

MINUTES

MONTANA SENATE 52nd LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By Senator Dorothy Eck, on February 1, 1991, at 3:12 p.m.

ROLL CALL

Members Present:

Dorothy Eck, Chairman (D)
Eve Franklin, Vice Chairman (D)
James Burnett (R)
Thomas Hager (R)
Judy Jacobson (D)
Bob Pipinich (D)
David Rye (R)
Thomas Towe (D)

Members Excused: None

Staff Present: Tom Gomez (Legislative Council)
Christine Mangiantini (Committee Secretary)

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

Announcements/Discussion:

HEARING ON SENATE BILL 134

Presentation and Opening Statement by Sponsor:

The chairman recognized the sponsor, Senator Gary Devlin who opened by saying the changes in the statute start on page 8 of the bill. The changes relate to ground beef by reestablishing mixes of economy, regular, lean and extra-lean hamburger. He said the changes in the bill are required because of federal regulations. The bill also includes labeling changes by including a lean content as well as a fat content. He thinks this is a better way to describe hamburger. He asked the chairman to call upon the proponents of the bill.

Proponents' Testimony:

The first witness to testify in favor of SB 134 was John Munsell, representing the Montana Meat Processors Association. See Exhibit #1 for a copy of his testimony.

The second witness to testify in favor of SB 134 was Lorna Frank, representing the Montana Farm Bureau. See Exhibit #2 for a copy of her testimony.

The third witness to testify in favor of SB 134 was Charles Brooks, representing the Montana Retailers Association and the Safeway Supermarket chain. He said they are supportive of the fourth category which would denote 88 percent lean and 12 percent fat because it gives them an opportunity to address the consumers concern about health issues. He urged the committee to pass the bill as amended.

The fourth witness to testify in favor of SB 134 was Bill Stephens, representing the Montana Food Distributors Association. He said they are in favor of the bill because it will help in the marketing efforts in selling their beef.

The fifth witness to testify in favor of SB 134 was Bill Robinson, representing Ryans Wholesale Food Distributors. He said they distribute large amounts of beef in Montana and Wyoming. They are supporting the bill because it creates another category of leaner ground beef. He said labeling is a problem for this grade of ground beef. It is more in line with federal standards and increases the spread between the middle grades of ground beef by 6 percent.

The sixth witness to testify in favor of SB 134 was Ted Doney, representing the Montana Dairyman's Association. He said the dairy industry is keenly interested in the demands of the American consumer for healthier food, food with less fat. They see this bill as a way to promote an even leaner grade of ground beef for consumption by American consumers.

The seventh witness to testify in favor of SB 134 was Connie Townsend, representing the Montana Stockgrowers and the Montana Cattlewomens Association. See Exhibit # 3 for a copy of her testimony.

Mr. Cal Campbell from the United States Department of Health and Environmental Sciences, was available as a resource witness.

Opponents' Testimony:

None

Questions From Committee Members:

The chairman recognized Senator Towe who asked Mr. Munsell about the amendments.

Mr. Munsell said they were requesting 22 percent instead of the 20 percent that he referenced in his remarks. He said on page 1, the first change is to report it both in terms of lean and fat and on page 8 by specifying the fat content. The lean content could also be specified if required. According to federal statutes anything labeled hamburger or ground beef cannot have any additive extenders, coloring agents or binders.

Senator Towe said his question is whether the committee should list in the statute both the lean and the fat content or just list the maximum fat content.

Mr. Munsell said for the purposes of the law it is only necessary to list the fat content.

Senator Devlin responded by saying he would like to include both the lean and fat content in the categories. He said Section 24 speaks to additives.

The chairman recognized Senator Pipinich who asked Senator Devlin to explain the water and ice contents as additives.

Senator Devlin read from page 7 of the bill.

The chairman recognized Senator Hager who asked about federal regulations in this area.

Mr. Munsell said the federal regulations specify that ground beef have no more than 30 percent fat, which would be the economy ground beef. Furthermore, any hamburger called lean or extra lean must be 25 percent under the previous 30 percent which means lean or extra lean must have no more than 22.5 percent fat content. He said most states have accepted the 22 percent to stay under the 22.5 percent scale.

The chairman recognized Senator Towe who asked about defining fat or lean in the bill.

Mr. Campbell responded that trying to balance the federal and state standards is a major problem. As proposed Montana would be in compliance with the federal standards of the 30 percent fat and the 25 percent fat of the grades that are permitted. This is also in compliance with the USDA directives. According to the federal law we should define fat as noted on page 8 of the bill. On page 13 we should go to both fat and lean definitions. He said the definitions are included on page 8. He did not think it was necessary to define the word 'fat'.

Closing by Sponsor:

The chairman recognized Senator Devlin to close. He said he would like to work up the amendments in correct form. He thinks it is a good bill and we should start telling consumers about the lean content in good ground beef.

HEARING ON SENATE JOINT RESOLUTION 9Presentation and Opening Statement by Sponsor:

The chairman recognized Senator Pinsoneault who opened by saying he is a senior citizen, a member of the group before the committee today. He said the document speaks for itself. SJR 9 addresses an area of extreme concern to all citizens of this country. The amount of money spent on health care should be a point of national pride but he is sad to say it is a point of national disgrace. There are many people who want to testify. He said Senator Svrcek had some amendments on the bill. He asked the committee to pay particular attention to the testimony by Pat Hennessey.

Proponents' Testimony:

The chairman recognized Senator Svrcek who said the committee had before them proposed amendments for the Resolution. He said he had heard a report on health care in the United States. What he heard is largely reflected in the proposed amendments. He said he had intended to draft his own resolution but Senator Pinsoneault told him he had already drafted one. He said he stands in strong support to SJR 9.

The second witness to testify in favor of SJR 9 was Jeff Kirsch, representing Families USA. He said he was asked to testify by the Montana Senior Citizens Association. He said you see signs of the health care crisis everywhere, hospitals are closing, emergency rooms are closing, personal bankruptcies occurring all over the country because of health care costs. More people are uninsured and foregoing preventive care. We are suffering a health care crisis. Families are paying more in premiums, deductibles and co-payments. Health care costs are far outpacing the general cost of living and the rise in family income. Employers who want to provide coverage face double-digit premium increases. Their health care costs are eating up their profits. Rising costs are leaving millions of Americans and many people in Montana are without adequate care or with no care. Between 1980 and 1990 the consumer price index rose 4.7 percent a year on average. During that time health care costs rose 10.4 percent.

