BOHARSKI	✓		
REP. JAN BROWN	✓		
REP. BRENT CROMLEY	✓		
REP. TIM DOWELL	✓		
REP. PATRICK GALVIN	✓		
REP. STELLA JEAN HANSEN	✓		
REP. ROYAL JOHNSON	✓		
REP. BETTY LOU KASTEN	✓		
REP. THOMAS LEE	✓		
REP. CHARLOTTE MESSMORE	✓		
REP. JIM RICE	✓		
REP. SHEILA RICE	✓		
REP. WILBUR SPRING	✓		
REP. CAROLYN SQUIRES	✓		
REP. JESSICA STICKNEY	✓		
REP. BILL STRIZICH	✓		
REP. ROLPH TUNBY	✓		



*Janie Russell*

9 3  
2-18-91  
TDB

HOUSE STANDING COMMITTEE REPORT

February 16, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 596 (first reading copy -- white) do pass.

Signed: \_\_\_\_\_  
Angela Russell, Chairman

HOUSE STANDING COMMITTEE REPORT

February 16, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging  
report that House Bill 545 (first reading copy -- white) do  
pass.

Signed: \_\_\_\_\_  
Angela Russell, Chairman

*Janni Hunter*

4 2-  
2-16 41  
JRB

HOUSE STANDING COMMITTEE REPORT

February 16, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging  
report that House Bill 548 (first reading copy -- white) do  
pass.

Signed: \_\_\_\_\_  
Angela Russell, Chairman

HOUSE STANDING COMMITTEE REPORT

10:40  
2-16-91  
TDB

February 16, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging  
report that House Joint Resolution 21 (first reading copy --  
white) do pass as amended .

Signed: \_\_\_\_\_  
Angela Russell, Chairman

And, that such amendments read:

1. Page 2, line 14.  
Following: "services"  
Insert: "can"  
Strike: "the best"  
Insert: "an excellent alternative"

HOUSE STANDING COMMITTEE REPORT

February 16, 1991

Page 1 of 2

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 260 (first reading copy -- white) do pass as amended.

Signed: Angela Russell, Chairman

And, that such amendments read:

1. Title, line 7.

Strike: "ON"

Insert: "TO"

2. Title, line 8.

Strike: "BASIS"

Insert: "EXTENT"

Strike: "OTHER DEPENDANTS"

Insert: "NATURAL CHILDREN OF THE INSURED"

Strike: "AN"

Insert: "A NEWBORN"

3. Page 1, line 21.

Strike: "on"

Insert: "to"

Strike: "basis"

Insert: "extent"

4. Page 1, line 22.

Strike: "other dependants"

Insert: "natural children of the insured or subscriber"

5. Page 2, line 2.

Following: "Coverage"

Insert: "for newborn infants as provided in 33-22-301 and 33-22-504"

10:40  
2-16-91  
JDB

February 16, 1991  
Page 2 of 2

6. Page 2, lines 5 and 6.

Strike: "in the physical custody of the adoptive parent"

Insert: "placement for adoption as defined in 40-8-103"

7. Page 2, line 12.

Strike: "on"

Insert: "to"

8. Page 2, line 13.

Strike: "basis"

Insert: "extent"

Strike: "other dependants"

Insert: "natural children of the member"

9. Page 2, line 18.

Following: "Coverage"

Insert: "for newborn infants as provided in 33-30-1001"

10. Page 2, lines 21 and 22.

Strike: "in the physical custody of the adoptive parent"

Insert: "placement for adoption as defined in 40-8-103"

11. Page 3, line 2.

Strike: "on"

Insert: "to"

Strike: "basis"

Insert: "extent"

Strike: "other dependants"

Insert: "natural children of the enrollee"

12. Page 3, line 7.

Following: "Coverage"

Insert: "for newborn infants as provided in 33-31-102(1)(e)"

13. Page 3, lines 10 and 11.

Strike: "in the physical custody of the adoptive parent"

Insert: "placement for adoption as defined in 40-8-103"

Good Afternoon Ms. Chairwoman and Committee Members:

My name is Sue Fifield and I'm the single mother of five children with four of them still at home. I'm sorry that I cannot be there today in person to speak with you on this urgent issue of discrimination in housing on marital status.

I can speak to this both personally and as an advocate of single parents who have told me of their experiences in trying to obtain housing.

