

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 52nd LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By Rep. Angela Russell, Chair, on March 8, 1991,
at 3:15 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)
Jim Rice (R)
Sheila Rice (D)
Wilbur Spring (R)
Carolyn Squires (D)
Jessica Stickney (D)
Bill Strizich (D)
Rolph Tunby (R)

Members Excused: Charlotte Messmore

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

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

HEARING ON HB 592

Presentation and Opening Statement by Sponsor:

REP. BRENT CROMLEY, House District 91, Billings, stated that this bill is for multiple prescriptive monitoring of schedule two drugs. There is potential for danger in the schedule two drugs and this bill addresses that.

Proponents' Testimony:

Gene Jarussi, Montana Trial Lawyers Association, stated that the purpose of this bill is to monitor prescription of certain controlled drugs, particularly schedule two drugs, which are listed in the statutes of the Montana Codes. Prescriptions need to be recorded on a triplicate form prepared by the Board of Pharmacy and provided to the practitioners at a cost which is to

cover printing costs, processing costs, and mailing costs. The form would be triplicate and would be completed by the prescribing practitioner and by the pharmacist. Having gone from the practitioner to the dispensing pharmacist, the form would be completed and copy one of that triplicate form would be sent to the Montana Board of Pharmacy. It gives the basic information, the practitioners name and address, the Pharmacy Board's registration and its FDEA administration number; the date the prescription was written and filled; the name, address, and FDEA number of the dispensing pharmacy; the name of the individual pharmacist that actually filled the order; and the name, address, and age of the patient. That information would be sent and copy one of to the Board of Pharmacy.

Dr. John R. Jacobson, President, Board of Medical Examiners, stated that when this concept was first proposed to the board, it seemed superfluous work that the physicians had to do to deal with the age problems in the field. In the last six years his opinion has changed. The numbers of physicians who have come to the attention of the board is striving excessively and are a relatively constant number of physicians. In the past two years, 80 complaints of physicians have been expressed. Of those 80 complaints, 30 have involved the unusual uncertainty of drugs. In other states where this has been enacted, there has been calls on the number of prescriptions regarding the description of schedule two drugs. The goal is to identify physicians who are prescribing unusual amounts of drugs. This will identify people who go from physician to physician and obtain drugs. The board supports the concept of the bill.

Michael Sherwood, Montana Trial Lawyers Association, (MTLA), stated that MTLA supports this bill.

Ann L. Bellwood, Rocky Mountain Treatment Center (RMTC), stated that the people that RMTC treats everyday are addicted to prescription medicines. Many times that has lead them to have another addiction as well. This is a good measure to prevent this from starting in the first place.

Chester Kinsey, Montana Senior Citizen Association (MSCA), stated that MSCA supports this bill.

Opponents' Testimony:

Dr. Van Kirke Nelson, Montana Medical Association, stated that he does not use class two drugs. The federal government, turned down the Pete Stark legislation, which is a mandatory triplicate prescription piece of legislation. There are states that do have triplicate prescription rights. In several states it has been done and has been found to be not that effective. The fiscal note would take the Montana physicians practicing medicine, which is approximately 1,000 physicians, it would cost on the average of \$60 per physician. We are told by the pharmacists in Kalispell that they are not getting any physicians who write and

administer class two drugs, but it will amount to basically a few physicians taking on the expense of providing this cost. There are patients who go from physician to physician, nowhere in this law allows the Board of Pharmacy or the Board of Medical Examiners to write the physicians a letter saying that a patient is abusing prescribing medications. The pharmacists can't do this because they are under the patient confidentiality.

John Gregory, Montana Medical Association, stated that he spent time in California and Texas where triplicate prescription forms are in effect. There was an incidence in Billings where the pharmacist called him saying there was a problem with the signature of a prescription that he had written, allegedly. This wasn't his signature and there were a significant amount of pills written on the prescription. This was very comforting, because the pharmacists in Billings, which is the largest urban center in Montana, still know the physicians.

Jerome Loendorf, Montana Medical Association (MMA), stated that in the past 20 years MMA has never testified opposite the Board of Medical Examiners. If somebody wants protection of their health care records and end up at the Department of Commerce, they are going to have to look at the Constitution. Montana has provisions that are unique. Article 2, section 9, of the Constitution is called the Right to Know, and it says any person can examine documents of state agencies, unless you can show that your interests of individual privacy exceed the merits of public disclosure. Unless there is something in this bill that protects the confidentiality of those records, any person wanting to protect their health care information will have to do it in court and the court will have to part out the rules. The bill doesn't say how the information will be used. It is presumed that it will be used by the Board of Medical Examiners. There will be people who have access to this information and those people are not going to be health care providers, they will be computer input people and other such people. There is no state statute that will effect the confidentiality of those records.

Mary McCue, Montana Dental Association (MDA), stated that MDA feels that the proponents of this bill are well intentioned and recognize that there is a problem with drug over use in Montana. MDA has the same concerns. There is too much left out of this bill that is not clear on what is going to happen to the information once given to the board in regard to people who have over prescribed. Because of those situations, MDA can't support this legislation.

Donald L. Harr, physician, stated that this really is a problem in the Montana. The fact that there has been a decrease in the number of schedule two prescriptions in other states where there are triplicate form prescriptions does not address the increase in number of the schedule three prescriptions that have been made in those same states. The usual kind of addictive problems that are treated have to do with the anxiety case, like valium and

that class of drugs, which are not schedule two drugs.

Charles Brooks, Montana Retail Association (MRA), stated that MRA opposes this bill.

Questions From Committee Members:

REP. JOHNSON asked if she would address the effectiveness of the triplicate forms. Patricia England, Executive Secretary, Board of Medical Examiners (BME), stated that BME requires physician assistants who are under BMEs jurisdiction to write their prescriptions of all scheduled substances in duplicate. They send the carbon copy to the board and that is placed in the physician assistants file. There has been one question as a result of that program which started last fall.

REP. JOHNSON asked when there is evidence verifying a problem, how are physicians notified. Ms. England stated that they use the Health Care Information Act. This act is required to protect the patients identity. There may be statistics on a particular patient, but you are not going to know who that particular patient is when the reports are used in litigation.

REP. JOHNSON asked to explain confidentiality. Ms. England stated that any patient records are locked in files in the office.

REP. JOHNSON asked if this might be put into a form that would be acceptable to the medical community, other than the Board of Medical Examiners. Mr. Loendorf stated that it would be difficult to do that this session.

REP. BECKER asked if patients will be getting the pain relief they need. Dr. Gregory stated that many patients suffer more pain than they need, because of the unwillingness on the physicians part to use triplicate prescriptions because of the cost.

REP. KASTEN asked what would happen to a rural area where the physician actually gives the drugs out of his office because there are no pharmacies around for many miles. Dr. Gregory stated that there are many physicians practicing in Montana don't have access to a pharmacy and do prescribe drugs out of the stock that they might have in their office. The law doesn't address this currently.

REP. LEE asked how current the prescriptions on record and are kept track of by pharmacists. Dr. Nelson stated that pharmacists keep records of the prescribed substances according to the type of substance that is prescribed. Most pharmacies catalog all prescriptions.

REP. LEE asked if the bill is adopting a dinosaur technology in terms of record keeping and review. Dr. Jacobson stated that

everything has to be mailed to a central point and then those prescriptions are hand read and put on a file.

REP. LEE asked if there is any kind of review procedure or personnel that will be required to monitor and review these records. Steve Meloy, Chief, Professional Occupational Licensing Bureau, Department of Commerce, stated that they assumed that 50,000 pieces of information would have to be collected. In the process of collection and entering this into a data base, we asked for two administrative grade A people to do nothing but enter the data on the data base. This was created so a program could be written to access information for whoever wanted it.

REP. JOHNSON asked about sending drugs in the mail. Mr. Brooks stated that pharmacists cannot mail class two drugs according to United States Postal regulations.

Closing by Sponsor: REP. CROMLEY closed on HB 592.

HEARING ON HB 676

Presentation and Opening Statement by Sponsor:

REP. GARY FORRESTER, House District 98, Billings, stated that this bill is long overdue. This bill is an act establishing the profits of compulsive gambling program in the Department of Institutions (DOI), funding the program with revenue tax and video gambling machines, and permitting and licensing the video gambling machine and providing appropriations in the General Fund. This came about at the request of the Gaming Advisory Council. This bill would direct DOI to implement a profit for compulsive gambling.

Proponents' Testimony:

Harley Werner, Montana Association of Churches, submitted written testimony. EXHIBIT 1

Robert L Deschamps, County Attorney, Missoula County, Gambling Advisory Council, stated that this is extremely important because we have created a money machine in the State of Montana's gaming industry. We are creating millions of dollars every year. 50% of this money is coming out of the pockets of people who are addicted to gambling. We need to take care of these people who are addicted.

John Ortwein, Montana Catholic Conference, submitted written testimony. EXHIBIT 2

John Kestell, self, stated that he is a recovering alcoholic and gambling addict. He hasn't gambled for four years, but that wasn't easy for him because there were no professional that knew anything about gambling addictions. People need money for treatment, prevention, and education. The private practitioners

and the mental health facilities cannot continue to foot the bill for this because of the gambling industry's unwillingness to foot the bill.

Lois Menzies, Administrative Officer, Gambling Control Division, Department of Justice, submitted written testimony. EXHIBIT 3

Chris Christians, Administrator, Transition Center, submitted written testimony. EXHIBIT 4

Ann Bellwood, Rocky Mountain Treatment Center, submitted written testimony. EXHIBIT 5

Pat Melby, Rimrock Foundation, submitted written testimony for Mona L. Sumner. EXHIBIT 6

Diane Roberts, Don't Gamble With the Future, opposes HB 676.

Keith Trafton, Licensed Professional Counselor, Certified Chemical Dependency Counselor, opposes HB 676.

Bill Murray, spoke for Jim Bennett, President, First Bank of Billings, Board member, Rimrock Foundation, who opposes HB 676.

Opponents' Testimony:

Gene Vuckovich, City-County Manager, Anaconda-Deer Lodge County, submitted written testimony. EXHIBIT 7

Gordon Morris, Executive Director, Montana Association of Counties, reiterated previous testimony.

