

MINUTES

MONTANA SENATE 52nd LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By Chairman Dorothy Eck, on March 27, 1991, at 3:10 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.

HEARING ON HOUSE BILL 667

Presentation and Opening Statement by Sponsor:

Representative Paula Darko opened by saying this bill was introduced at the request of the Board of Medical Examiners. They need additional staff to monitor their cases and fact findings on investigations. See Exhibit #1 for a history of these problems. In 1987 the Board of Medical Examiners attempted to use Department of Commerce attorneys for their legal needs but the process proved too cumbersome. This Board continues to receive different health care professions to monitor and license. Their caseload is growing. The bill allows the Department of Commerce to hire additional staff by increasing fee's.

Proponents' Testimony:

None.

Opponents' Testimony:

None.

Questions From Committee Members:

Senator Burnett asked if the fiscal note included general fund appropriations.

Representative Darko said the money will come from an increase of fees paid by doctors. It will be proportionate over everyone who requires a licensure fee from this Board. There is no general fund monies involved.

Pat Englund, general counsel for the Board of Medical Examiners, said they would like to hire a paralegal to speed up processing of the cases. The issue is not whether the job will get done, but the litigation and investigation stages can take up to two or three years. Additional staff can limit that time period. During the litigation stage the public is unprotected. The objective is to shorten the period of time. If there is a problem, it will be dealt with promptly.

Senator Jacobson asked how Montana ranks on a national basis regarding the disciplinary board.

Ms. Englund said several years ago Montana was ranked last. As of 1987, they rank 13th in the nation in terms of the number of disciplinary actions per thousand physicians.

Closing by Sponsor:

Representative Darko closed by thanking the committee for a good hearing and asked for favorable consideration.

EXECUTIVE ACTION ON HOUSE BILL 667

Motion:

Senator Rye moved concurrence.

Discussion:

None.

Amendments, Discussion, and Votes:

None.

Recommendation and Vote:

There being no objections the motion carried.

HEARING ON HOUSE BILL 785

Presentation and Opening Statement by Sponsor:

Representative Charlotte Messmore opened by saying this bill was requested by the Department of Health and Environmental Sciences (DHES). She said this bill eliminates Health Maintenance Act (HMO) requirements for the certification by DHES, if authorization is issued. She asked the chairman to recognize the witnesses.

Proponents' Testimony:

The first witness was Dale Taliferro, representing DHES. See Exhibit #2 for a copy of his testimony.

The second witness was Tanya Ask, representing Blue Cross/Blue Shield of Montana. She said they supported this bill. They have an HMO operating in the state as a line of business, not as a free standing HMO. They are a primary care model HMO, but contract with physicians who are already in private practice. They are governed under the laws that cover all physicians practicing in Montana.

The third witness was David Barnhill, Deputy Insurance Commissioner, Board of Insurance. He said they support this bill with an amendment (Exhibit #3). See a copy of his remarks (Exhibit #3).

Opponents' Testimony:

None.

Questions From Committee Members:

Senator Burnett asked Mr. Barnhill why the bill was needed.

Mr. Barnhill said since this law has been on the books there has been no indication of anyone wanting to do business under those regulations. The DHES, for practical reasons, has been unable to promulgate rules that would perform their part of the regulation. It is essentially different from the regulation they perform for other health care providers. The purpose of the law has never come to be reality in this state. The reason for the law does not exist and the law should cease to exist as well.

Chairman Eck asked Tanya Ask if it is possible that a free-standing HMO could function in Montana.

Ms. Ask said there have been indications of groups interested in forming their own free-standing HMO's within the provider community.

Chairman Eck said she recalled that Blue Cross/Blue Shield assisted in writing the HMO bill four years ago. If DHES no longer has a role in reviewing the regulations, she asked about the role of the insurance commissioner and wanted to know how that would effect Blue Cross/Blue Shield current operations.

Ms. Ask said she had not had a chance to review the amendments. She said she was not sure how it would effect their operation. She said they are operating as a line of business, as an HMO.

Representative Messmore said she did not have any problems with the proposed amendment by Mr. Barnhill.

Closing by Sponsor:

Representative Messmore closed by saying HB 785 pertains to the legislation passed in 1987. Montana has not had a flurry of HMO's in Montana. She said this bill would update it to current practice. She thanked the committee for the hearing.

HEARING ON HOUSE BILL 909

Presentation and Opening Statement by Sponsor:

Representative Dave Brown opened by saying over the last several legislative sessions, he had killed DUI bills that he thought were not appropriate ways to deal with the disease of alcoholism. It seemed to him that the emphasis was on deterrent value caused by jail time. Slightly more than 70 percent of persons with one DUI never become repeat offenders. That is essentially true of the second DUI. Multiple offenses are caused by people who have a real problem that needs to be treated through counseling. Instead we raise the jail time. It is not an appropriate way to deal with the problem. He said he has worked for many years in this area, especially in finding solutions to upgrade the state system in dealing with chemical dependency. He said they have no minimum standards for alcohol and drug counselors in Montana statutes. It allows the department to establish those by rule. He spoke with the Department and asked for guidelines on setting minimum standards. He handed the committee Exhibit #4, a copy of proposed amendments. He said there are 570 registered, certified chemical dependency counselors in Montana. He said he visited with a gentleman from Dull Knife College about concerns with the legislation, items 1 through 4 of Exhibit #4 deal with those concerns. He explained the amendments. If the bill were passed with the amendments it would require a Baccalaureate degree, or an Associate of Arts degree in alcohol and chemical dependency counseling or successful completion of one year of formalized training in chemical dependency counseling in a program approved by the Department and 2,000 hours of work experience.

Representative Brown continued by saying on page 4, section 4 the bill directs the Department of Institutions to study the same minimum standards that should be set for gambling counseling, which may need higher standards than those for chemical dependency. It also asks them to report on modalities. The appropriations attached to the bill is taken from the Department of Justice, special revenue account, licensing and permitting section. It is not general fund monies. He urged support.

Proponents' Testimony:

The first witness was Caleb Shields, member of the tribal council of the Fort Peck Assiniboine and Sioux Tribes. See Exhibit #5 for a copy of his testimony.

Testimony was submitted by Mike Males, Bozeman, Montana. See Exhibit #6.

The second witness was Darryl Bruno, Administrator of Alcohol and Drug Abuse division, Department of Institutions. See Exhibit #7 for a copy of his testimony.

The third witness was Norma Jean Boles, representing the Department of Institutions. See Exhibit #8 for a copy of her testimony.