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Annual earnings went up 4 percent. In 1960 the United States spent 5.2 percent of its gross national product (GNP) on health care. In 1988 it was over 11 percent. The projection for the year 2000 is 15 percent of the GNP on health care. The U.S. now pays a greater proportion of its wealth for health care than any other country in the industrialized world. Between 1980 and 1990 health care costs more than doubled - from \$230 billion to \$606 billion. The consumers are paying 25 percent of that tab out of pocket. In Montana the costs have gone from \$676 million in 1980 to \$1.6 billion in 1990, up 143 percent in 10 years. We project the cost for the year 2000 at \$3.5 billion just for Montana. We are paying more and getting less. Access to health care has been declining. Middle class people are paying more and feeling more vulnerable. Insurance companies are weeding out the bad risks from the good risks. Well over 130,000 people in Montana are uninsured over 32 million people nationally are uninsured. In Montana, it is almost 20 percent of the population. Fully 75 percent of uninsured people are working. Sixty percent of the uninsured are people working full-time. Medicaid only covers less than half of those people that are very poor. It is now a problem for everyone, we are paying for it in higher premiums. The first priority is universal access and preventive care. Secondly, we need to control costs and check the rampant expansion of technology and use of procedures. Then, we have to make the American health care system the best in the world. If costs cannot be controlled the system falls apart. Two cost-savings devices include extending to the health care system the same kind of cost controls that Medicare is trying to use. If we were able to do that, reduce the increase by 2 percent, in the year 2000 we would save \$245 billion nationally. There would be \$584 million saved in Montana alone. Secondly, for more savings we should reduce the administrative costs to be as efficient as the Medicare program. Medicare spends 2.7 cents of every dollar for administration. We could save another \$53 billion nationally in the year 2000 or \$115 million in Montana. We currently have a system that relies on 1500 different health insurance companies, wasting millions on underwriting costs and other overhead. For small groups the insurance industry spends 25 cents to 40 cents on every dollar for administration. Canada has a single payer system that is popular among consumers and the medical community. All Canadians are under one system. The single payer system is the best way to proceed. Your citizens are with you on that. You have a special opportunity because Senator Baucus sits on the Finance Committee in the Senate and he will be dealing with these issues. The passage of this resolution will move toward an informed debate in the United States Senate. He gave the committee two copies of reports issued on health care, see Exhibit #4.

The second witness to testify in favor of SJR 9 was Leroy Keilman, representing several organizations including the National Legislative Committee of the National Association of Retired Federal Employees. See Exhibit #5 for a copy of information he passed to the committee. He said the Yellowstone

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Retired Teachers Association supports the Resolution and HB 250. The Experimental Aircraft Association voted to support the Resolution at their last meeting. He is a life member of the Rural Area Development Committee and also a member of the AARP. He taught school for 15 years and was a business person for 25 years. He said he knows the problems of providing health care for employees. He said the only solution is a national health care program and urges the committee to pass this Resolution.

The third witness to testify was Tim Harris, representing the Montana Independent Living Project. See Exhibit #5 for a copy of his remarks.

The fourth witness to testify in favor of SJR 9 was Doug Campbell, president of the Montana Senior Citizen Association. See Exhibit #6 for a copy of his testimony.

The fifth witness to testify in favor of SJR 9 was Patricia Hennessey, a physician from Missoula. See Exhibit # 7 for a copy of her testimony.

The sixth witness to testify in favor of SJR 9 was Bonnie Lambert, small business owner. See Exhibit #8 for a copy of her testimony.

The seventh witness to testify in favor of SJR 9 was George Hagerman, representing the Montana State Council #9, American Federation of State, County and Municipal Employees. See Exhibit #9 for a copy of his testimony.

The eighth witness to testify in favor of SJR 9 was James B. Haggerty who said the Montana Senior Citizen Association had received petitions from around the state. See Exhibit #10 for a copy of the petitions.

The ninth witness to testify in favor of SJR 9 was Al Schmidt who represented a group of farmers and ranchers who are interested in security against the high cost of illness. He said they had been studying the Canadian health plans that are being proposed in Washington, D.C. He urged passage of the Resolution.

The tenth witness to testify in favor of SJR 9 was Marcia Schreder, co-chairperson of the Montana Low Income Coalition. See Exhibit #11 for a copy of her remarks.

The eleventh witness to testify in favor of SJR 9 was John Ortwein, Director of the Montana Catholic Conference. See Exhibit # 12 for a copy of his remarks.

The twelfth witness to testify in favor of SJR 9 was Kate Cholewa, representing the Montana Women's Lobby. She said the organization endorsed the bill and urged passage.

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The thirteenth witness to testify in favor of SJR 9 was Lowell M. Rasmussen, president of the Golden Years Club in Plentywood. He read a quote from President Bush regarding the needs of the people. He urged passage of a national health care program.

Opponents' Testimony:

None

Questions From Committee Members:

The chairman recognized Senator Jacobson who asked Senator Pinsoneault to explain the proposed amendments.

Senator Pinsoneault said he received the proposed amendments the day before. He said he selected the two which best reflected his interests. He proposed adoption of amendments #1 and #2 on page 2, after #12 and #15.

The chairman recognized Senator Rye who asked Senator Pinsoneault about the correlation between the initial involvement of the federal government in Medicare and Medicaid and the skyrocketing medical costs.

Senator Pinsoneault said he agreed. He said he thinks the bureaucracy feeds on itself and the more layers you put in the more complex it becomes.

Senator Rye asked if Senator Pinsoneault had given any thought as to what type of national health care program the United States should review.

Senator Pinsoneault said there were good features about the Canadian program but thought we should be innovative enough to come up with our own program. He said we should come up with a central pay system that provides care from prenatal to death.

The chairman recognized Senator Towe who asked Senator Pinsoneault if he had any objection to including the other three proposed amendments.

Senator Pinsoneault said he would leave that up to the good discretion of the committee. He did not want to make the resolution so long that it would lose the intent.

Senator Towe said we are not the only civilized country not to have health care program. He said South Africa also lacked a comprehensive program.

Senator Hager said he would vote for the resolution and that he had attended a seminar on health care ethics. He said they passed a resolution which would require the federal government to give leeway to the states in dispensing health care funds.

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Senator Pinsoneault commented that if we can work out a system with state control, more power to those that can come up with such a program.

Senator Towe said he was impressed with the comments about how expensive health insurance rates are. He said for those with medical problems it is almost impossible to get a health insurance program.

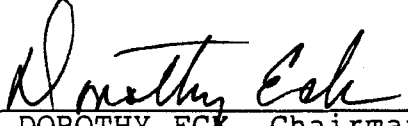
The chairman said she is starting a Health Care Caucus. There are about 20 bills that address the problems we are facing with health care. She said they would be meeting on Tuesdays at noon and would welcome involvement.

Closing by Sponsor:

Senator Pinsoneault closed by saying he participates in a good health care program. He said he had instances in his family where the insurance did not cover the expenses. He said he knows how lucky he is and wonders what he can do for the person who cannot afford the costs. He said most people want what they have to pass on to their children. The great concern people have is catastrophic illnesses that will eat up their savings. He urged passage of the Resolution.