Alec Hansen, Montana Cities and Towns, stated that they have to oppose the loss of \$159,000 in revenue over the next biennium. This is one of many bills that make an assumption that local governments have the cash to pay for state and locals. The Cities and Towns of Montana cannot pay a debt of \$159,000 over the next two years. We need to look for another alternative that recognizes the fact that local governments simply can not pay for 67% of this program. If a \$750,000 program for the biennium is too large and too ambitious, then cut this program down to the appropriate level to pay out of the General Fund.

Jim Tillotson, City Attorney, Billings, stated that of the \$529,000 mentioned, \$140,000 of that would come from the City of Billings. Billings is in desperate financial condition today, due to state mandated reductions in the taxable value of real property in our city. Billings is down \$1 million a year in property tax revenue. For this coming fiscal year, we are looking at cutting \$650,000 out of our General Fund. That translates into 25 of 30 employees. Billings has been cutting for ten years. We cannot afford to fund this program.

Tim Magee, Finance Director, City of Great Falls, stated that in

July 1, 1989, Great Falls cut back over 30 positions, over \$900,000 to the City of Great Falls because of tax breaks. Since then, Great Falls has been living on the increase of gambling revenue. We don't have opposition to the purpose of this bill, but we can't afford to give the money out of our local government.

Shelly Laine, Director Administrative Services, City of Helena, stated that we opposed HB 676.

Curt Chisholm, Director, Department of Institutions, stated that he is a reluctant participant in this bill. DOI is responsible for providing services in the areas of health corrections, mental health, and chemical dependency. If the committee decides to hand the responsibility to DOI, DOI is the best place to put it. The bill clearly needs to be amended to give DOI at least one years lead time in order to incorporate prevention in centers for in-patient and out-patient programs to develop the appropriate credential needs.

REP. DAVE BROWN, stated that this will allow DOI to get into this area and recommend to the legislature next session how we should fund this program. We need something like a DUI task force as a type of structure in local governments so that when there are problems like this the local government entities have the kind of ability, in conjunction with the DOI to deal with this problem as they do with alcohol and drug problems.

Larry Akey, Gaming Industry Association of Montana (GIAM), stated that as an industry GIAM recognizes that for some people the form of entertainment that we have to offer becomes more than recreation.

Questions From Committee Members: None

Closing by Sponsor:

REP. FORRESTER stated that there is a problem and a need for this program. We have programs for addicts of all types. This is societies problem as well as a personal problem. We need DOI to get a program in line. The gaming industry needs to recognize that a problem is there because of their industry. That industry should pay the cost to society and we should not take it out of the General Fund. This is a problem the gaming industry has to deal with.

HEARING ON SB 200

Presentation and Opening Statement by Sponsor:

SEN. ELEANOR VAUGHN, Senate District 1, Libby, stated that this bill is a consumer protection bill. The purpose of this bill is to assure hearing impaired persons and their families some quality and health care. The loss of hearing and its result of impact on communication easily segregates the hearing impaired

person from their family, friends and colleagues. This bill revises the licensing, record keeping, training, requirements for hearing aid dispensing, and providing consumer protection for purchases of hearing aids and dispensers. This is not to cause a problem with the properly operated hearing aid and related hearing devices and there are many of those. This protects the public from those who are not properly trained. The Hearing Aid Licensed Board received complaints continually. This will assure that there is a thirty day guarantee in which a customer can cancel the contract and get a refund of money if it doesn't work.

Proponents' Testimony:

REP. CAROLYN SQUIRES stated that she is a health care provider and most of her nursing care has been involved with senior citizens in the State of Montana.

Evelyne Paugh, consumer, stated that the consumers should be protected because salespeople approach the consumers all of the time.

Lorraine Sedahl, consumer, stated that she supports this bill.

Ben Havdahl, Board of Hearing Aid Dispensers, submitted written testimony. EXHIBIT 8

Dorothy Lucas, self, stated that her mother has been approached by these salespeople. Her mother wears a hearing aid, but can only wear one. The salespeople keep bothering her by telling her mother that she needs both hearing aids, so her mother wrote a check for two aids just to get rid of the salesperson.

Floyd McDowell, self, stated that he is 67 years old and 62 of those years, he has spent in a personal or professional association with people who have hearing problems. The previous incidences are incidences that he has heard over the past 62 years.

Darrell Micken, Hearing Aid Dispenser, stated that he has been involved with this particular law since 1969 when it was first written. This will provide consumer information so the consumers have some type of form consent that they can provide for. This provides for a much stricter supervision for a trainee. It provides for accountability for agencies selling hearing aids. It increases the boards efficiency. There are housekeeping measures in the bill also.

Pat Ingles, self, stated that for the last two years she served on the Board of Hearing Aid Dispensers. There is a need to establish accountability in order to solve this. This is a consumer protection bill. She submitted written testimony. EXHIBIT 9

Glen Kladek, Montana Speech Language and Hearing Association,

stated that they support SB 200.

Mona Jamison, Montana Association of Speech Pathologist, stated that they support SB 200. She submitted testimony. EXHIBIT 10

Janet Barrett, Audiologist, Hearing Conservation Program, submitted written testimony. EXHIBIT 11

Opponents' Testimony: None

Questions From Committee Members: None

Closing by Sponsor:

SEN. VAUGHN stated that this will protect the legitimate businesses from those who are causing this problem. This bill would be good protection for the consumer.

HEARING ON SB 371

Presentation and Opening Statement by Sponsor:

SEN. JUDY JACOBSON, Senate District 36, Butte, stated that this bill provides that Well Child Care for Children under the age of two would be mandated. It is a mandated benefit and there are costs associated with it. We have estimated that it would be \$1.75. We have amended the bill to parallel a Well Child Care Provision in the Governor's package. Both of these programs cover Well Child Care for Children under two and beyond in the case of Medicaid. This is a very cost effective mandated benefit. The amounts that are paid to Medicaid recipients are about \$122 the first year and \$73 the second year. It would be \$195, which is slightly higher the first year and \$100 in the second year. We are allowing copayments so that would bring it down closer. This has to be looked at different than other mandated benefits, because it is a mandated benefit for preventive care and the costs are very easily defined.

Proponents' Testimony:

Paulette Kohman, Montana Council for Maternal and Child Health, submitted written testimony. EXHIBIT 12 & 13

Jerome Loendorf, submitted written testimony for **Jeffrey H. Stickler, M.D., American Academy of Pediatrics, Montana Chapter.** EXHIBIT 14

Judith Carlson, Montana Chapter, National Association of Social Workers, urged the committee to pass the bill because it is a cost effective program that social workers see children need.

Jan Wright, Montana Education Association, submitted written testimony. EXHIBIT 15

Dennis J. McCarthy, M.D., submitted written testimony. EXHIBIT 16

Opponents' Testimony:

Tanya Ask, Blue Cross Blue Shield (BCBS), stated that this is a general opposition to telling people what they will have in their coverage without them having any individual choice as to the costs incurred. BCBS is not opposed to this type of benefit.

Tom Hopgood, Health Insurance Association of America, submitted written testimony. EXHIBIT 17

Larry Akey, Montana Association of Life Underwriters (MALU), reiterated previous testimony.

Questions From Committee Members:

REP. DOWELL asked if insurance companies don't pay increases, but people do, why do the three insurance companies oppose this. Mr. Akey stated that MALU opposes all mandated benefits because as we increase the number of mandated benefits, we raise the price of insurance to the consumer. If we raise the price of insurance to the consumer, more and more consumers drop out of the market. MALU represents small businesses throughout the Montana. We see more and more people driven from the health insurance market.

REP. DOWELL asked if in the long run we look at healthier children and adults, there will be fewer clients and insurance rates would go down. Mr. Akey stated that it may sound right in theory, but they still disagree with it. We have not seen any studies that indicate that mandating Well Child Care coverage does indeed reduce insurance costs in the long run.

REP. JOHNSON asked if BCBS offers this benefit to the consumer to fit into their policy. Ms. Ask stated that BCBS offers this benefit as part of an HMO. It is also an individual group, which is usually a large group that provides its own benefit.

REP. JOHNSON asked what the financial impact of the fiscal note was. SEN. JACOBSON stated that the original fiscal note was on the original bill. We have substantially amended the bill and the costs are much more measurable now. We have hooked it up with what the state pays for Well Child Care for Medicaid. It recognizes certain numbers of visits.

Closing by Sponsor:

SEN. JACOBSON stated that when we began mandating benefits in the State of Montana we did that in a very haphazard manner. That is the reason she has requested the study resolution that would study mandated benefits in the State of Montana and perhaps for the first time, prioritized that so we can see what a basic package should look like. This is good health care medicine, the

costs aren't absorbent and it wouldn't benefit people in the long run.

HEARING ON SB 372

Presentation and Opening Statement by Sponsor:

SEN. JUDY JACOBSON, Senate District 36, Butte, stated that this bill would ask that children who are entering daycare and preschool receive vaccination for spinal meningitis and have proof of that from a physician. Meningitis is the most common bacteria in children from two months to five years of age in the United States. Montana has reported approximately 70 cases of HIB disease since 1986. About 1 child in 20 with meningitis dies from HIB. 1 in 4 children die from meningitis. According to the Centers for Disease Control there are 15 other states requiring proof of immunization against HIB. The Department of Health and Environmental Sciences would adopt rules for licensed daycare centers, since we don't license preschools, we have to put that directly into the statutes themselves.

Proponents' Testimony:

Paulette Kohman, Montana Council for Maternal and Child Health, supports SB 372.

Jerome Loendorf, submitted written testimony for **Jeffrey H. Strickler, M.D.** EXHIBIT 18

Opponents' Testimony: None

Questions From Committee Members: None

Closing by Sponsor: **SEN. JACOBSON** closed on SB 372.

HEARING ON SB 381

Presentation and Opening Statement by Sponsor:

SEN. JUDY JACOBSON, Senate District 36, Butte, stated that this bill sets up an allied health care board to deal with different groups. The board will have two Naturopath's, two Lay Midwives, one public member. The Lay Midwives want to have a physician whose present practice includes obstetrics on the board.

Proponents' Testimony:

Mona Jamison, Montana Midwifery Association, stated that there are three Midwives on their board, a citizen member, one physician who practices obstetrics. The reason for this is that there are no problems with the physician, as far as the obstetrical experience to the development of the rules and other procedures. We prefer having the nonvoting physician with the obstetrical expertise, rather than not have a physician without the expertise.

Judith Carlson, Montana Association of Naturopathic Physicians, stated that she reiterates previous testimony.

