

MINUTES

MONTANA SENATE 53rd LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By Senator Dorothy Eck, Chair, on February 10, 1993, at 1:00.

ROLL CALL

Members Present:

Sen. Dorothy Eck, Chair (D)
Sen. Eve Franklin, Vice Chair (D)
Sen. Chris Christiaens (D)
Sen. Tom Hager (R)
Sen. Terry Klampe (D)
Sen. Kenneth Mesaros (R)
Sen. David Rye (R)
Sen. Tom Towe (D)

Members Excused: None.

Members Absent: None.

Staff Present: Laura Turman, Committee Secretary

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

Committee Business Summary:

Hearing: SB 285
Executive Action: None.

HEARING ON SB 285

Opening Statement by Sponsor:

Sen. Eve Franklin, Senate District 17, Great Falls, said SB 285 is an approach to health care based on a broad consensus. The Committee has already heard testimony on the need for health care reform, and the demand is understood. HealthMontana, SB 285, is the product of the Montana Citizen's Health Care Group, which does a number of specific things to bring Montana closer to health care reform. Sen. Franklin went over the structure of SB 285. (Exhibit #1) Single payor and multi-payor plans both must be based on the concepts of universal access to care, cost containment, data collection, regional participation, public participation, administrative simplification, tort reform and small employer insurance reform.

Proponents' Testimony:

Dr. Martin Burke, Chair of the Montana Citizen's Health Group, said this is a momentous occasion because of the nature of the coalition of people who have come together to develop and support SB 285. Democrats, Republicans, consumers and providers have come together to endorse this bill. Regarding the federal government's role, Montanans should resolve their own health care problems for a Montana solution, not a D.C. solution. President Clinton promised to give states flexibility in health care reform. Mr. Burke said there is no quick fix to Montana's health care problems. SB 285 will insure adequate health care for all Montanans, it will contain costs by establishing caps on health care expenditures and by imposing global budgeting, it will create a state wide Health Care Authority, it will create a central database, and it will require the simplification of billing. This bill is not "another study bill" and Mr. Burke urged the Committee to pass SB 285.

Sen. Bob Brown, Senate District 2, said he is a co-sponsor and proponent of SB 285. He said he also represents Sen. Bruce Crippen who was unable to attend the hearing. SB 285 is a recognition of a broad-based group of people that health care is a necessity just like food, shelter and clothing. SB 285 commits Montana to a comprehensive system of health care for all Montanans in 1995. The Health Care Authority will prepare both single payor and multi-payor options arrived at through a series of hearings which will further educate Montanans and the legislature of the avenues available.

Kathleen Anne Long, PhD, provided written testimony. (Exhibit #2)

Lawrence L. White, Jr., President of St. Patrick's Hospital in Missoula said St. Patrick's is committed to fashioning a reorganization of Montana's health care delivery system. Mr. White said it was significant to him that those who have different concerns about the health care problem arrived at the consensus in SB 285. For hospitals, the hard point is global budgeting, because there is a fear that this means government control. Global budgeting allows for accurate predictions of what health care will cost, and the Health Care Authority will have the flexibility to enact mechanisms of global budgeting consistent with the needs of Montana.

Dr. Bill Reynolds, Missoula, said he would address global budgeting from a physician's point of view. The American Board of Physicians and the Family Physicians Organization favor global budgeting. Without it, there will not be effective cost control. The major reason for the health care crisis is that cost of health care has accelerated too fast, and individuals and companies cannot afford it. With this kind of a crisis, tough measures such as global budgeting are necessary because it represents the only way to control the inflation in health care

costs. Dr. Reynolds said Montana is not an appropriate state for managed competition because of the low population, and yet global budget plans are shown to work.

Jeff Strickler, M.D., provided written testimony. (Exhibit #3)

David Forbes, pharmacist and Co-chair of the Montana Citizen's Health Group, said SB 285 requires the development and maintenance of unified database. It is important to have appropriate data to make appropriate decisions. Mr. Forbes said a central authority would be responsible for the coordination of data collection.

Gloria Paladichuk, Richland County Commissioner and member of the Montana Citizen's Health Group, provided written testimony. (Exhibit #4)

Dr. Kenneth Eden, Helena, provided written testimony. (Exhibit #5)

Margaret Fleming, retired manager of the Social Security Office in Kalispell, provided written testimony. (Exhibit #6)

Don Judge, Montana State AFL-CIO, provided written testimony. (Exhibit #7)

Doug Campbell, President of the Montana Senior Citizens Association, provided written testimony. (Exhibit #8)

Leesa Klesh, Program Director for Montana Farmers Union, provided written testimony. (Exhibit #9)

Donna Schramm, Registered Nurse and Administrator of the Montana Consortium for Excellence in Health Care, provided written testimony. (Exhibit #10)

Peter Blouke, Director of the Department of Social and Rehabilitation Services, said the actions taken now will have a profound impact on the burden to finance health care in the future. Mr. Blouke said he would present the Racicot Administration's support for SB 285. The reasons for this support are that funds to cover basic governmental operations now must be diverted to cover health care costs. It is the largest sector of the state's budget and there are over 140,000 uninsured citizens in Montana. It is imperative that reform proceed rationally. Before the state is committed to a definitive system of health care reform, data must be collected from all aspects of health care. SB 285 allows the time for the collection of such data, and it allows the structure and format which allows for public participation in sustainable health care reform. It contains the elements the Racicot Administration believes are essential for health care reform: universal access, basic health care for all Montanans, insurance reform, tort reform, administrative simplification, and mechanisms to contain the cost

of health care. The administration does not believe Montana can afford or support a single payor system, and supports a multi-payor system.

Michael Regnier, Montana People's Action, provided written testimony. (Exhibit #11)

Chuck Butler, Vice-President of Blue Cross and Blue Shield of Montana, provided written testimony. (Exhibit #12)

Christine Mangiantini, League of Women Voters, said SB 285 allows for extensive public participation in the form of public hearings and public education programs concerning the content of the state-wide health care program. Also, the Health Care Authority will have the ability to address the needs of different regions, including Native Americans. It allows the Health Care Authority to recommend legislation. Ms. Mangiantini focuses on the health care needs of all of Montana's citizens, and the League urges the Committee do pass SB 285.

Suzi Holt, Medical Librarian at Shodair Hospital in Helena, said she represents the Task Force on Biomedical Information. Ms. Holt provided a copy of the Task Force's Report to the Governor. (Exhibit #13) For adequate health care for all Montanans, access to current medical knowledge must be insured for all health care providers. The Report documents that this access to knowledge can avoid unnecessary tests, procedures, hospitalization, and can provide inexpensive, preventative medicine to avoid malpractice suits. They found that information resources are concentrated in the state's population centers, and 35% of Montana's physicians are not affiliated with a health care library. Without state-wide leadership, there is no ability to plan growth of these services.

Kate Cholewa, Montana Women's Lobby, said they believe that a single payor system is the best way to solve the health care problems of Montana, but they do support SB 285. The Women's Lobby suggests the bill be amended so the Regional Boards and the five member Authority reflect the gender and race make-up of the state.

John Ritter, Past President of the Montana Medical Association, said SB 285 is an excellent start to restructuring health care in Montana. Mr. Ritter said there should be amendments to clarify the intent, which is to provide all citizens of the state with good health care. He went over Amendments 1 and 2. (Exhibit #14) They do not want this bill to be limiting to non-mainstream providers, or to the amount of money spent by private citizens on the care they wish to seek.

Dr. Jack McMahon, Helena, addressed Amendments 3-5 from the Montana Medical Association. (Exhibit #14) Dr. McMahon said there are concerns that the Medicare and Medicaid systems are not paying their share of costs. He strongly urged the Committee to

support SB 285.

Dr. Nelson, Obstetrician from Kalispell, said he would like the Committee to take a look at SB 267 as it presents regional health care planning. He asked the Committee consider the National Association of Insurance Commissioners' small group insurance reform, and the implementation of the single billing system presented in SB 267 which will be on line by January 1, 1994. Regarding global budgeting, there must be assurances from the federal government that there will be continuation of the Medicaid match and Medicare match. Dr. Nelson proposed that the Montana Legislature send a resolution to the Montana Congressional Delegation that Montana receive a waiver to keep all Social Security employee contributions to Medicare, Part A and Part B. Senior citizens can save money, and it can go towards care for Montana's uninsured.

Wally Hinkelman, Montana Nurses Association, provided written testimony. (Exhibit #15)

Cal Winslow, Deaconess Medical Center in Billings, said SB 285 is at the level of public dialogue, and he supports it.

Larry Akey, Montana Association of Life Underwriters, provided written testimony (Exhibit #16) and amendments. (Exhibit #17)

Steve Turkiewicz, Executive Secretary of MADA Insurance Trust, representing the Montana Association of Health Care Purchasers said they support SB 285.

Riley Johnson, National Federation of Independent Businesses, said the Federation supports SB 285.

Jamie Doggett, Montana Cattlemen and Montana Farm Bureau, said they support SB 285.

Paulette Kohman, Executive Director of the Montana Council for Maternal and Child Health, said universal health care is on their agenda, and they'll support SB 285.

Tom Ebzery, St. Vincent Hospital in Billings, said SB 285 is an "admirable beginning."

Staci Riley, Montana Federation of State Employees and the Montana Federation of Health Care Employees, said they support SB 285 and urged a do pass recommendation.

Greg Eklund, Montana Democratic Party, provided written testimony. (Exhibit #18)

Russ Ritter, Washington Corporation, said they support SB 285.

Bill Olson, American Association of Retired Persons (AARP), provided written testimony. (Exhibit #19)

Clyde Dailey, Executive Director of the Montana Senior Citizens Association and Chair, Montanans for Universal Health Care, said he supports the concept of SB 285, and he would like to work further with the Committee.

Christian Mackay, Montanans for Universal Health Care, said they support SB 285. He urged the possibility of appointing a subcommittee to look at this issue more fully, and he looks forward to working with the Committee. He submitted written testimony. (Exhibit #20)

Chet Kinsey, Montana Senior Citizens Association, said they support SB 285, they believe that all individuals should be covered, in a single payor system, with a well-financed Authority, a regional committee and consumer involvement with those committees.

Mona Jamison, Montana Chapter of the American Physical Therapy Association, said they stand in strong support of SB 285, and they'd like to work with the Committee when Executive Action is taken.

Jim Ahrens, President of the Montana Hospital Association, provided written testimony (Exhibit #21), and provided testimony for Paul Hanson, Administrator of the Big Horn County Memorial Hospital and Nursing Home in Hardin. (Exhibit #22) Mr. Ahrens said John Guy, President of St. Peter's Hospital in Helena was here to testify but had to leave. He also provided amendments. (Exhibit #23)

Mary McCue, Montana Dental Association, said the Association supports SB 285.

Bonnie Tippy, Montana State Pharmaceutical Association and the Montana Chiropractic Association, said they support SB 285.