I personally experienced discrimination in October 1990 when I relocated to Missoula for my current job. As a single mother trying to obtain housing I called several ads which were rented almost as soon as the newspaper came out. As some of you may know the housing market in Missoula is extremely tight and I needed to move within 10 days. Finally after calling and calling I found a house which was large enough to accomodate my family. After looking at the house, I decided that I would like to rent it. I called the landlord back and he proceeded to ask me some questions such as how many children I had?, was I married?, and did I work?

He then asked for references. I gave him two and asked how many he wanted. He said as many as possible. I gave him five. He told me to call him back later that day, after he checked my references. When I called him back he stated that he had talked to my landlord and my references were excellent. However, he said he had someone else interested, and maybe I might want to keep looking. I was desperate because I needed to move right away for my job. I told him I would send him a check and did so. When I met him to sign the rental agreement, he told me that there was stuff that had to be stored there that belonged to the previous owner and if that was a problem, maybe I would want to look elsewhere. Finally, he told me that they were nervous renting to me because I was a single mom.

My past landlord told me that when he had called her for a reference he did not seem very anxious to rent to me. She stated that I was her best tenant and she would really miss me. She also had not put the house up for sale, as long as I wanted to live there, because I was such a good tenant. She did put the house up for sale when I moved out. The last thing she said was that she too had been a little nervous when she rented to me because I was a single mother, however she had been a single mother herself and remembered the difficulties of renting a place. She never regretted renting to me and really was glad she did.

This is just the most recent experience I have had with landlords not wanting to rent because I am a single mother. It is extremely hard being a single mom in the first place and trying to work to support your children without the barrier of trying to find adequate housing and being denied or discriminated against. It was not my intention to be a single parent as you will probably find with most single parents. I am a good tenant and try to treat places that I rent as if they were my own. I cannot describe to you the frustration or humiliation of being denied a place to live.

As a single parent, denial of a place to live with your children is not an uncommon occurrence. The real victims of this discrimination are the children who are being denied rights that are afforded to two parent families. These children are not only having to face the stigma of having only one parent but are also being denied decent places to live. Many single parent households presently live in sub-standard housing because that is the only place they could obtain.

Please think of the children of single parent homes as you consider this bill and vote in favor of this much needed law.

Thank you for your time and the opportunity to enter this testimony.

  
Susan K. Fifield  
2/15/91



2  
DATE 2-15-91  
HB 596

Testimony of Anne L. MacIntyre  
Administrator, Human Rights Commission  
In support of House Bill 596  
House Committee on Human Services and Aging  
February 15, 1991

The Human Rights Commission supports House Bill 596. The bill proposes to amend the Human Rights Act, which is administered by the Commission. At the present time, the Act prohibits discrimination on the basis of marital status in the areas of employment, financing and credit transactions, education, government services, and insurance and retirement plans. Housing and public accommodations are the only areas within the Commission's jurisdiction for which discrimination based on marital status is not covered. The Human Rights Act was enacted 1974 and I am not sure why marital status discrimination was omitted in these areas. The Commission believes that this amendment to the act would achieve consistency and would be a desirable change.

The Commission has received inquiries from single parents who were denied housing when the landlord would have been willing to rent to two-parent families with children. Thus, I am certain that the problem the proponents of this bill are trying to address is a real problem.

Finally, I know that the laws of at least five other states prohibit discrimination in housing on the basis of marital status. The states I know of are Alaska, Minnesota, California, Illinois, and New York.

Thank you for your consideration and I recommend HB596 do pass.

**2-15-91**

**Exhibit 3 contains 10 pages of signatures supporting HB 596. The originals are stored at the Montana Historical Society, 225 North Roberts, Helena, MT 59601. (Phone 406-444-4775)**