Roland D. Pratt, Denturist Association of Montana, stated that if this mechanism or board, because of their small group, lost their board, then they wouldn't have had to go under the Dentistry Board, which in essence was an advisorial position for them. If this mechanism would have been available, it would have been much easier for that board. There are many other small health care professions that need this type of mechanism to function and do the job that they are suppose to do.

REP. ROYAL JOHNSON stated that this bill is something that is truly needed.

Opponents' Testimony: None

Questions From Committee Members:

REP. BECKER asked if there is another bill similar to this. SEN. JACOBSON stated that any other groups that are presently licensed in the State of Montana, if they wish to come off the boards they are on and come onto to this board, they would be required to go through the process.

REP. BROWN asked if there is a sunrise provision in the board. SEN. JACOBSON stated that they would have to go through the sunrise.

REP. BOHARSKI asked why isn't there an attorney on this board. SEN. JACOBSON stated that when she first asked for the bill there was one member of each profession and a public member on the board. To give those people that are being brought into this a chance to have some input as to the makeup of the board, there aren't very many boards that have attorneys on them.

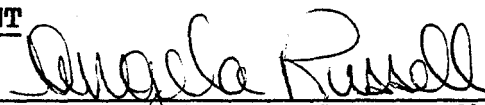
REP. BOHARSKI asked if the Board of Medical Examiners has an attorney on it. SEN. JACOBSON stated that the Board of Medical Examiners has an executive secretary who is an attorney.

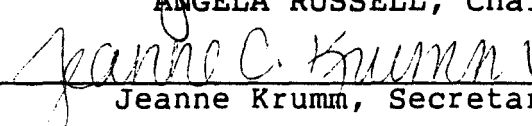
REP. BOHARSKI asked if that staff will be available for legal advice. SEN. JACOBSON stated that her understanding is that staff is available to any boards.

Closing by Sponsor: SEN. JACOBSON closed on SB 381.

ADJOURNMENT

Adjournment: 6:20 p.m.



ANGELA RUSSELL, Chair


Jeanne Krumm, Secretary

AR/jck

HOUSE OF REPRESENTATIVES

HUMAN SERVICES AND AGING COMMITTEE

ROLL CALL

DATE 3-8-91

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	✓		



EXHIBIT 1
DATE 3-8-91
HB 676

MONTANA RELIGIOUS LEGISLATIVE COALITION • P.O. Box 745 • Helena, MT 59624
PHONE: (406) 442-5761

Date Submitted: March 8, 1991

Bill Number: HB 676

Submitted by: Harley E. Warner

WORKING TOGETHER:

American Baptist Churches
of the Northwest

Christian Churches
of Montana
(Disciples of Christ)

Episcopal Church
Diocese of Montana

Evangelical Lutheran
Church in America
Montana Synod

Presbyterian Church (U. S. A.)
Glacier Presbytery

Presbyterian Church (U. S. A.)
Yellowstone Presbytery

Roman Catholic Diocese
of Great Falls - Billings

Roman Catholic Diocese
of Helena

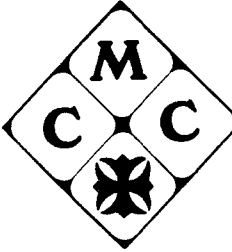
United Church
of Christ
Mt.-N. Wyo. Cont.

United Methodist Church
Yellowstone Conference

Chair, members of the committee, for the record I am Harley Warner. I am here this afternoon representing the Montana Association of Churches. Our Association represents 8 denominations made up of over 600 different churches scattered throughout Montana.

For what ever reason Montana has continued to expand authorized gambling in this state. Part of the results of these policy changes has been the jump in number of habitual gamblers in Montana. We feel the State of Montana and those who profit from the gambling industry have the obligation to mitigate at least part of the effects of these policies decisions.

We believe House Bill 676 is a good start towards reducing the effects of gambling on families. We therefore hope you will give House Bill 676 a do pass recommendation.



Montana Catholic Conference

**HB676
COMPULSIVE GAMBLING PROGRAM
MARCH 8, 1991**

MADAM CHAIRMAN RUSSELL AND MEMBERS OF THE COMMITTEE

I am John Ortwein, representing the Montana Catholic Conference.

According to R.L. Custer, in a study entitled: *A Survey of American Gambling Attitudes and Behavior*, pages 75 & 76, compulsive gambling is characterized by "a preoccupation and urge to gamble with frequent gambling activity...The gambling preoccupation, urge and activity characteristically are progressive and with significant increases during periods of stress...As an adult there is invariably a failure to sustain lasting close relationships with family, acquaintances, and sexual partners;..."

We are concerned about the personal and social abuses related to the compulsive and problem gambler.

We would ask you to support HB 676 to help treat those afflicted with gambling problems.



STATE OF MONTANA
DEPARTMENT OF JUSTICE
GAMBLING CONTROL DIVISION

EXHIBIT 3
DATE 3-8-91
HB 676

Marc Racicot
Attorney General



2687 Airport Road
Helena, MT 59620-1424

TESTIMONY ON HOUSE BILL NO. 676

Submitted by Lois Menzies, Administrative Officer
Gambling Control Division, Department of Justice

March 8, 1991

The Department of Justice supports passage of House Bill No. 676 (HB 676). Enactment of this bill would be a first step in meeting the statutory mandate of 23-5-110, MCA, that states it is the public policy of this state to "promote programs necessary to provide assistance to those who are adversely affected by legalized gambling, including compulsive gamblers and their families." With passage of this bill, Montana would join 11 other states (Connecticut, Delaware, Illinois, Iowa, Maryland, Massachusetts, Minnesota, New Jersey, New York, Ohio, and Wisconsin) that fund programs or activities to address the problem of compulsive gambling.

We do not know how many people in Montana are problem or compulsive gamblers; no Montana-specific studies have been conducted. However, testimony received during meetings of the Gaming Advisory Council provided some evidence of the problem. The Council was told by some treatment providers that the number of patients with a gambling addiction have increased in recent years. Also during these meetings, several individuals related their struggles with compulsive gambling and described the emotional, financial, and familial consequences of their addictions. In addition, the chairman of the Montana Board of Pardons, a financial counselor, and a banker addressed the negative social consequences of compulsive gambling.

On occasion, the Gambling Control Division has also had contact with compulsive gamblers and their families. Last week, for example, I spoke with an individual who said he had written \$7,000 in checks at a casino to obtain money to wager on video gambling machines. This person had insufficient funds in his bank account to cover the checks. The bad debt was turned over to a collection agency, and the agency was taking the individual to court to collect. This is one example among the people we have spoken with whose lives have been negatively impacted by gambling.

Based on our experiences, compulsive gambling is a problem in Montana. As a first step in addressing the problem, we urge your support for HB 676.



Great Falls Pre-Release Services Inc.

TRANSITION CENTER

EXHIBIT 4
DATE 3-8-91
HB 676

1019 15th St. N.
Great Falls, MT 59401
Mailing Address
Drawer 337
Black Eagle, MT 59414
(406) 727-0944

March 4, 1991

Bob Robinson, Administrator
Gambling Control Division
Department of Justice
State of Montana
Helena, Montana 59620

RECEIVED BY
MAR 06 1991
DEPARTMENT
OF JUSTICE

Dear Bob:

I am writing this letter to reemphasize my concerns for the related problems dealing with gambling and its expansion in the State of Montana. I have been the Director of the Great Falls Pre-Release Center for the past five years, and when I first took this job, seldom was there a case in which an individual had a gambling related crime or had a problem with the issues of gambling. Over the past three years, there has been a noticeable increase in the numbers of people who seem to have compulsions in the areas of gambling, whether it is in the playing of such games as bingo and keno, to poker machines and poker, as allowed under Montana's current statutes. The numbers have steadily increased to a point that out of a population in the Pre-Release Center, of forty-two, I generally have at least six individuals who are in prison for a gambling related crime. Gamblers Anonymous is available within communities; however, there is no other treatment that addresses the gambling addictions as they are known.

It would be my hope that with any expansion of gambling in the State of Montana, that a certain portion be set aside for gambling related disorders and treatment. This seems to be a critical area for the future, and I would like you to use this letter in support of that, if such an issue comes up in the Legislature.

If I am unable to be at the Legislature to give this report orally, please feel free to use this correspondence in any way that you deem necessary and helpful.

Thank you for your attention.

Sincerely yours,

R. F. "Chrie" Christiaens
Administrator

BFC:bl

OCHSNER CLINIC
1514 JEFFERSON HIGHWAY
NEW ORLEANS, LA. 70121
CABLE ADDRESS: OCHSCLNIC
(504) 838-4025

October 24, 1990

DEPARTMENT OF PSYCHIATRY

CHAIRMAN

MICHAEL G. WISE, M.D.

GENERAL PSYCHIATRY

CHARLES K. BILLINGS, JR., M.D.
RUDOLPH H. ENRENSING, M.D.
LEONARD I. LESSER, M.D.
CECLE L. MANY, M.D.
ANDREW H. MEBANE, M.D.
RICHARD F. MESTAYER, III, M.D.
MARY C. W. OLMSTED, M.D.
THOMAS R. OLMSTED, M.D.
JUDITH M. ROHEM, M.D.
ALVIN M. ROUCHELL, M.D.
JAIME SUAREZ, M.D.
GENE USON, M.D.
MICHAEL G. WISE, M.D.
GAYLE F. WURZLOW, M.D.

CHILD PSYCHIATRY

JUDITH M. ROHEM, M.D., HEAD
LEONARD I. LESSER, M.D.
CECLE L. MANY, M.D.
JAIME SUAREZ, M.D.

CLINICAL PSYCHOLOGY

R. JOHN WAKEMAN, PH.D., HEAD
ROBERT P. BAKER, PH.D.
PATRICIA BROCKMAN, PH.D.
ADEN A. BURKA, PH.D.
ELLEN I. CORREA, PH.D.
PAMELA R. HOBUT, PH.D.

CLINICAL SOCIAL WORK

LEONARD G. HUDZINSKI, PH.D., HEAD
DEBORAH L. BOELTE, M.S.W.
LISA GERSTLE GORDON, M.S.W.
BEVERLY LOVETT, M.S.W.
MICHAEL J. POWNALL, M.S.W.
MICHAEL W. PREVOST, M.S.W.
PHYLLIS SHNAIDER, M.S.W.
HELEN STAVROS, M.S.W.