Dan Ritter, Montana Chamber, said they support SB 285.

Mark O'Keefe, State Auditor and Commissioner of Insurance, provided written testimony (Exhibit #24), and an amendment concerning small group insurance reform. (Exhibit #25)

Opponents' Testimony:

Dan Shea, Montana Low Income Coalition, said the Coalition has one objection to SB 285. They believe there should be mechanism for regulation of negotiation in the bill. They are also concerned about the low-level wages and lack of benefits for the individuals in the health care industry who work "at the bottom of the spectrum." These are the individuals who keep the institutions running. Mr. Shea said if these concerns were not met, these individuals are going to remain the working poor, and no one will be concerned about them.

Questions From Committee Members and Responses:

Sen. Christiaens asked how the Tribal Governments would be brought into this particular plan. Martin Burke said Greg DuMontier of the Salish-Kootenai Tribes is a member of the Montana Citizens Health Group. In the provisions for regional planning, there needs to be communication with the tribal councils of Montana. The Native Americans in Montana are residents of this state and are qualified for the benefits of the plan.

Sen. Mesaros asked Sen. Franklin how much control the Health Care Authority would have over global budgeting. Sen. Franklin said some global budgeting already occurs, with Medicare and Medicaid for example. In SB 285 there are alternatives so that one can opt for global budgeting or fee for service.

Dr. Bill Reynolds said allocations for next year's expenditures are put into a pot, and it's categorized, and so much can be spent but no more. If expenditures go over what is allocated, you do not receive it the following year. The certificate of need process approves what can be done. It is much more complicated to put a cap on fees. Prepaid health care also caps fees.

Dr. Jack McMahon, said the committee included in the global budgeting position a prioritization program by the public and legislative bodies. The major fear of physicians regarding global budgeting is that they would be asked to decide which patient, A or B, could receive surgery. One of the amendments he proposed would include payment for treatment which is proven to be effective. Dr. McMahon said people cannot expect to have all health care needs paid for.

Sen. Towe asked Martin Burke, if he were the chairman of the Montana Citizens Health Group. Mr. Burke said he was.

Sen. Towe said he had some questions comparing SB 267 and SB 285. Sen. Towe asked Mr. Burke if SB 285 had no prescription cost containment or dispersment mechanism. Mr. Burke said they do not specifically address drugs, but the Health Care Authority will have the right to address that issue when it develops plans for the 1994 Legislature.

Sen. Towe asked Mr. Burke if SB 285 had no reference to a certificate of need. Mr. Burke said that was correct, but the Health Care Authority will be charged by the Legislature to develop plans which address the problems associated with a certificate of need.

Sen. Towe asked Mr. Burke about anti-trust concerns addressed in

SB 267 which are not addressed in SB 285. Mr. Burke said that is not accurate, SB 285 makes reference to anti-trust because it is part of the package of legislation that would come forward. There must be anti-trust provisions.

Sen. Towe said that it was addressed more comprehensively in SB 267. Mr. Burke said it was addressed more comprehensively because SB 267 includes immediate implementation of that part of the bill.

Sen. Towe said SB 267 contains a provision for health bargaining groups, and SB 285 does not. Mr. Burke said that was correct, but there is nothing in SB 285 to prevent health bargaining groups.

Sen. Towe asked Mr. Burke if SB 267 contained provisions for health purchasing pools. Mr. Burke said there was nothing in SB 285 to prevent health purchasing pools, but there are some individuals who are convinced that does not solve much of the problem.

Sen. Towe said SB 267 contained a facilities planning and review panel and SB 285 does not. Mr. Burke said that was correct, but in terms of preparing for comprehensive health care planning for Montana, the review process must be addressed. With no centralized database, it would be impossible to put a review panel into place immediately.

Sen. Towe asked Mr. Burke if it were a possibility to put a review panel into SB 285. Mr. Burke said it could be put into place right now, but it would have to be integrated into the legislation which would be brought to the Legislature in 1994.

Sen. Towe said in SB 267 there was a provision for review of hospital budgets which is not directly in SB 285. Mr. Burke said global budgeting is a method of cost containment, and that mechanism will have to be "flushed out" by the Health Care Authority upon study of information.

Sen. Towe said he was most perplexed by SB 267, which defines a single payor system as providing Montanan residents with a uniform set of benefits. SB 285 mandates two proposals, a single payor and a multi-payor. On Page 7, Section 4, it states that "each state-wide plan must guarantee access to health care services for residents of Montana by making available a uniform system of health care benefits." Sen. Towe said that sounds like the SB 267 definition of a single payor system. Mr. Burke said there can be multiple payors, private insurance companies and the benefit package can be defined. Mr. Burke said that typically, the single payor system makes us think of a Canadian-style system, where there is only a governmental payor. There is nothing to prevent the development of a multi-payor system which provides a uniform benefit package to Montanans.

Chairman Eck said the Committee would reconvene at 6:30 for an informational meeting so that the Committee can continue with questions.

Closing by Sponsor:


Sen. Franklin said that regarding prescription drugs, in SB 285 the term "health care items" covers prescription drugs. This language could be strengthened to make it more clear. Regarding the definition of "single payor" in SB 267, the argument could be made that that is a broad definition of "universal access." Sen. Franklin said both single and multi-payor systems provide those services. Therefore the mechanism is the difference, not the goal. Sen. Franklin said a tremendous amount of energy and faith went into the process of bringing SB 285 together. Sen. Franklin said there were some specific and substantive amendments brought fourth during the hearing, noting especially the amendments about insurance reform. Small group insurance reform is essentially interim reform because in two years, the Legislature will be addressing the multi-payor and single payor systems. The anti-trust amendments and the Montana Medical Association amendments would be looked at more closely, but the language in SB 285 does allow for flexibility.

ADJOURNMENT

Adjournment: Chairman Eck announced that the Health Care Caucus would meet Thursday, February 11th, in room 104 at noon. Chairman Eck adjourned the hearing.



SENATOR DOROTHY ECK, Chair



LAURA TURMAN, Secretary

DE/LT

ROLL CALL

SENATE COMMITTEE Public Health DATE 2-10-92

[illegible]

FC8

Attach to each day's minutes

DATE 2-10-93
SB 285

S.285 - HEALTHMONTANA

Sponsored by Senator Eve Franklin

S.285 is based on the health reform proposal developed by the Montana Citizen's Health Group, which was organized by Senator Max Baucus

MONTANA HEALTH CARE AUTHORITY - A five-member health care Authority would be established to develop two health reform plans -- one using a single payer and one using multiple payers. Both plans must be submitted to the Montana Legislature no later than October 1994.

GUARANTEED HEALTH BENEFITS - All Montanans would be guaranteed a uniform set of comprehensive health benefits.

COST CONTROL - Costs would be controlled through a series of mechanisms designed to eliminate waste, promote fiscal discipline, and provide for better management of Montana's health resources. These measures include establishing an expenditure target for all health spending in Montana, eventually tying health spending increases to growth in general inflation and growth in the economy, reimbursing health providers according to predetermined fee schedules, and developing proposals for limiting demand.

DATA COLLECTION - The Authority would collect data to identify statewide health care needs and direct statewide and regional health care policy to ensure cost effective, high-quality health care.

REGIONAL PARTICIPATION - Five regional planning boards would be established to advise on all regional health needs as related to a statewide plan.

PUBLIC PARTICIPATION - To assure broad public participation, The Montana Health Care Authority and the Regional Planning Boards must hold public hearings in each health care region to receive oral and written comments from the public on the statewide proposals.

ADMINISTRATIVE SIMPLIFICATION - The Authority would propose measures to simplify the billing process for individuals and providers. This could include mandating the use of common claims forms and promoting electronic claims processing.

MALPRACTICE REFORM - To reduce the cost of defensive medicine, the Authority would analyze malpractice law in Montana and propose changes as appropriate.

SMALL-EMPLOYER INSURANCE REFORM - No insurer in Montana would be able to deny or cancel coverage to any small business based on health status or a pre-existing health condition.

S. 285

Health Montana

SENATE HEALTH & WELFARE

EXHIBIT NO. 2

DATE 2-10-93

BILL NO. SB 285

Testimony of Kathleen Ann Long, PhD, RNCS

HEALTHMONTANA HEARING BEFORE THE PUBLIC HEALTH, WELFARE
AND SAFETY COMMITTEE OF THE MONTANA SENATE

February 10, 1993

Good Afternoon. ~~Mr. Chairman~~ ^{Chairman} and honorable committee members, I am a registered nurse, certified for advanced practice nursing. For the past 12 years, I have been involved in direct patient care and nursing education in Montana. It was my privilege to serve as a co-chair of the Citizen's Committee which assisted in drafting the HealthMontana legislation.

I would like to speak to you about the cost containment aspects of the bill. The following background facts may be helpful to you as you consider the cost containment issue.

- In October, 1992, the Congressional Budget Office reported that lack of restraint in the health care industry, unless changed, will cost this nation \$1.7 trillion by the year 2000.

In 1965, health care costs consumed 6% of our Gross Domestic Product; that percent grew to 12 in 1990 and is projected to be 18% by the year 2000.

- If uncontrolled, national health care costs are anticipated to increase by \$500 billion between 1990 and 1995, and this will occur while over 60 million Americans are without adequate health care (National Leadership Coalition for Health Care Reform) -- a situation which ultimately results in tremendous social costs due to lost productivity and eventual reliance on social welfare programs.

- Despite these enormous expenditures, we do not have an enormously successful health care system. It is true that millions of persons receive highly sophisticated, technologically advanced health care. However, our health care is not fairly or equitably delivered; a fact which is readily apparent in many areas of Montana.

- In a recent comparison with ten other developed nations, the United States ranked last in the delivery of primary health care -- that is health promotion, disease prevention and early intervention -- precisely the type of health care that is most cost-effective. (National League for Nursing, 1991).
- Many diseases once thought eradicated, such as tuberculosis and measles, are now reaching epidemic proportions.

I expect that what is of most interest to you are facts which are specific to Montana.

- Over the last 10 years, the average Montana family's spending on health care rose 382% faster than wages.
- Business spending for health insurance coverage rose by more than 280%.

- o Medicaid spending has become the fastest growing sector of Montana's budget, now consuming over 15% of the general fund.
- o Despite these expenditure increases, over 100,000 Montanans are not covered by any type of health care program.

Clearly something is very wrong with the status quo.

Cost containment tends to be a distasteful aspect of any bill. It conjures up notions of governmental interference. It is certain to be opposed by those whose incomes may be affected.

Nevertheless, I believe the facts speak for themselves. Cost containment is an essential part of any health care reform bill. The HealthMontana bill offers a rationale, phased-in approach to cost containment. It provides for a five year period of adjustment to bring costs into line with the Gross Domestic Product, and allows for consideration of factors such as population increase and unanticipated provider costs. The bill specifically addresses advance budget planning to prevent precipitous closures of health care facilities or loss of health care services. The cost containment measures proposed in the HealthMontana bill, including the global budgeting provisions, have been extensively studied at the national level, and have been found to be appropriate and effective.