ADJOURNMENT

Adjournment At: 4:50 p.m.



SENATOR DOROTHY ECK, Chairman



CHRISTINE MANGIANTINI, Secretary

DE/cm

ROLL CALL

SJR 9, SB 134

PUBLIC HEALTH, WELFARE
AND SAFETY

COMMITTEE

Date 2/1/91

NAME	PRESENT	ABSENT	EXCUSED
SENATOR BURNETT	X		
SENATOR FRANKLIN	X		
SENATOR HAGER	X		
SENATOR JACOBSON	X		
SENATOR PIPINICH	X		
SENATOR RYE	X		
SENATOR TOWE	X		
SENATOR ECK	X		

Each day attach to minutes.

SENATE HEALTH & WELFARE

EXHIBIT NO. 1

DATE 2-1-91

BILL NO. SB 134

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 1st day of FEB., 1991.

Name: JOHN MUNSELL

Address: 212 S. JORDAN

MILES CITY, MONT. 59301

Telephone Number: 406-232-0688

Representing whom?

Montana Meat Processors Association

Appearing on which proposal?

SB 134

Do you: Support? X Amend? _____ Oppose? _____

Comments:

✓ See attached

I am John Munsell, representing the Montana Meat Processors Association, which fully supports Senate Bill # 134 as amended. A coalition of groups has worked together to formulate several changes to existing state laws which pertain to labeling of hamburger or ground beef. Existing state laws are not in agreement with laws in surrounding states, placing Montana retailers at a disadvantage, causes advertising problems, and causes problems for multi-state retailers which are forced to create specialized advertising for its Montana stores while it's other stores in adjacent states can all share identical advertising because of a uniformity in their state legislation. Also, while consumers desire leaner ground beef, Montana currently has no laws which define standards for "SUPER LEAN , DIET LEAN, etc." Montana law currently requires fat % labeling of ground beef, while we favor labeling of ground beef which defines BOTH fat and lean content, since advertising fat alone is distasteful to consumers. We are suggesting changes in the nomenclature of descriptive labeling of the different types of ground beef, which will standardize Montana with neighboring states as well.

PAGE 1 of the proposal shows that we desire:

1. To label ground beef in terms of BOTH lean and fat control.
2. To add a fourth grade of ground beef to legally describe product which is leaner than "EXTRA LEAN".

PAGE 8 shows the itemized changes we are suggesting:

A. Replacing the term "ECONOMY" ground beef with the term "REGULAR" ground beef, as is the norm in other states.

B. Changing the name "REGULAR" ground beef to "LEAN" ground beef, to coincide with labeling standards of surrounding states. Changing fat allowable from 21% to 22% , to come into compliance with other states also, Federal law places a 22 1/2% limitation on "LEAN" ground beef.

C. Lowering the maximum fat % allowed for "EXTRA LEAN" ground beef from the existing 18% down to 16%, to be uniform with requirements in other states.

D. Creation of a fourth grade of ground beef which is even leaner than existing "EXTRA LEAN" ground beef for the ever-increasing demands of today's cholesterol-conscious consumers. This fourth grade of ground beef shall have a fat content not to exceed 12%.

On Page 13 of the bill, in Paragraph #3, we are suggesting that ground beef packages be labeled with BOTH the maximum fat content and minimum lean content, rather than merely the fat control as called for in existing law.

I would like to enter as testimony a letter from "United Retail Merchants", a wholesale food company in Spokane which distributes food products to retailers in several states, including Montana.



P.O. BOX 3365
N. 7511 FREYA
SPOKANE, WA 99220-3365
509 467-2620

Exhibit #1

2-1-91 50134

To whom it may concern:

Subject: Ground beef
a.) Labeling
b.) Fat % - lean ratios

URM Stores Inc services many multi store owner members throughout the northwest. Many of these store owners have stores in Montana along with other stores in connecting states. When advertising ground beef, many ad break outs (change of discription) have to be done to accomodate Montana laws regarding different fat to lean content. These are very costly over a period of time. We have found these fat to lean ratios to be of no added value in the sales of ground beef over and above federal standards, only the extra cost of advertising.

We at URM Stores Inc recommend the following federal standards, which reads:

regular ground beef	-	lean 70%	-	fat 30%
lean ground beef	-	lean 77%	-	fat 22.5%
x-lean ground beef	-	lean 84%	-	fat 16% or under

Due to customer demand for lower cholesteral and lower fat a 4th grade of ground beef is now needed. With the added cost of producing this product a new set of specifications is a must, this product would be called diet lean or super lean. Recommended fat content 12% or less, lean content 88% or better.

Thank you,

A handwritten signature in cursive script that reads "Al Knudtson".

Al Knudtson
URM Stores Inc

*John Munsell*AMENDMENTS TO SENATE BILL 134: BILL NO. Page 1 (Title)

- 4 A bill for an act entitled: "An act revising the labeling requirements for certain hamburger and ground beef to state content in terms of lean and fat; revising the acceptable levels of lean content for lean and extra lean hamburger and ground beef, creating a fourth grade of hamburger and ground beef; amending section 50-31-103 and 50-31-208, MCA; and providing an immediate effective date."

Page 8

- 3 binders, or extenders are added. There are four grades of .
6 ground beef" may have a fat content no greater
9 beef" may have a fat content no greater than 22%;
12 may have a fat content no greater than 16%.

- (d) A fourth grade of hamburger or ground beef may be used and described in any truthful terminology, but such grade may have a fat content no greater than 12 %.

Page 13

- 14 the maximum fat and minimum lean content must appear on each

SB 134

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY



MONTANA FARM BUREAU FEDERATION

502 South 19th • Bozeman, Montana 59715
Phone: (406) 587-3153

SENATE HEALTH & WELFARE

BILL # SB134 ; TESTIMONY BY: Lorna Frank

EXHIBIT NO. 2

DATE 2/1/91 ; SUPPORT Support ; OPPOSE

DATE 2-1-91

BILL NO. SB 134

Madam Chair, Members of the Committee:

For the record, I am Lorna Frank, representing over 4000 Farm Bureau members in Montana

We strongly support SB134 for the simple reason that the labeling of a Montana product will be in line with labeling in other states. This is a positive approach in marketing, to inform the consumer of the percentage of healthy nutrients in our products, as opposed to the percentage of less desirable contents.

We ask the Committee to give SB134 a due-pass recommendation.

Thank you.

SIGNED: Lorna Frank

FARMERS AND RANCHERS UNITED

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 5th day of February, 1991.

Name: Charlie R. Brooks

Address: 318 N. Last Chance Gulch
Helena, MT 59601

Telephone Number: 442-3388

Representing whom?