Ms. Mary Huntington
Rocky Mountain Treatment Center
920 Fourth Avenue, North
Great Falls, MT 59401

Re: Proposed DSM-IV Diagnostic Criteria
for Pathological Gambling

Dear Ms. Huntington:

As you may know, the American Psychiatric Association DSM-IV Task Force is currently in the process of revising diagnostic criteria in preparation for publication of DSM-IV in 1993. Our committee is responsible for the development of diagnostic criteria for six diagnoses: Intermittent Explosive Disorder, Kleptomania, Pathological Gambling, Pyromania, Trichotillomania, and Impulse Disorders Not Otherwise Specified.

You are known to have expertise in the evaluation and treatment of pathological gamblers. Our committee would like your input on the diagnostic criteria that have been proposed by Drs. Robert Custer, Richard Rosenthal, and Henry Lesieur. These criteria have been discussed at length and revised by our committee, and have been reviewed by the DSM-IV Task Force. Although no formal field trials are planned for the revised diagnostic criteria for Pathological Gambling, we would appreciate your comments and evaluation of these criteria. Your input and comments would be appreciated.

I would like to thank you in advance for your input.

Sincerely,



Michael G. Wise, M.D.

Chairman, Department of Psychiatry

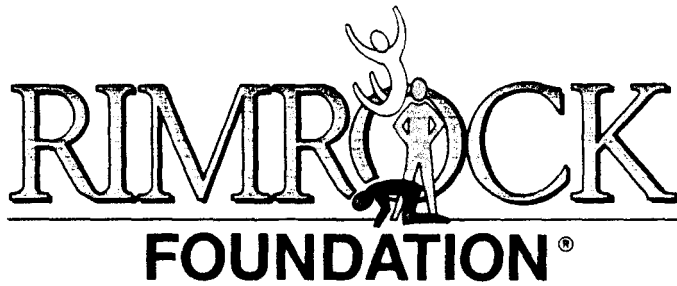


EXHIBIT 6
DATE 3-8-91
HB 676

Leading Quality Addiction Treatment in the Northern Rockies

TESTIMONY IN SUPPORT OF HB 676
MONA L. SUMNER

The issue before you, in this legislation is whether we are willing to acknowledge the social cost of our newest industry-gambling. Opponents have argued that there is no need to set aside any funds for the treatment of gambling addiction, because we do not even know if there is a problem.

As an addiction treatment professional for over 22 years, and a native Montanan, I can assure you there is a need and, if gambling continues to expand, this need will only increase. Pathological gamblers represented only one half of one percent of our treatment populations in Montana facilities in 1984. By 1989, this number had grown to 6%. This number can be expected to increase to 10%, as it currently is in New Jersey and Nevada, in direct proportion to the increased availability and expansion of gambling activities.

The Gamblers Anonymous program in Montana has experienced a doubling of it's membership during this same period of time.

We cannot afford to deny this addiction as we did our alcohol and drug problem for twenty years in this state, until legislators like yourself accepted the social responsibility and provided treatment funds.

The gambler, unlike the alcoholic, gets into very serious trouble very fast with his/her addiction and, if able to access help, can get out of trouble equally fast, re-establishing the ability to make house payments, pay taxes and assume responsibilities. However, if financial inability prevents this, the pathological gambler will resort to illegal activities, creating ever more serious problems and costs within our criminal justice system.

The measures proposed in this legislation were developed to assure that financial inability, created by gambling, does not prevent those in trouble, from getting the help they need quickly and in so doing, preventing serious and unwarranted social and legal costs. The mechanism developed to do this, is modeled after our treatment funding for chemically dependent adolescents. Thus, it is

PAGE 2.

a mechanism that we know works, and most important, does not require the creation of any bureaucracy to implement. In legalizing gambling, we have placed significant numbers of our citizens at risk for an illness they would not otherwise have. We urge you to join with other states, such as North Dakota, Iowa, New Jersey, and five more, and provide these treatment funds.

SOCIAL IMPACT FACTS:

Survey findings indicate that the widespread availability of legal gambling causes an increase in the incidence of compulsive gambling.

- In Montana, since the expansion of gambling in 1984, the incidence of compulsive gamblers admitted for treatment have increased from 1/2 of 1% to 6%.
- The Montana Parole Board, during this same period, has seen an increase in gambling-related incarcerations.
- A local Billings Bank, representing 10% of the banking industry in the area, estimates a loss of five hundred accounts per year due to compulsive gambling.

NATIONAL FINDINGS

*** Studies of various groups show that:**

- 5% of high school students in New Jersey and 1.7% to 3.6% (depending on what indicator is used) in Quebec can probably be considered compulsive gamblers. (Henry Lesieur, Ph.D. & Robert Klein, M.H.S. (1987). Pathological gambling among high school students. (Addictive Behaviors, 12, 129-135. Robert Ladouceur Ph.D & Chantal Mireault (1988) Gambling behavior among high school students in the Quebec area. Journal of Gambling Behavior, 4, 3-12).
- 4-6% of college students in recent surveys were estimated to be compulsive gamblers. (Henry Lesieur, Ph.D. (1986). Survey conducted in connection with the South Oaks Gambling Screen. Michael Frank, Ph.D. (1988) (Casino gambling and college students: Three sequential years of data. Paper presented at The Third National Conference of Gambling Behavior, New York, (May)).
- 30% of prisoners in New Jersey and Michigan were found to be probable compulsive gamblers. (Henry Lesieur, Ph.D. & Robert Klein, M.H.S. (1985). Prisoners, gambling and crime. Paper presented at the Annual Meetings of the Academy of Criminal Justice Sciences, Las Vegas, Nevada (April).

Compulsive Gamblers and Crime:

- 68% of female compulsive gamblers have engaged in some form of illegal activity.
- 65% of hospital inpatient compulsive gamblers have engaged in some form of illegal activity.
- 13% of both male and female prisoners are in prison as a result of gambling related debts.
- 24% of female compulsive gamblers and 38% of male compulsive gamblers have been involved in embezzlement.

SOCIAL COSTS OF COMPULSIVE GAMBLERS

Impact of Family Life:

1. General disruption of family functioning - Compulsive gambling creates a secretive and mistrusting environment.
2. High incidence of separation and susceptibility to divorce - when compared with the general population, compulsive gamblers are more likely to have been married three or more times. (Kallick et al (1979) A survey of gambling attitudes and behavior. Ann Arbor, Mi: Institute for social research.)
3. Exploitation of family finances - 67% of total household debt is attributable to gambling (study of Gam-Anon members).
4. Effect on spouse
 - 62% of spouses are harassed by creditors
 - 61% of spouses are violent toward gambler
 - 78% of spouses suffer from insomnia
 - 11% of spouses attempt suicide

Impact on Quality of Work and Job Security:

1. Compulsive gamblers are preoccupied with gambling or related debts while at work. (Robert Custer & Harry Milt (1985) When Luck Runs Out. New York: Facts on File Publications).
2. Unemployment is twice as high among compulsive gamblers as in the general population. (Rachel Volberg & Harry Steadman (1986) Refining Prevalence Estimate of Pathological Gambling. Paper presented at the Second Annual Conference on Gambling Behavior.
3. Those who maintain jobs may be involved in embezzlement or employee theft - 25% of female compulsive gamblers and 40-50% of male compulsive gamblers have reported this. (Henry Lesieur, Ph.D. (1984) The Chase: Career of the Compulsive Gambler.
4. Those who own their own businesses usually exploit their assets as well as those of suppliers and other creditors. (Lesieur, 1984 & Custer with Milt, 1985).

EXHIBIT 6
DATE 3-8-91
HB 676

**THE SOCIAL IMPACT
OF GAMBLING IN
DEADWOOD, SOUTH DAKOTA**

Jeffrey Bloomberg
States Attorney
Lake County
Deadwood, SD

2/6/91

EXHIBIT 6
DATE 3-8-91
HB 676

Prosecutor offers gambling caution

By KEVIN McRAE
Gazette Helena Bureau

HELENA — Montanans should move cautiously with any efforts to expand gambling because a rapid change could invite crime and other social problems, a South Dakota prosecuting attorney said at a forum Tuesday night.

Jeffrey Bloomberg, a state prosecutor from Deadwood, S.D., told an audience of 200 people that the 1989 legalization of poker, blackjack and slot machines in Deadwood drove main street stores out of town and increased the crime rate by nearly 70 percent.

"Think about what you're getting into before you get into it, because the ramifications can be life-threatening in some cases," Bloomberg said.

Bloomberg spoke at Helena's Colonial Inn at a forum sponsored by Don't Gamble with the Future, a statewide organization that opposes expanded gambling in Montana.

Although they were not participants in the forum, representatives from the Montana Gaming Industry Association attended, passing out literature in support of a legislative bill to legalize the card game blackjack.

Bloomberg said his remarks were a description of Deadwood's experiences and were not a prediction of what might happen in Montana if gambling were expanded.

But he also said some of the changes in Deadwood appear universally linked to gambling, such as increased criminal activity by gambling addicts.

"We are being inundated with bad checks," he said, explaining that

in several cases, people have written thousands of dollars worth of bad checks in small denominations at virtually all types of businesses in town. "We have people driven by gambling. The bottom line is, it has been a problem."

Bloomberg noted several statistics related to activity in Deadwood before and after voters there installed wide-open gambling, which started Nov. 1, 1989. Among the figures:

- Felonies and misdemeanors related to physical assault increased by 69 percent, while court caseloads rose 71 percent. Forgery crimes rose 480 percent, burglaries 300 percent and grand theft 1,000 percent.

- Three car dealerships, a large clothing store, a shoe store and other main street type businesses left town, replaced by some of the 86 gaming establishments in the community of 1,800 people.

- The new gaming tax revenue received by the county, about \$190,000 last year, was enough to pay for the increased costs of law enforcement but provided little additional money for other county services.

Larry Akey, lobbyist for the Gaming Industry Association, said in an interview that he thought Bloomberg's statistics were presented "in a vacuum" and were distorted.

"We've only heard part of the story," Akey said. "He didn't talk about the 1,100 new jobs that were created."

Akey said that anytime a community grows, crime will increase. "Talk to the people in the hospitality industry or someone on Main Street in Deadwood; they'll tell you it's not a problem." Akey said.