In summary, HealthMontana's cost containment provisions require us to live within our means while improving access to the most cost-effective forms of health care.

Each constituency involved in health care -- consumers, providers and payers -- will be required to make compromises if we are to reform and improve health care delivery in Montana, and ultimately throughout this nation. As you weigh this difficult matter, I trust in your ability to discern vested interests. Those who oppose health care reform, including cost containment, should bear the burden of justifying the outrageous costs and inadequate service in our current system.

Health care reform in Montana is both an ethical imperative and an economic necessity. The HealthMontana bill is a comprehensive, well-reasoned approach to such reform.

Thank you for allowing me the opportunity to speak, and for your work on this critically important issue.

HELENA PEDIATRIC CLINIC

Elizabeth P. Gundersen, M.D.
Jeffrey H. Strickler, M.D.
John A. Reynolds, M.D.
1300 N. Montana Ave.
Helena, Montana 59601
Phone 406/449-5563

SENATE HEALTH & WELFARE
EXHIBIT NO. 3
DATE 2-10-93
BILL NO. SB 285

10 February 1993

To: Senate Public Health Committee

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

Re: SB: 285

The pediatricians of Montana, representing the children of this state and the doctors who care for them, would like to speak in favor of this bill.

Since 1986 the Academy of Pediatrics has lobbied in Washington D.C. for universal health care for all American children and pregnant women through our Access to Care Initiative. Sen. Baucus has been good enough to hear me several times on this subject. I am pleased to see that the Montana Citizen's Health Group that he sponsored has come up with a proposal that is consistent with our key principles.

These are:

- Guaranteed access: All children and pregnant women should be guaranteed financial access to health care.
- Benefit Package: Providing children and adolescents with all the services that they need with an emphasis on prevention.
- One-Tier: All children should have access to the same class of care.
- Insurance Reform: Elimination of pre-existing condition exclusion, guaranteed issue and re-issue, and community rating should be required.

SB 285 is the best effort at a state level to achieve these goals. It requires universal access to a uniform set of health benefits and stresses primary care and preventive services. It addresses our concerns on insurance reform. Although forming a One-Tier system on the state level is impossible without Federal reform, the committee's recommendation, not in this bill, for Medicaid expansion is laudatory.

Finally, I would like to be on record as saying that the pediatricians understand and are in favor of the concept of global budgeting. Certainly, the concept carries fears of change with the restriction of charges. However, the reality of creating universal access for all, and restructuring our priorities to preventive health and primary care, requires a restructuring of our expenditures and consequently a global budget. If we are really serious about providing comprehensive health care to all Montanans, including those who presently are out of the system, if we really want to improve the health of our citizens, global budgeting is not only reasonable, it is a necessity.

The pediatricians are pleased with this bill and what it promises to do for the children of Montana. We urge a do pass from this committee.

SENATE HEALTH & WELFARE

SENATE NO. 4

DATE 2-10-93

BILL NO. SB 285

SENATE BILL 285
FEBRUARY 10, 1993

MADAM CHAIRPERSON AND MEMBERS OF THE COMMITTEE. FOR THE RECORD,
MY NAME IS GLORIA PALADICHUK, RICHLAND COUNTY COMMISSIONER, AND MEMBER
OF THE MONTANA CITIZENS HEALTH GROUP.

I WOULD LIKE TO EMPHASIZE THE IMPORTANCE OF ESTABLISHING REGIONAL
BOARDS, WHICH IS VITAL IN ORDER TO ASSURE BROAD PUBLIC PARTICIPATION.

OUR COMMITTEE FELT IT TO BE VERY IMPORTANT THAT THERE BE GRASSROOTS
INPUT INTO ALL HEALTH PLANNING IN MONTANA.

WITH MONTANA'S DIVERSITY AND GEOGRAPHIC SIZE, THE USE OF REGIONAL
PLANNING BOARDS IS ESSENTIAL.

GRASSROOTS INPUT WILL BE ASSURED AS THE REGIONAL BOARDS FUNCTION
AS ADVISORY BOARDS TO THE MONTANA HEALTH CARE AUTHORITY.

MONTANA HAS MANY UNDERSERVED AREAS NEEDING INCENTIVES TO IMPROVE
ACCESS TO HEALTH CARE. THE COMMITTEE FELT IT APPROPRIATE THAT THE
REGIONAL PLANNING BOARDS BE BASED PRIMARILY ON HEALTH CARE REFERRAL
PATTERNS. RURAL AREAS HAVE GREAT CONCERNS REGARDING ADEQUATE BASIC
PRIMARY CARE.

THESE UNDERSERVED AREAS NEED IMPROVED ACCESS TO AND USE OF
PREVENTIVE CARE, PRIMARY CARE SERVICES, INCLUDING MENTAL-HEALTH
SERVICES, AND HOME AND COMMUNITY-BASED CARE.

REGIONAL NEEDS ARE IMPORTANT AS WELL AS THE OPPORTUNITY FOR
PARTICIPATION OF TRIBAL GOVERNMENTS IN PLANNING FOR HEALTH CARE.

OUR GROUP FEELS IT IS EXTREMELY IMPORTANT THAT MONTANANS DECIDE
WHAT IS BEST SUITABLE FOR OUR CITIZENS.

I URGE YOU TO HELP MONTANA DECIDE OUR HEALTH CARE NEEDS WITH A DO
PASS RECOMMENDATION FOR SB 285. THANK YOU.

EXHIBIT NO. 5
DATE 2-10-93
BILL NO. SB 285

Madame Chairperson, members of the committee:

I am Kenneth Eden, a physician in private practice here in Helena Montana. I am a member of the Citizens Health Group; a past chairman of the legislative committee of the MMA; and past president of the Mt. Society of Internal Medicine.

Physicians in Montana WANT health care reform. As a Mt. physician

- I find the lack of access for > 150,000 Mt. citizens intolerable

- I acknowledge and deplore the rapidly escalating costs of medical care but recognize there is **ample blame to be shared** by physicians, attorneys, hospitals, insurers, consumers and politicians.

The bill before you, however, is not about blame. It is about a shared **desire and responsibility** we all have for finding solutions. And it provides a well designed mechanism for finding those solutions in Montana. There are aspects of the bill which have generated disagreement. Compromises have been made. In the 2 years between enactment and the Commissions report to the 1995 legislature more compromises will be necessary. **Hard choices** will be made by my profession ... and by yours. But for now the choice is easy.

Approval of Sen. Franklin's bill provides a plan for defining **basic health benefits** for all Montanans. It firmly addresses **cost containment** and at the same time and of equal importance recognizes the critical need for **limiting demand** for marginal or ineffective health care services. It specifically addresses the **waste** generated by our present **tort system**. And it begins the long overdue reform of insurance underwriting which has resulted in many Montanans being uninsurable.

With passage of this bill the Montana legislature will begin a process which should bring quality affordable health care to all Montanans.

SENATE HEALTH & WELFARE

EXHIBIT NO. 6

DATE 2-10-93

BILL NO. SB 285

COMMITTEE HEARING ON HEALTHMONTANA BILL

FEBRUARY 10, 1993

Madame Chairman Eck, members of the Committee. I am Margaret Fleming, retired Manager of the Social Security office in Kalispell, Montana. I rise in support of this bill, which is proposed to enact a universal health care act for all Montanans, *Health Montana*.

We have heard mention today of such issues as universal access, cost containment, data collection, global budgeting, health care boards, regional boards, and other issues addressed in this bill.

I speak today of the beneficiaries of the passage of this bill, the over 141,000 Montanans who have no health care, and the thousands more who are under-insured for health care. As an administrator of the Social Security programs, I know first-hand of the effect on a family, with no or inadequate health insurance, when an illness strikes any member of that family.

As I read, daily, of the major layoffs industry is forced to make, to stay competitive in our country today, it envisions for me a problem beyond job loss. In addition to the loss of their salaries, most of those newly unemployed people also lose their health insurance. One major illness to any of the family members can develop into financial disaster for that family. It is not just the poor who are affected by inadequate or unavailable health insurance. It could affect any one of us in this room, or in all of Montana, or to our family members. We all are a job loss away from bankruptcy due to health care costs.

This issue, to me, is not a "senior" issue. 35,000 to 45,000 of the 141,000 Montanans uninsured for health care are women of child-bearing age. Most of the other Montanans of that 141,000 are under age 65.

It was in 1937 that the Farmers Union introduced the first health care insurance plan to cover all Montana citizens. In 1944, Montana's own Senator James E. Murray and two other Senators first introduced universal health care insurance legislation.

This many years later, in 1993, the crisis is even worse. It is hoped that this committee, and then the entire legislative body, will follow the lead and vision of those courageous leaders, and will pass this Legislation. Thank you.



Montana State AFL-CIO

Donald R. Judge
Executive Secretary

110 West 13th Street, P.O. Box 1176, Helena, Montana 59624

406-442-1708

SENATE HEALTH & WELFARE

EXHIBIT NO. 7

DATE 2-10-93

BILL NO. SB 285

TESTIMONY OF DON JUDGE ON SB 285 SENATE PUBLIC HEALTH, WELFARE AND SAFETY, FEBRUARY 10, 1993

Madam Chair, Members of the Committee, for the record, my name is Don Judge. I'm here today on behalf of the Montana State AFL-CIO to lend our support to Senate Bill 285. Let me begin by saying thanks to Senator Franklin, for sponsoring this legislation, and to U. S. Senator Max Baucus who pulled together a broad coalition of providers and consumers to work on this critical issue.

America's health care system has been ill for years. Today, it's in critical condition. We're gathered here today to propose developing a cure. It's a tall order. Ten years ago, as a nation, we spent \$350 billion on health care. Last year that bill came to \$839 billion.

In 1980, the average family spent 9 percent of its total income on health care, last year, that rose to 12 percent and is expected to top 16% by the end of this decade. The feverish cost is one symptom of the disease that has infected our entire system.

And today, despite these enormous increases in health care costs, we still have more than 140,000 Montanans without health care protection, and at least that many with inadequate coverage. In fact, one in five Montanans is without health care coverage!

When any one of the nation's 37 million uninsured needs medical attention, the cost is shifted to those who do have health insurance.

Workers' paychecks have been taking a beating as their employers struggle to maintain health benefits. The average cost of health care today is more than \$3,500 per worker per year, and rose more than 15% over last year's cost. Workers are forced to pay more of the cost of those benefits even when their pay hasn't kept pace with inflation. And when workers or their families get sick, they find their once adequate "insurance" no longer covers the costs or has even been canceled!

We face a crisis in Workers' Compensation costs. This crisis is substantially driven by rising health care costs, which have gone from 30% of the system's budget ten years ago, to more than 40% today, and is projected to raise to 50% within five years!

We recognize the illness of our system. But what we need is the cure. And, just what kind of health care reform do Montana's workers want?

