

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 53rd LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By CHAIRMAN BILL BOHARSKI, on January 8, 1993, at
3:00 P.M.

ROLL CALL

Members Present:

Rep. Bill Boharski, Chairman (R)
Rep. Stella Jean Hansen, Vice Chair (D)
Rep. Bruce Simon, Vice Chairman (R)
Rep. Beverly Barnhart (D)
Rep. Ellen Bergman (R)
Rep. John Bohlinger (R)
Rep. Tim Dowell (D)
Rep. Duane Grimes (R)
Rep. Brad Molnar (R)
Rep. Tom Nelson (R)
Rep. Sheila Rice (D)
Rep. Angela Russell (D)
Rep. Tim Sayles (R)
Rep. Liz Smith (R)
Rep. Carolyn Squires (D)

Members Excused: Rep. Bill Strizich

Members Absent:

Staff Present: David Niss, Legislative Council
Alyce Rice, Committee Secretary

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

Committee Business Summary:

Hearing: HB 75, HB 27
Executive Action: HB 18, HB 19

HEARING ON HB 75

Opening Statement by Sponsor:

REP. TOM NELSON, House District 95, Billings, said that HB 75 creates a commission to review mandated benefits such as health insurance policies, major medical policies, hospital policies, etc. As of October 1991, nineteen states have begun to require an analysis of the impact of the proposed mandates before they can be considered by the legislature. This commission proposes

to do the same if HB 75 is accepted by the legislature. There is an appropriation of \$11,000 from the general fund for travel expenses and room and board.

Proponents' Testimony:

Mark O'Keefe, State Auditor, asked the committee to base their decision on what action to take on the bill, on facts instead of politics. A lot of thought was given about who should be on the commission. There are traditionally three proponents traditionally, three opponents, a wild card public member, and two wild card non-voting members. He called the committee's attention to Page 5, subsection 6 of the new section 3 which says "The legislature may not consider a proposal to mandate a new health insurance benefit or to repeal or amend an existing mandated benefit unless the commission certifies no later than December 31 preceding the beginning of a regular session that the proposal has been reviewed". He said that without that section of the bill this system will not work. He also referred to section 1, paragraph 3, page 2, line 15 and section 3, paragraph 4, page 4, line 23. **EXHIBIT 1.** There should be a review system in place that takes the politics out of providing good health care for the people of Montana.

Terry Minow, Montana Federation of State Employees, Montana Federation of Teachers, Montana Federation of Health Care Employees, said in the last few years insurance has been one of the most controversial items on the bargaining table. Due to the rising cost of health insurance and health care, insurance may effectively be the only item on the bargaining table. When benefits are mandated the scope of bargaining is narrowed even more. Employees' choices are limited and employees lose the right to determine which health care coverage will be the most beneficial to their particular group. She said HB 75 is a very important bill to the members and asked the committee to give a do pass recommendation.

Tom Schneider, Montana Public Employees Association, pointed out that health care in Montana is reaching a point where public employers are talking about giving employees the money they currently contribute to health insurance benefits and telling them to go purchase their own health insurance because they cannot find a carrier to cover them any longer. That isn't because of mandated benefits, but is compounded in some areas by the mandated benefits. Mandated benefits do cost money, they are good and can be bad, and the association feels the commission that is proposed is a very necessary commission. A source is needed for information based on fact.

Tanya Ask, Blue Cross and Blue Shield of Montana, said that the study process is a good way to look at mandated benefits. The study process not only looks at the addition of any new mandates, but it also looks at the expansion or deletion of existing mandates. She had one technical amendment. **EXHIBIT 2.**

Tom Hopgood, Health Insurance Association of America, said that from the association's viewpoint, mandated health insurance benefits increase the cost of health insurance and because the cost of health insurance is increased, people are driven out of the insurance market. In a mandate free world, an affordable, no frills, catastrophic health insurance can be purchased. Mandated health insurance contributes to the problems of the uninsured in this state because too many benefits are added which increases the cost. The proposed commission would have the time to study, and decide what mandated health benefits are worthy.