# MONTANA LOW-INCOME COALITION



P.O. BOX 1029  
HELENA, MONTANA 59624  
(406) 449-8801  
(406) 443-0012

COMMUNITY UNION  
113 HAMILTON  
RUTTE 59701 • 782-0670

CONCERNED CITIZENS  
COALITION  
825 THIRD AVENUE SOUTH  
GREAT FALLS 59402 • 727-9136

MONTANA ALLIANCE FOR  
PROGRESSIVE POLICY  
324 FULLER  
HELENA 59601 • 443-7283

MONTANA LEGAL SERVICES  
EMPLOYEES ASSOCIATION  
801 N. MAIN  
HELENA 59601 • 442-9830

MONTANA  
SENIOR CITIZENS ASSOCIATION  
BOX 423  
HELENA 59624 • 443-5341

MONTANANS  
FOR SOCIAL JUSTICE  
436 NORTH JACKSON  
HELENA 59601 • 449-3140 • 227-8694

EXHIBIT 4  
DATE 2-15-96  
596

MADAME CHAIR, MEMBERS OF THE COMMITTEE

I am Marcia Dias with the Montana Low Income Coalition

Housing discrimination is an issue for low-income people, because housing availability is a problem for low-income people. Over the past decade the number of low rent housing units has decreased, while the number of low-income persons has increased.

This pattern along with a substantial increase in single-parent families and then combined with housing discrimination against single persons..... creates a terrible housing dilemma for many low income people

Approximately 70% of all renters are single, and a sizable portion are low income

For some... buying a home is difficult if not impossible. Personally I was denied a residential loan 4 years ago in Helena, although I was qualified with good credit, because the lending institution claimed they could not consider child support as effective income for an FHA loan....another example of one of the many housing dilemmas facing single parents.... who have become the nation's "new poor".

Single persons are a diverse and varied group, we could be your daughters or sisters..... some of us are mothers, widowed grandmothers. We sustain ourselves on one income and often struggle to support dependents as well. We ask that in the rental market we be regarded as individuals, based upon our own merit, references, and past histories.....Not by what category we fall into.....be it male/female, young/old, single/married. In keeping with the request ... to be judged as individuals, regardless of marital status I ask for your vote for HB 596. Thank you.

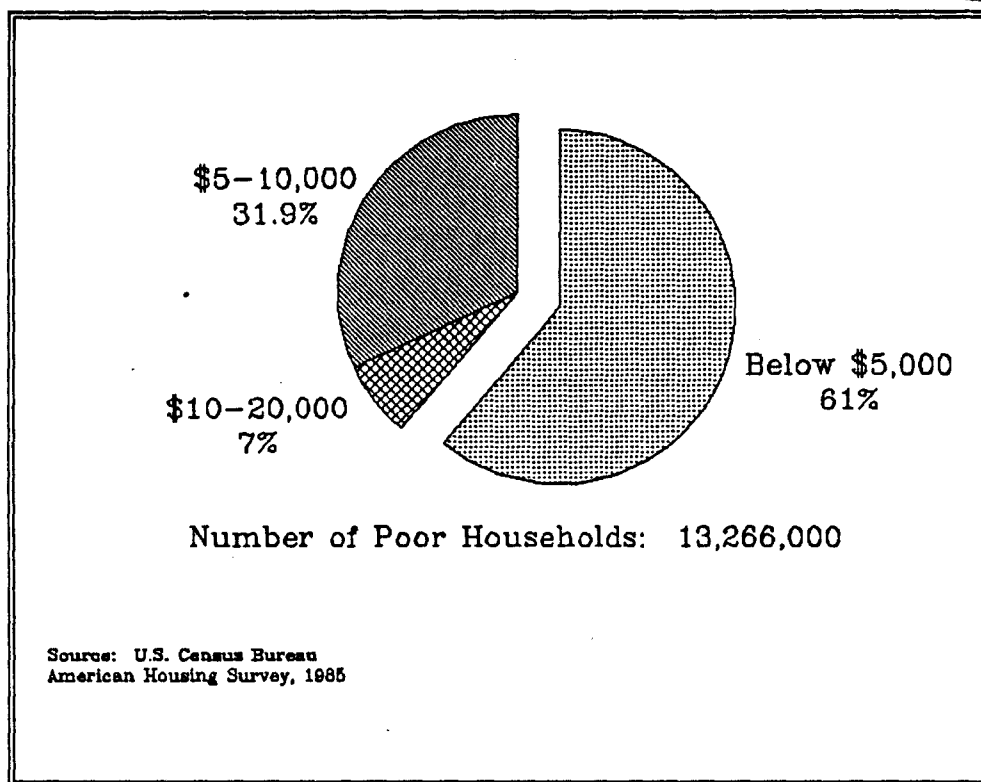


Figure 8  
Income of Poor Households, 1985

### Poor Renters and Homeowners

The characteristics of poor renters and poor homeowners differed from each other in a number of ways. Poor homeowner households were more likely to be headed by an elderly person, to have no children, and to be married. Poor renter households were more likely to be younger, to have children, and to be headed by a single woman.