We want a system that provides comprehensive, quality health care for all at an affordable cost; a system that's portable to guarantee that we can take our insurance with us when we change jobs, as American workers will change jobs, on average, at least five times during their worklife.

We want **UNIVERSAL ACCESS**, a health care system that guarantees that every sick or injured American can get medical care.

We want GLOBAL BUDGETS, a system that controls duplication in purchasing and coordinates the medical resources for each community and region so we can put valuable and expensive technology to maximum use. And we want a cap on the annual increase in health care spending.

We need PROTECTION FOR RETIREES AND THOSE IN NEED, a health care system that guarantees benefits to retired workers regardless of age. And also to those who are unemployed or on strike or in school.

We want FAIR FINANCING, where the cost of health care reform is distributed as broadly and equitably as possible. Workers are opposed to taxation of employee health benefits. They are already sacrificing their income to maintain health coverage and an increased tax burden would shift the burden even more to the working families of this country.

We can resolve this crisis in our current health care system only if we make a unified commitment to finding a resolution. No matter how worthwhile they may be, no collection of piecemeal approaches, from tax credits to malpractice reform will do much to control overall costs. Only a coordinated approach can offer any reasonable hope for a functional solution.

Montanans can have universal health security - if we commit ourselves to get on with the job. To advocate anything less, is to accept the inevitability of continued chaos, in which this state's resources will continue to be misapplied and sucked into a black hole of uncontrollable cost.

There are two bills introduced in this Legislative session that could provide the medicine this struggling system needs. Combining the best elements of each will move the health care system towards recovery.

Today, we're here to recommend that the Montana Legislature give it's favorable consideration to Senate Bill 285. To some, this measure may seem radical. To us, not to do something radical would be irresponsible.

Thank you.

Montana Senior Citizens Assn., Inc.

WITH AFFILIATED CHAPTERS THROUGHOUT THE STATE

P.O. BOX 423 - HELENA, MONTANA 59624



SENATE HEALTH & WELFARE

EXHIBIT NO. 8

DATE 2-10-93

BILL NO. SB 285

TESTIMONY OF DOUG CAMPBELL HEARD BEFORE (S) PUBLIC HEALTH, WELFARE & SAFETY FEBRUARY 10, 1993

(406) 443-5341

Madam Chairperson Eck and members of the committee. My name is Doug Campbell. I am president of the Montana Senior Citizens Association and I reside in Missoula.

I would like to share with the committee some background information which led to the formation of the Montana Citizens Health Group, appointed in the spring of 1992 by Senator Max Baucus, to draw up a plan for universal health care for the citizens of Montana. The bill before you today, SB 285, is the result of the deliberations of that committee. The Montana Senior Citizens Association has been an advocate for a national universal health care plan with a single-payer system for the past several years. During that time, we have had meetings with the senator to make our views known, and many of us have written to him and talked with him personally about our strong beliefs on this subject. He always agreed that something had to be done to include all Americans in a national health plan but didn't believe that the people would support the single-payer concept. I might add here that the national polls taken over

the past few years have shown that more than two-thirds of the public support the single-payer concept.

Then, there was a sudden change in the senator's attitude on the health care issue. In late fall of 1991, Senator Baucus visited Canada to take a close look at how their health care system worked. In February of 1992, the senator spoke to a large audience at the University of Montana about his Canadian experience. He began by saying that health care should be a right for all Americans and what we needed was a national universal health care plan with a single-payer system, similar to the Canadian plan but which would take into consideration the differences between the two countries. He said he believed single-payer was the only way we would be able to afford a universal plan. He also made a statement which I considered to be very significant and that was: "Canadians have peace of mind about their health care." In other words, they do not worry about becoming ill and not being able to afford medical care. The senator went on to say that he doubted Congress would pass any meaningful health care legislation soon and proposed that Montana be a pilot state for a universal health plan. I was surprised and pleased by his proposal, and those feelings seemed to be shared by a large majority of the audience.

Senator Baucus later appointed the citizens committee which

produced SB 285. I feel fortunate to have served on the senator's committee with a group of Montana citizens who are dedicated to bringing about the changes needed to provide universal health care for all Montanans. At the initial meeting of our committee, Senator Baucus spoke briefly and ended by saying, "I will not try to tell this committee what they should do, but be BOLD."

There is a great similarity between SB 267 and SB 285 except that SB 267 would definitely establish a single-payer system while SB 285 would defer, for two years, the decision on what kind of payment system to adopt. I cannot help but feel that we have not been sufficiently mindful of Senator Baucus in his directive to be "BOLD." My concern is that, if we wait another two years to make a decision on what kind of payment system we will choose, our health care situation in Montana will continue to deteriorate and costs to escalate. I would hope the two bills could be combined in a single bill with a single-payer system, as I believe that is the only way we can eliminate the wasteful bureaucracy of the present system and effectively control costs. I thank you for the opportunity to present my testimony and urge that you give serious consideration to both of these bills.

Why we need a single-paper system.

HIT THE BIG JACK POT!

Exhibit # 8

2-10-93

SB-285

GUESS JACK BURRY'S 1992 SALARY

Jack Burry is the Chief Executive Officer of Blue Cross and Blue Shield of Ohio, a nonprofit private health insurance company.

His 1990 salary was \$622,499.90.

His 1991 salary was \$792,130.05.

The recession began in 1990, so most working Americans received only small salary increases. Jack Burry's salary rose 27%. He now earns more than three times the President of the United States.

Voter exit polls show Americans deeply want jobs and health care reform. Last year nearly 25% of Americans were unemployed for one or more weeks. Americans want health reform that unlinks health insurance from employment so they can get the care they need whether or not they are currently working. Making health care available to all would eliminate the need for companies like Blue Cross. (See reverse side for more)

HERE'S THE DEAL!

Guess Jack Burry's 1992 salary and put the amount in the box below. The winner will receive 1/100th of 1% of his salary, an amount that might approach \$100.

The contest is open until March 1, 1993. The result will be announced around April 1, 1993-- April Fool's Day. If you are the winner and are working, you can save your prize to buy Christmas gifts this year. If you are the winner and unemployed, your prize will cover the premium for about one week of family health insurance.

My guess for Jack Burry's
1992 salary

\$ _____

Name _____

Address _____

Phone _____

Mail to: NEOCNHC, 1800 Euclid, Suite 318, Cleveland, Ohio 44115

MONTANA FARMERS UNION

Frank "Bud" Daniels, President

BILL NO.

2-10-93

SB 285

300 River Drive North
P.O. Box 2447
Great Falls, MT 59403-2447
Phone 406 • 452-6406
Fax 406 • 727-8216

TESTIMONY IN SUPPORT OF SENATE BILL 285

Good Afternoon. Madame Chairman and committee members, my name is Leesa Klesh and I am the Program Director for Montana Farmers Union. Montana Farmers Union is a general farm organization representing about 4,000 farm, ranch and rural families across the state. Health Care is a primary concern for all of our members. The rising costs of health care, skyrocketing insurance premiums and the lack of access to quality health care in many rural areas across our state are a few of the health care issues we are concerned about.

The rising costs of Health Care affect all Montana citizens but are compounded for farmers and ranchers, who being self employed, literally find themselves in a crippling catch - 22. Although they truly can not afford the often outrageously high health insurance premiums for their families, they must, if at all possible, purchase health insurance to protect the land that provides their livelihood.

In no other profession, are the risks of being underinsured or without insurance, so great. Because a farmer's or rancher's skills are tied to the land, he is totally displaced if he is forced to sell his assets to cover medical debts. A professional in any other field (even if all his assets are sold to cover his medical debts) in most circumstances, can use the same set of skills he had before the illness to earn a living.

Because of the monumental changes necessary to correct the current system, Montana Farmers Union actively supports comprehensive Health Care Reform for the state of Montana. We believe the two most vital components to real reform are:

universal access - quality basic health care at an affordable price for all Montanans

cost containment - through global budgeting, cooperative regional planning and efficient use of resources.

We are here today to support Senate bill 285 sponsored by Senator Eve Franklin. We have served as a member of Senator Baucus' Montana Citizens for Health Group since its creation last June and have participated in the process and development of Senate bill 285. We strongly support this bill and the reform measures it calls for. It is imperative that a new structure is created with the primary purpose being to serve and act in the best interest of ALL Montanans as a new Health Care plan is developed for our great state.

Montana Farmers Union supports the development of a single payer system for Montana. We urge you to pass legislation this session to begin the process of reform.

THE TIME IS NOW FOR BOLD ACTION AND RESPONSIBLE LEADERSHIP.

MONTANA CONSORTIUM

*for Excellence in
Health Care*

SENATE HEALTH & WELFARE

EXHIBIT NO. 10

DATE 2-10-93

BILL NO. SB 285



My name is Donna Schramm and I am speaking in favor of Senate Bill 285. I am a member of the committee that prepared this bill. I am a Registered Nurse, parent of a child with a developmental disability, daughter of aging parents and like all of you, a consumer of health care.

I speak to you as member of the health care system. I am presently the Administrator of the Montana Consortium for Excellence in Health Care. The Consortium is a group of seven Montana Hospitals and a part of a national initiative sponsored by the Robert Wood Johnson Foundation and the Pew Charitable Trusts. The project, Strengthening Hospital Nursing: A Program to Improve Patient Care, is an effort to bring about a fundamental change in the US Hospital - that is, from a discipline-driven, departmentalized institution to a patient-driven, unified one.

The process used by the committee to develop the bill now before you exemplifies the characteristics being promoted by the Strengthening Hospital Program - that is Interactive Planning. The emphasis is on what is best for the patient and how can the health care delivery system be created to meet patient needs. The committee's process has been based on a participative model, study of the current situation with input from a wide variety of sources and

P.O. Box 35200
Billings, Montana
59107-5200

with a vision of what our health care system can be in serving all Montanans.

I speak to you as the parent of a child with a developmental disability. A child who will need the continuing assistance of others to develop and live out her potential as a contributing member of our society. In many ways her circumstances are not so different than the rest of us - she needs health care that is accessible and affordable. She will however, never be fully independent or able to cope with the current tangled complex health care system we now have. She and others in her situation, must have basic services in a way that promotes their maximum level of independence and human dignity.

I speak to you as the child of aging parents. People who are now in the position of needing assistance with ever increasing health care costs. People who have been independent, self-sufficient, contributing citizens. The complexities they face in knowing how to access the system, understand it once they are in it and then coping with the paperwork jungle is incredible. Those of us inside the system have little idea the maze our patients face - until we or someone we care about needs continuing health care - as in my case a child and parents.

I speak to you as a consumer of health care - and as a health care professional, one who is supposed to understand all the intricacies and know how to get myself around it. Even with all that - it is not easy! It can be simpler, it can be more efficient - but fundamental changes have to take place. Services must be set up to meet the needs of patients - not the providers of that service as is now all too often the case.