The fourth witness was Mike Rupert, representing the Chemical Dependency Programs of Montana and executive director of the Boyd Andrew Chemical Dependency Center in Helena. He said they were in support of this bill as amended by Representative Brown. He said they have been working toward professionalizing the counseling business and would like to be at the same level as licensed clinical psychologists, licensed social workers. This law is the final step to get this profession to that level. For the first time certified counselors will be accountable and will have ethical rules with consequences for non-compliance. Certification was initiated by state law and by rule. He said they could not support the amendments proposed by Mr. Shields. Indian Health Services developed a policy to have all Native American counselors certified by the State of Montana. It is unlikely that the Native American programs will lay off or fire 60 percent of their personnel. He said they would be happy to work with them to develop a system they could all agree to.

The fifth witness was Rod Robinson, director of the Chemical Dependency Department at Montana Deaconess Chemical Dependency Program. He said they support the bill as amended. They run state approved chemical dependency counselor training programs and have recently become affiliated with the College of Great Falls. He said this bill strengthens the process, especially the examination process.

The sixth witness was Bill Houchin, representing the Missoula Indian Alcohol and Drug Service. He said he supported the bill as amended. Without the amendments the bill will hurt low income programs and low income people by making the services unaffordable.

The seventh witness was Ben Armetrout, representing the Norther Cheyenne Recovery Center. He said he supported the bill as amended.

The eighth witness was Larry Akey, representing the Gaming Industry Association of Montana. This bill contains an important study on problem gambling in Montana and he urged support.

The ninth witness was Jean Tanniehill, representing the Helena Indian Alliance chemical abuse program. She said she supported the bill as amended by Mr. Shields.

The tenth witness was Jim D. Morsette, representing the Chippawe/Cree Tribe. He said they supported the bill as amended by Mr. Shields.

The eleventh witness was Roy G. Charette, a student of Dull Knife College. He said he supported the bill as amended by Mr. Shields.

Representative Charlotte Messmore requested being recorded as a strong proponent of HB 909.

Ms. Karen McGee, from Butte, Montana, filed a witness statement requesting the bill be amended to provide for a two year associate degree.

Opponents' Testimony:

None.

Questions From Committee Members:

Senator Burnett asked Representative Brown if he had objection to the amendments.

Representative Brown said he would like to work with Mr. Shields and find a resolution.

Senator Franklin said she had been contacted by the Salvation Army and they were concerned they would not be served well by the bill because they are not state certified.

Chairman Eck asked Representative Brown to be present during executive action and asked him to check if the gambling program would have to be reviewed through the Sunrise process.

Senator Towe asked Mr. Shields if they were bound by an interlocal government agreement.

Mr. Shields said the reservation based programs are bureau policy. The Indian Health Service will not take the lead in this issue. A National Indian Certification plan is being developed and should be completed by July 1 of this year, but they are a year behind.

Mr. Houchin commented that one program is under '638' which has different contractual arrangements. Missoula has a contract with the Indian Health Center. The agreements are slightly different.

Senator Franklin asked Mr. Robinson to comment on the supervised work experience portion of the bill.

Mr. Robinson said in the two-year program there is a minimum of six month practicum replacement leave. The one year program is involved in actual clinical activity with the last six months in case management. Both programs provide supervised case management.

Closing by Sponsor:

Senator Brown closed by thanking the committee for a good hearing and said his intent is to upgrade chemical dependency counselors in Montana so people receive better treatment. He said he is concerned about leaving anyone out of the program.

HEARING ON HOUSE BILL 870

Presentation and Opening Statement by Sponsor:

Representative Royal Johnson opened by saying this bill is one that was worked on the Board of Medical Examiners for the last 14 months. It revises the process in which a person can make a complaint about a physician; change the way the State renews podiatry and acupuncture licenses; and remove the fee limit for physician assistants. The maximum now is \$50.00. There is a statement of intent on the bill.

Proponents' Testimony:

None.

Opponents' Testimony:

None.

Questions From Committee Members:

Chairman Eck said on page 14, the bill removed the language, "not exceeding \$50.00," but it was not removed on page 15, line 12. She asked if that should be deleted as well.

Representative Johnson said they missed that in the House and asked the committee to adopt that amendment.

Closing by Sponsor:

Representative Johnson closed by thanking the committee for the hearing.

EXECUTIVE ACTION ON HOUSE BILL 870

Motion:

Senator Towe moved the amendment denoted in Exhibit #9.

Discussion:

None.

Amendments, Discussion, and Votes:

There being no objections the motion carried.

Recommendation and Vote:

Senator Towe moved concurrence as amended. There being no objections the motion carried.

HEARING ON SENATE BILL 469

Presentation and Opening Statement by Sponsor:

Senator Ethel Harding opened by saying she has been a small business employer for 16 years and it has been a top priority to provide health insurance to those employees. It was three years before they were financially able to provide the health insurance. The increase in health care costs had been alarming. Last year, when they renewed their policy, the premiums jumped approximately \$500.00 per month. Other states have passed basic health insurance plans and parts of that legislation is combined into this bill. It creates a basic health insurance for small business. It has been difficult to make this a requirement but there are many small businesses who want to provide health insurance but cannot afford to do that. A basic health care plan may solve their problems. As you know, 141,000 Montanans do not have health insurance. If small business employers furnish health insurance, it may lower medical costs.

Senator Harding continued by saying the bill provides a three year exemption. There is an escape clause for financial hardship. This program requires that health insurance is purchased for employees or the employer pays a tax. Section 3 is based upon the law in the State of Washington. She read from the bill. Nothing prohibits an employer from seeking a basic health insurance policy that provides benefits in excess of the basic coverage required in subsection (2). This bill pertains to businesses with 20 or less employees. They will contribute up to 75 percent of the cost of the premium for a basic health insurance policy. A basic health plan would cost about \$60.00 per employee. That is far less than our small business plan, which is about \$380.00, including spouse. A basic health insurance plan will make it far more palatable to small business. Section 5 is based on Virginia law. Section 6, denotes forms and rates of the insurance. Section 7 is based on Washington and Virginia law and lists the mandated services that will be excluded. Section 8 is the premium tax exemption, the same as HB 693. The implementation of the bill is July 1, 1995. This is a national problem, but small business employers do want to provide health benefits.

Proponents' Testimony:

The first witness was Larry Akey, representing the Montana Association of Life Underwriters. He said they represent about 600 small business people. He said there was some debate on whether they would support or oppose this bill. Some aspects are good and other parts are not so good. He said the sponsor recognizes that the bill is two different concepts. He said most of the opponents will speak to the Health Care Act that mandates small businesses to pay or play. The first part, basic health insurance coverage for small businesses, is an important concept.