The typical head of a poor homeowner household was 62 years of age. By contrast, the typical head of a poor renter household was aged 38.

Two-fifths of all poor homeowner households were headed by an elderly person, while just one-third had children. By contrast, only about one-fifth of poor renter households were headed by an elderly person. More than half of all poor renter households had children.

Poor homeowner and renter households also differed in their proportions of married-couple and female-headed families. Of the poor homeowner households that contained two or more people, 73 percent were comprised of married-couple families

or male-headed families. Female-headed families were a small minority among this group. By contrast, among poor renter households of two or more people, a majority were female-headed families. (See Figure 9.)

EXHIBIT 4  
DATE 2-15-91  
# 596

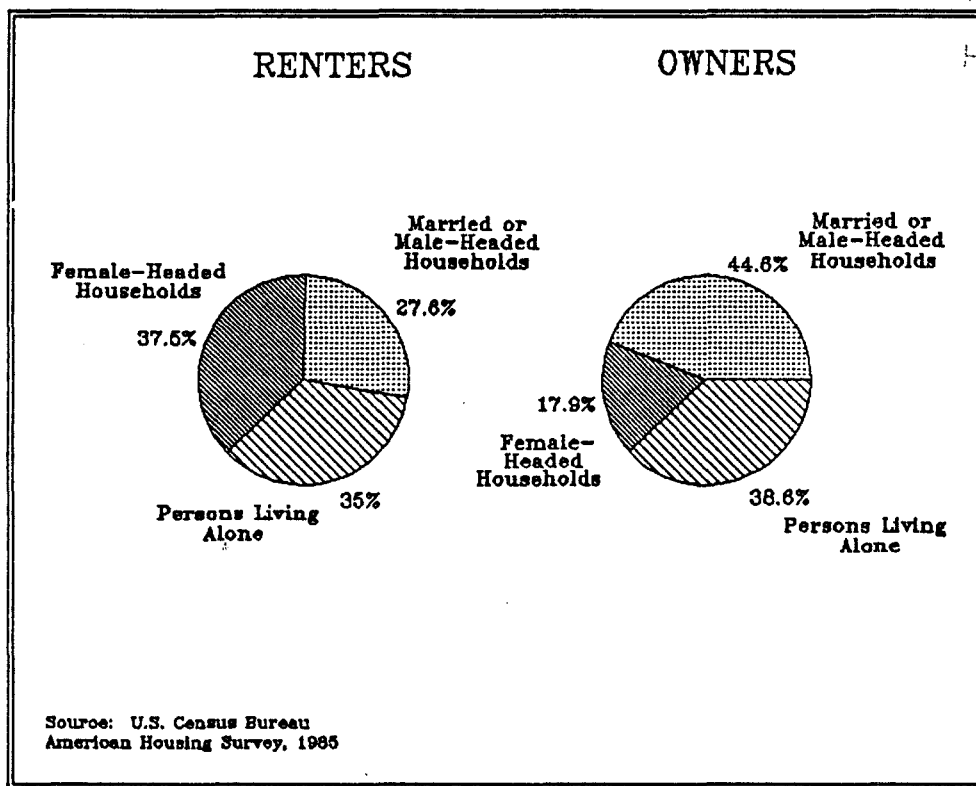


Figure 9  
Composition of Poor Households  
1985

Among both poor homeowner and poor renter households, a large majority of the single-person households consisted of women living alone.

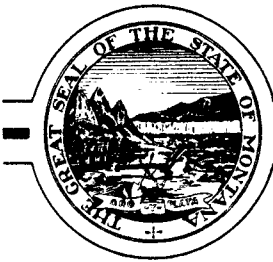
#### Racial Composition of Poor Households

Of the 13.3 million poor households in 1985, some 8.1 million -- or 61 percent -- were white. Whites constituted 74 percent of poor homeowner households and 53 percent of poor renter households.

Yet while whites comprised a majority of poor households, blacks and Hispanics accounted for a highly disproportionate share of these households.