WITNESS STATEMENT

NAME GENE Vuckovich, City/County Mgr BILL NO. HB 676
ADDRESS 800 So. Main Anseonds DATE 3/8/91
WHOM DO YOU REPRESENT? Anseonds / Deer Lodge County & MACO
SUPPORT _____ OPPOSE X AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

While Anseonds / Deer Lodge County ^{& MACO} are not in opposition ^{with} the intent of H.B. 676, we are in opposition to the funding as proposed. In as much as this is a state program, it should be funded out of the State's portion of the gaming tax. Cities and Counties continue to be under the constraints of I-105 and are severely strapped for funds to provide basic services. As per the Fiscal Note for HB 676, Cities & Counties would see a reduction of \$529,000 over the next biennium, a loss they can not afford! Since I-105 went into effect, inflation has risen by a cumulative total of 15.5% and valuation has increased by 2% for a combined loss in

March 8, 1991

SB 200 - Before the House Human Services and Aging Committee

Ben Havdahl, Member, Board of Hearing Aid Dispensers

Madam Chairman and members of the committee. For the record my name is Ben Havdahl and I reside in Helena.

I am currently the member of the Board of Hearing Aid Dispensers classified as "the public member who is not in the hearing health care field". I was appointed in June, 1989 and reappointed for a three year term in July, 1990 by Governor Stephens.

Although the Board of Hearing Aid Dispensers has not officially taken a position on SB 200, I, for one, have some strong feelings in support of certain provisions of SB 200 of the bill designed to give more protection to the consumer. These are personal views but they are views from the perspective of my position and experience on the Board. I would like to thank this committee for this opportunity to express my views.

As a Board member, I support the amendments to this bill by the Senate Public Health Committee granting rule making authority in Section 11. That will certainly assist the Board in the enforcement and clarification of this bill.

As many of you know, I am severally hard-of-hearing. I have a decibel threshold of 90 decibels in one ear and 89 in the other. When you consider that normal conversation can be readily heard and understood at about 15 decibels, you can see that I am bound and have been bound to be a wearer of hearing aids and assistive listening devices for at least the rest of my life.

I can say that it is no small unimportant matter, or responsibility that this Legislature has for the estimated 29,000 hard-of-hearing people with a significant bilateral hearing loss in the state who must, like myself, rely on hearing aids and/or assistive listening devices to function in a near normal capacity when attempting to understand verbal communication.

Those of us who find ourselves with this "invisible handicap" also find ourselves desperately seeking, at times, any and every possible solution and assistance, usually in a vain attempt to overcome or solve our problem .

As a result of our struggle to remain in the hearing world we sometimes fall as an easy prey to some unscrupulous persons seeking to make a quick buck by selling us hearing aids along with a promise that they will be a panacea for the resolve of our problem. A resolve at an expensive price I might add. Usually a pair of hearing aids cost anywhere from \$1,500 to \$2,000 and more, depending on the type of aid, who is selling them and what brand they may be.

For an awful lot of people, usually our older seniors, that is a great deal of money and when we find ourselves burned and or cheated we become desperate in seeking some sort of recourse. It becomes a price that we find ourselves having to pay for hearing restoration. And many people, I feel, let it go at that because of not knowing what to do about it.

Now having said all that, I want to make it clear just to whom those comments are aimed. First of all they are not aimed at the professional hearing aid dispensers that are represented by the vast majority of persons licensed under the hearing aid dispensers act. There are the professional audiologists and professional non audiologist dispensers. I have been privileged to work with many of both and have great respect for them and their pursuit of service for hard of hearing persons in Montana.

There are those dispensers, in my experience and opinion, who fortunately represent the small minority that do not seem to have regard for a professional approach for their business and therefore require more assistance from the State to insure they operate as they should. That is what some of SB 200 is all about. At least from my perspective it is.

I would like to go on record in general support of the bill and all its provisions especially those aimed at protecting the consumer of hearing aids.

Specifically the proposed provisions in Section 2 dealing with the requirements for a bill of sale and receipt requirements. Sub paragraph (5) requiring that all purchase agreements or bills of sale contain the statement that all consumers with questions about their rights contact the Board for information is a good policy. The only question I have relates to the limited staffing of the Board, (one person handling the Hearing Aid Board and many other Boards) and the ability to handle this work load.

It would appear this requirement will have the effect of increasing the inquires. That is good. Handling them may be an other matter. I strongly support the amendments in Section 8 of SB 200 clarifying the grounds for suspension and/or revocation of licenses. The Board needs these clarifications in order to more effectively enforce the provisions of the present law.

Madam Chair, I would particularly urge the passage of SB 200, if no other reason, than to adopt into law Sections 9, the requirement for possible restitution to a purchaser of the purchase price of a hearing aid or device and Section 10 of bill, giving the purchaser a thirty day trial period and right to cancel the sale for good cause. The provisions of this section detailing the good cause for refunds and requirements that both the purchaser and dispenser have to meet are fair and just and are long over-due in my opinion.

Page 3

90% of the complaints the Board receives from purchasers of hearing aids are from people who are demanding satisfaction after a sale and get either a "no response" or a "put-off" response from a dispenser. The lack of proper servicing is an easy path to follow because there is little risk to the dispenser if the purchaser's complaints are simply ignored. Many times the Board finds itself unable to effectively deal with many problems that center around demands for refunds and restitution. These complaints would disappear, in my opinion, if dispensers were required to give purchasers a 30 day trial period.

Many dispensers do that now. Not because they have to but because it is ethical and good public relations to do so. Others use form contracts that provide the purchasers with a "three day money back period from the date of the signing of the contract. This is always long past by the time the hearing aids are actually delivered, fitted, adjusted and the purchases has a chance to adjust to their use in real life situations.

For the benefit of the Committee, I would like to provide copies of summaries of complaints from the Board's files over the last five years that could have been more effectively dealt with by Board if Section 9 and 10 had been part of our law all along. This summary of complaints reflects a total of 127 for about 102 licensees over the past five year period. These are not all the complaints, but a representative sampling of the types I have just described.

Thank you again for this opportunity to speak on SB 200.

THE
 NATIONAL
 INFORMATION
 CENTER ON DEAFNESS
 GALLAUDET COLLEGE

ESTIMATES OF THOSE WITH HEARING LOSSES

Geographic Area	Total General Population *	Hearing Impaired	Significant Bilateral Loss	Deaf	Prevocatonally Deaf
NORTHEAST U.S.					
Maine	1,124,000	67,000	29,000	8,000	2,000
New Hampshire	919,000	55,000	23,000	6,000	2,000
Vermont	511,000	31,000	13,000	4,000	1,000
Massachusetts	5,728,000	342,000	146,000	40,000	10,000
Rhode Island	946,000	57,000	24,000	7,000	2,000
Connecticut	3,096,000	185,000	79,000	22,000	5,000
New York	17,508,000	1,046,000	446,000	122,000	30,000
New Jersey	7,342,000	439,000	187,000	51,000	13,000
Pennsylvania	11,828,000	707,000	301,000	82,000	20,000
NORTHCENTRAL U.S.					
Ohio	10,772,000	707,000	363,000	104,000	26,000
Indiana	5,461,000	358,000	184,000	53,000	13,000
Illinois	11,355,000	745,000	383,000	110,000	27,000
Michigan	9,239,000	606,000	311,000	89,000	22,000
Wisconsin	4,694,000	308,000	158,000	45,000	11,000
Minnesota	4,049,000	267,000	137,000	39,000	10,000
Iowa	2,909,000	191,000	98,000	28,000	7,000
Missouri	4,906,000	322,000	165,000	47,000	12,000
North Dakota	652,000	43,000	22,000	6,000	2,000
South Dakota	688,000	45,000	23,000	7,000	2,000
Nebraska	1,565,000	103,000	53,000	15,000	4,000
Kansas	2,356,000	155,000	79,000	23,000	6,000
SOUTHERN U.S.					
Delaware	595,000	40,000	20,000	5,000	1,000
Maryland	4,198,000	286,000	143,000	38,000	8,000
Washington, DC	635,000	43,000	22,000	6,000	1,000
Virginia	5,323,000	362,000	181,000	48,000	10,000
West Virginia	1,931,000	131,000	66,000	17,000	4,000
North Carolina	5,848,000	398,000	199,000	52,000	11,000
South Carolina	3,070,000	209,000	105,000	27,000	6,000
Georgia	5,404,000	364,000	184,000	48,000	11,000
Florida	8,580,000	652,000	326,000	86,000	19,000
Kentucky	3,643,000	248,000	124,000	31,000	7,000
Tennessee	4,546,000	309,000	155,000	41,000	9,000
Alabama	3,870,000	263,000	132,000	35,000	8,000
Mississippi	2,511,000	171,000	86,000	22,000	5,000
Arkansas	2,284,000	155,000	78,000	20,000	4,000
Louisiana	4,200,000	286,000	143,000	38,000	8,000
Oklahoma	3,001,000	204,000	102,000	27,000	6,000
Texas	14,174,000	965,000	483,000	127,000	28,000
WESTERN U.S.					
Montana	784,000	56,000	29,000	7,000	2,000
Idaho	944,000	68,000	35,000	9,000	2,000
Wyoming	469,000	34,000	17,000	4,000	1,000
Colorado	2,882,000	207,000	106,000	27,000	6,000
New Mexico	1,395,000	93,000	48,000	12,000	3,000
Arizona	2,719,000	195,000	100,000	25,000	5,000
Utah	1,459,000	105,000	54,000	14,000	3,000
Nevada	800,000	57,000	29,000	7,000	2,000
Washington	4,115,000	295,000	151,000	38,000	8,000
Oregon	2,618,000	188,000	96,000	24,000	5,000
California	23,545,000	1,688,000	864,000	219,000	46,000
Alaska	400,000	29,000	15,000	4,000	1,000
Hawaii	965,000	69,000	35,000	9,000	2,000

* U.S. Bureau of the Census, April 1980.

Hearing Impaired = any degree of hearing loss in one or both ears.
 Significant Bilateral Loss = those hearing impaired who have substantial difficulty hearing in both ears.
 Deaf = cannot hear and understand speech.
 Prevocatonally Deaf = those who became deaf prior to 19 years of age.

3-8-91

Exhibit 9 contains 8 letters supporting SB 200. The originals are stored at the Montana Historical Society, 225 North Roberts, Helena, MT 59601. (Phone 406-444-4775)

EXHIBIT 10
DATE 3-8-91
SB 200

DEPARTMENT OF COMMERCE
PUBLIC SAFETY DIVISION



STAN STEPHENS, GOVERNOR

111 N. JACKSON

STATE OF MONTANA

HELENA, MONTANA 59620-0407

MEMORANDUM

3/7/91

TO: Mona Jamison/ Lobbyist

FROM: ~~Steve McRoy~~/Chief
POL Bureau

RE: Hearing Aid Dispensers/ Complaints

Per your request, please find numbers of complaints filed with the Board of Hearing Aid Dispensers from 1986 to present as provided to me by the administrative assistant to that Board.