Riley Johnson, National Federation of Independent Business (NFIB), said the NFIB supports the bill and the concept of making mandated health insurance decisions based on fact and not on emotion.

Steve Turkiewicz, Executive Vice President, Montana Automobile Dealers Association (MADA), stated that a mechanism is needed to evaluate rationally and unemotionally, the costs and the benefits of the service health insurance companies are required to provide. The proposed commission could be that mechanism. MADA supports HB 75.

Lars Erickson, Executive Director, Montana Council of Carpenters (MCC), Secretary, Montana Carpenters Health and Welfare Trust (MCHWT), said that the proposed commission would be able to closely scrutinize each proposal based on fact and need, and not on emotion. The MCC and MCHWT support HB 75.

Dave Hebenson, Montana University System, (MSU) submitted a report of a study taken on the impact mandated benefits had on the university's health insurance programs. EXHIBIT 3. MSU supports HB 75.

Gregory Van Horssen, State Farm Insurance Co.(SFI), stated SFI requests a do pass recommendation.

Larry Akey, Montana Association of Life Underwriters (MALU), Independent Insurance Agents of Montana (IIAM), said that HB 75 has a general fund appropriation of \$11,000 for mandated benefit review, which is a lot less expensive than having mandates piled on to state employees health insurance plans that are also paid out of the general fund. MALU and IIAM request a do pass recommendation.

Opponents' Testimony:

Pat Melby, Rimrock Foundation, said that HB 75 takes away from every legislator, the right to introduce a bill on mandated legislation, and if the bill passes the same thing could happen to school funding, university systems, human services, etc. The public elects legislators to consider everything regarding legislative proposals; to consider the facts, the emotions and the politics. The bill does not remove emotions and politics

from consideration of the legislature of mandated benefits. He urged the committee to give HB 75 a do not pass recommendation.

Paulette Kohman, Executive Director, Montana Council for Maternal & Child Health (MCMCH). Exhibit 4. MCMCH opposes the passage of HB 75.

Dr. Hugh Black, Montana Coalition of Independent Providers of Mental Health Services (MCIPMHS), said the coalition is opposed to HB 75 because the bill puts a barrier between the constituent and their elected representative; it's an invitation to special interest groups to develop the best proposal money can buy, and the commission would be given rulemaking authority which increases unnecessary bureaucracy.

Bill Evans, Montana Chapter of National Association of Social Workers (NASW), said that the proposal for a commission is modeled after a similar commission in Maine. The board was abolished in 1992. There was difficulty getting the board together in a timely manner, it was not efficient in terms of procedures, there was continual controversy regarding the appointments to the commission, it was slow in its reporting procedures to the legislators, and the legislators did not necessarily agree with the recommendations. NASW opposes HB 75.

Mary McCue, Montana Clinical Mental Health Counselors Association (MCMHCA), said the problem the association has with HB 75 is section 5. The association believes it would not be able to come forward with the kind of information required by that lengthy section in order to put forth an adequate application for the commission. She said if legislators think they will insulate themselves from arguments between opponents and proponents by having the commission, it isn't going to happen. MCMHC opposes HB 75.

Jim Smith, Montana Psychological Association (MPA). Exhibit 5. MPA opposes HB 75.

Informational Testimony:

None

Questions From Committee Members and Responses:

REP. MOLNAR asked **REP. NELSON** why the state auditor's office couldn't review the mandates which would save \$11,000. **REP. NELSON** said that did come up but at the time, Andy Bennett was State Auditor, and she didn't want it. It is something that can be considered.

REP. BRUCE SIMON said HB 75 states that the commission shall meet not later than the first day of August but by September the commission has to submit information about the report. It seems like a short time frame to gather enough information to the

council by the first day of September of the year preceding a regular session of the legislature. **REP. NELSON** agreed and said that the time frame could probably be changed.