DEPARTMENT OF  
SOCIAL AND REHABILITATION SERVICES

EXHIBIT 5  
DATE 2-15-91  
HB 545



STAN STEPHENS  
GOVERNOR

JULIA E. ROBINSON  
DIRECTOR

STATE OF MONTANA

P.O. BOX 4210  
HELENA, MONTANA 59604-4210  
(406) 444-5622  
FAX (406) 444-1970

TESTIMONY OF THE DEPARTMENT OF  
SOCIAL AND REHABILITATION SERVICES  
BEFORE THE HEALTH HUMAN COMMITTEE  
(Re: HB 545 - General Revisions to the  
Montana Medicaid Program)

Madam Chair, members of the Committee, my name is Russ Cater. I am the chief legal counsel for the Department of Social and Rehabilitation Services. I appear before you today in support of House Bill 545.

There are five (5) essential elements to HB 545. These elements include the addition of federally qualified health center services and the continuation of hospice care under the Montana Medicaid program. The bill will also allow the Department of Social and Rehabilitation Services to pay the medicare premiums for certain qualified disabled working individuals, to continue presumptive eligibility for pregnant women and to allow the payment of private insurance premiums when it is cost beneficial to the Medicaid program. The addition of federally qualified health care center services and the payment of medicare premiums for certain qualified disabled working individuals are mandated by federal law.

Federally qualified health centers (FQHC) are clinics which traditionally provide health care to families whose income is at or below 200% of poverty. These services are usually provided by physicians, nurse practitioners, physician assistants, dentists, clinical psychologists and social workers, occupational, physical and speech therapists, etc. On a national level 70% of the clientele in these clinics are uninsured. These health centers must be receiving a grant under the Federal Public Health Services Act or meet the requirements if they are not receiving such a grant. Three facilities currently qualify for FQHC status in Montana. Two of these are located in Billings and the other in Butte.

Services provided by these health centers are currently reimbursable in accordance with our administrative rules for the particular type of service provided. For

example, a physician working at these centers can directly bill the Medicaid program under procedure codes for physician services. Under the new federal law FQHCs are to be reimbursed for all reasonable cost. This is likely to be higher than the amounts currently reimbursed.

Federal law also requires that the Montana Medicaid program buy the medicare Part A premiums for those people who meet the "qualified disabled and working individual" (QDWI) requirements. The individual must be disabled, have income less than 200% of poverty (i.e. \$1046 for an individual), resources less than \$4000, and not otherwise eligible for medicaid. The federal government has estimated that approximately 57 Montanans will be eligible for the QDWI program initially.

HB 545 also amends current state law pertaining to hospice services and presumptive eligibility for pregnant women. These two provisions were passed during the 1989 session of the Montana Legislature but will sunset on June 30 of this year. Hospice care is a service provided primarily in a recipient's home and focuses on palliative rather than curative care. In order to be eligible, a physician must certify that the individual has six months or less to live. Palliative is a term which means that the care is provided to moderate the intensity of the disease or the pain. The hospice program provides comfort and emotional support for the dying individual and his family. These services are usually provided in a recipient's home rather than a hospital or nursing home. In this sense, hospice costs are not necessarily new services, but rather services provided in a different setting.

"Presumptive eligibility" allows certain medical providers to determine a period of eligibility for pregnant women who have not yet applied for welfare assistance. This period of eligibility can last up to 45 days. The medical provider ascertains basic income information from the client and then forwards the application to the local welfare office. While full medicaid eligibility is being determined, all providers except hospitals can receive payment for prenatal services. This process of presumptive eligibility is intended to encourage pregnant women to seek prenatal care and to encourage physicians to provide these necessary medical services.

Studies have shown that some of our highest cost infants paid for under the Medicaid program could have had some costs prevented and others reduced had the mothers received early or adequate prenatal care. It is our

hope, that continuation of this program will ultimately reduce medicaid costs and insure the healthy birth of infants.