Montana Retail Assoc + Safeway Super

Appearing on which proposal?

SB 134

Do you: Support? ☒ Amend? Oppose?

Comments:

we support the B. 11 as
Amended - we like very much
the adding of a fourth class of
98% Low + 12% Fat - we urge
your support of SB 134

Charlie Brooks

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 1 day of FEBRUARY, 1991.

Name: WILLIAM E. ROBINSON

Address: 1629 KING AVE WEST

BILLINGS, MT 59102

Telephone Number: 657-1438

Representing whom?

RYAN'S WHOLESALE FOOD DIST DIV, SUPER VALU STORES, INC.

Appearing on which proposal?

SB 134 ; CHANGING HAMBURGER LABELLING LAW

Do you: Support? ✓ Amend? ✓ Oppose?

Comments:

1. I feel the addition of an additional leaner grade of ground beef will supply the consumer with a healthier grade of ground beef. Current labelling requirements for such a grade are cumbersome and confusing.

2. Restructuring of fat percentages will align Montana with neighboring states hamburger labelling laws.

Exhibit # ③
2-1-91
SB 134

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 1 day of February, 1991.

Name: Connie N. Townsend

Address: Box 662

White Sulphur Springs, MT 59645

Telephone Number: 547-3453

Representing whom?

Montana Stockgrowers, Montana Cattlewomen

Appearing on which proposal?

SB 134

Do you: Support? yes Amend? yes Oppose?

Comments:

Written comment entered

TESTIMONY IN SUPPORT OF
SENATE BILL NO.134

"An Act revising the labeling requirements for certain hamburger....."

My name is Connie Townsend. I am a cattle producer and a member of the Montana Stockgrowers and Montana CattleWomen...and as such I wish to express our concern for positive marketing opportunities for our product: BEEF.

Retailers tell us there is a distinct disadvantage in the negative impression given consumers through the labeling of the fat content of ground beef rather than the positive image that could be produced by listing the lean content. We respectfully request your permission to make this possible by allowing a change in the law so that the lean content can be listed for advertising/labeling purposes as well as the fat content.

Not only will this help consumer perception, but it will foster a better business climate in Montana due to the fact that grocery chains operating in the state (but headquartered out-of-state) have much of their printing done in the state of Washington. When the printing is done for a number of states where the labels are standardized, Montana is out of sync. This means the labeling/advertisements must have a disclaimer put on them or else be re-written to be used in Montana.

The other part of this Bill deals with semantics. Here again, it is a matter of giving the consumers of our product what they desire. Renaming the "Economy" grade and adding an additional leaner grade will also put Montana in compliance with Federal standards and in sync with other states in the region. In addition, it would remove a perceived negative image formed by the average consumer who has conveyed to retailers that the word "Economy" is often interpreted as being of inferior quality or a product intended for low-income consumers.

We urge your consideration of SB134 in the light of not only helping an important segment of Montana's economy, but also in the light of putting this portion of the retail market in compliance with Federal rules and regulations. A better business climate for our state cannot help but be a result. Thank you!

Exhibit 3a
2-1-91
SB 134

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 1st day of Feb, 1991.

Name: CAL CAMPBELL

Address: Director Health & Environment

Telephone Number: 444 2408

Representing whom?

State of Oregon

Appearing on which proposal?

SB 134

Do you: Support? / Amend? / Oppose?

Comments:

that doesn't need to be defined.
Changes on page 4 need to be defined
as it is to be ^{defined} with USPH &
other states' recommendations.
that I have indicated on page 13.
The ~~recommendations~~ will assist
in the administration to eliminate
the balancing act of the last 10 years.
Now I can be assured that Oregon
would be the same as USPH & other
states with the amendments

Exhibit 4

2-1-91

359

EMERGENCY!

Rising Health Costs in America 1980 - 1990 - 2000

A Families USA Foundation Report

in Cooperation with

Citizen Action

Families USA Foundation
1334 G Street, NW
Washington, DC 20005
(202) 628-3030

October 1990

Sen. Health
Welfare

Exhibit 4
2-1-91
SJ 9

To The Rescue

Toward Solving America's Health Cost Crisis

A report by
Families USA Foundation

in cooperation with
Citizen Action

November 1990

Families USA Foundation
1334 G Street, NW
Washington, DC 20005
(202) 628-3030

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 2 day of FEB. , 1991.

Name: LEON L. KEILMAN

Address: 237 RADFORD SQ.
 BILLINGS, MT. 59105

Telephone Number: 259-2030

Representing whom? National Legislative Committee of National Assoc. of Retired Fed. Employees
 MSCH - Yellowstone Teachers Ass. MT. EEA - Montana Federation of National Federation of Federal Employees.

Appearing on which proposal?
 Senate Resolution No 9

Do you: Support? X Amend? Oppose?

Comments:

 In the paper recently I read "How the State of Montana"
 was having a real problem with Medicare & other Medical
 cost - As a tax payer I believe we must have a
 National Health, somewhat like Canada's to save & cut
 Cost for us in Montana as well as the whole U.S.

 Some how we must insure the 37 million who have
 no insurance for their health needs. And many more
 under insured. -

 This resolution will cost the Montana Taxpayers
 Nothing and in the long run can cut costs many
 times.

 To also help business keep their doors open, I urge
 you to vote "Yes" on this resolution.

Exhibit 5
2-1-91
SJR 9

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 1 day of FEB., 1991.

Name: TIM HARRIS

Address: MT IND. LIVING PROJECT

38 S. LAST CHANCE, HELENA MT 59601

Telephone Number: 442-5755

Representing whom?

Appearing on which proposal?

S.J.R. 9

Do you: Support? X Amend? _____ Oppose? _____

Comments:

See attached.

S.J.R. 9

SENATE HEALTH & WELFARE

EXHIBIT NO. 5

DATE 2-4-91

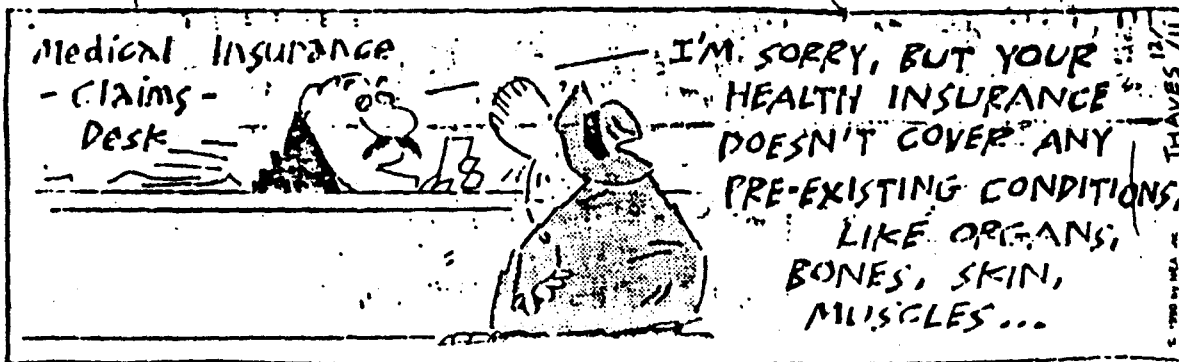
BILL NO. SJR9

My name is Tim Harris. I am the Deputy Director of the Montana Independent Living Project in Helena. I have been associated with the Project for nearly six years. The Project provides a variety of services to people who are disabled. Our services are intended to enhance the independence of those we serve.