The second witness was Dave Barnhill, Deputy Insurance Commissioner. He said they support the bill as an attempt to maximize availability of health insurance in Montana. He said they would seek guidance on Section 12, administration of the program. They would have to hire or contract with staff to perform these duties. The rules become effective July 1, 1995. He wanted clarification of the effective date of the Act.

The third witness was Tanya Ask, representing Blue Cross/Blue Shield of Montana. She said they support the concept and support any program aimed at recognizing the problems of the uninsured.

The fourth witness was Robert Olson, vice-president of the Montana Hospital Association. He said they support the concept of the bill. He said some hospitals do not provide health insurance benefits and are not affordable for many people.

Opponents' Testimony:

The first witness was Tom Hopgood, representing the Health Insurance Association of America. He said he is opposed to the bill, although it is difficult, because it tries to help solve a problem. He passed the committee Exhibit #10, proposed amendments. The power given to the Insurance Commissioner to review and approve rates is authority they do not currently have. He said they would probably have to add staff and build a new office.

The second witness was Jim Tutweiler, representing the Montana Chamber of Commerce. He said he lends support to the concept of the bill but is concerned about the tax on the uninsured. He said they question the ability of small businesses of Montana to pay a tax on uninsured employees. He said Montana ranks high nationwide on the percentage of small businesses. Almost 80 percent employ ten or fewer employees. Approximately 1/3 have a gross annual sales of \$130,000 per year.

The third witness was Julia Robinson, executive director of the Department of Social and Rehabilitation Services. She said she is a proponent for the improvement of health care. She said HB 693 is the Governor's program. She said they chose HB 693 because it provides incentives to small businesses. Penalties are used in Oregon and Massachusetts. She said this bill could provide a disincentive from attracting businesses into the state. We need to look at pooling, but be careful about entitlement programs.

The fourth witness was Mary McCue, representing the Mental Health Counselors Association. She said their opposition is because there is no recognition in the bill about mental health care.

Questions From Committee Members:

None.

Closing by Sponsor:

Senator Harding closed by saying she appreciated the hearing and said the bill was controversial. She said she believes Montana needs a basic health insurance program. An incentive program is good if you need a write-off, but most small businesses do not need tax benefits.

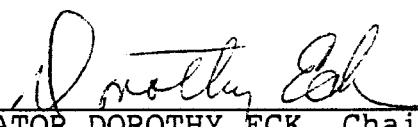
SENATE PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

March 27, 1991

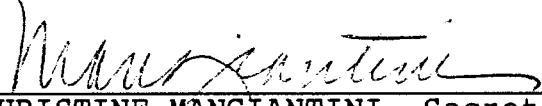
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ADJOURNMENT

Adjournment At: 5:15 p.m.



SENATOR DOROTHY ECK, Chairman



CHRISTINE MANGIANTINI, Secretary

DE/cm

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ROLL CALL

PUBLIC HEALTH, WELFARE COMMITTEE
AND SAFETY

Date 03/27/91

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.

DEBATE STANDING COMMITTEE REPORT

Page 1 of 1
March 23, 1991

MR. PRESIDENT:

We, your committee on Public Health, Welfare and Safety having had under consideration House Bill No. 870 (third reading copy -- please respectfully report that House Bill No. 870 be amended and as so amended be concurred in)

1. Page 15, line 12.

Following: "board"

Strikes: ". not to exceed \$50"

Signed _____

Dorothy Eck, Chairman

41 3-28-91
And. Coord.

315 3-28 11:35
Sec. of Senate



DEPARTMENT OF COMMERCE
BOARD OF MEDICAL EXAMINERS

STAN STEPHENS, GOVERNOR

STATE OF MONTANA

(406) 444-4284

SENATE HEALTH & WELFARE

EXHIBIT NO. 1

DATE 3/27

HEBL NO. 667

ARCADE BUILDING
111 N. JACKSON

HELENA, MONTANA 59620-0407

Recent History of
Board of Medical Examiners

February 8, 1991

For the years leading up to 1988, the Board of Medical Examiners contracted its legal work out to private counsel. The annual legal budget was \$25,000 per year; at the usual rates, this funding paid for approximately 29 hours per month in legal services. The funded legal time was inadequate to meet the Board's needs. Consequently, at the end of 1987, Montana had a disciplinary rate of only .8 formal actions per 1000 physicians. Montana ranked "dead last" in the nation.¹

In the end of 1987, when its private legal counsel withdrew as counsel of record, the Board elected to try using Department of Commerce staff attorneys instead of outside contracted counsel. At that time, the Board had the raw materials for 3 investigations; there were no pending disciplinary actions. Staff attorneys, working on state salary rather than an hourly basis, were able to complete 2 of the investigations, commence disciplinary actions on them, initiate further investigations of complaints, initiate additional litigation and start working the cases up for adjudication, by the end of 1988.

In November 1989, the staff attorney who had been primarily responsible for the Board's legal work assumed the position of full time Executive Secretary (previously a part-time position held by the president of the Board) and Legal Counsel to the Board. The additional staff time available to the Board over the last three years has helped the Board has increase its disciplinary productivity as follows:

1988

License discipline actions	
Pending	9
Completed with discipline	1
Civil injunction pending	1
Investigations pending	16

¹"6892 Questionable Doctors," a Public Citizen Health Research Group Report, June 1990, by Nicole Simmons, Phyllis McCarthy and Sidney Wolfe. These statistics do not include informal, unreported resolutions of complaints or cases.

1989

License denial actions	
Completed with denial	2
Settled with supervisory/ probationary conditions	3
Civil injunction obtained	1
License discipline actions	
Completed with discipline	5
Completed or settled with supervisory/ probationary conditions	2
Commenced/pending	12
Investigations pending	23

1990

License denial actions	
Completed with denial	1
Settled with supervisory/ probationary conditions	1
Reinstatement/remittance of previous disciplinary conditions	2
License discipline actions	
Completed with discipline	5
Emergency suspensions (1 partial, 1 full)	2
Settled with probationary/ supervisory or other conditions	4

1991 to date

License discipline actions	
Completed	1
Emergency suspension	1
Settled with supervisory/ probationary/other conditions	1
Commenced/pending	12
Investigations pending	26

The statistics for total disciplinary action for 1989 showed 5.52 actions per 1000 licensees, for a national ranking of 21st.² In 1990, the statistics showed a rate of 7.54 actions per 1000 licensees, for a national ranking of 13th.