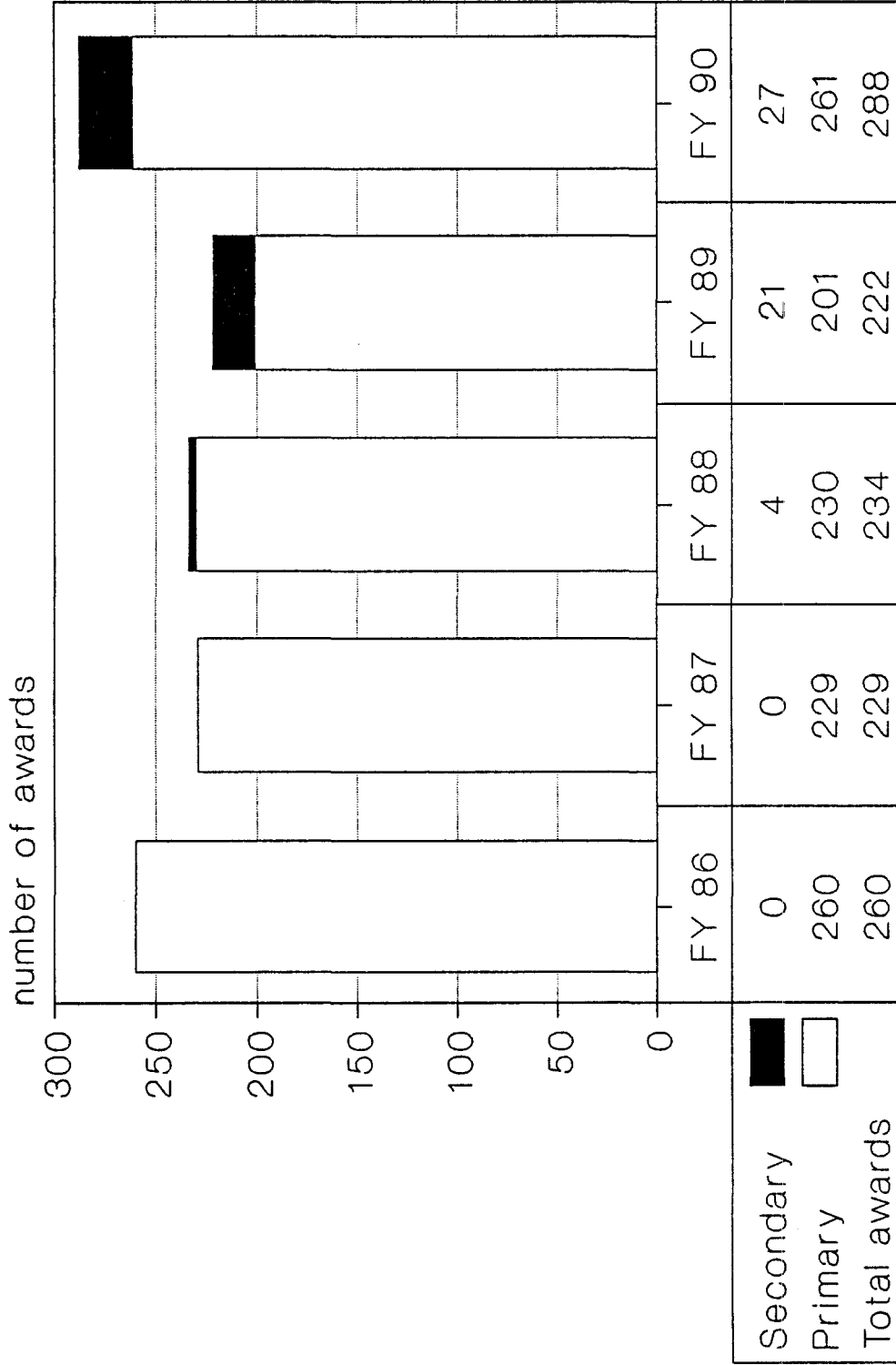
The final element of this bill allows the Montana Medicaid program to purchase group health insurance premium for individuals when it is cost-beneficial to do so.

On behalf of the Department of Social and Rehabilitation Services I urge you to pass HB 545. Thank you for taking the time to hold this hearing and listen to my comments.

Submitted by: Russ Cater  
Russell E. Cater  
Chief Legal Counsel  
Office of Legal Affairs  
Department of Social and  
Rehabilitation Services



# Crime Victim Awards



Source: MBCC

vicaward.cht

EXHIBIT 6  
DATE 2-15-91  
# 548

House Bill 548

Cheryl Bryant  
Crime Victims Unit

EXHIBIT 7  
DATE 2-15-91  
HB 548

The Crime Victims Compensation Act presently provides a benefit to certain secondary victims; the parents, siblings, children or spouse of a homicide victim or the parents, siblings of a sexually abused minor when someone has been charged with a sexual crime against the minor. The benefit is for mental health counseling because of the crime against the primary victim.