An issue we encounter frequently is one of unemployment. Statistics show that two of three people with disabilities are not employed. The reasons for that are numerous, but one that stands out is the lack of adequate health care insurance for the disabled worker. While receiving a monthly income subsidy, a disabled individual can qualify for state supported medical insurance, either through Medicaid or the Medically Needy program. If that individual has health related issues that are costly, there is a disincentive to find employment as long as he/she has good medical insurance from the state. Most private insurance companies have pre-existing condition clauses which delay coverages for up to one year which leaves the responsibility for medical costs for that year with the individual. In many instances, those costs would be beyond the reach of entry level salaried employees.

I would like to tell you about my own situation. My wife, Judy, and I have four children. Judy uses a wheelchair due to paralysis from the waist down. Our son, John, who is fifteen, has diabetes and is insulin dependent. I had polio as a child and use braces and, occasionally, a wheelchair. Because of the potential for high health care costs in our family, finding private insurance which provides adequate coverage at reasonable costs is not unlike finding a solution to the tax problems in Montana. Apparently impossible. I am currently covered by a group conversion policy which costs \$597 per month, has a \$2500 per person deductible, and a \$7500 family deductible. It is not inconceivable that I could pay out over \$10,000 in medical expenses in one year and still not qualify for insurance coverage. Ladies and gentlemen, I cannot afford to pay out over \$10,000 for medical expenses. I doubt that many of us here could. The problem of adequate, reasonably priced health care insurance is not isolated to families with disabilities, or to seniors, or to people who are on low or fixed incomes. It is a problem that belongs to all of us. And we are the ones who will have to find the solution.

FRANK AND ERNEST



SENATE HEALTH & WELFARE

EXHIBIT NO. 5

DATE 2-1-91

BILL NO. SJR 9

Exhibit 6

2-1-91

SS 9

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 7 day of Feb, 1991.

Name: Dana Campbell

Address: 1618 Sherwood, Milwaukee

Telephone Number: 547-5761

Representing whom?

MSCA

Appearing on which proposal?

SSB 9

Do you: Support? ☒ Amend? ☐ Oppose? ☐

Comments:

attached

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Doug Campbell
SJR 9.

Dear Mr. Campbell:

You recently asked me a very timely question. Why do I support a system of national health care? After some fifty years experience as a medical student, Navy physician, Veterans Administration experience, private practitioner, numerous hospital affiliations, diagnostic and therapeutic radiologist, and member of a large multi-specialty clinic, I feel this extensive experience permits me to express myself on this subject with some value. About half of those years my income was from "private" medicine and the other half by Federal pay, either military or VA. Eight years were in a private solo general practice in rural Pennsylvania where the fees were low but always paid, be it by cash, chickens, produce, or labor. Very little was ever paid by insurance since the "Pennsylvania Dutch were never enthusiastic about that mode of payment.

The present system is almost out of control and becoming more chaotic every year with a patchwork of "Band-Aid" measures designed to correct other corrections. It is becoming top-heavy with administrators, third party interests, greedy doctors, lawyers, and insurers. Medicine has long become too expensive for the poor as well as most middle class. Much money is wasted on hopeless and terminally ill patients, very immature births, and very elderly patients. It has become imperative for a worker to keep his or her job if only to keep the health insurance that goes with that job.

Physicians fees are out of control. Office overhead is excessively extravagant and over-employment is commonplace. There is far too much duplication of hospitals and expensive equipment with 1/4 each community. Pharmaceuticals are being priced beyond the ability of the patient to pay for even simple remedies. Drugs manufactured within the United States are often being sold overseas for a fraction of the local price, and drugs manufactured in Europe often sell for several times more in the U.S. than they do in Europe.

SENATE HEALTH & WELFARE

EXHIBIT NO. 6

DATE 2-1-91

BILL NO SJR 9

While a national health care plan would create new problems, I doubt if they would be worse than ^{THOSE} ~~that~~ which exist today. At best, everyone would be able to obtain medical care. At worst, the plan would be over-utilized by both patients and avaricious doctors and hospitals. There is nothing to prevent correction of the problems as they appear and some type of rationing of service may be called for. During my recent trip to Great Britain and Scotland, I visited a clinic and hospital in Edinburgh. Although the physicians there have numerous complaints, none would prefer our system although they might be willing to try the Canadian system. Compared to the general population in Edinburgh, they were amongst the upper income group and were generally very well respected as physicians. I spoke with many people on the streets in London and in several hotels elsewhere. There was general satisfaction with the system, no major complaints except for long waits for routine or non threatening illness or problems. The Wait seems to be their way of preventing over-utilization.

There are many young men and women in our country who are unemployed or between jobs who have no medical insurance. The cost of private insurance today is far more than they can afford. Hence, they create a burden on doctors and hospitals because they are unable to pay their own way. The physician usually writes this off at the end of a year or two. However, the hospital must pass this cost along to some other source such as general expenses paid by government or insurance companies making other patients or their employers pay these unrecovered losses. This becomes an unfair but necessary operating expense.

Our system worked before the days of expensive treatment, expensive technology, and overwhelming costs of litigation and insurance. It cannot work today. While government has never been known to be a model of efficiency in running anything, it could hardly do worse than the way things are now. I would like to see the matter of health care removed from the control of the insurance industry. Take them out completely. Extend Medicare A and B in some form to everyone, eliminating Medicaid. Hire the idled insurance worker under some state system under Federal control and guidance, possibly similar to the Canadian method. Andrew McKane M.D.

Madam Chair Eck and ~~other~~ members of the Committee:

This is the story of Ronald and Princess Tabor, a young Missoula couple caught up in our unfair and inefficient health care system. The birth of their second child in 1990 left them with \$10,000 in hospital and doctor bills that they thought would be covered by insurance through Ronald's employer.

Unfortunately, before the birth of their baby Ron's employer had changed insurance companies from Blue Shield-Blue Cross to The Traveler's. They had worried about this change of insurance companies but the company secretary assured them that she had checked with Blue Shield-Blue Cross and they said she would be covered.