²Compared to other states' 1987 statistics and rankings--the only statistics and rankings provided by the Public Citizen Report. Actual national figures for 1988, 1989 and 1990 are not available.

Complaints filed with the Board have also increased, as follows:

		% increase
<u>1988</u>	47	
<u>1989</u>	50	6%
<u>1990</u>	69	38%
<u>1991</u> to date	12	
--projection for 1991 at current rate--	(104)	51%

While the Board's disciplinary productivity has increased in the last three years, its workload has also increased dramatically. The greater number of in-coming complaints means more investigations and actions, if the Board is going to be able to continue to carry out its statutory mandate to protect the public against "unprofessional, improper, unauthorized, and unqualified practice of medicine." Section 37-3-101, Montana Code Annotated.

In order to accommodate the increased demands on its time and efforts, the Board has, in the last three years, instituted a number of new procedures for processing both disciplinary, rehabilitative and licensing activities.

The Board created an Executive Committee which meets by conference call one or more times per month to evaluate complaints and completed investigations. The Executive Committee makes recommendations to the full Board on possible disciplinary action or other resolutions. The full Board continues to make all final decisions, at its bimonthly meetings and conference calls as necessary.

The Board contracted with a private, non-profit corporation to administer the Professional Assistance Program, in lieu of directly managing the program itself. The PAP is a statutorily mandated advocacy program which assists in the rehabilitation of licensees suffering from chemical dependency and related illnesses. The separation of the Board's disciplinary function from its rehabilitative duties was necessary to encourage greater voluntary, early participation by licensees. If diversion to the program is possible without jeopardy to the public or licensee him/herself, disciplinary action can at times be avoided. The rehabilitated physician may then be returned to productive work in the many Montana communities needing medical services.

It should be noted that the Board is charged with supervision not only of physicians, but of five other professions as well: podiatrists, nutritionists, physician assistants-certified, acupuncturists and emergency medical technicians. The Board is responsible for both licensing and regulating the professional activities of all licensees in these professions.

Because the Board's responsibilities for supervision of the physician assistants-certified have grown with the increasing

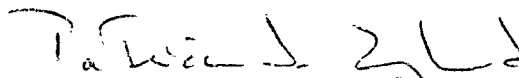
numbers of certified P.A.'s in the state, as well as their increasing medical privileges and duties, the Board created a Physician Assistant Advisory Committee, which assists the Board in all physician-assistant matters. Such matters include initial certification, authorization for prescribing authority, on-going supervision, discipline, rule-making, policy-making, etc. Long hours and cooperative effort by board members, physician assistants-certified, and the federal Drug Enforcement Administration, resulted in a prudent, workable plan for physician assistant-certified prescribing.

To upgrade its screening procedures for new applicants, the Board undertook and completed a thorough revision of its application documents for both physicians and podiatrists. It is hoped that stronger screening procedures may have a "preventive medicine" effect, and result in better protection of the public.

With the advent of the National Practitioner Data Bank as of September 1, 1990, the Board is now responsible for reporting all its own disciplinary activities to the Data Bank, as well as transmitting reports from professional societies, hospitals, peer review entities of health maintenance organizations, and medical malpractice insurers.

The Board will continue to aggressively carry out its duties under Title 37 to "maintain reasonable and continuing supervision" over all licensees under its jurisdiction. The Board believes a great deal has been accomplished in the last few years, and hopes to continue such improvements in the future.

Respectfully submitted.



Patricia I. England
Executive Secretary/Legal Counsel

SENATE HEALTH & WELFARE

EXHIBIT NO. 2

DATE 3/27

H BILL NO. 785

Testimony on HB 785 for the Senate
Public Health, Welfare and Safety Committee

March 27, 1991

Senator Eck and members of the Committee, my name is Dale Taliaferro. I am representing the Department of Health and Environmental Sciences. The Department supports the passage of House Bill 785 to remove the requirement for certification of quality of care of Health Maintenance Organizations. The Montana Health Maintenance Organization Act was passed in 1987 and has not been implemented.

The Department drafted rules in 1987 based on those in place in other states, but did not have the resources to implement the rules. The regulatory activities of the Department were to be funded through fees to the HMO's. Unfortunately, the program was not funded and the Department had no appropriate staff to carry out the regulation. Because the Act did not go into effect until the rules were adopted, the decision was made to delay until there was sufficient HMO activity to justify and fund the regulation. The initial estimate of costs was \$110,000 for the first year with subsequent years dependent on the number and size of HMO's.

Since 1987 there have been three applicants, two of which are currently in business. The Legislative Auditor has requested that the Department either implement the law or seek its modification or repeal. Based on the nature of HMO's in western states without large population centers the Department recommends removal of the quality of care requirement rather than funding HMO regulation.

The HMO concept is one of contracting to assure health rather than simply reimbursing for medical services. This provides a relationship where the provider is rewarded more for successful preventive efforts than for providing expensive acute services.

In the short term, however, a provider might benefit by withholding or delaying service. It is this aspect of HMO performance that quality of care regulation was intended to address. The HMO's that we have do not employ medical staff, but contract for services. The primary care physician is the one who makes decisions about what specialist or treatment should be provided for a patient. This would put the Department in the position of regulating private physicians in their practice.

Testimony on HB 785
Page 2
March 27, 1991

The regulation that is already in place for medical facilities and various health professions should be adequate for the type of HMO's that we have currently or are likely to have in the foreseeable future. If we get HMO's that are actual health service providers rather than special forms of insurance carriers it may be necessary to develop a system to determine whether or not the HMO's are providing adequate access to necessary services. This regulation would require extensive record keeping and would have to be staffed by specially trained physicians. There is no indication that there is need for this regulation or its added costs with the present HMO models that exist in Montana. The regulation that is applied to other forms of insurance or prepayment plans should be adequate.

SENATE HEALTH & WELFARE

EXHIBIT NO. 3

DATE 3/27

H BILL NO. 785

Amendments to House Bill 785
Third Reading Copy
March 27, 1991

1. Title, line 6.

Strike: "GENERALLY REVISE"

Insert: "REPEAL"

2. Title, lines 7 through 14.

Following: "ACT;" on line 7.