1986---31
1987---43
1988---21
1989---25
1990---21
1991----7

The complaint log which identifies the nature of each complaint indicates that the vast majority of these complaints related to problems of improper fit and/or service.

I hope you find this information helpful. If you need more information, please do not hesitate to contact me at 444-1488.

OFFICE OF THE COUNTY ATTORNEY

County of Hill

EXHIBIT 10
DATE 3-8-91
SIB 200

P.O. BOX 912
HAVRE, MONTANA 59501-0912
265-4364

March 5, 1991

DAVID G. RICE
COUNTY ATTORNEY

PATRICIA JENSEN
DEPUTY COUNTY ATTORNEY

Chairman Angela Russell
House Human Services and Aging Committee
Power Block Building, Suite 4L
Helena, MT 59601

RE: Senate Bill 200

Dear Chairman Russell:

At the request of some of my constituents in Hill County, I'm writing to you to support the passage of Senate Bill 200. AS I understand the bill, it will provide some consumer rights to individuals who purchase hearing aids and other related devices in Montana. The ability to cancel a sale within thirty days of the delivery of a defective aid or the dealer's failure to correct problems is important. The extra powers is gives the board of hearing aid dispensers is also a necessary addition as the board, at this time, appears to be limited to pressure rather than actual legal authority to require refunds. The advise of rights would also be important because many of these people are so emotionally involved in improving their hearing that they just don't stop to think what they're getting into. The advise of rights would help in causing them to stop for a minute and ponder the situation.

I haven't had a lot to do with hearing aid dispensers in this area. However, last spring, I had at least three persons coming to me who complained of an out-of-area dispenser. I worked with those people and was frustrated with my responses from the hearing aid dispenser. I then requested the board of hearing aid dispensers to get involved and turned the matter over to them after complaints were signed by the constituents. I understand that they got some satisfaction out of the matter, but felt very frustrated about the difficulties they had in getting any settlement. Because of the inherent conflict between the testing of hearing and the selling of aids which is present with most of the hearing aid dispensers who have trouble with their clients, I think this regulation is necessary. More than one audiologist has told me that they can't reconcile the conflict between testing of hearing and selling of aids so they therefore only test hearing. Many of the persons I've spoken to have been told by doctors and audiologists that they


Angela Russell
March 5, 1991
Page 2

EXHIBIT 10
DATE 3-8-91
53 200

can't improve their hearing but aid dispensers insist that new equipment has arrived to change all that. When a person buys the aid and then finds out that is not true, they not only feel defrauded, but ashamed at their willingness to do anything to improve their hearing.

Your consideration of these comments and others that I'm sure you'll receive are greatly appreciated. This bill will empower a part of our citizenry that at this stage is at a great disadvantage against the companies which are pressuring them into buying hearing aids.

Very truly yours,

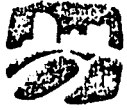


DAVID G. RICE
HILL COUNTY ATTORNEY

DGR:teb

cc: Bob Bachini
Ray Peck

EXHIBIT 10
3-8-91
S. 200



EASTERN
MONTANA COLLEGE

1500 North 30th Street, Billings, MT 59101-0298

Montana Center for Handicapped Children

406/657-2312

February 7, 1991

I have received and reviewed the draft of Senate Bill No. 200 proposing revisions in the licensing, record keeping, and training requirements for hearing aid dispensers and providing consumer protection for purchasing hearing aids and related devices. As an audiologist who doesn't dispense hearing aids, I refer my clients to licensed hearing aid dispensers if they are in need of amplification.

From my professional point of view, the proposed changes regarding trainees and their sponsors not only help to protect the consumer, but also benefit the trainee. The changes in Section 2 regarding the Bill of Sale will certainly clarify the consumers' rights and the follow up they are entitled to with the purchase of the hearing aid or related device.

I strongly support the changes proposed in Senate Bill No. 200.

A handwritten signature in cursive script that reads "Tina Hoagland".

Tina Hoagland, M.A., CCC-A
Montana Center for Handicapped Children
657-2039

BILLINGS CLINIC

Testimony regarding Senate Bill 200

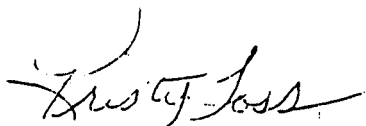
An estimated 25-30% of Montanans over the age of 65 have some degree of hearing impairment that might benefit from the use of hearing aids or other hearing devices. The population under the age of 65 are also becoming aware of how hearing aids and hearing devices can benefit their varying degrees of loss.

A significant portion of our population would be positively affected by a stronger hearing aid licensure law. The proposed mandatory 30 day return privilege will place the consumer more in control of his or her hearing aid purchase. Often a person doesn't know if he or she would like to purchase amplification. Because of this indecision, a person will often go without a device rather than risk a significant amount of money. Another common occurrence is that of someone spending thousands of dollars searching for better products that may, in fact, not exist. When a mandatory return privilege is granted, a consumer is more encouraged to work with his or her dispenser to obtain a satisfactory hearing aid fit.

The contracts signed with the purchase of hearing aids and other hearing devices are currently different for nearly every dispenser and often unclear to the consumer. A more standardized contract, with guidelines from the Board of Hearing Aid Dispensers would benefit both the consumer and the dispenser. All information regarding the trial period, refunds available and product warranties should be included on the contract.

Finally, the consumer and the hearing aid industry will both be positively impacted by strengthening the dispenser training requirements. Many of the questions and complaints addressed by the Board of Hearing Aid Dispensers concern the practice of Hearing Aid dispensers with trainee licensure status. Very few professions will allow for someone to practice a trade for years without showing some sort of competency through practical and written examinations. The number of failures allowed for the examinations need to be reduced as does the time allowed between reexaminations. Should a trainee have difficulty completing the examination successfully, it only stands to reason that a certain amount of more formalized training should be required.

Strengthening the licensing requirements for Hearing Aid dispensers through the complete approval of Senate Bill 200 will positively impact the hearing impaired population in Montana.



Kristy Foss M.C.S.D.
Audiologist CCC

Billings Clinic Downtown
2825 8th Avenue North
P.O. Box 35100
Billings, MT 59107-5100
(406) 256-2500

Billings Clinic Heights
100 Wicks Lane
P.O. Box 35104
Billings, MT 59107-5104
(406) 256-2575

Billings Clinic West
Lamplighter Square
2675 Central Ave.
Billings, MT 59102
(406) 652-1598

Billings Clinic Red Lodge
10 South Oakes
P.O. Box 1130
Red Lodge, MT 59068
(406) 446-2412

Billings Clinic Columbus
4th Avenue & A Street
P.O. Box 239
Columbus, MT 59019
(406) 322-4542

3-8-91

Exhibit 10 also contains 35 pages of complaints filed with the Board of Hearing Aids. The originals are stored at the Montana Historical Society, 225 North Roberts, Helena, MT 59601. (Phone 406-444-4775)

REGIONAL HEARING PROGRAM

EXHIBIT 11
DATE 3-8-91
SB 200

March 4, 1991

SPECIAL EDUCATION DEPARTMENT
Butte School District No. 1
Director: Richard Carlson

SPECIAL SERVICES CENTER
Helena School District No. 1
Director: Marion Evenson

OFFICE OF PUBLIC INSTRUCTION
Hearing Conservation Program
Superintendent: Nancy Keenan

US WEST FOUNDATION
Rural Speech & Hearing
Outreach Program

SERVING COUNTIES:

Beaverhead
Broadwater
Deer Lodge
Granite
Jefferson
Lewis & Clark
Madison
Meagher
Powell
Silver Bow

To Whom It May Concern:

I am writing to urge your support for Senate Bill 200. I am the audiologist for the school hearing conservation program based out of Helena and Butte. I do not dispense hearing aids but I do evaluate many children. One incident stands out in my mind that may help illustrate the need for Senate Bill 200. A 10 year old child was brought in for a hearing evaluation by his mother. His mother said, very proudly, that she was busy saving up the \$1800 she would need to purchase two hearing aids for her son. Her son's hearing was tested at a free hearing screening by a local hearing aid dispensing firm. The dispenser recommended two hearing aids after this screening.

The hearing evaluation I conducted indicated that the child had normal hearing in one ear combined with a significant hearing loss in the other. Apparently, this particular company was planning to fit this child with two hearing aids which, as common sense will tell you, is totally inappropriate. "Inappropriate" of course, hardly describes it. This child's normal hearing could easily have been damaged by amplification resulting in a far worse communicative and educational handicap.

Please support HB 200. This is an essential consumer protection bill.

Sincerely,



Janet Barrett M.A.
Audiologist
Hearing Conservation Program

EXHIBIT 12
DATE 3-8-91
SB 371

Premiums for Preventive Pediatric Care
Recommended by the American Academy of Pediatrics

prepared by

Actuarial Research Corporation
6928 Little River Turnpike
Annandale, Virginia 22003

February 1991

**Premiums for Preventive Pediatric Health Care
Recommended by the American Academy of Pediatrics**

The American Academy of Pediatrics (AAP) recommends periodic physician visits for preventive pediatric health care. These visits include physical examinations, height, weight and blood pressure measurements, patient histories, vision and hearing screening, immunizations, laboratory tests, accident prevention information and counselling. The Actuarial Research Corporation was retained by the AAP to develop cost estimates for adding the preventive care recommended by the AAP for children and adolescents to employer-sponsored group health insurance plans in January 1989. This report is a 1991 update to that previous study.

I. Summary of Results

The 1991 average monthly premiums to cover the AAP recommended preventive health services at projected participation rates are estimated to be \$3.55 per family to cover ages 0-2 (children from birth through two years of age), \$4.53 per family to cover ages 0-5 (children from birth through five years of age) and \$6.16 per family to cover ages 0-21 (children and adolescents from birth through age 21). These are premiums for self-insured plans and large employers (with more than 500 employees) not requiring deductibles or coinsurance for preventive services. The family premium to cover immunizations is \$1.83 per month. With an average demographic composition (56% of the employees choosing family coverage), it would cost \$1.99 to cover children ages 0-2, \$2.54 for ages 0-5, and \$3.45 for ages 0-21 per insured employee each month to cover the entire

12
3-8-91
5 371 2

preventive health package and \$1.02 for immunizations only. If some employees have coverage from another firm or are married to another employee in the same company, the average premiums would be lower. The effect of this duplicate coverage reduces the average premiums by 11% to \$1.77 for ages 0-2, \$2.26 for ages 0-5, \$3.07 for ages 0-21, and \$0.91 for immunizations. Table 1 summarizes these results.