When the baby came the doctor had to do a caesarean section because it was a breach birth. Seven days in the hospital at a room charge of \$700 a day for Princess and nearly \$300 a day nursery charge, even though the baby spent nearly all of the time with ~~this~~ mother, plus other charges resulted in the \$10,000 bill.

When the bills were presented to Blue Shield-Blue Cross, the insurance company refused to pay. Their new policy with Travelers only pays for an illness and pregnancy, of course, is not considered an illness.

The result was that the hospital insisted they must make \$500 a month payments on their bill. There is no way they could make payments of that size and still have money to live on, especially as Ron's job as a welder is not always full time.

The hospital began to attach Ron's paycheck and take half of his earnings each time. As this left them with little money to live on they had no alternative but to declare bankruptcy.

An additional irony to this case is that when their other child was born the same thing happened. Ron's employer was changing insurance companies at that time and they were not covered for the birth of the ~~second~~ ^{first} baby. Fortunately it was a normal birth and cost only \$3,000 so they were able to handle the cost although it was a hardship.

What kind of country do we live in that allows things like this to happen to our young people who are struggling to make decent lives for themselves, while we spend hundreds of billions of dollars bailing out failed banks and savings and loans which have been plundered by greedy management?

This is not an isolated incident, these situations are occurring every day in all parts of this country. The only answer is a national health insurance plan which covers all of our citizens.

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 1 day of Feb, 1991.

Name: PATRICIA HENNESSY

Address: 243 NORTH AVE E.

Hussowitz

Telephone Number: 406-731-8849

Representing whom?

Self

Appearing on which proposal?

STR-4

Do you: Support? Y Amend? Oppose?

Comments:

See my testimony.

Testimony For SJR 9
Senate Public Health Committee
February 1, 1991

SENATE HEALTH & WELFARE

EXHIBIT NO. 7

DATE 2-1-91

BILL NO. SJR 9

My name is Patricia Hennessy. I am a physician from Missoula. My specialty is family practice and I have received a Master's degree in Public Health.

I first came to Montana fourteen years ago fresh out of residency as an officer in the United States Public Health Service to serve on the Flathead Reservation. My first work as a physician was to provide primary medical care to medically needy Native Americans. It came as a surprise to learn that often those in greatest medical need were the white neighbors of the tribal members; the farmers, the ranchers, and the loggers. The Flathead people had the Indian Health Service as their insurer. Even in the 1970's many of the hardworking citizens of Lake County could not afford expensive monthly health insurance premiums. In these early years I was often surprised to discover that my patients had already anticipated the outcome of their doctor visit and wanted the treatment tailored to their pocketbook - with no extras, thank you. I remember one crusty old gal who refused to have her blood pressure taken because she feared it would her visit cost more.

My next position was as medical consultant to the Missoula City/County Health Department. By the early 1980's our community had organized an outpatient clinic to serve the growing number of those who lacked medical insurance. I worked together with the team of nurse practitioners who served our patients. The vast majority were hard working middle-class folk who had been priced out of much of the health care market. They were shoppers at our place, the K-Mart of local health care shops. They were also finely tuned to the costs of the drugs and treatments that we offered. They often helped us

find the pharmacy that offered the best price and often declined to have an x-ray or lab test that would collapse their monthly budget.

I now work at the University of Montana Student Health Service which operates as an HMO, a prepaid group plan for all enrolled students. Many of the patients I see are youngsters far from home with their first illness or injury. Imagine my surprise to discover significant numbers of men and women in their 30's to 50's who have enrolled at the University for just enough credits to enable them to obtain needed health care. The reasons are varied -- because they know they need dental work, a pap smear, a mammogram, or to get their blood pressure meds regulated and a year's supply of medication from the student health service pharmacy.

As you can see, as a physician and primary care provider under our current system, I feel personally and relentlessly squeezed by the apparent conflict between patient's medical needs and their costs.

There is another important contradiction that concerns me greatly -- that of professional ethics. How shall I respond to questions like: "Doc, my insurance won't kick in for another three months. Can you change the date on the records?" "Doc, what will this lab test do to my insurance? Can I just pay for today's visit and keep it off the insurance statement?" "Doc, if the insurance companies suspects I'm HIV positive they'll cancel. Can you invent a diagnosis for me that won't tip them off?"

As a starry-eyed med school graduate of the 70's, I never dreamed that one of my greatest challenges would be how to help a patient beat the system. And what kind of a system is it where much of the medical decision making is undertaken as if there's a bevy of overseers taking part in patient diagnosis and treatment and influencing how much I say or how much I do, and who qualifies for how much care?

Imagine for a moment a scenario where an individual with a health care problem finds their way to my office and together we reach a decision about a humane and workable regimen with which they can regain their health. Sounds simple? This scene is no longer possible in Montana or anywhere else in the U.S.A. Instead the scenario is much like this. In order to begin the journey to health the individual will first have to gain access to the system. Others today will talk more eloquently about that ever steepening hurdle. With recent advances in medical technology that permit genetic disease prediction many will soon face the ultimate Catch-22 -- medical insurance will only be available to those so healthy they don't need it.

Just assume the individual with the medical problem to whom I earlier referred to does get in to see me. The paper blizzard begins as soon as the patient steps in my office. A form is generated with name, address, date of birth, policy and group numbers, date of visit, type of visit, complexity of visit, ICD-9 classification and diagnosis. This form then goes to at least one intermediary such as Medicaid, Medicare, or a private insurer who then verifies that everything typed on the form is exactly as in their files. The insurer then attaches a dollar value to the health care visit which is then sent to the fiscal agent who writes a check that is then sent back to me -- seldom sooner than 60 to 90 days.

Anything of more complexity such as a diagnostic procedure requires additional authorization, mail and phone contact, and in the end, the physician and, often the hospital, tailor the eventual service or procedure to fit the financial coverage, not the medical problem. Can you imagine a multi-leveled faceless series of intermediaries and fiscal agents determining your health care service? Can you imagine spending hours haggling with office bookkeepers and insurance company representatives about whether your medical bills will be

paid? And furthermore, can you imagine experiencing this when the forces of fate and circumstance have laid you low with a serious illness?

It's like a bad dream. And it is experienced only the U.S.A. not in other developed countries. It has placed all of us in grave fear of the specter of illness. It's a bad dream that is prompting the brightest, most idealistic and caring physicians to take early retirement or find a different career. It has prompted an unprecedented drop in med school admissions.

If a young person with a dream of working as a physician in order to help others asked me advice and direction about pursuing a career in medicine I would have to say something like this: I started out in medicine when our present system seemed to work for patients and doctors. It no longer does. It is as heartbreaking and unfair for many caring physicians as it is for their patients. Think very carefully before choosing this career and, if you really feel the call, work for change. The kind of change that will put humanity back in health care.