Strike: remainder of lines 7 through the first "MCA;" on line 14

3. Title, line 14.

Following: "REPEALING"

Strike: "SECTION"

Insert: "SECTIONS 33-31-101, 33-31-102, 33-31-103,"

Following: "33-31-104"

Insert: "33-31-111, 33-31-112, 33-31-113, 33-31-201,
33-31-202, 33-31-203, 33-31-204, 33-31-211, 33-31-212,
33-31-215, 33-31-216, 33-31-221, 33-31-222, 33-31-223,
33-31-301, 33-31-302, 33-31-303, 33-31-304, 33-31-305,
33-31-311, 33-31-312, 33-31-401, 33-31-402, 33-31-403,
33-31-404 AND 33-31-405,"

4. Page 1, line 18 through page 25, line 23.

Strike: sections 1 through 9 in their entirety

Re-number: subsequent sections

5. Page 25, line 24.

Strike: "Section"

Insert: "Sections 33-31-101, 33-31-102, 33-31-103,"

Following: "33-31-104,"

Insert: "33-31-111, 33-31-112, 33-31-113, 33-31-201,
33-31-202, 33-31-203, 33-31-204, 33-31-211, 33-31-212,
33-31-215, 33-31-216, 33-31-221, 33-31-222, 33-31-223,
33-31-301, 33-31-302, 33-31-303, 33-31-304, 33-31-305,
33-31-311, 33-31-312, 33-31-402, 33-31-403, 33-31-404 AND
33-31-405,"

5. Page 25, line 25.

Strike: "is"

Insert: "are"

SENATE HEALTH & WELFARE

EXHIBIT NO. 3

DATE 3/27

H BILL NO. 785

David Barnhill, Deputy Insurance Commissioner
Senate Public Health
HB 785
March 27, 1991

Good afternoon. For the record, my name is David Barnhill. I am the Deputy Commissioner of Insurance and am here today on behalf of the Commissioner of Insurance, Andy Bennett, and the Montana Department of Insurance.

The Montana Health Maintenance Organization Act was enacted in 1987. It was based on a model law promulgated by the National Association of Insurance Commissioners. To this date, there has been no true application of that law in Montana.

HMOs offer comprehensive health services to their members in return for a prepaid, fixed payment regardless of the quantity of services given to any particular member. Frequently, HMOs contract with "freestanding" providers such as alcohol and drug abuse treatment centers and emergency centers - to provide services for their members. HMOs have a financial incentive to reduce overall health care costs so they stress preventive medicine and minimal use of health services. This focus sometimes results in fewer services to the patient than they actually need and thus compromises the quality of care.

To date, there have been two HMO applications in Montana. One of those was submitted by an eye physician's group; the other by Blue Cross and Blue Shield of Montana. The Insurance Department has not been able to formally process these applications because of the review to be done by the Department of Health. That Department is to assure availability and accessibility of quality health care - in other words, Health signs off on the application once it has determined that the HMO does indeed offer a quality assurance program. In defense of the Department of Health, neither application in Montana is for a true HMO where the insurer owns or controls the health

provider. Neither the Department of Health nor the Insurance Department are aware of any interest to establish a true HMO in Montana. The bill offered by the Department of Health recognizes this reality. The amendment offered by the Insurance Department today also recognizes this reality.

There has been no evidence of problems in Montana with HMOs and there are no true HMOs here. Under the current circumstances, the HMO applications on file are really in the nature of a PPO. The problems that have been documented to exist with HMOs relate to the provision of health care. The source of this information is a Government Accounting Report entitled "Health Care: Limited State Efforts to Assure Quality of Care Outside Hospitals".

As the Department of Health testified, it regulates hospitals and the health care delivery system. Quality assurance of health care providers and delivery systems is not the bailiwick of the Insurance Department. The Insurance Department regulates HMOs for solvency. Leaving the statutory responsibilities of the Department in the Code could foster a false impression in the minds of the public that quality of health care is guaranteed under the HMO law. To avoid that false impression and reflect reality, the HMO law should be repealed in its entirety. The Insurance Department would still regulate the solvency of the insurer under standards listed elsewhere in the Insurance Code.

The Insurance Department supports HB 785 with the amendment presented to you today.

(1443)

Amendments to House Bill No. 909
Third Reading CopyH BILL NO. 909Requested by Representative Dave Brown
For the Senate Public Health, Welfare, and Safety CommitteePrepared by Tom Gomez
March 27, 1991

1. Page 2, line 3.

Following: "in"

Insert: "alcohol and drug studies,"

2. Page 2, line 5.

Following: "university;"

Strike: "or"

3. Page 2, line 6.

Following: line 5

Insert: "(ii) received an associate of arts degree in alcohol and
drug studies, chemical dependency, or substance abuse from
an accredited institution; or"

Renumber: subsequent subsection

4. Page 2, line 12.

Following: "program"

Insert: ", an internship supervised by the college or university
and endorsed by the department,"

5. Page 4, lines 22 and 23.

Strike: "[Sections 1 through 3] do"

Insert: "[Section 1] does"

SENATE HEALTH & WELFARE

EXHIBIT NO. 5

DATE 3/27

H BILL NO. 909 TESTIMONY ON HB 909 PRESENTED

BEFORE THE SENATE PUBLIC HEALTH COMMITTEE

HELENA, MONTANA

MARCH 27, 1991

SENATE HEALTH & WELFARE

EXHIBIT NO. 5

DATE 3/27/91

Mr. Chairman and Members of the committee:

H BILL NO. 909

My name is Caleb Shields, a Council Member since 1975 of the Fort Peck Assiniboine and Sioux Tribes and an Advisory Board Member of our Spotted Bull Treatment Center located on the Fort Peck Indian Reservation.

It's a pleasure to present this testimony before your committee that has jurisdiction on state certification of chemical dependency counselors.

The Department of Institution and the State Legislature is to be commended for addressing the need of raising the requirements for certification of CD Counselors. Since the middle 1970's Indian Tribes have always supported efforts to attain higher standards, not only for our personnel but also for our own programs.

Mr. Chairman, presently there are 43 reservation based CD Counselors working in Tribal Treatment Programs, excluding the Flathead Reservation. None of the programs are currently state certified. Of the 43 CD Counselors, 21 are state certified. Six (6) have passed the written exam, oral exam and are in the process of taped work sample, as defined in rules adopted under 53-24-204. Three (3) have passed the written exam and are now in the process of taking their oral exams. Thirteen (13) are preparing for the written exams. To recap, 21 CD counselors are currently state certified while 22 CD Counselors are still in the process of examinations.

The Grandfather or Grandmother Clause under the new section 6, dated to July 1, 1991 would virtually shut down our existing treatment centers, and would severely limit our opportunity to acquire state certification of our treatment centers.