These estimates were derived from the March 1988 UCR levels for physician visits, immunizations, and laboratory tests of nine Blue Cross and Blue Shield Plans distributed throughout all regions of the U.S, updated to March 1991. The age distribution for children and adolescents, the number of children per family and the percentage of employees opting for family coverage were obtained from the March 1989 Current Population Survey (CPS) of persons with employer or union sponsored health insurance. Participation rates were derived after reviewing data from a number of sources, but reflect the level that would be adopted by a prudent actuary facing uncertainty and are set accordingly at a conservative level. The estimates include an allowance for the additional administrative expenses that an insurance program would find necessary to add the preventive benefits.

In this report we also reviewed the premiums and benefits for preventive pediatric services offered by insurance companies and Blue Cross and Blue Shield plans for non-group individual insurance plans. The separate premiums charged by five insurance companies for non-group individual insurance range from \$4.17 to \$7 a month per child. At least one insurance company does not charge an additional premium. Some plans

Premiums for Preventive Pediatric Health Care

Table of Contents

I. Summary of Results	1
II. Methodology	4
A. Age Distribution	4
B. Costs of Preventive Services	4
C. Participation Rates	8
D. Administrative Expenses	10
E. Premiums	11
III. Extent of Present Coverage of Preventive Care	11
IV. Effects of Coinsurance	12
V. Preventive Services Offered Under Non-Group Individual Plans	13
VI. Conclusion	15
References	16
Table 1 1991 Monthly Premiums for Preventive Care	3
Table 2 1991 Preventive Costs at Each Age	17
Table 3 1991 Costs of Preventive Care	19
Table 4 1991 Cost Per Child	20
Table 5 1991 Premiums with Adjustments for Participation	21
Table 6 1991 Premiums with Adjustments for Coinsurance	22
Table 7 Non-group Premiums for Child Supervision	23
Table 8 Non-group Policies with Preventive Services	24
Table I-1 Physician Fees in Northern Virginia	25
Table I-2 Physician Fees in the Chicago area	26

Table 1

1991 Monthly Premiums for Preventive Care

	Per Family	Per Insured Employee	Per Insured Employee Adjusted for Duplicate Coverage
Ages 0 through 2	<u>\$3.55</u>	\$1.99	\$1.77
Ages 0 through 5	\$4.53	\$2.54	\$2.26
Ages 0 through 21	\$6.16	\$3.45	\$3.07
Immunizations Only	\$1.83	\$1.02	\$0.91

EXHIBIT 13
DATE 3-8-91
SB 371

STATE OF FLORIDA
DEPARTMENT OF INSURANCE
DIVISION OF RATING

REPORT ON THE IMPACT OF THE
"CHILD HEALTH ASSURANCE ACT"

March 1990

TABLE OF CONTENTS

PRELIMINARIES

- Transmittal Cover Letters
- President of Senate
- President of House
- Executive Summary

I. INTRODUCTION.....1

- A. Legislative Mandate for the Study.....1
- B. Scope of the Study.....1
- C. Participants and Principal Data Bases Analyzed.....1
- D. Special Research Initiated for the Study.....2

II. LEGISLATIVE HISTORY.....3

- A. Mandated Benefits Legislation.....3
 - 1. Other States.....3
 - 2. Florida.....4
- B. Mandated Child Health Supervision Services.....4
 - 1. Nationally.....4
 - 2. Other States.....5
- C. Florida's "Child Health Assurance Act".....5
 - 1. 1986 Citator Reference.....6
 - 2. 1988 Citator Reference.....6

III. REVIEW OF THE LITERATURE.....7

- A. Mandated Benefits.....7
 - 1. Proponents' Arguments.....7
 - 2. Opponents' Arguments.....9
- B. Studies Related to the Effects of Mandated Benefits....9
- C. Mandated Child Health Supervision Services.....11
 - 1. Proponents' Arguments.....11
 - 2. Opponents' Arguments.....13
- D. Studies Related to the Effect of Mandated Child Health Supervision Services.....14
 - 1. The Need for Expanding Well-Child Care Services....15
 - 2. The Extent Insurance Covers These Services in the Absence of Mandated Coverage.....15
 - 3. The Extent Insured Well-Child Services are Utilized.....16

4.	The Cost Savings Demonstrated by Social Programs that have Provided Well-Child Care.....	16
5.	Premium Cost Estimates for Covering Well-Child Care Services.....	18
E.	Summary of the Literature.....	19
IV.	METHODOLOGY.....	20
A.	Sources Used in Developing the Questionnaires.....	20
B.	Design of the Questionnaires.....	21
C.	Data Samples.....	22
D.	Techniques and Data Bases.....	23
V.	RESULTS.....	25
A.	Actual Premium Increases Related to Providing Child Health Supervision Service Benefits.....	25
B.	Actual Utilization of Child Health Supervision Service Benefits.....	28
C.	Actuarial Determination of the Cost of Child Health Supervision Service Benefits.....	31
D.	Experience in Other States with Similar Benefits.....	34
1.	Utilization of Child Health Supervision Benefits...	34
2.	Cost Savings Demonstrated by Well-Child Care.....	36
3.	Premium Cost for Child Health Supervision Services.	37
VI.	CONCLUSION.....	40
VII.	APPENDICES.....	43
A.	The Child Health Assurance Act.....	44
B.	1988 Amendment to the Child Health Assurance Act.....	45
C.	Summary of State Mandated Benefits	48
D.	The First Questionnaire.....	56
E.	The Second Questionnaire.....	63
F.	Summary of Data Provided by the First Questionnaire...	68
G.	Summary of Data Provided by the Second Questionnaire..	70
H.	Ratios Calculated from the Data Provided by the Second Questionnaire.....	81
I.	Listing of Selected Source Documents with Summaries...	90
VII.	DEFINITIONS OF TERMS.....	104
IX.	BIBLIOGRAPHY.....	110

13
DATE 3-8-91
PAGE 371

EXECUTIVE SUMMARY

The Florida Legislature passed the Child Health Assurance Act in 1986 and amended this act in 1988. The 1986 act required all individual and group policies and certificates that provide dependent health insurance in Florida to include coverage for child health supervision services. The 1988 amendment to the Child Health Assurance Act directed the Department of Insurance to conduct a study to determine the increase in premiums and utilization that have resulted from the enactment of mandated coverage for child health supervision benefits. This act specified that the Department's study "shall include actual premium increases, actual utilization, actuarial determination of the cost of the mandated benefits, and the experience in other states with similar benefits." This report to the Legislature addresses those questions.

The methodology for the Department's study was developed in conjunction/consultation with representatives from the insurance industry and pediatric associations. This report is designed to provide both background and specific information regarding premium increases, utilization, actuarial cost, and the experience in other states with similar benefits. Background information was provided by an extensive review of relevant literature, and specific information was provided by two surveys of insurers that operate in Florida.

The literature review found many studies that relate to the potential impact of mandated child health supervision benefits. Available literature suggests that mandated benefits may increase the utilization of covered health care services. Although, increased utilization may initially increase the cost of health insurance, proponents of mandated benefits for child health supervision services argue that increased use of preventive pediatric services should result in long range cost savings. Numerous studies based on social programs that have encouraged preventive pediatric care have reported considerable savings from

the prevention and early treatment of otherwise quite costly illnesses and disabilities. Comparable information on insured programs is not available because preventive pediatric care has not traditionally been covered by insurance.

Specific information on the cost and utilization of child health supervision benefits was provided by two surveys of insurers. The first questionnaire was sent to all companies that sell health insurance in Florida. The second questionnaire was sent to the ten largest insurers which were able to provide detailed information concerning their experience with insuring child health supervision services. Of these ten companies, four companies writing in total 27.68% of the market (none representing less than 1.5% of the market in terms of premium volume) were selected for the purpose of representing actual premium charges and actuarial cost estimates.

Examination of the actual premium increases, utilization, actuarial cost, and the experience of other states with similar benefits indicate that the impact of the Child Health Assurance Act has been rather minimal. First, most insurers (93.1 percent) did not charge an additional premium for child health supervision benefits. Secondly, the utilization of this benefit was quite low in comparison with the recommended visits by the American Academy of Pediatricians. Thirdly, the actuarially determined net premium based on actual claims incurred by insurers in providing this benefit was small (\$11.58 annually for individual policies and \$20.27 for group). Finally, comparison of data from Florida insurers with available information in other states raises questions regarding the limited impact of the Child Health Assurance Act in encouraging utilization of the child health supervision benefit.

The low utilization of child health supervision benefits found by this study indicates that the Child Health Assurance Act has not been successful in accomplishing one of its main purposes. When the Child Health Assurance Act was proposed, the designers felt it would encourage the use of preventive health services and thereby

13
3-8-91
S 371

improve the health of children and reduce the cost of acute health care services. Any long range savings cannot be realized if the preventive services are not utilized. The low utilization of child health supervision benefits in Florida is an area where further study may be needed.

The findings in this Report on the Impact of Child Health Assurance Act may only be indicative of the large societal challenge to encourage parental awareness of and alter parental care patterns in response to the benefits of preventive care for all our state's children. Increased public education, employer awareness of the corporate benefits to be gained by making workday time available for working parents to take children for scheduled preventive physician visits, the removal of co-pay disincentives, and the potential for a public-private partnership involving school site delivery of preventive health care programs may well warrant public policy focus in the very near future.

EXHIBIT A
DATE 3-8-91
SB. 371

Re: SB ³⁷¹~~372~~, Well Child Insurance Coverage

From: American Academy of Pediatrics, Montana Chapter
Jeffrey H. Strickler, M.D.

The pediatricians of Montana are in favor of this bill because it is Right for Kids.

This is not a new concept!

1. Your employees, the state workers get \$75/year towards well child care.
2. Welfare clients get full well child coverage.
3. The committee I served on for "A Healthy Montana" recommends this coverage for children just above the poverty level.
4. Similarly, the "Thomas" committee studying "basic" health insurance recommends well child care.
5. HMOs, "cadillac" insurance, provide well child care.