I'd like to end my testimony by inviting this committee to do the same -- work for change, work to put the humanity back in health care by reforming the system now. I implore to vote yes on Senate Joint Resolution 9.

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 1 day of February, 1991.

Name: Bonnie Lambert

Address: 23 S. Last Chance Gulch
Helena, MT 59601

Telephone Number: 442-3101

Representing whom?

Small business

Appearing on which proposal?

#9

Do you: Support? X Amend? _____ Oppose? _____

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

My name is Bonnie Lambert. I'm the owner of Desktop Type, here in Helena. I've been in business for 4 years and have no employees.

SENATE HEALTH & WELFARE

EXHIBIT NO. 8

DATE 2-1-91

BILL NO. SJR 9

I purchase health insurance for myself, my husband and our son. This is a minimum-coverage policy, does not include dental or eye care. We are very healthy and in the past 4 years have filed only one small emergency claim. I pay \$135 a month. This policy keeps us from losing our house in the event of a major medical catastrophe.

As a business person/employer, I have had to think twice about hiring anyone to work with me. I consider health insurance for employees a part of a compensation package. I cannot afford to buy health insurance for another person. I know the current attitude is that it is "bad business" to provide such a "benefit", but I feel it is part of the social contract between employer/employee.

For many small business owners, having a part-time employee is often the answer to work crunches. That part-time help makes it even more difficult to finance health insurance. I would venture that a large portion of the uninsured workers in this country are

employeeed in small businesses which would be bankrupted by insurance costs.

Because I'm in business, I get a number of phone call from insurance companies soliciting my interest in their policies. This "cold-call" long distance selling costs them money. My insurance premiums reflect this shot-in-the-dark approach.

I want a health-care system that covers everyone at the same quality; I want a system that doesn't need to advertise; I want a system that approaches health care and medical care from a societal/community outlook. I want a system that is community and democratically controlled.

I urge you to send this message from Montanans to the U.S. Congress: a good health care system is a right, not a priviledge. Healthy citizens are active citizens and active citizens ensure a democratic society.

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 1 day of Feb., 1991.

Name: George Hagerman

Address: P.O. Box 5356, Helena, 59604

Telephone Number: 442-1192

Representing whom?

AFSCMR

Appearing on which proposal?

SJR 9

Do you: Support? ☒ Amend? ☐ Oppose? ☐

Comments:

MONTANA STATE COUNCIL No. 9

AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES

Affiliated With A.F.L.—C.I.O.



Gerald W. McEntee
International President

William E. Lucy
International Secretary-Treasurer

COUNCIL OFFICERS

Jim Schweigert, President
505 S. Stacy
Miles City, MT 59301
Phone: 232-5522

Joyce Perszyk, Secretary
635 12th Street
Havre, MT 59501
Phone: 265-9834

Duane Hartman, Treasurer
Route 2, Box 2364
Lewistown, MT 59457
Phone: 538-5090

SENATE HEALTH & WELFARE

EXHIBIT NO. 9

DATE 2-1-91

BILL NO. SJR 9

February 1, 1991

VICE-PRESIDENTS

Leslie V. Pallett
Box 885
Denton, MT
Phone: 567-2663

Don Davis
555 Edison
Butte, MT 59701
Phone: 723-5350

Paul Kindt
1630 Wilson
Butte, MT 59701
Phone: 782-3620

Shirley Kelly
520 W. 5th Street
Anaconda, MT 59711
Phone: 563-3615

Mary Krausz
608 S. Lake
Miles City, MT 59301
Phone: 232-1616

Chairperson, Committee members, my name is George Hagerman, Executive Director of Montana Council #9, of the American Federation of State, County and Municipal Employees, AFL-CIO

I rise today as a proponent of Senate Joint Bill # 9 (Creation of National Health Care)

As we all know many Montanans are being priced out of the basic right to health care insurance even while they continue to work for a living. Many people who are unemployed, disabled, aged, children and pregnant women do not have the money or qualify for government sponsored health care programs.

Premiums are going up coverage is being reduced, too many Montanans have to choose between basic needs, housing food, school, etc. or paying about 1/3rd of their income for inadequate health insurance.

This bill is a step in the right direction to help remedy these sad facts.

I strongly urge all of you to support this bill for all Montanans.

Thank You

George Hagerman

COUNCIL STAFF

Headquarters
P.O. Box 5356
Helena, MT 59604
Phone: 442-1192

George F. Hagerman
Executive Director

Sharon Donaldson
Field Representative

Robbie G. Ford
Field Representative

Terri Gudmundsen
Sec./Bookkeeper

2-1-91

Exhibit 10 consists of 33 pages of signed petitions supporting SJR 9. The originals are stored at the Montana Historical Society, 225 North Roberts, Helena, MT 59601. (Phone 406-444-4775)

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 1st day of Feb., 1991.

Name: JAMES B. HAGGERTY

Address: 2503 COM STOCK
MILES CITY, MT.

Telephone Number: 232.3216

Representing whom?

MSCA

Appearing on which proposal?

SJR 9

Do you: Support? X Amend? _____ Oppose? _____

Comments:

presented petitions

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 1st day of Feb., 1991.

Name: Al Schmitz

Address: Box 403

Brackton, MT 59213

Telephone Number: 774-3437

Representing whom?

Big Muddy Resource Council, Culbertson, MT 59218

Appearing on which proposal?

S. Res 9

Do you: Support? Yes

Amend?

Oppose?

Comments:

We are farmers and ranchers interested in security against the
costs of ill health. We have studied the health care plans of two
of the Canadian provinces and of the present plans now before
Congress. and the information we have from these studies
has led us to support the Montana Senior Citizens resolution,
to ~~oppose~~ Senate Resolution No 9, for a national health insurance
plan. We urge passage of S Res. No 9.

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this _____ day of Feb, 1991.

Name: Marcia Schreder

Address: 1216 Butte, Helena 59601

Telephone Number: 449-3140

Representing whom?

Montana Low Income Coalition + Montanans For Social Justice

Appearing on which proposal?

SJR 9

Do you: Support? ☒ Amend? ☐ Oppose? ☐

Comments:

See copy of testimony

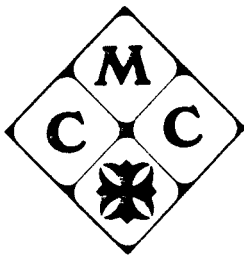
PRESS RELEASE
NATIONAL HEALTH CARE PLAN

My name is Marcia Schreder. I am Co-Chair of the Montana Low Income Coalition, a statewide organization which works on low and moderate income issues in Montana. To say that we support a National Health Care Plan is an understatement.