In general, we support this piece of legislation-HB909, however, we would like to offer a few amendments to offset the immediate damage that would be afflicted on our tribal programs if HB909 is passed in it's present form.

Mr. Chairman, we feel that the following amendments are justified and will enhance both state and tribal objectives- providing quality care for chemical dependency clients:

-2-

NEW SECTION. Section 1 [2] (a) (I) Received an Associate of Arts (AA) Degree in Chemical Dependency, Psychology, Sociology, Social Work, Counseling, or a related field from an accredited college or university by July 1, 1995; Received a Baccalaureate Degree (BA) in Chemical Dependency, Psychology, Sociology, Social Work, Counseling, or a related field from an accredited college or university by July 1, 1999; or

NEW SECTION. Section 1 [2] (a)(II) has successfully completed at least 1 year of formalized training in chemical dependency counseling in a program approved by the department or recognized under the laws of another state; or

NEW SECTION. Section 1 [2] (b) has completed 2000 hours of supervised work experience in chemical dependency counseling in a state-approved chemical dependency treatment program by July 1, 1995, or similar program recognized under the laws of another state. Work experience must include experience in 12 core function areas, including screening, intake, orientation, assessment, treatment planning, individual and group counseling, case management, crisis intervention, client education, referral, record keeping, and consultation with other professionals in regard to client treatment and services.

NEW SECTION. Section 6. Applicability.
[section 1] does not apply to persons who, prior to July 1, 1995, did not receive an Associate of Arts Degree, and who prior to July 1, 1999, did not receive a Baccalaureate Degree, in order to receive certification from the department of institutions to practice as a certified chemical dependency counselor.
[section 2 and 3] do not apply to persons who, prior to July 1, 1991 received certification from the Department of Institutions to practice as a certified chemical dependency counselor.

Mr. Chairman, this completes our testimony and we would be glad to answer any question you may have.

Respectfully Submitted;

Spotted Bull Treatment Center- Fort Peck
Northern Cheyenne Recovery Center- Northern Cheyenne
Chemical Dependency Treatment Center- Fort Belknap
Chemical Dependency Program-Rocky Boy

SENATE HEALTH & WELFARE
EXHIBIT NO. 6
DATE 3/27
H.B. NO. 909

March 27, 1991

Mike Males
Submitted

Members of the Senate Public Health Committee:

I am writing as a proponent of HB 909 which will set up higher certification standards for chemical dependency counselors.

Under normal circumstances I would testify in person, but I am reluctant to do so for reasons that I am sure you will understand.

I am not a chemical dependency counselor, nor do I ever intend to become one. I am testifying because I have had two very unsatisfactory experiences with incompetent chemical dependency counselors in Montana. I know other people who have had the same negative experience. I believe the reason is that it is far too easy to be certified as a Chemical Dependency Counselor.

I would like to briefly tell you why I feel so strongly that HB 909 should pass this committee and become law.

Twice in the last five years I have sought the help of chemical dependency counselors because I believed that I had a serious drinking problem. Each time was an especially vulnerable period of my life. I desperately wanted competent, professional advice and counseling for what I perceived to be a significant problem. What I encountered, however, were not well-qualified professionals with specialized training. I found instead two people whose principal credentials were that they were themselves recovering alcoholics. While having a Counselor with personal experience with alcoholism may be desirable, it is by no means enough. In my case, I believe

continued

both counselors did more harm than good. I absolutely did not receive the help I needed.

Counselors have an inordinate power to influence their clients. I paid \$50 an hour to one of the counselors, and \$60 an hour to the other. In return, I should have been assured that I would be treated by people with specialized training and demonstrated expertise. This was not the case. I was treated by well-meaning individuals who had been through some of the same experiences that I had, but who had very little else to recommend them. I gained absolutely nothing from seeing either one of them, and I felt incredibly cheated.

I decided to find out more about the certification requirements for Chemical Dependency Counselors in this state. What I discovered is how easy it is to become certified. I was astonished to discover that a person can qualify as a Chemical Dependency Counselor without so much as a kindergarten education, much less a college degree. And, incredibly, only ONE WEEK of specialized training is required.

I also learned that since 1983 insurance companies have been required by law to offer coverage for chemical dependency treatment. What a bonanza for Chemical Dependency Counselors! No wonder there are over 500 people already certified.

Montana is far too lax in its standards for Chemical Dependency Counselors. HB 909 will go a long way to correct the problem. A four-year degree in a human services field or a year of specialized training, and one

year of supervised work experience is not asking too much of those seeking to enter the profession. In fact, most counseling professionals almost invariably have to have a masters degree. I believe it is wrong and unwise that the bill exempts all existing Chemical Dependency Counselors from the new requirements. I would highly recommend that HB 909 be amended to require that all current Counselors meet the new standards within a reasonable period, perhaps five years. This will allow them plenty of time to obtain the additional training, and will protect future clients from unqualified practitioners.

We need to weed out the incompetent counselors from this field and HB 909, while not perfect, is a good first step. I commend Representative Brown for introducing this bill. He's risking the enmity of many people already in the profession.

The time has come to set higher standards for Chemical Dependency Counselors. It is only fair to all the individuals who, like myself, will seek their help. And it is long overdue. Please give this bill your favorable consideration.

DEPARTMENT OF INSTITUTIONS

SENATE HEALTH & WELFARE

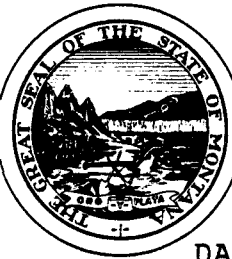
EXHIBIT NO. 7

DATE 3/27

#BILL NO. 909

STAN STEPHENS, GOVERNOR

1539 11TH AVENUE



STATE OF MONTANA

(406) 444-3930

HELENA, MONTANA 59620-1301

DARRYL L. BRUNO ADMINISTRATOR ALCOHOL AND DRUG ABUSE DIVISION

3/27/91

TESTIMONY FOR HB 909

The Department of Institutions Alcohol and Drug Abuse Division (ADAD) is the recognized state agency most responsible for alcohol and drug abuse treatment, rehabilitation and prevention services in Montana. Included in our legislative mandated duties are:

- . approval and evaluation of state programs
- . establishing standards for the development of programs.
- . Certifying chemical dependency counselors and establishing standards for the certification of chemical dependency counselors.

The department interprets these functions as a method of ensuring competency and quality care.