REP. SIMON asked **Mr. Melby** if HB 75 passed and a bill was offered to this committee wouldn't it still be subjected to politics and emotions in making a final decision as to whether or not mandated benefits would happen. **Mr. Melby** replied that it was the proponents who said the bill would remove emotions and politics. He said his point was that the bill would require everyone to go through the process twice. This bill does nothing to remove politics and emotions. **REP. SIMON** asked **Mr. Melby** if this process wouldn't give the committee both the facts and the emotions so both could be used in making a decision. **Mr. Melby** replied that it was possible, but it precludes new legislators who have been campaigning and can't get their proposals submitted in time.

REP. SIMON agreed with **Ms. McCue** that not all of the information called for in section 5 of the bill would always be available but felt that there was some leverage in the part that reads "to the extent it is available", and asked **Ms. McCue** for her impression. **Ms. McCue** said that is the language that was placed in the draft of the bill after MCMHC expressed their concerns during the interim process.

REP. SIMON asked **Mr. Smith** to enumerate what levels of mandated benefits there are in the mental health field. **Mr. Smith** replied that to the best of his knowledge, psychiatrists, psychologists, social workers, and licensed clinical mental health counselors provide the mental health benefits.

REP. DUANE GRIMES asked **REP. NELSON** to comment on any barriers which might be imposed by the proposal that were taken out in the interim committee. **REP. NELSON** said he could not recall any barriers that were taken out.

REP. GRIMES asked **Mr. Akey** to comment on previous discussions that the bill on one hand provides a rational, unemotional, objective process and on the other hand it is bad legislation because emotion will be considered anyway. **Mr. Akey** said that taking emotion and politics out is not the intent of the legislation. The intent of the HB 75 is to gather facts outside the pressures of the legislative session.

REP. GRIMES asked **Ms. Ask** to comment on the discussion with regard to the problems other boards have had with controversy over appointments, inefficiencies in terms of procedures, slow reporting procedures, and the legislature did not necessarily agree with the board's recommendations. **Ms. Ask** said if the board is too large there will be problems getting together and working together but the proposed board wouldn't be as large and she didn't believe it would have those problems.

REP. JOHN BOHLINGER asked REP. NELSON if reference was made to the need for this type of commission in the publication entitled Health Care for Montana. REP. NELSON replied he didn't know. He said that if such a commission did come to pass the two probably wouldn't merge because the commission proposed by HB 75 has a narrower focus in gathering data for the legislators, whereas the other commission would have a broader focus.

REP. SHEILA RICE asked Ms. Kohman if there was any way to change the bill so it addresses more of the concerns the providers have indicated. Ms. Kohman replied that many other states deal with gathering the needed information themselves, in other words when anyone sponsors a proposal for a mandate the supporters would provide the information. That doesn't require \$11,000.

REP. RICE asked Mr. Smith for his comments. He replied that his association believes the committee needs to be supplied with the necessary information from a neutral party whose responsibility is to the Montana public. The association believes that party is the state auditor.

REP. BEVERLY BARNHART asked if mandated benefits were ever brought to the committee by anyone other than provider groups. Ms. Kohman replied that last session there was a group that covered adopted children. They were a group of consumers.

Closing by Sponsor:

REP. NELSON closed.

HEARING ON HB 27

Opening Statement by Sponsor:

REP. CAROLYN SQUIRES, House District 58, Missoula, said HB 27 amends the respiratory care act passed last session. At that time a renewal date was established at one year from the date of application. This bill establishes an annual renewal date of May 1 for licenses, and an amendment for issuing temporary permits.

Proponents' Testimony:

Helena Lee, Administrative Assistant, Board of Respiratory Practitioners, said a once a year renewal date would make it easier to determine if all employees are up to date on their renewals and have current licenses. She said the reason for the amendment on temporary permits is to give the student more time to apply for the temporary permit due to exams, graduation, etc. This amendment gives the student six months after graduation to apply.

Pat Johnson, Respiratory Therapist, said one annual renewal date

is a good way to make sure all employees have current licenses. She said the temporary permit amendment would also help out-of-town students who move to Helena and haven't been included in the notification process.