Currently, 20% of the people in Montana have no health insurance--most of these people are the working poor. At the same time, the Department of SRS is striving to reduce the welfare rolls by giving recipients the education and training to move them into the work force. With 45% of small businesses in Montana having no health benefits, sending medicaid recipients out into the work world where there are often no benefits seems grossly unfair. A National Health Care Plan could solve this problem.

To know you can't afford to take a sick child to the doctor is a heart wrenching situation low-income families face everyday in Montana. The patchwork health care we now have is a crime, with our children, pregnant women, and senior citizens taking the punishment.

We are here today, urging our legislators to support universal access, comprehensive care for every citizen, based on their need not on their pocketbook. We hope you'll join us!



Montana Catholic Conference

February 1, 1991

MADAM CHAIRMAN ECK AND MEMBERS OF THE COMMITTEE

I am John Ortwein, Director of the Montana Catholic Conference. I represent the two Roman Catholic Bishops in the State of Montana in matters of public policy.

The Catholic Health Association in its 1986 statement entitled: No Room in the Marketplace: The Health Care of the Poor, makes the following statement: The government has already demonstrated that its programs can substantially improve the delivery of health care services to the poor and the elderly. Both groups achieved dramatic improvements in access to health care following the 1965 introduction of Medicare and Medicaid....Despite these impressive gains, more than 34 (now 37) million Americans remain uninsured for all or part of the year...this requires the immediate attention of various levels of government.

The Montana Catholic Conference supports SJR 9.

SENATE HEALTH & WELFARE

EXHIBIT NO. 12

DATE 2-1-91

BILL NO. SJR 9



WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 1st day of February, 1991.

Name: David M. Rasmussen

Address: 410 E. Broadway
Plentywood MT. 59254

Telephone Number: 406-765-2795

Representing whom?

M. L. A. - Valley Area Club of Plentywood

Appearing on which proposal?

National Health Care Resolution #9

Do you: Support? ☒ Amend? ☐ Oppose? ☐

Comments:

We are in need of a National
Health Care system for all citizens.
The present patchwork
system is beyond repair. Both
Health Insurance providers as
we now have for a one price
supplier as Canada has done.

President George Bush stated in his
inaugural address, "No President no
Congress shall stand in the way of
the needs of the people"
L.M.R.

DATE Feb. 1, 1991

Page 4

COMMITTEE ON senate committee on public health, welfare & safety

VISITORS' REGISTER

SJR 9

SB 134

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
M. Sen. Kraft	Roundup			
Jeff Kirsch	Families USA	SB SJR 9	✓	
PATRICIA HENNESSY	SELF	SJR 9	✓	
George Hagerman	Helena	SJR 9	✓	
John Marshall	Montana Meat Processors Assoc.	SB 134	✓	
WILLIAM E. ROBINSON	Pyram. Wholesale food dist	SB 134	✓	
E. J. Sheehy	Retired Federal	SJR 9	✓	
Don Marshall	Dept of Health & ES	SB 134		
Frank McKinnis	C/S A/S			
Eug. Bourgeois	Roundup	9	✓	
Steve Stinson	Lawrence	134	✓	
JAMES B. HAGGERTY	MILES CITY	9	✓	
LEROY KEILMAN	Billings	9	✓	
Marcia Schreder	Montanians for social Justice Montana Low Income Coalition	9	✓	
Lytle Larson	Great Falls	9	✓	
Wells Butterfield	Great Falls	9	✓	
Bonnie Lambert	Helena	9	✓	
TIM HARRIS	MT IND. LIVING PROS	9	✓	
JOHN ORTWEIN	MT CATHOLIC CONC	9	✓	
James Townsend	Off d. Stockgrowers/Butterfield	134	✓	
Lawrence Stinson	M S C A	9	✓	
Betty Stinson	M S C A	9	✓	
James Stinson	M S C A	9	✓	
E. G. Mortensen	State Nat Assoc.	134	✓	

DATE

2-11-91

5 of 4

COMMITTEE ON senate committee on public health, welfare & safety

VISITORS' REGISTER

SK 9

SK 134

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
Barbara Kellett	M S C A	9	✓	
Mallory Cameron	M S C A	9	✓	
Ethel Bender	M S C A	9	✓	
Lois Howe	M S C A	9	✓	
Glen Hart	M S C A	9	✓	
Phil Paul	M S C A	9	✓	
Kate Chidawa	Montana Women's Lobby	9	✓	
Mary H. Powers	M S C A	9	✓	
Dorothy Helstern	M S C A	9	✓	
Al Schmitt	M S C A + PMRE	9	✓	
Sabel Waggoner	M S C A	134	✓	
Mary Kelly	M S C A	9	✓	
Patricia Hennessy	SDF	SK 9	✓	
Jeff Kirsch	Families USA	SK 9	✓	
Kella Rob Brown	M S C A	SK 9	✓	
Helen Parnell	M S C A	SK 9	✓	
Margaret M. Dicks	M S C A	9	✓	
Ernie Eckhart	M S C A	9	✓	
Olga Higgins	M S C A	9	✓	
Hazel Peterson	M S C A	9	✓	
Marella Barwood	Sen. Parnell	9	✓	
Bonnie McLean	Sen. Parnell	9	✓	
Rita Lindblom	Sen. Parnell	9	✓	

384

DATE 2-1-91

COMMITTEE ON senate committee on public health, welfare & safety

SJR 9
SP 134

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
James Marshall	M.S.C.A	#9	X	
Smith & Stinson	"	"	X	
Lizabeth Pittenger	"	"	X	
Walter Krumm	"	"	X	
W.E. Stevens	MT Food Dist Assoc	134	X	
Charles R. Brooks	MT Retail Assoc	✓	✓	
Orna Frank	MT. FARM Bureau	134	X	
Dick Vinsaver	S.P. # 89	9	✓	
Fred S. Doney	MT. Dairymen's Assoc.	134	X	
Lloyd Erickson	M.S.C.A	9	X	
Ludora Carlson	M.S.C.A	9	X	
Mark Deal	M.S.C.A	9	X	
Benjamin	M.S.C.A	✓	✓	
Allen Mc Knight	M.S.C.A	9	✓	
Francis Neel	M.S.C.A	9	✓	
Frank Baker	M.S.C.A	9	✓	
Elaine C. Brown	M.S.C.A	9	✓	
Lloyd Anderson	✓	9	✓	
Marion J. Brown	M.S.C.A	9	X	
Walter J. Brown	M.S.C.A			
Frank Fickender	M.S.C.A			
Walter J. Brown	M.S.C.A	134		X
Walter J. Brown	M.S.C.A	134	✓	
Walter J. Brown	✓	#9	✓	
Walter J. Brown	"	#134	✓	
George F. McGovern	" Q.F.	#134	X	

DATE 2/1/52 4 of 4
public health, welfare & safety

COMMITTEE ON

5JR9
SB 134

[illegible]