Certification has been a mandated function of the Department of Institutions since 1980. Legislative intent was that there would be a developed competency based system for all state approved chemical dependency programs receiving state funds including community based outpatient programs and the alcohol and drug programs on the Galen campus. Since 1980 other agencies have utilized our system rather than developing their own including parole and probation, schools, Indian Health service, prevention organizations etc. We believe that this is fine as long as everybody understands that the only purpose of this system is to ensure that the counselors impacting peoples lives are as qualified as humanly possible to provide these services.

Certification of chemical dependency counselors is required by the Department in Approved chemical dependency programs only. Certification allows counselors to bill insurance companies. Certification is required for a counselor to assess chemical dependency in a DUI offender or an evaluation for the courts. Given the responsibilities, it is imperative the certified counselor meet minimum requirements.

Although, this bill was not drafted at the request of the Department we believe that sections one, two and three, will enhance our certification system for chemical dependency counselors and prohibit inappropriate people from entering a counselor certification system.

DEPARTMENT OF INSTITUTIONS

DEPARTMENT OF HEALTH & WELFARE

EXHIBIT NO. 8

DATE 3/27

H BILL NO. 909 1539 11TH AVENUE

STAN STEPHENS, GOVERNOR

STATE OF MONTANA

(406) 444-3930

HELENA, MONTANA 59620-1301



TESTIMONY FOR HB 909

HB 909 introduced at the request of Representative Dave Brown mandates minimum entry requirements for certification of chemical dependency counselors, provides for suspension or revocation of certification for violation of professional ethics standards and requires a study of the minimum requirements for certification of persons providing counseling for gambling addictions.

The minimum requirements are essential to the professionalism of the chemical dependency treatment field. The present system has evolved since 1980 and has grown as a profession. The Department has continually upgraded the system via rule revision, however, this is limited. It is time to raise the professional standards. The Approved chemical dependency treatment programs statewide can easily implement proposed statutes without negative impact.

Given the current requirements, many persons desire this credential. The testing process is competency based ie. successful completion of all three exams. Inappropriate applicants are not being certified as they cannot pass the exams, however, they are impacting the workload significantly as we must offer three attempts on each exam. Since July 1, 1989, 250 individuals have registered for chemical dependency certification, the Alcohol and Drug Abuse Division has only certified 88 counselors.

The Alcohol and Drug Abuse Division believes this bill will enhance the quality of chemical dependency treatment services statewide.

Montana law gives the department authority to certify and establish standards for the certification of chemical dependency counselors and instructors providing chemical dependency educational courses. However, the statute does not deal with suspension or revocation of certification, this is a needed addition. In order to be truly effective and responsive to those seeking treatment services the certification system must have the authority to suspend or revoke certification based on violation of the standards for professional ethics.

This bill requires the department to study the minimum requirements for certification of persons providing counseling for gambling addictions and the availability of effective treatment resources in Montana.

The department concurs it is the most appropriate agency to conduct the study providing the fiscal note is accepted. Research indicates problem and compulsive gamblers can benefit from treatment in the addiction model, however, there are unique differences. The department will study this area and report to the 53rd legislature its findings and recommendations for the certification of gambling addiction counselors.

Prepared by Norma Jean Boles

WITNESS STATEMENT

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

Dated this 27 day of March, 1991.

Name: B. (Bill) Edward Houchin

Address: 1101 E. 3rd W., Missoula MT. 59801

Telephone Number: 728-0196

Representing whom? Missoula Indian Alcohol and Drug Service (MIADS) Ph: 721-2700

Appearing on which proposal?

HB 909 by Dave Brown

Do you: Support? Amend? ✓ Oppose?

Comments:

If Amendments are accepted I support the changes - If Amendments are not accepted I Oppose This Bill.
I represent Missoula (MIADS) and speak for Butte Indian Alcohol Program.
This Bill as stated without Amendment will hurt low income programs and low income people by making services unaffordable.

WITNESS STATEMENT

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

Dated this 27 day of March, 1991.

Name: BEN ARMSTRONG

Address: Box 857

Lane Deer Mt 59043

Telephone Number: 406) 477-6722 ex 21

Representing whom?

Northern Cheyenne Recovery Center

Appearing on which proposal?

909

Do you: Support? Amend? ✓ Oppose?

Comments:

I support and believe in better
qualified counselors. I don't support
Bill 909 in its present form But
I do support the proposed amend-
ments as will be presented by
Caleb Shields.

WITNESS STATEMENT

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

Dated this 27 day of March, 1991.

Name: JEAN TANNI HILL

Address: 436 North Jackson St.
Helena, Mont. 59601

Telephone Number: 442-7780 or 442-9334

Representing whom?

Helena Indian Alliance chemical abuse program

Appearing on which proposal?

HB 909

Do you: Support? ☐ Amend? ☒ Oppose? ☐

Comments:

The Chemical Dependency Counselors
who are currently undergoing the
certification should be given ample
opportunity to complete the certification
process. They should be grandfathered
in.

WITNESS STATEMENT

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

Dated this 27 day of MAR, 1991.

Name: John D Morsette

Address: 594 Rocky Boy mt

Telephone Number: 595-4282

Representing whom?

Chippewa tribe

Appearing on which proposal?

HB 909

Do you: Support? Amend? ✓ Oppose?

Comments:

The Rocky Boy tribe would
support Amendments to this Bill
As outlined in testimony submitted
by Ft Peck Tribes to extend the
dates for certification & Accreditation
Standards

WITNESS STATEMENT

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

Dated this 27 day of MARCH, 1991.

Name: ROY G. CHARETTE

Address: Box 99

LONE DEER

Telephone Number: 477-6357

Representing whom?

Concerned Student of Dull Knife Memorial College

Appearing on which proposal?

HB 909

Do you: Support? Amend? X Oppose?

Comments:

I Support the raising of the standards
of Certification in general with the Amendments
Presented By Caleb Shields this would
Allow me as a student to Afford and
Achieve my goal to become a Certified
Chemical Dependency Counselor.

WITNESS STATEMENT

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

Dated this 27th day of March, 1991.

Name: Karen McNew

Address: 1526 Elm St
Butte, MT

Telephone Number: 406-782-7520

Representing whom?

Self

Appearing on which proposal?

909.