Opponents' Testimony:

None

Questions From Committee Members and Responses:

REP. LIZ SMITH asked Ms. Johnson if a three month time frame instead of six months to obtain a permit wouldn't be better. Ms. Johnson said the national exams for registry are only offered every six months and the six month period would accommodate either group of students. REP. SMITH asked Ms. Johnson if most licenses weren't renewed on the first of January. Ms. Lee volunteered the answer saying she picked May 1 because it was a month she wasn't overwhelmed with other duties.

REP. TIM SAYLES asked Ms. Lee what the cost of the licenses are and why the cost wasn't included in the bill. Ms. Lee said the cost of the license is \$60 and the authority is already there to set the fee.

REP. SIMON asked Ms. Lee how many respiratory therapists are licensed. Ms. Lee said there are 329 licensed respiratory therapists practicing in the state. REP. SIMON said he has seen bills come before the committee trying to do just the opposite of what this bill is trying to do with the idea of spreading the workload over the whole year so as not to get overwhelmed with dealing with all the licenses at the same time. The workload will increase tremendously with 329 people to license at one time. REP. SIMON asked Ms. Lee to address that. Ms. Lee said the regulations allow a ninety day period for licensees to renew and it is not a workload that would overwhelm her. REP. SIMON asked REP. SQUIRES if she wanted to comment. REP. SQUIRES said all employers want the licensing to take place at one time during the year instead of having to check every other month to ensure all employees have current licenses.

REP. NELSON commented that by adding the amendment, the title would have to be changed because it doesn't deal with the temporary permit. REP. SQUIRES stated she was aware that it would need to be corrected.

Closing by Sponsor:

REP. SQUIRES closed.

EXECUTIVE ACTION ON HB 18

Motion: REP. TIM DOWELL MOVED HB 18 DO PASS.

Discussion: REP. DOWELL stated his support for HB 18.

CHAIRMAN BOHARSKI said HB 18 should be amended by deleting the language "and do not compel a specific level of services" and inserting "this section may not be construed to require a service or particular level of service or grant a right of action to enforce this section or other law".

REP. DOWELL asked CHAIRMAN BOHARSKI what prompted his concern. CHAIRMAN BOHARSKI said his concern was that a third party could take action against DFS or SRS. REP. SIMON said the amendment had been discussed with REP. JOHNSON who had no problem with the amendment. REP. DOWELL said he did not oppose it.

Motion/Vote: CHAIRMAN BOHARSKI moved to adopt the amendment. Question was called. Voice vote was taken. Motion carried unanimously.

Motion/Vote: REP. STELLA JEAN HANSEN MOVED HB 18 DO PASS AS AMENDED. CHAIRMAN BOHARSKI called the question. Voice vote was taken. Motion carried unanimously.

Vote: HB 18 DO PASS AS AMENDED.

EXECUTIVE ACTION ON HB 19

Motion: REP. SQUIRES MOVED HB 19 DO PASS.

Substitute Motion: REP. MOLNAR MOVED HB 19 DO NOT PASS.

Discussion: REP. DOWELL said the interim committee would provide leadership and stated he was against the substitute motion. REP. BARNHART spoke against the substitute motion. REP. SIMON said oftentimes the legislators have issues before them they don't have time to deal with because of their complexity. This is the best money which could be spent to try to address some very difficult problems. A lot of money could be saved by having the interim committee. He stated that he opposed the substitute motion. REP. SMITH spoke in favor of the substitute motion. She said that the issues should be dealt with through coordination of existing agencies. REP. GRIMES spoke in support of HB 19.

Vote: HB 19 DO NOT PASS. Motion failed 2 to 14 with REP. MOLNAR and REP. SMITH voting yes.

Motion/Vote: REP DOWELL moved to REVERSE the DO NOT PASS motion. Motion carried 14 to 2.

Vote: HB 19 DO PASS.

ADJOURNMENT

Adjournment: 5:25 p.m.