This bill provides the mechanisms for such fundamental change to occur. It won't be easy, it probably won't please anyone 100% - if we do it right, what we develop won't look anything like we have now. That may be a frightening prospect, if some of us feel comfortable with what we have now, and if others of us think we will be taken care of if it becomes needed. Both of those scenarios - being comfortable and a sense of security may be just our own delusions. For many Montanans adequate health care simply is not a reality. For that reality to be changed will require capable, and interested people to get involved - that means all of us - not just the health care professionals, not the insurance companies and not just the various professional organizations. It means that each of us holds a piece of the puzzle, it means that no one person or organization holds the "right solution". It means as the various councils and programs are developed through this legislation, we have to listen and learn from each other - we have to be willing to ask each other what may seem to be simple questions - Why does it have to be this way? And What if we tried it another way? All of us can be involved and can contribute to the process of creating our future health care delivery system.

Parents, children, professionals, consumers all - we have a great opportunity before us. I urge your support of this bill. Thank you.

SENATE PUBLIC HEALTH COMMITTEE

SENATE BILL 285 TESTIMONY

2/10/93

Madame Chairwoman, members of the committee, my name is Michael Regnier. Today I would like to speak in favor of Senator Franklin's health care reform bill on behalf of Montana People's Action. MPA is a statewide membership organization with over 7,500 low and moderate income family members and donors. Several leaders and members of MPA testified earlier this week in favor of Senator Chris Christiaens' health care reform bills, Senate Bills 262 and 290. Today I am here to express MPA's support of Senator Franklin's bill today.

Many people feel that American citizens and the news media are too hasty in using the term "crisis" in describing events and circumstances that affect the populace. However, "crisis" is truly the most accurate term to describe the everyday experience of millions of Americans and hundreds of thousands of Montanans as they try to obtain the health care they need in order to live healthy and productive lives. We play by the rules every day, and yet 141,000 Montana citizens are unable to obtain basic health insurance coverage. We feel that Senate Bill 285 is a realistic and achievable means of solving this crisis. However, we also feel that several components of the bill could be strengthened in order to provide the maximum amount of protection for our citizens, both in terms of their ability to pursue gainful employment as well as having some reasonable peace of mind that they may, at any time, be confronted with a major illness or disability without the near certainty of being bankrupted in the process.

First, we feel that the bill, as it is currently written, ~~will~~ provide inadequate protection for individuals, or "non-group" customers. Because of the large number of employers in Montana who are so small as to not be able to constitute a group of even three members, it makes no sense to only protect people whose employers only have between 3 and 25 employees. This is also a significant barrier to obtaining coverage for people who are self-employed, and discourages the initiation of small businesses in which Montana takes such pride, and rightly so.

Second, the provisions referring to continuity should contain specific mention of the types of policies people may be leaving as the result of a new job or other change in circumstances. As written, there is some question as to whether the continuity of coverage provisions would apply to an individual who is leaving various kinds of coverage, such as Medicare, Medicaid, Medical Assistance, Champus, HMO contracts, or other such policies. Without these provisions, we will continue to see many such people be reluctant to even attempt going to work for fear of losing their coverage under these programs, though they may very much want to do so. We cannot allow people to remain

unnecessarily trapped in public programs that consume such a huge portion of the State and Federal budget by overlooking this provision. Failure to do so would undoubtedly cost Montana taxpayers millions of dollars annually who could actually be adding millions of dollars to the tax base.

Third, it is time to put an end to the standard insurance industry practice of "cherry picking" in Montana. We respectfully urge Senator Franklin and the Committee to implement community rating in its purest form, without the use of "rate bands." Experience in other states that have implemented health insurance reform and left rate bands intact has shown that this practice has actually increased the cost of insurance underwriting as companies attempt to squeeze individuals into these compressed zones of increased premium rates. Apart from the fact that this substantially defeats the purpose of community rating, this practice also has the same result on administrative cost savings.

Finally, we urge the Committee to enact these reforms quickly, as the urgency for reform is increasing dramatically with each year that passes with these issues left unresolved. It is time to address the discrimination and profiteering forced upon our citizens by the medical-industrial complex. If health insurance companies wish to compete in the marketplace in Montana, then let them compete while providing a product that we can both obtain and afford.

We applaud the efforts of Senator Franklin, Senator Baucus, this Committee, and all those who participated in the development of this bill. We urge you to pass it with the changes I have just described, and look forward to working with all those who will be involved in finalizing this bill and implementing its provisions. Thank you for your time.



**BlueCross BlueShield
of Montana**

404 Fuller Avenue
P.O. Box 4309
Helena, Montana 59604
(406) 444-8200
Fax: (406) 442-6946

Customer Information Line:
1-800-447-7828

TESTIMONY ON SB 285

Before Senate Public Health Committee

February 10, 1993

SENATE HEALTH & WELFARE

EXHIBIT NO. 12

DATE 2-10-93

BILL NO. SB 285

Chairman Eck and Members of the Committee. My name is Chuck Butler. I'm a Vice President of Blue Cross and Blue Shield of Montana.

I'm here today -- as I was last Friday -- to endorse the need for major-comprehensive-change in the way we provide and finance health care in Montana.

As has been said so often, health care costs are rapidly rising and the public's ability to pay is getting more difficult every day.

According to a document you received last Friday, Montana spent \$1.6 billion in health care in 1990. \$651.6 million, or 40%, went to hospitals. \$320 million, or 19.5%, went to doctors. \$138 million was spent on drugs, \$135 million on nursing homes, and \$85.3 million on dental care.

I mention those numbers to compare them with the amount Blue Cross and Blue Shield of Montana paid out in 1991 for hospital and doctor services. We paid hospitals approximately \$71 million and doctors and other providers almost \$50 million.

I will now address specific sections in SB 285 and offer a few recommendations:

1. Under definitions, in Section 2, Pages 5 and 6, there needs to be included definitions of global budgeting and expenditure targets that are referenced on pages 8 and 9 in Section 5 dealing with cost containment. I suspect we could ask each person here to give us a definition of these two measures and get a variety of ideas.

Also on page 5, the definition of health service corporations should be added to health insurer.

In Section 5, on page 8, we would propose on line 15 to change the word "shall" to "may." Also on page 8, beginning on line 24, we have a few issues that we believe need to be addressed.

First, this subsection states that all payors, including Medicaid, Medicare, Workers' Compensation, Veterans' Administration, Indian Health Service, Department of Defense, the

Federal Employee Program, Blue Cross Blue Shield, commercial insurers and third party administrators that pay claims for self-insured groups, must pay the same rate for like services. If the intent is to reduce the level of reimbursement that private insurers pay on behalf of our customers to the level now paid by government programs that could be a good deal; however, if the intent is to raise government payments, I doubt that will happen with our current fiscal situation here and in Washington.

And, without any number of waivers from Congress and the Clinton Administration, this is not doable. Further, an all-payer system eliminates the ability of group purchasers of services as proposed in Senator Yellowtail's bill to negotiate reimbursement rates for the people they represent.

Second, this same subsection in essence says all health care providers will be paid the same when providing a similar service. Year after year in debates over mandated benefits you've been told by allied providers that they provide care at a fee lower than M.D.s. If the intent of this section is to reduce the reimbursement for professional services, that's one thing, but if it means all professional providers' level of reimbursement will be raised to the level of M.D.s that's not cost containment.

While sounding like a good idea, the establishment of an all-payer system would also continue to encourage the delivery of care in a disjointed system, making it difficult for coordinated, managed care systems such as health maintenance organizations and preferred provider arrangements to use innovative reimbursement programs to achieve cost containment goals.

In terms of payment policies you could say, "one size does not fit all."

As I said in my testimony on SB 267, the Health Authority's tasks should be clearly spelled out in any health reform law but the Authority should have the flexibility to determine, after careful study, what is best for Montana, after knowing what Congress and the new President propose.

If we require the Authority to include all the items listed in Subsection 3 on page 8 under cost containment we have tied the Authority's hands and predetermined its decisions before it has all the information it can gain from the data it acquires, the public hearings it holds, and the actions of our federal government.

On line 16, on page 14 of Section 10 dealing with the appointment of members to the regional planning boards, we would propose that these folks be selected within 90 rather than 180 days of the appointment of the State Authority. These regional bodies are being asked to do many things. One major task, as outlined on page 15, in Section 15, is for each board to submit a regional health care resource management plan to the State Authority to assist in the development of a state health plan. A date should be included with this task, so it's clear that the regional boards' input must be included in the State Authority's plans.

In Section 12, dealing with data, we would propose that you consider much of what is

Exhibit II 12
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included in SB 267. As I said the other day, data on costs, charges, utilization, resources and the availability of services, to name a few, will be critical to the Authority as it makes decisions on how to structure a single payer and multi-payer system and in the development of a state health care resource management plan.

With regard to Section 13, we are in agreement with Senator Franklin and the Auditor's office on the substitution of the existing language with the Commissioner's Amendments which follow the NAIC and are tailored to Montana's needs. This in itself is a major change in the way insurers will do business in Montana and we welcome and support these reforms.

Chairman Eck, Blue Cross and Blue Shield of Montana has been an active participant with the Montana Hospital Association, the Montana Medical Association, purchasers of health care, our Congressional delegation, the administration of former Governors Stephens and Schwinden, and now, the Racicot administration, on health care reform matters.

We support and encourage passage of comprehensive changes in our state's health care system and want to work with you, Senators Franklin and Yellowtail and all those who want to ensure that all Montanans have access to high quality and affordable health services. In so doing we hope you and your committee will use SB 285 as a starting point and adopt the best features of the health care reform bills before you.

Thank you.

Report to the Governor

Montana Task Force

BIOMEDICAL INFORMATION

Montana Task Force

The original is stored at the Historical Society at 225 North Roberts Street, Helena, MT 59620-1201. The phone number is 444-2694.

February 1993

MONTANA

**MEDICAL
ASSOCIATION**

2021 Eleventh Avenue • Helena, Montana 59601-4890

Telephone (406)443-4000 or In-State 1-800-MMA-WATS (662-9287)

FAX (406)443-4042

February 10, 1993
Wednesday

MONTANA MEDICAL ASSOCIATION SUGGESTED AMENDMENTS TO SB 285

1. Page 7, line 22.
Following: "available"
Insert: "a system of necessary and effective health care benefits."
Strike: "a uniform system of health care benefits."
2. Page 7, line 25.
Following: {Sections 5 through 8}.
Add: "Nothing in this bill shall constrain Montana residents from seeking health care services not specifically delineated in the health care benefits package."
3. Page 8, line 15.
Following: "shall"
Insert: "most strongly consider"
Strike: "include" on the same line
4. Page 9, line 1.
Following: "items"
Insert: "addressing the cost shifting caused by the current inadequacy of the Medicaid, Medicare, and other governmental pay systems"
5. Page 9, line 3.
Following "provided"
Insert: "utilizing a resource based relative value system"

See reverse, excerpt from Federal Register sample of relative value units.