It seems only reasonable that children of middle income, working Montanans receive the same advantage.

It works!

You have heard the savings in the Welfare System.
You know the value of vaccines.

It is not available for the working parent at the public health clinics.

Lewis and Clark County only gives shots from 1-5 on Wednesday afternoons, and exams are not provided.

The arguments in opposition are specious.

\$1.75/mo as a cost is miniscule compared to a \$350/mo bill, and it helps our kids.

If it is good for BC/BS HMO, why not for their traditional insurance? Is the opposition to maintain a marketing advantage for the HMO?

In conclusion, Well Child Care

Is not available an public agencies
Is good for society and public health
Makes sense for Welfare and cadillac insurance
... and is good for the children of Montana

Your pediatricians recommend a favorable vote!

EXHIBIT 15
38-91
SB 371

WITNESS STATEMENT

NAME Jan Wright BILL NO. SB371

ADDRESS 1232 ~~St~~ East 6th Street, Helena, MT 59601

WHOM DO YOU REPRESENT? Montana Education Association

SUPPORT OPPOSE AMEND

COMMENTS: The MEA supports this well-child service bill, but asks for clarification on limits to service/costs in the bill as amended. The bill that went to the House had the dollar limits removed. Without either a number of visits cap or a cap on charges, this bill could ~~not~~ drive premiums up more.

Jan Wright
MEA

P.S. Please distribute these comments to the committee members!
Thank You.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

16
3-8-91
5 371

TESTIMONY OF DENNIS J. MCCARTHY, M.D.
House Human Services and Aging Committee
SB 371, Well-Child Health Insurance
March 8, 1991

Madame Chairman and fellow representatives - thank you for providing testimony today. My name is Dennis McCarthy. I am a pediatrician, who has practiced in Butte for the past 18 years. I am a member of the Montana Chapter of the American Academy of Pediatrics, an organization of 39,000 members who share a deep commitment to the health and well being of children. It is with this in mind that I submit my testimony in support of SB 371, mandating insurance coverage for health maintenance for children.

The intent of this legislation is to facilitate health care access for children in their formative first two years. One of three office visits for children under two years is for preventive care.¹ Despite this, ten percent of children from birth through two years had no physician contact.² Basic preventive services are excluded from nearly all private health insurers in this state except for the Blue Cross-Blue Shield HMO available in selected areas in this state. As a result, only an approximate 15% of families with insurance incur no out of pocket expenses for basic health services.² This lack of adequate insurance was found to correlate with children receiving inadequate well child care.³

This bill will obviously be criticized for placing an excessive tariff to existing insurance policies. As a small business person myself, I can appreciate the escalating cost of insuring my employees, and the effect that mandated benefits have contributed to this increase. Each mandate, however, should be judged on its merits. A recent actuarial study by the American Academy of Pediatrics revealed to provide coverage within the provisions of this bill is \$3.55 per month per family.⁴ Coincidentally a survey in this state disclosed that eighty percent of families were willing to pay an extra premium for their present policy, and of those responding positively seventy percent were even willing to pay an extra five dollars per month.⁵

SB 3711 16
3-8-91

REFERENCES

1. National Ambulatory Medical Care Survey, unpublished tabulations for 1981.
2. Butler, et al; Medical Care Use and Expenditure among Children and Youth in the United States; Pediatrics Vol. 76, Oct. 85
3. Osborn et al; Preventive Health Care Utilization; Clinical Pediatrics: Vol.1 28; Jan 89.
4. Premiums for Preventive Pediatric Care Recommended by the American Academy of Pediatrics; February 1991.
5. McCarthy, et al; unpublished data
6. White et al; Benefits, Risks and costs of Immunizations for Measles, Mumps and Rubella; American Journal of Public Health; Vol 75; July 85.
7. US House of Representative Select Committee on Children, Youth and Families; Opportunities for Success; Cost-Effective Programs for Children. US Government Printing Office; Aug 85.
8. Public Health Service; Promoting health/Preventing Disease; Objectives for the Nation. US Dept. of Health and Human Services; Public Health Service 1980; P 21-24.
9. Shadish et al; Effectiveness of Preventive Child Health Care; Health Care Financing Grants and Contracting Reports. PHHS: HCFA: Apr. 81.
10. Alpert et al; Delivery of Health Care for Children; Report of an Experiment; Pediatrics, Vol 57 June, 76.

EXHIBIT 17
DATE 3-8-91
S: 371

WITNESS STATEMENT

NAME Tom Hopgood BILL NO. SIB 371
ADDRESS P.O. Box 1144 Helena MT 59624
WHOM DO YOU REPRESENT? Health Insurance Assor. America
SUPPORT _____ OPPOSE _____ AMEND _____

COMMENTS: Mandatory health insurance increases the price of health insurance and drives people out of the market for health insurance. They go uninsured. This bill will contribute to the rising cost of health insurance. The HIAA opposes this bill and requests a DO NOT PASS recommendation.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

18
3-8-91
S 372

Re: SB 371, HIB Immunization

From: American Academy of Pediatrics, Montana Chapter
Jeffrey H. Strickler, M.D., past president

Members of the Committee, I come to speak in favor of this legislation.

Hemophilis meningitis is a serious disease affecting primarily the children under age 5 years. Untreated, virtually all cases go on to death or retardation. Even the treated cases have a death rate of 10%, and 40% of cases are left with brain damage, learning disabilities, or deafness. I have cases of each in my practice.

Prior to initiating the use of this vaccine in Helena in 1984, we were averaging 6 cases per year at Shodair Hospital. Since its use, the incidence has fallen to less than 1 case per year.

This vaccine is recommended by the American Commission of Immunization Practices of the CDC (USPHS) and the Committee on Infectious Disease of the American Academy of Pediatrics.

Senator Jacobsen's bill, SB 371, will encourage the better use of this vaccine in the most vulnerable age group, the toddlers and pre-schoolers.

The pediatricians of Montana recommend your positive response.

HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging COMMITTEE

BILL NO. HB 592

DATE 3-8-91

SPONSOR(S) Rep. Brent Cromley

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
VAN KIRKE NELSON	MONTANA MED ASSN	592	—	
John R. Jacobson	Bd. Med. Examiners	592		✓
Michael Sherwood	MTLA	592		✓
Lane Jarussi	MTLA	592		✓
Jerome J. Anderson	mt. Med. Assn	592	✓	
John Gregory	MMA		✓	
Wanda Gregory, ma.	MMA			
Charles R. Brooks	MT Retail Assoc		✓	
Donald L. Harr	Individual physician	592	✓	
Chet Kinsey	MSPH (witness)	592		✓
Edwin Hessel	Dep't Merch	592	✓	
Tom Holm	(witness) Nurse			✓
Kathy Schut	J+J			✓

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

Ann H. Bellwood

Rocky M.T.

~~592~~

✓ support

HOUSE OF REPRESENTATIVES

1 of 2

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. HB 676
 DATE 3-8-91 SPONSOR(S) Rep. Gary Forrester

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
John Kestell	Self City of Helena	676		X
LOIS MENZIES	GAMBLING CONTROL DIVISION	676		X
Shelly Laine	City of Helena	676	X	
LARRY AKEY	GAMING INDUSTRY ASSOC	676	X	
Thomas Roberts	Mont. Farm & Ranch Ind. Assn			X
R.L. Deschamps	Gambling Advisory Council	676		X
Pat Melby	Rimrock Foundation			✓
HARLEY WARNER	MONTANA ASSOC. OF CHURCHES	676		X
Gene Vukovich	Ansebold/Doer Lobby	676	X	
Tim Magee	Great Falls	676	X	
Jim Wilton	City of Bks.	676	X	
Alec Hansen	BLCT	676	X	
Chris & Muskaens	Great Falls Hotel	676		X

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

HOUSE OF REPRESENTATIVES

2 of 2

VISITOR'S REGISTER

Human Services & Aging

COMMITTEE

BILL NO. HB 676

DATE 3-8-91

SPONSOR(S) REP. FORRESTER

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Gordon Morris	MAG	676	X	
Bill Peary	Wm Nugent	676		X
John Ortuano	1st Catholic Cong			X
Jim Nugent	City Attorney	676	X	
Dave Brown	HO # 72	676	X	
Ann Bellwood	Rocky Mt Technical Center	676		X
KEITH TRAFTON	SELF	676		X
May Bennett	MCM, A	676	X	

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

HOUSE OF REPRESENTATIVES

1 of 2

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 200
 DATE 3-8-91 SPONSOR(S) sen. Vaughn

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
David E. Evans	Self	SB 200	X	
WALTER G. Hopkins	Self	SB 200	X	
Byron RANDALL	Self	SB 200	X	
Darrell J. Micka	Self	SB 200		X
Lorraine Seckel	Self - consumer	SB 200		X
DOROTHY LUCAS	Self MOTHER	SB 200		X
Marian Schendel	Mother	SB 200		X
Julienne Kreegel	Self & Consumer	SB 200		X
Kate Burgess	Self	SB 200		X
Glen A. Hodick	Montana Speech-Lang. Hear. Assoc.	SB 200		X
CHRISTIAN GROVER	" "	SB 200		X
Terry Kraits	Medicaid, SRS	SB 200	Question	
Floyd J. McDowell	Head of Hearing People	SB 200		X

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

HOUSE OF REPRESENTATIVES

2 of 2

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 200
 DATE 3-8-91 SPONSOR(S) Sen. Vaughn

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Ben Hardden	Self Help Homecare	SB 200		X
MARK LANDOLF	Gertrude Gullickson	SB 200		X
Mona Jamison	Int. Assoc. of Speech Pathologists & Audiologists	SB 200		X

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

HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 371
 DATE 3-8-91 SPONSOR(S) Sen. Judy Jacobson

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Rosam Konigsfeld	St. Ann's Home Office	371		
LARRY AKET	MT ASSOC OF LIFE UNDERWRITERS	371	X	
Jan Wright	MEA	371		X
Pauline Korman	MT Council for Maternal & Child Health			✓
JUDITH CARLSON	MT CH NASW			✓
Tom Hopgood	Health Insurance Assoc. of America	SB 371	✓	

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

HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 381
 DATE 3-8-91 SPONSOR(S) Sen. Judy Jacobson

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Mike Stephen	MT Nurses Assoc			X
Roland D Pratt	Nursing Assoc. of MT			X
Jared Johnson	H/D 88			X
JUDITH CARLSON	MANP			
Mema Jamison	Midwifery Assoc.			X

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