Do you: Support? ☐ Amend? ☒ Oppose? ☐

Comments:

Would like to Amend for 2 year Associate
Degree ~~in~~ For CDC program (College of Great Falls)

Amendments to House Bill No. 870
Third Reading Copy

For the Senate Public Health, Welfare, and Safety Committee

Prepared by Tom Gomez
March 28, 1991

1. Page 15, line 12.
Following: "board"
Strike: ", not to exceed \$50"

PROPOSED AMENDMENTS
SB 469

HEALTH INSURANCE ASSOCIATION OF AMERICA
MONTANA ASSOCIATION OF LIFE UNDERWRITERS

1. Page 1, line 5.
Following: "ACT"
Strike: "AND" through "UNINSURED" on page 1, line 6.
2. Page 1, line 9.
Strike: "ESTABLISHING" through "TAX" on page 1,
line 20.
3. Page 2, line 13.
Following: "business"
Strike: "; and"
Insert: "."
4. Page 2, line 14.
Strike: "WHEREAS" through "employees." on page 2,
line 17.
5. Page 2, line 20.
Following: "business"
Strike: "and" through "coverage" on page 2, line 24.
6. Page 3, line 15.
Strike: "(2)" through "Oregon" on page 5, line 19.
7. Page 7, line 22.
Strike: Section 4 as introduced.
Insert: "NEW SECTION. Section 4. Eligibility. Basic health insurance policies described in [sections 3 and 7] may be issued to the following persons:
(1) Employers who:
(a) employ 20 or fewer employees working at least 20 hours per week;
(b) have not contributed within the preceding 12 months to pay of any insurance premiums on behalf of an employee; and
(c) contribute to payment of at least:
(i) 75 percent of the cost of premiums paid on behalf of an employee for a basic health insurance policy; and
(ii) 50 percent of the cost of premiums for an employee's dependents covered under the policy.
(2) Disabled or injured workers and their families.
(3) Unemployed individuals and their families.
(4) Self-employed individuals or individuals employed by an employer qualifying under subsections (1)(a) and (b) but who is not insured.

Ex. 10
3-27-91
SB 469

(5) Individuals required to provide health insurance
for their dependent children by court order.

8. Page 9, line 8.
Following: "with"
Strike: "and approved by"
9. Page 9, line 22.
Strike: Section 9 through Section 20.
10. Renumber subsequent sections.
11. Page 15, line 24.
Following: "through"
Strike: "20"
Insert: "8"
12. Page 16, line 1.
Following: "through"
Strike: "20"
Insert: "8"
13. Page 16, line 8.
Following: "Effective"
Strike: "dates" through the remainder of bill.
Insert: "date. This act is effective July 1, 1991."

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH, WELFARE & SAFETY

Date 03/27/91 H Bill No. 667 Time 4:32 p.m.

NAME	YES	NO
SENATOR BURNETT	X	
SENATOR FRANKLIN	X	
SENATOR HAGER	X	
SENATOR JACOBSON	X	
SENATOR PIPINICH	X	
SENATOR RYE	X	
SENATOR TOWE	X	
SENATOR ECK	X	

Secretary

Chairman

Motion: Senator Rye moved concurrence. There being no objections
the motion carried.

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH, WELFARE & SAFETY

Date 03/27/91 H Bill No. 870 Time 4:40 p.m.

NAME	YES	NO
SENATOR BURNETT	X	
SENATOR FRANKLIN	X	
SENATOR HAGER	X	
SENATOR JACOBSON	X	
SENATOR PIPINICH	X	
SENATOR RYE	X	
SENATOR TOWE	X	
SENATOR ECK	X	

Secretary

Chairman

Motion: Senator Towe moved adoption of the amendment denoted in
Exhibit #9. There being no objections the motion carried.

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH, WELFARE & SAFETY

Date 03/27/91 H Bill No 870 Time 4:42 p.m.

NAME	YES	NO
SENATOR BURNETT	X	
SENATOR FRANKLIN	X	
SENATOR HAGER	X	
SENATOR JACOBSON	X	
SENATOR PIPINICH	X	
SENATOR RYE	X	
SENATOR TOWE	X	
SENATOR ECK	X	

Secretary

Chairman

Motion: Senator Towe moved concurrence. There being no objections the
motion carried.

DATE _____

3/27/91

COMMITTEE ON

~~HB 77~~ HB 785

NAME _____

REPRESENTING

BILL #

Check One

	Support	Oppose
1. The proposed rule is necessary to protect the public health and safety of the community.	10	0
2. The proposed rule is necessary to protect the environment and natural resources.	10	0
3. The proposed rule is necessary to protect the economic interests of the community.	10	0
4. The proposed rule is necessary to protect the cultural and historical resources of the community.	10	0
5. The proposed rule is necessary to protect the social and community values of the community.	10	0
6. The proposed rule is necessary to protect the quality of life in the community.	10	0
7. The proposed rule is necessary to protect the aesthetic and scenic values of the community.	10	0
8. The proposed rule is necessary to protect the recreational and open space values of the community.	10	0
9. The proposed rule is necessary to protect the agricultural and rural values of the community.	10	0
10. The proposed rule is necessary to protect the overall well-being of the community.	10	0

Tarun Agk

Blue Cross & Blue Shield

785

✓

Male Teleostei -

DATES

785

Dave Berk, M

Imaginer de ot

785

Was corrected

FLB 909

March 27, 1991

Senate Public

Health, Welfare + Safety

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
CALEB SHIELDS	FT. PECK TRIBES	909	✓	
Jim D'AMERSETTE	Ricky Boy Tribe	909	Amend	
Bill Houchins	MIADS - Missoula	909	Amend	
Ernie McKee	Butte, UT.	909		✓
Bill Martin	Ft. Belknap C.D.T.C	909	Amend	
Mike Ruppert	C.D.P.M.	909	X	
ROY G. CHARETTE	Dull Knife Memorial College ^{student}	909	Amend	
Ben ARMOURTOUT	Northern Cheyenne Center ^{Recovery}	909	Amend	
Jean Tanninhill	Helena Indian Alliance	909	Amend	
Tom Hogg	Health Ins. Assn. Am.	SB 469	AMEND	
NORMA JEAN BOLES	Dept of Inst	909	X	
James Brown	"	909	X	
ROD ROBINSON	Mont. Deacovess Chem. Dep. Prog	909	X	
LARRY AKET	GAMING IN INDUSTRY ^{ASSOC}	909	✓	
MIKE MITCHELL	SFE - BOZEMAN	909	X	
Mary McCue	MMHCA	909	X	

(Please leave prepared statement with Secretary)

Senate Public Health,
Welfare & Safety DATE 3/27/91
SK 419

COMMITTEE ON S/S 469

VISITORS' REGISTER

[illegible]

(Please leave prepared statement with Secretary)