ADDENDUM B

RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION

HCPCS*	MOD	STATUS	DESCRIPTION	WORK RVUs	PRACTICE EXPENSE RVUs	HAL- PRACTICE RVUs	TOTAL RVUs	GLOBAL FEE PERIOD	SURGICAL/ NON-SURGICAL UPDATE
31201		A	REMOVAL OF ETHMOID SINUS	8.11	7.18	0.77	16.06	090	S
31205		A	REMOVAL OF ETHMOID SINUS	9.89	8.23	0.83	18.95	090	S
31225		A	REMOVAL OF UPPER JAW	15.56	19.98	2.43	37.97	090	S
31230		A	REMOVAL OF UPPER JAW	21.57	22.27	2.54	46.38	090	S
31250		A	NASAL ENDOSCOPY, DIAGNOSTIC	1.12	1.41	0.15	2.68	000	S
31252		A	NASAL ENDOSCOPY, POLYPECTOMY	3.05	3.45	0.37	6.87	000	S
31254		A	REVISION OF ETHMOID SINUS	4.63	6.57	0.71	11.91	000	S
31255		A	REMOVAL OF ETHMOID SINUS	7.13	10.83	1.17	19.13	000	S
31256		A	EXPLORATION MAXILLARY SINUS	3.37	3.86	0.42	7.65	000	S
31258		A	NASAL ENDOSCOPY, SURGICAL	2.36	2.72	0.29	5.37	000	S
31260		A	ENDOSCOPY, MAXILLARY SINUS	2.23	2.87	0.32	5.42	000	S
31263		A	ENDOSCOPY, MAXILLARY SINUS	4.25	3.68	0.44	8.37	000	S
31265		A	ENDOSCOPY, MAXILLARY SINUS	3.06	6.46	0.71	10.23	000	S
31267		A	ENDOSCOPY, MAXILLARY SINUS	3.15	7.57	0.83	11.55	000	S
31268		A	ENDOSCOPY, MAXILLARY SINUS	3.27	2.78	0.26	6.31	000	S
31270		A	ENDOSCOPY, SPHENOID SINUS	2.71	0.98	0.10	3.79	000	S
31275		A	SPHENOID ENDOSCOPY, SURGICAL	3.79	6.21	0.67	10.67	000	S
31277		A	SPHENOID ENDOSCOPY, SURGICAL	4.22	7.31	0.80	12.33	000	S
31285		A	ENDOSCOPY, COMBINED SINUSES	3.87	3.23	0.17	7.27	000	S
31299		C	SINUS SURGERY PROCEDURE	0.00	0.00	0.00	0.00	YYY	S
31300		A	REMOVAL OF LARYNX LESION	13.61	11.86	1.31	26.78	090	S
31320		A	DIAGNOSTIC INCISION LARYNX	4.65	3.96	0.50	9.11	090	S
31360		A	REMOVAL OF LARYNX	15.56	19.84	2.24	37.64	090	S
31365		A	REMOVAL OF LARYNX	22.36	27.80	3.17	53.33	090	S
31367		A	PARTIAL REMOVAL OF LARYNX	19.44	17.64	1.92	39.00	090	S
31368		A	PARTIAL REMOVAL OF LARYNX	24.30	27.42	3.13	54.85	090	S
31370		A	PARTIAL REMOVAL OF LARYNX	18.96	17.60	1.92	38.48	090	S
31375		A	PARTIAL REMOVAL OF LARYNX	18.96	15.20	1.60	35.76	090	S
31380		A	PARTIAL REMOVAL OF LARYNX	18.96	17.69	1.92	38.57	090	S
31382		A	PARTIAL REMOVAL OF LARYNX	18.96	16.45	1.82	37.23	090	S
31390		A	REMOVAL OF LARYNX & PHARYNX	21.67	35.70	4.15	61.52	090	S
31395		A	RECONSTRUCT LARYNX & PHARYNX	28.83	38.44	4.53	69.80	090	S
31400		A	REVISION OF LARYNX	9.28	8.00	0.93	18.21	090	S
31420		A	REMOVAL OF EPIGLOTTIS	9.28	8.28	0.86	18.42	090	S
31500		A	INSERT OF EMERGENCY AIRWAY	2.39	1.17	0.14	3.70	000	N
31502		A	CHANGE OF WINDPIPE AIRWAY	0.67	0.60	0.07	1.34	000	S
31505		A	DIAGNOSTIC LARYNGOSCOPY	0.63	0.44	0.05	1.12	000	S
31510		A	LARYNGOSCOPY WITH BIOPSY	1.97	0.57	0.07	2.61	000	S
31511		A	REMOVE FOREIGN BODY, LARYNX	2.21	0.98	0.10	3.29	000	S
31512		A	REMOVAL OF LARYNX LESION	2.12	1.83	0.20	4.15	000	S
31513		A	INJECTION INTO VOCAL CORD	2.15	3.54	0.38	6.07	000	S
31515		A	LARYNGOSCOPY FOR ASPIRATION	1.84	1.16	0.14	3.14	000	S
31520		A	DIAGNOSTIC LARYNGOSCOPY	2.62	1.68	0.18	4.48	000	S
31525		A	DIAGNOSTIC LARYNGOSCOPY	2.69	2.25	0.23	5.17	000	S
31526		A	DIAGNOSTIC LARYNGOSCOPY	2.63	3.57	0.38	6.58	000	S
31527		A	LARYNGOSCOPY FOR TREATMENT	3.35	3.06	0.30	6.71	000	S
31528		A	LARYNGOSCOPY AND DILATATION	2.43	2.73	0.30	5.46	000	S
31529		A	LARYNGOSCOPY AND DILATATION	2.75	2.52	0.25	5.52	000	S
31530		A	OPERATIVE LARYNGOSCOPY	3.48	3.72	0.40	7.60	000	S
31531		A	OPERATIVE LARYNGOSCOPY	3.82	5.75	0.62	10.19	000	S
31535		A	OPERATIVE LARYNGOSCOPY	3.24	4.10	0.46	7.80	000	S
31536		A	OPERATIVE LARYNGOSCOPY	3.25	5.71	0.61	9.57	000	S
31540		A	OPERATIVE LARYNGOSCOPY	4.23	5.73	0.63	10.59	000	S
31541		A	OPERATIVE LARYNGOSCOPY	3.65	7.11	0.77	11.53	000	S
31560		A	OPERATIVE LARYNGOSCOPY	5.59	5.12	0.53	11.24	000	S
31561		A	OPERATIVE LARYNGOSCOPY	5.02	10.31	1.10	16.43	000	S
31570		A	LARYNGOSCOPY WITH INJECTION	3.96	5.89	0.62	10.47	000	S
31571		A	LARYNGOSCOPY WITH INJECTION	3.61	6.59	0.71	10.91	000	S
31575		A	DIAGNOSTIC LARYNGOSCOPY	1.12	1.60	0.17	2.89	000	S
31576		A	LARYNGOSCOPY WITH BIOPSY	2.02	3.09	0.33	5.44	000	S
31577		A	REMOVE FOREIGN BODY, LARYNX	2.53	3.76	0.37	6.66	000	S
31578		A	REMOVAL OF LARYNX LESION	2.91	4.73	0.50	8.14	000	S
31579		A	DIAGNOSTIC LARYNGOSCOPY	2.32	2.39	0.26	4.97	000	S
31580		A	REVISION OF LARYNX	11.28	15.86	1.67	28.81	090	S
31582		C	REVISION OF LARYNX	0.00	0.00	0.00	0.00	090	S
31584		A	REPAIR OF LARYNX FRACTURE	18.96	13.03	1.37	33.36	090	S

* All numeric CPT HCPCS Copyright 1992 American Medical Association

SENATE HEALTH & WELFARE

EXHIBIT NO. 15

DATE 2-10-93

BILL NO. SB 285

Testimony on SB #285; "An act providing for universal health care access, health care planning, and cost control"

Position: Support

By: Wallace J. Henkelman, RN,MSN, Montana Nurses Association

The Montana Nurses Association is the professional organization and the voice of registered nurses in Montana. Among its goals is the promotion of access to quality health care for all the people of Montana.

At present access to such care is severely limited by inequities in our health care systems. This is evident in the facts that over 140,000 Montanans have no health insurance coverage of any kind and that, in addition, there are persons in our rural areas who regardless of insurance status have little or no access to health care providers.

SB285 addresses the former problem through the establishment of universal access coverage, insurance reform, and cost containment provisions. It addresses the latter by proposing assistance with education for persons in rural areas who desire to become health care providers and by establishing tax incentives for providers who practice in underserved areas.

As well as the content of the proposed changes in the health care system we need to look closely at the methods being used to make those changes. There are two principles of change to be utilized in the implementation of SB285 that I would like to point out.

The first is that a lasting and meaningful change will occur only if all parties involved in the process being changed are participants in the planning of the change. A change in health care provision would thus require input from consumers, providers, and financing agencies. SB285 provides for such collaboration rather than imposing the desires of one sector upon the others.

The second principle is that major changes are not made without careful consideration, gathering of relevant information, and extensive planning. SB285 facilitates those activities by allowing a number of options, the most important being postponing the decision to use a single payor or multiple payors as the financing mechanism until a time when consideration has taken place.

For both the content of the proposed changes and the proposed methods of change the Montana Nurses Association supports SB285.

SENATE BILL 285 -- HEALTH CARE REFORM

Position of the Montana Association of Life Underwriters

DATE 2-10-93

February 8, 1992

BILL NO. SB 285

Senate Bill 285, introduced by Sen Franklin (D - Gt Falls), proposes "comprehensive" health care reform. The bill creates a five person Health Care Authority (Authority) appointed by the Governor. The Authority and its staff would become the focal point of a number of reform measures. SB285 requires the Authority to develop and submit to the next legislature:

- two statewide universal health access plans, one based on a single payor concept and the other based on a "regulated multiple payor" concept;
- a cost containment plan with the goal of reducing the average annual increase in health care costs to the overall inflation rate by 1999;
- a health resources management plan to guide distribution of health care expenditures;
- a billing simplification and paperwork reduction plan to cut administrative costs;
- studies of medical malpractice tort reform measures and exemptions from anti-trust laws; and
- a study of long-term care needs and recommendations.

In order to get public input to all the above, the bill creates five health planning regions and establishes planning boards for each. The Authority would complete all the plans and recommendations, except long term care, by October 1994.

In addition, the SB285 directs the the Authority to develop and maintain a unified health care data base including an inventory of existing resources, a needs assessment, and evaluations of the cost and efficacy of protocols and providers. The bill replaces the existing statutes on health insurance with "guidelines" for the Commissioner to enforce by rule.

MALU POSITION: The Montana Association of Life Underwriters (MALU) supports the goal of assuring universal access to affordable health insurance coverage. We believe SB285 provides a good starting point for developing the reforms needed to reach this goal. However, to assure affordable access to health coverage for all Montanans, MALU supports making several significant changes in SB285.