House bill 548 expands the definition of a secondary victim to include a parent, child, spouse or sibling of any primary victim. The benefit remains the same, mental health counseling required because of the crime committed against the primary victim.

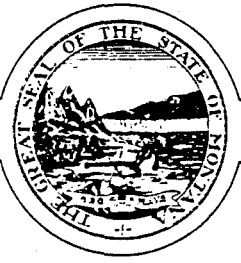
This expansion includes one group of secondary victims that probably more than any other group, needs counseling, the husbands of adult victims of rape. The husband of a rape victim has to deal with the problems of the victim as well as his own problems from this crime.

The cost to the program for providing mental health counseling to an expanded group of secondary victims is not great but the benefits to the secondary victims are.

The second purpose of HB 548, to provide for development of a program for greater public awareness, can also be accomplished without a great deal of cost. Specific items can be budgeted for public awareness which will supplement the efforts that are already being done.

DEPARTMENT OF FAMILY SERVICES

EXHIBIT 8  
DATE 2-15-91  
HB 564



STAN STEPHENS, GOVERNOR

(406) 444-5900

STATE OF MONTANA

P.O. BOX 8005  
HELENA, MONTANA 59604

February 15, 1991

TESTIMONY IN SUPPORT OF HB 564  
"AN ACT TO REQUIRE PARENTS, GUARDIAN, OR PERSONS HAVING  
LEGAL CUSTODY OF A YOUTH TO CONTRIBUTE TO THE COST OF COURT-  
ORDERED MEDICAL OR PSYCHOLOGICAL EVALUATIONS . . ."

Submitted by Ann Gilkey, Legal Counsel  
Department of Family Services

The department requested HB 564 for several reasons. Primarily, the department is interested in increasing the accountability of those alleged to be abusing or neglecting their children. Unfortunately, some people not only abuse their children, but they then refuse to accept any responsibility for their behavior, or to become emotionally involved in treatment. By court-ordering financial responsibility, some of these people may become more involved with the offered services. Financial accountability will also provide an added incentive to DFS' clients to remedy the problems that led to the court's and DFS' involvement in their lives.

Another purpose of this bill is to address instances when the department is court-ordered to pay the cost of evaluations, counseling or treatment of people suspected of abusing or neglecting their children. Some court orders are handed down without adequate consideration of the parents' ability to pay the cost of necessary services, or alternative payment sources such as Medicaid or private insurance. This bill will require the court to at least review the ability of parents to pay before ordering DFS to do so. The bill also allows for partial payment by the parent if the total cost is more than they can afford. It allows the court to determine whether a court-ordered, nominal payment is appropriate under certain circumstances.

Although there may be some financial benefit from the bill, the amount collected and reverted to the general fund is expected to be minimal. Requiring financial involvement is more important for the purposes of treatment than as a revenue source.

Finally, it should be noted that HB 564 is intimately related to LC 31. When drafted, LC 31 will require parents to pay for the cost of out-of-home placement of their child according to their financial ability to pay. (Note: Section 4 of HB 564 addresses LC 31.) Together, HB 564 and LC 31 will increase parental accountability for their children at all stages of DFS involvement. The department urges your support of HB 564.

EXHIBIT 9  
DATE 2-15-91  
HJR 21

**MONTANA CASE MANAGEMENT ASSOCIATION  
HOME AND COMMUNITY SERVICES  
(MEDICAID WAIVER PROGRAM)**

The Case Management Association consists of 11 Social Worker, RN Teams, who manage the delivery of services known as the Home and Community Services (Medicaid Waiver Program). The Department of Social and Rehabilitation Services of the State of Montana offers the Home and Community Services Program (Medicaid Waiver) to certain Medicaid eligible elderly and physically disabled individuals who require long term care. The program offers a valuable choice for elderly and physically disabled persons and contains health care costs by providing long term care services in the home rather than in an institution. The cases are managed by teams consisting of a registered nurse and a medical social worker and their agency is under contract with the department of Social and Rehabilitation Services. The Home and Community Service Program is available to individuals who are: elderly or physically disabled, on Medicaid, require intermediate or skilled nursing facility level of care and live in an approved service area. Current counties the Home and Community Services are available to include: Big Horn, Carbon, Cascade, Custer, Deer Lodge, Fallon, Fergus, Flathead, Gallatin, Golden Valley, Jefferson, Judith Basin, Lake, Lewis and Clark, Lincoln, Madison, Mineral, Missoula, Musselshell, Park, Petroleum, Ravalli, Richland, Roosevelt, Silver Bow, Stillwater, Sweetgrass, Teton, Wheatland, and Yellowstone.