Wm. Boharski

REP. WM. BOHARSKI, Chair

Alyce Rice

ALYCE RICE, Secretary

WB/ar

HOUSE OF REPRESENTATIVES

HUMAN SERVICES AND AGING

COMMITTEE

ROLL CALL

DATE 1-8-93

NAME	PRESENT	ABSENT	EXCUSED
REP. BILL BOHARSKI, CHAIRMAN	✓		
REP. BRUCE SIMON, VICE CHAIRMAN	✓		
REP. STELLA JEAN HANSEN, V. CHAIR	✓		
REP. BEVERLY BARNHART	✓		
REP. ELLEN BERGMAN	✓		
REP. JOHN BOHLINGER	✓		
REP. TIM DOWELL	✓		
REP. DUANE GRIMES	✓		
REP. BRAD MOLNAR	✓		
REP. TOM NELSON	✓		
REP. SHEILA RICE	✓		
REP. ANGELA RUSSELL	✓		
REP. TIM SAYLES	✓		
REP. LIZ SMITH	✓		
REP. CAROLYN SQUIRES	✓		
REP. BILL STRIZICH			✓

HOUSE STANDING COMMITTEE REPORT

January 11, 1993

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 18 (first reading copy -- white) do pass as amended.

Wm E Boharski

Signed: _____
Bill Boharski, Chair

And, that such amendments read:

1. Page 5, lines 20 and 21.

Following: "home" on line 20

Strike: the remainder of line 20 through "services" on line 21

Following: "." on line 21

Insert: "This section may not be construed to require a service or a particular level of service or to grant a right of action to enforce this section or other law."

HOUSE STANDING COMMITTEE REPORT

January 11, 1993

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging
report that House Bill 19 (first reading copy -- white) do
pass .

Wm E Boharski

Signed: _____
Bill Boharski, Chair

STATE AUDITOR
STATE OF MONTANA

EXHIBIT 1
DATE 1-8-93
HB 75



Mark O'Keefe
STATE AUDITOR

COMMISSIONER OF INSURANCE
COMMISSIONER OF SECURITIES

TO: Alyce Rice, Committee Secretary
Human Services and Aging Committee

FROM: Mark O'Keefe
State Auditor and
Commissioner of Insurance

SUBJECT: Testimony of HB75

DATE: January 11, 1993

Testimony of State Auditor Mark O'Keefe
HB75 - Commission to Review Mandated Benefits

In Section 1, Paragraph 3 (P2, L15), reference is made to "commercial insurers." This term is a bit confusing. Would PPOs, HMOs, Health Service Corporations, Surplus Lines insurers, Risk Retention Groups and other "gray area insurers" be considered "commercial insurers?"

In Section 3, Paragraph 4 (P4, L23), "applicant" is not defined. Who can "apply?" Are these "applications" the "proposals" discussed in the Statement of Intent (P1, L16)?

MOK/rnv

EXHIBIT 2
DATE 1-8-93
HB 75

Blue Cross and Blue Shield of Montana

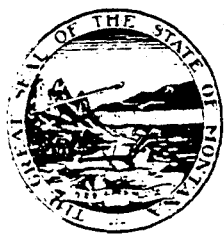
M E M O R A N D U M

January 5, 1993

TO: House Committee on Human Services and Aging
FROM: Blue Cross and Blue Shield of Montana
SUBJECT: House Bill 75

Proposed amendment:

1. Page 2, line 15
Strike: "commercial insurers"
Insert: "disability insurers and health service corporations."



MONTANA HIGHER EDUCATION SYSTEMS.

Office of Commissioner of Higher Education

2500 Broadway • PO Box 203101 • Helena, Montana 59620-3101 • (406) 444-6570 • FAX (406) 444-7729

Issues Concerning

Mandated Benefits

EXHIBIT 3

DATE 1/8/93

HB 75

THIS EXHIBIT IS 15 PAGES LONG. THE ORIGINAL IS STORED AT THE HISTORICAL SOCIETY, 225 NORTH ROBERTS STREET, HELENA, MT 59620-1201. THE PHONE NUMBER IS 444-2694.