1. In light of the fact that roughly 85% of all Montanans currently receive health insurance through our current partnership between private insurance and public sector programs, MALU believes expanding the existing voluntary private-public partnership provides the

most cost effective way of achieving the goal of universal access. Section 4 of SB285 requires the Authority to develop two statewide plans, one based on on a single payor concept and the other on a regulated multiple payor concept. Yet the bill fails to define either term. We believe the Legislature must amend SB285 to specifically identify what the proponents intend to include in the scope of the regulated multiple payor plan and, if the concept does not include expanding the existing private-public partnership, to include a statewide plan based on targeted reforms of the current system as a third proposal the Authority must submit to the next Legislature. In addition, we believe each statewide plan developed by the Authority must contain an actuarially sound estimate of the cost of implementation. MALU support for SB285 depends on these changes.

2. SB285 recognizes the central role of effective cost containment measures in the solutions to the problem of universal access, and for that MALU commends the sponsor. However, we question whether every plan should contain all the measures listed in Section 5. For example, we question the appropriateness of global budgeting in a regulated multiple payor system or in expansion of the existing private-public partnership. MALU suggests amending Section 5 to require the Authority to consider all the cost containment measures listed, but to only include those it deems appropriate to the specific plan. Moreover, we suggest adding two additional cost containment measures to the list the Authority should consider:

- a system for the reduction in the use of defensive medicine by adopting practice protocols, which would give providers guidelines to follow for specific procedures and impose limits on liability if the provider follows the guidelines in a manner not grossly negligent; and
- a cost-benefit analysis of all existing state mandated health insurance benefits as defined in HB75 and a recommendation to 1995 Legislature to eliminate those not found cost effective.

The Authority should have the ability to consider any other cost containment measure it deems potentially effective.

3. Although the Authority should study administrative simplification and electronic billing as provided in Section 7, we believe the Commissioner of Insurance should have the ability to adopt a uniform claim form and a standardized explanation of benefits in the interim by administrative rule.

4. The Legislature should expand the unified health care data base required in Section 12 to include a comparison of costs of commonly performed procedures within a location and require that the Authority make these comparisons available to the public.
5. The insurance "reforms" proposed in Section 13 will cause massive disruption in the current market for private health insurance, resulting in a greater number of uninsured and substantially higher premiums for many Montanans. As a result, MALU will stridently oppose SB285 unless the Legislature deletes or significantly alters this section.

Current studies show that a large portion of the uninsured have some tie to the job market. Nationally, nearly two-thirds of the uninsured worked on a full- or part-time basis; 35% worked full-time or lived in a family with a full-time worker, yet failed to obtain employment based health insurance. Almost all the uninsured with ties to the job market work for small businesses. As a result, the most effective way to address the problem of the uninsured is to improve access to and affordability of insurance in the small employer market.

MALU supports radically revising the laws governing availability of small employer group health insurance. If the Legislature adopts the principal elements of MALU's proposal:

- Small employers would be guaranteed the right to obtain an essential level of coverage for all their employees regardless of the group's health history.
- Renewability of coverage would be guaranteed except for nonpayment of premiums or fraud or misrepresentation.
- Premium rate variations would be limited among similar groups and rate caps would be placed on premium increases.
- Coverage would be portable — employees would not lose coverage when moving from job to job or when their employer changed carriers.

6. The Commissioner of Insurance should serve on the Authority as an ex officio member.

MALU believes since society as a whole must choose between health care and other uses of money, as often as possible these decisions should be made by informed individual consumers. Although society as a whole should provide health care for the less fortunate, most people should pay the real cost of what they get. On the whole, we believe good individual incentives and decisions will lead to good social outcomes.

SENATE HEALTH & WELFARE

EXHIBIT NO. 17

DATE 2-10-93

BILL NO. SB 285

Amendments to Senate Bill 285, Introduced Copy
Proposed by the Montana Association of Life Underwriters
February 10, 1993

1. Page 7, line 19.
Following: "concept"
Insert: ", a recommendation for a statewide universal access plan based on targeted reforms to the existing voluntary private - public partnership"
2. Page 7, at the end of line 25.
Insert: "Each statewide plan must contain an actuarially sound estimate of the costs of implementing the plan through the year 2005."
3. Page 8, line 15.
Following: "shall"
Strike: "include"
Insert: "consider"
4. Page 8, line 20.
Following: "care"
Insert: ", including expanded utilization review and managed care methods"
5. Page 9, following line 4.
Insert: "(d) a system for reducing the use of defensive medicine by adopting practice protocols which would give providers guidelines to follow for specific procedures and impose limits on liability if the provider follows the guidelines in a manner not grossly negligent;
(e) a cost benefit analysis of mandated benefits and a recommendation to the next legislature to eliminate those it finds are not cost effective. For the purpose of this subsection, "mandated benefit" means state legislation that prescribes the content of disability insurance purchased from a health insurer. The term includes but is not limited to extended coverages for certain categories of individuals, covered benefits including mandated options and benefits limited to certain types of contracts, and coverages for freedom of choice practitioners."
Renumber: subsequent subsections and correct internal references.
6. Page 9, line 14.
Following: "providers,"
Insert: "health insurers"
7. Page 11, line 4.
Following: "billing,"
Insert: "and"

8. Page 11, line 8.
Following: "payors"
Strike: "; and"
Insert: ";

9. Page 11, following line 8.
Strike: subsection (c).
Insert: "(2) The commissioner of insurance may, after consulting with the authority, adopt administrative rules requiring health insurers to use uniform claims forms and standardized explanation of benefits."
Renumber: subsequent subsections.

10. Page 12, line 25.
Following: "providers"
Strike: "or"
Insert: ", payors including health insurers and"
Following: "consumers"
Strike: "or both"

11. Page 13, line 14.
Following: "protocols,"
Strike: "and"
Insert: "(d) compare costs of commonly performed health care procedures among providers and health care facilities within a region and make the data readily available to the public; and"
Renumber: subsequent subsections.

12. Page 18, following line 3.
Strike: section 13 in its entirety.
Renumber: subsequent sections and amend effective date to conform.



SENATE HEALTH & WELFARE

EXHIBIT NO. 18

DATE 2-10-93

BILL NO. SB 285

Senator Eck and Members of Members Committee:

For the Record, I am Greg Eklund, Acting Executive Director of the Montana Democratic Party and I stand before you today in support of Senate Bill 285.

Montana, like the rest of our nation, faces a serious crises in the area of health care. While the deliberations of this session will be largely and appropriately aimed at solving the fiscal crises of our state, I think it's just as important to focus attention on the crises of providing affordable health care.

The platform of the Montana Democratic Party speaks very clear on this issue. Our party believes that comprehensive health care is a right for all Montanans, and not only those who have the financial ability to afford health insurance. A good health care system should allow for access, support preventive services, provide for portability of health care coverage and include cost containment measures.

Clearly, the most important goal of any health care plan is the coverage of all Montanans. With over 140,000 of fellow Montanans who have no health care coverage, the time is now to make a positive step toward a system that is compassionate and provides universal coverage for everyone.

Thank you for your time. Again, the Montana Democratic Party recommends a do pass on Senate Bill 285.

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SENATE HEALTH & WELFARE

EXHIBIT NO. 19

DATE 2-10-93

FILE NO. SB 285

AARP Testimony

Health Care Bill SB 285

Senate Hearing Feb. 10, 1993

Madam Chairman & MEMBERS OF THE Committee

For the record, my name is Bill Olson and I am a member of the State Legislative Committee of AARP(American Association Of Retired Persons). AARP has approx. 110,000 members in the State of Montana__ one for every eight persons in the state. AARP members are 50 years of age or older.

On behalf of the AARP State Legislative Committee, I appear in support of SB 285. This piece of legislation is extremely important to the citizens of Montana as it is the initial step in much needed Health Care Reform.

On a national level, AARP has developed a plan known as Health Care America. Providing health care for all is the primary goal of the plan, as it should be for any health reform plan. AARP's Health Care America calls for a multi-payor plan as opposed to a single payor plan. SB 285 provides for the authority to recommend plans for both types, as outlined in Section 4, lines 14_25 on page 7.

We testified in favor of the concept proposed in SB 267 by Senator Yellowtail and we are testifying in favor of SB 285 as proposed by Senator Franklin.

The bottom line is that Health Care reform legislation, whether it be SB 267 or SB 285 or a blending of the two bills, Health Care Reform is urgently needed and AARP urges your committee's favorable consideration.

Thank you.



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Montana AARP State Legislative Committee
1992-1993 Position Paper

STATE HEALTH CARE REFORM

POSITION: The goal is to reform state health care and long term care incorporating AARP's Health Care America approach of providing health care for all. Until the state system achieves such reforms, the Montana State Legislative Committee will support incremental legislative steps to achieve this reform.

PROBLEM: Too many people in Montana have no health insurance or at best are under-insured. This applies to young, elderly, retired and employed people as well. ("Reforming the Health Care System: State Profiles" -- Pages 79-81.)

Due to "cost-shifting" in an effort to pay for the uninsured, health care insurance costs are becoming prohibitive.

Billing and related paper work detract from the services of professionals and the hospitals. Additional personnel are required for clerical and administrative work. Duplication of paper work is also an on-going problem.

SOLUTION: State health care reform requires:

1. Incentives to employers, particularly small business, to provide health care insurance for their employees.
2. Coverage for all Montanans to abolish the need for "cost-shifting."
3. Consolidated billing allowing professionals to treat patients and not be bogged down with undue paperwork.
4. Establish a continuum of services emphasizing in-home care through custodial long term care.

CONTACT: Bob Souhrada, State Legislative Committee Member
915 13th Street West, Columbia Falls, MT 59912
(406) 892-4642

MT 8/31/92 - POSPAPER.005

Montanans for Universal Health Care

"... to ensure affordable, accessible health care for all Montanans..."

TESTIMONY OF CHRISTIAN MACKAY BEFORE THE SENATE PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE ON SENATE BILL 285

Madam chair, members of the committee, for the record my name is Christian Mackay. I'm here today on behalf on Montanans for Universal Health Care. We rise in support of Senate Bill 285.

We salute Sen. Franklin and the members of the Montana Citizens Health Group. Their effort, hard work and compromise have put forth this bill with a purpose that is vital to all citizens of this state and paramount to MUHC. That is reforming our current health care system to extend health services to all Montanans.

As you know, MUHC is the impetus behind Sen. Yellowtail's bill SB 267. However, both bills share the goal of comprehensive reform of our current system. Bearing that in mind, I would like to voice some concerns on behalf of Montanans for Universal Health Care.

SB 285 begins with a statement of intent, which is normal for a bill of this magnitude. But what is notably absent is a statement of health care policy for the state of Montana. We feel that policy must be clearly articulated. This will keep the reform effort consistent with the intent of its makers.

The Montana health care authority established by SB 285 has five voting and two non-voting ex-officio members. An authority is integral to state-wide reform. However, we are concerned with the ex-officio members of this authority, the directors of the Dept. of Social and Rehabilitation Services and the Dept. of Health and Environmental Sciences. While their input and expertise will be beneficial, we feel that making them board members is unnecessary.