This program is one choice of several in a continuum of care of services for elderly and physically disabled persons in the state of Montana. Since the onset of the Medicaid Waiver program in 1983, Case Managers have seen a tremendous improvement in the quality of life for elderly and physically disabled recipients. As documented in a recent survey, we have seen an increase in independence, less risk for persons choosing to live at home and a general overall sense of well being for elderly and physically disabled persons. Prior to the program many elderly and disabled persons who are now on the program, were living in institutions or surviving marginally in at risk home situations. This program enhances the recipients existing resources of family and friends with community services in an overall plan of care developed by the Case Management Team, the recipient and their physician.

Currently, there are approximately 439 opened cases, which includes a capacity to serve 330 elderly persons, and 174 physically disabled and 7 heavy care slots on a state wide basis. There is a waiting list of 27 elderly and 80 disabled persons and 25 Group Home. We would recommend that consideration for expansion include opening additional slots to cover those waiting and/or to expand existing team service delivery areas to include other counties.

The results of a recent statewide client satisfaction survey of all persons on the program show:

- \* 90% of elderly clients felt they would NOT be able to remain at home without waiver services.
- \* 70% of physically disabled clients responded they would

**HOUSE OF REPRESENTATIVES  
VISITOR REGISTER**

Human Services & Aging COMMITTEE BILL NO. HB 596  
DATE 2-15-91 SPONSOR(S) Rep. Mark O'Keefe

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
Marcia Schneider Helena	Montanans for Social Justice Montana Low Income Coalition	✓	
Anne MacIntyre	Human Rights Commission	✓	
Marcia Doss	IMREC	✓	
Kristin Page	Mont PIRG	✓	
HARLEY WARNER	MONT ASSO. OF CHURCHES	✓	
Kate Cholewa	MT Womens Lobby	✓	
Clyde Dailey	MT Senior Citizens Assn		
Gary Foster	Indian Community	✓	
Olivia Hanson	Indian Community	✓	
JUDITH CARLSON	MSCA	✓	
Mike O'Sullivan	Carroll College	✓	
Christa Kinsley	MSCA	✓	
Paula Carpenter	MLC - self	✓	
Helen McKnight	MSCA	✓	

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

JOHN ORTWEIN

MT CATHOLIC CONF

✓

**HOUSE OF REPRESENTATIVES  
VISITOR REGISTER**

Human Services & Aging

COMMITTEE

BILL NO. HB 545

DATE 2-15-91

SPONSOR(S) Rep. T. Nelson

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
401 S. Alabama Debra Z. Edwards Butte, MT	Montana Primary Care Ass Community Health Center	Falls ✓	
Russ Coker	SRS	✓	
Bernie Ceder	Montana Hospice Organization	✓	
Penny Roper	SRS	✓	
Judy Garrity	HMHCB	✓	
Paulette Holman	Mt Council Mat/Ch Health	✓ w/ amendments	
HARLEY WARNER	MONT. ASSOC. OF CHURCHES	X	
Robert Olsen	MT Hospital Assoc.	X	

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ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.**

**HOUSE OF REPRESENTATIVES  
VISITOR REGISTER**

Human Services & Aging COMMITTEE BILL NO. HB 548  
DATE 2-15-91 SPONSOR(S) Rep. Vivian Brooke

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
Cheryl B. Smart - 303 N. Roberts	Crime Victims Unit	X	
Ed Hall	MBCC	X	
JANET SWENSON	Victims	X	
MARTA BROMLIE	Indian Community	X	

**PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.**

**HOUSE OF REPRESENTATIVES  
VISITOR REGISTER**

Human Services & Aging

COMMITTEE

BILL NO. HR 564

DATE 2-15-91

SPONSOR(S) Rep. Cocchiarella

PLEASE PRINT

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NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
Ann Gilkey	DFS	X	

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS  
ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.



**HOUSE OF REPRESENTATIVES  
VISITOR REGISTER**

Human Services & Aging COMMITTEE BILL NO. HJR 21  
DATE 2-15-91 SPONSOR(S) Rep. Tim Whalen

**PLEASE PRINT**

**PLEASE PRINT**

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