January, 1992

Montana Council for Maternal and Child Health

54 N. Last Chance Gulch • Helena, MT 59601 • 443-1674

Testimony before the House Human Services Committee
January 8, 1992
HB 75

The Montana Council for Maternal and Child Health supports legislation which increases access to health care, especially for preventive care for children and pregnant women. Because the market for private health insurance has lately been more concerned with the price of coverage than the content, preventive health care has been losing ground. Insurance mandates have been one way to assure that health consumers have access to appropriate preventive health care. In the last session the Montana Council for Maternal and Child Health successfully advocated one such mandate, Well-Child coverage for children up to age two. HB 75 adds significant procedural impediments to beneficial health insurance mandates.

Any solution to the overwhelming problems of health care in this country must involve thinking on a broad scale, possibly re-inventing the entire system on a comprehensive basis. HB 75 takes the opposite approach, micro-managing the one small portion of the existing system, and closing, rather than opening, the door to comprehensive reform.

For these two reasons, the Montana Council for Maternal and Child Health opposes the passage of HB 75. We need more health care, not less, and less paperwork, not more.

Thank you for your attention. I will be willing to answer any questions you may have.



Paulette Kohman
Executive Director



MONTANA PSYCHOLOGICAL ASSOCIATION, INCORPORATED

January 8, 1993

Testimony in Opposition to

House Bill 75: An Act Creating a Commission to Review Mandated Benefits

Mr. Chairman and Members of the House Human Services and Aging Committee: my name is Jim Smith. I am the Executive Director of the Montana Psychological Association (MPA), an organization of approximately 100 licensed clinical psychologists practicing in Montana.

First, let there be no doubt about where MPA stands on the issue of mandated health insurance benefits: We believe the existing mandated benefits for outpatient mental health services are a cost-effective investment of health care dollars for insurance companies and their subscribers. We believe that any national health care reform package, or any health care plan that is 'made in Montana,' must include coverage for mental health services.

There have been some controversial bills and some lively debates on the issue of mandated benefits during the last two legislative sessions. The Interim Committee on Mandated Benefits was created after the 1991 session to study the issue; and HB 75 is that interim committee's principal recommendation to the 53rd Legislature. We do appreciate the work of the interim committee, and of Rep. Tom Nelson, who was a member of it. We expressed our concerns to the interim committee last April, but by that time the decision to recommend the commission proposed in HB 75 had pretty well been made, and our testimony was not persuasive enough to force a reconsideration. Today, we would like to express our concerns about the proposal to you, the ladies and gentleman of the House Human Services and Aging Committee.

MPA is opposed to HB 75 for the following reasons:

- The proposed commission is given the power to review all proposals to "require a new mandated health insurance benefit, or to amend or repeal the existing health care mandates." While it is said by the proponents of this legislation that it is intended to leave in place the existing mandated benefits, that is clearly not what HB 75 says. Our concern is that before long the proposed commission would be looking at proposals to whittle away at the existing mandates. That concerns us.

- As proposed, this commission will tip the scales of the debate in favor of those interests that are fundamentally opposed to the concept mandated benefits.

There are those interests, and they are formidable. A small organization, like the MPA, will be very hard pressed to undertake the rigorous, extensive, detailed, complex analysis required in Section 5 (page 6) of HB 75. Nor would MPA be able, given its very limited resources, to effectively respond to a proposal developed pursuant to Section 5 to repeal an existing mandated health benefit. Section 5 runs nearly four (4) full pages in the bill. Please take a good look at Section 5 and ask yourself: What interests and organizations have the time, money and staff to develop a proposal responsive to Section 5? Not small provider Associations like the MPA.

- As if Section 5 was not complicated enough, the proposed commission is given rulemaking authority in the Statement of Intent for HB 75. If the details go on for four (4) pages in the bill itself, there will probably be 40 more pages of administrative rules promulgated, which will only add to the difficulty we will experience as we attempt to articulate our views and positions in this debate. Make no mistake about it: this is a debate over the correct allocation of health care resources, and over what is good public policy in this regard. There is a need for empirical evidence, good data, accurate information, and a foundation of factual knowledge. Unfortunately, the proposal before you today in HB 75 is not the way to gather that body of information. HB 75 is an invitation to any interest group to develop the best proposal money can buy. It would be much better to require a public agency to obtain the information necessary to formulate good public policy.

- If the Montana Legislature is determined to go forward with this legislation, then the MPA recommends that the State Auditor's Office be given the funding and staff required to do the job. The state of Maine established a nearly identical commission in 1989 for many of the same reasons you've heard about today. We were able to tell the interim committee in April, however, that Maine had just passed amending legislation, which places the functions of the its commission within the state bureau of insurance. That bureau will conduct, review and evaluate mandated health benefit proposals and report to standing legislative committees in a timely manner.¹

- We question the necessity of HB 75. There are no bills before this legislature that we're aware of dealing with the issue of mandated benefits. It may be that the urgency of this issue has waned in the interim, or perhaps the debate over mandated benefits has become part of the larger debate over health care reform. If that is the case, then we'll all be dealing with these issues, and others, intensively, in every public body at every level of government for the next several years. And if that is indeed what the future holds, then this proposed commission may become one more bottleneck, one more layer of bureaucracy, one more source of regulations, and one more impediment to comprehensive health care reform--despite everyone's hard work and good intentions here today. We must ask if the proposed commission, and the attendant bureaucracy and regulation contained in HB 75 is really necessary to the development of good health care policy in Montana?

Thank you for your time today and for your careful consideration of our concerns. If the MPA can provide you with additional information, answer questions or respond to any of your concerns please contact me:

Jim Smith, Executive Director
Montana Psychological Association
324 Fuller
Helena, Montana 59601
443-1570 (work)
or
443-0607 (home)

EXHIBIT 5
DATE 1/8/93
HB 75

1. Chapter 701 Public Law; State of Maine. *An Act Regarding Review and Evaluattion of Proposed Mandated Health Legislation.* Approved March 20, 1992.

1. Page 2.
Following: line 1
Insert:

Section 2. Section 37-28-206, MCA, is amended to read:

"37-28-206. Temporary permit. (1) The board may issue a temporary permit to practice respiratory care for a period of 1 year, pending receipt of an application for licensure and upon payment of a temporary permit fee in an amount established by the board. To receive the permit, the applicant shall demonstrate in writing, confirmed by oath, that he:

(a) has applied for licensure by reciprocity pursuant to 37-28-202(2). If the board considers the application and denies it, the temporary permit shall lapse.

(b) has taken the examination for licensure and is awaiting the results; or

(c) is a student respiratory care practitioner who expects to graduate within 30 calendar days of his application, or who has graduated within 6 months prior to the date of his application.

(2) Upon expiration of the permit and payment of an additional fee in an amount established by the board, the board may issue a permit for an additional period not to exceed 1 year pending reexamination or compliance with the provisions of 37-28-202.

(3) An applicant who reapplies for a temporary permit after he has abandoned a previous application is not entitled to a permit."

Renumber: subsequent sections

HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER

Human Services COMMITTEE

BILL NO.

75

DATE 1-8-93 SPONSOR(S) T. Nelson

PLEASE PRINT

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NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
RILEY JOHNSON	NFIB	X	
Pat Melby	Lincoln Foundation		✓
Paulette Korman	MT Council for Maternal & Child Health		X
Tom Hopgood	Health Ins. Assoc. America	✓	
Tom Schneider	MPEA	✓	
Hugh Blackford	Montana Psychological Asso		✓
William Evans	MT Chapter Nat'l Asso of Sewer Works		✓
Gregory Van Housen	State Farm Insurance Company	✓	
LARRY AKEY	MT ASSOC OF LIFE UNDERWRITERS	✓	
Mark O'Keefe	State Auditor		
Jim Smith	MT. Psych Assoc.		✓
Tanya ABC	Blue Cross & Blue Shield	✓	
Judith Carlson	MT CAP, NASW		✓
Terry Minow	MT Fed of State Employees MT Fed of Teachers	✓	

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

Suzanne Turkiewicz
Mary McCue

MT Auto Dealers Assn ✓
MT. Clinical Mental
Health Counselors Ass'n ✓

**HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER**

DATE _____

BILL NO.

SPONSOR (S)

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PLEASE PRINT

[illegible]

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