SENATE HEALTH & WELFARE

EXHIBIT NO. 20

DATE 2-10-93

BILL NO. SB 285

Christian Mackay
Coordinator

Member Groups:

Montana Senior
Citizens Association

Montana State
AFL-CIO

Montana Low Income
Coalition

Montana Education
Association

Montana Women's
Lobby

Montana Alliance for
Progressive Policy

Montana Federation
of Teachers

Montana Federation
of State Employees

Montana Chapter -
Physicians for a
National Health Plan

Montana Farmers
Union

Montana People's
Action

Oil, Chemical, and
Atomic Workers
Union

Hotel Employees and
Restaurant Employees
Union

Montana Community
Labor Alliance

Printed by
MUHC staff

We suggest a mechanism whereby the authority can deal with conflict of interest of its members. We wish to raise the concern of authority members participating in proceedings in which that member has a personal or financial interest. We also suggest that the authority be given quasi-judicial power. We feel that a quasi-judicial body will be better able to deal with unforeseen situations during the reform process.

Last, we would include a specific role for the authority beyond its initial four year term. We feel that it is important to specify whether the authority will oversee the reform plan chosen by the legislature in 1995, or if a new authority will be tailored to fit the plan. It can be difficult to retro-fit a governmental body after it is formed.

It is important to note that the concerns that we raise are technical in nature. We do support the objectives and goals set forth in this bill. We would like to suggest the appointment of a sub-committee to hammer out these differences. Thank you.



SENATE HEALTH & WELFARE

EXHIBIT NO. 21

DATE 2-10-93

BILL NO. SB 285

Testimony before the
Senate Public Health, Welfare & Safety Committee
by James F. Ahrens, President
Montana Hospital Association
February 10, 1993

The Montana Hospital Association represents 53 community-based acute care hospitals.

Like all Montanans, hospitals are deeply concerned about the condition of our state's health care system. Every day, hospitals see the evidence that the current system is afflicted by serious problems.

The Montana Hospital Association is strongly committed to comprehensive health care reform. For two years, we have been actively involved in developing a plan to restructure our state's health care system.

Montana's hospitals strongly support SB 285. We believe SB 285 is the most appropriate and workable approach to achieving comprehensive health care reform.

We have arrived at this position after an extensive examination of the problem and the possible solutions.

Montana's hospitals are community-based, governed by a local board of trustees. Their mission is to provide the people of their community with high quality health care services at a reasonable and fair price.

The present health care system makes that virtually impossible. The present health care system -- with its crazy quilt of reimbursement schemes and misdirected incentives -- is driving many small community hospitals to the brink of closure.

For example, the average net patient margin in 1991 was 0.2 percent statewide. For the 29 hospitals with fewer than 30 beds, the net patient margin was -18.5 percent.

Unless this system is reformed, access to health care services will become increasingly restricted as communities decide they can no longer afford to keep their hospitals open.

Reform is also needed to end the cost-shifting that currently plagues hospitals, physicians and consumers alike.

Because the Medicare, Medicaid, workers compensation programs don't pay the full cost of treating their beneficiaries, hospitals are forced to charge privately-insured persons higher rates.

That raises health insurance premiums for Montana's workers, small businesses, farmers and ranchers.

The health care system is like a balloon. If you try to reduce its size by squeezing it, the balloon just pops out somewhere else. The only way to end cost-shifting is to restructure the entire system.

Adding to the financial problems facing hospitals is the rising cost of charity care provided by hospitals.

In one sense, we have no access problem in Montana; everyone who comes to a hospital receives treatment, regardless of their ability to pay.

However, in recent years, the number of people unable to pay for medical treatment has climbed dramatically. Uncompensated care in 1991 rose 19.7 percent over the previous year from \$7 million to \$8.4 million.

Enactment of SB 285 is a major step toward curbing this sharp increase.

Reform is also needed if we are address the continuing escalation of health care costs.

All of us are concerned about the high cost of health care. But, as the saying goes, "for every complex problem, there is a simple solution...and it's wrong."

I hope legislators will be wary of simple solutions to the health care cost problem. Attempts to avoid complex solutions to this very complex problem are one reason we are in the fix we're in now.

We recognize that serious cost containment is an essential part of health care reform, and we are eager to work with the Authority to develop a strategy that will bring this about.

We also would like to see the anti-trust provisions of this bill implemented immediately.

Unlike other parts of the economy, competition in health care does not reduce its cost. Instead it raises costs.

A number of hospitals are eager to cooperate and collaborate as part of their effort to hold down health care costs.

However, unless anti-trust reforms are enacted, they could run afoul of the law. Anti-trust reforms are one way we can attack the cost containment issue right now.

I also want to underscore the importance of protecting access to health care in rural areas. These communities are the most fragile component of our health care system. Failure to take into account their special needs could result in denying access to large segments of our state.

Finally, I hear rumors that MHA supports this bill -- rather than Sen. Yellowtail's -- as a way to block enactment of a single-payer system in our state. I want to make very clear where we stand on this issue.

We believe there are two alternatives for achieving health care reform. We also believe the only way to determine which one is in the best interests of our state is to initiate the process spelled out in the Franklin bill.

And we believe it is the Legislature's responsibility to choose between these alternatives. If the Legislature chooses a single-payer system, so be it.

This bill is the result of a historic process. It represents an effort by a wide variety of organizations and people representing consumer and provider groups, the Governor and Republicans and Democrats in the Legislature to develop a health care plan.

I applaud the leadership shown by Sen. Baucus, Gov. Racicot, Sen. Franklin and others who have participated in this process. None of us got everything we wanted. But we have made a major step toward achieving our goal of ensuring that every Montanan has access to high quality, affordable health care services.

SENATE HEALTH & WELFARE

EXHIBIT NO. 22DATE 2-10-93BILL NO. SB 285SENATE PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

Madam Chairman, Members of the Committee, my name is Paul Hanson and I am the Administrator of Big Horn County Memorial Hospital and Nursing Home in Hardin, Montana. I am here today to testify and urge this committee to support Sen. Eve Franklin's Bill for "An Act Providing For Universal Health Care Access, Health Care Planning and Cost Containment; Creating the Montana Health Care Authority, Providing for the Powers and Duties of the Authority; Requiring a Statewide Universal Health Care Access Plan, etc al"

I recognize the need for and am in full support of Health Care Reform. Reform which allows for Universal Health Care Access and Cost Containment. Reform which will address duplication of services not only in the private sector, but also in the government sector. I believe every provider should have the opportunity to compete for available healthcare contracts which may reduce the cost of available healthcare services to our Montana residents.

I commend those individuals who are willing to sacrifice and create a Universal Health Plan for all Montanan's, but radical change could cost everyone more money in the long haul. How we deliver and pay for health-care in the years to come is a very complex issue. Efforts to achieve consensus on healthcare reform will take time and require difficult changes for all of us.

I would strongly encourage this committee to send the message out to every Montanan that Health Care Reform is a major issue, an issue that cannot and will not be taken lightly. Senate Bill 285 does not endorse "radical" change. It allows for Montana's best to formulate recommendations that will assist us making the right decisions to meet our health

care needs now and if future generations to come.

Thank you for your time and consideration.

Paul Hanson

Big Horn County Memorial Hospital and Nursing Home

PROPOSED AMENDMENTS TO SB 285

Proposed by the Montana Hospital Association

1. Title, line 18.

Following: "VITAL STATISTICS;"

Insert: "ALLOWING HEALTH CARE FACILITIES TO ENTER INTO COOPERATIVE AGREEMENTS WITH THE APPROVAL AND SUPERVISION OF THE AUTHORITY;"

2. Page 3, line 9.

Following: "cost-effective."

Insert: [new paragraph] "A statement of intent is also required because [sections 14 through 16] permit the authority to adopt rules relating the issuance and revocation of a certificate of public advantage for a cooperative agreement. The authority's rules must comport with the legislature's intent to provide the state, through the authority, direct supervision and control over applicant health care facilities, and it is the intent that this state direction, supervision, and control will provide state action immunity to groups of health care facilities that have a valid certificate of authorization under [Sections 13 through 18] in the event that such cooperative actions otherwise could be construed as in conflict with federal or state antitrust laws.

3. Page 5, line 3.

Following: "the authority."

Insert: "The attorney general is a non-voting, ex officio member of the authority solely for the purposes of studying and making recommendations concerning the impacts of state and federal antitrust laws on health care services in the state pursuant to [section 3] and approving and supervising cooperative agreements pursuant to [sections 13 through 18]."

4. Page 12, line 24.

Following: "authority"

Strike: "shall"

Insert: "may"

Following: "plans"

Insert: "additional"

5. Page 20.

Following: line 19

Insert: "NEW SECTION. Section 13. "Cooperative agreement defined.

(1) "Cooperative Agreement" means a written agreement among two or more health care facilities for the sharing, allocation or referral of patients, personnel, instructional programs, emergency medical services, support services and facilities or medical, diagnostic or laboratory facilities or procedures or other services customarily offered by health care facilities.

"NEW SECTION. Section 14. Certification for cooperative agreement. 1. A health care facility may negotiate and enter into a cooperative agreement with one or more other health care facilities in the state if the authority determines the cooperative agreement is likely to result in lower costs or in greater access or quality than would otherwise occur in the competitive marketplace.

2. (a) Parties to a cooperative agreement may apply to the authority for a certificate of public advantage governing the cooperative agreement. The application must include a copy of the executed cooperative agreement and a description of the nature and scope of the cooperation contemplated by the cooperative agreement, including any consideration passing to any person under the terms of the cooperative agreement.

(b) The authority may adopt rules including but not limited to rules for the form and content of applications for a certificate of public advantage.

3. Within 90 days after receipt of a complete application for a certificate of public advantage, the authority shall grant or deny the application. When considered appropriate by the department, the authority may hold a public hearing within such 90 day period.

"NEW SECTION. Section 15. Reconsideration and appeal. (1) Applicants for a certificate of public advantage may request the authority to reconsider its decision. The authority shall grant the request if an applicant submits the request in writing and if the request is received by the authority within 30 calendar days after the initial decision is announced.

(2) A public hearing to reconsider must be held within 30 calendar days after the request is received unless the applicants agree to waive the time limit.

(3) The reconsideration hearing must be conducted pursuant to the provisions for informal proceedings of the Montana Administrative Procedure Act.

(4) The authority shall make its final decision and serve the applicants with written findings of fact and conclusions of law in support of the decision within 30 days after the conclusion of the reconsideration hearing.

(5) The applicants may appeal the authority's final decision to the district court as provided in Title 2, chapter 4, part 7.

(6) The department may by rule prescribe in greater detail the hearing and appellate procedures.

"NEW SECTION. Section 16. Standards for certification. The authority shall issue a certificate of public advantage for a cooperative agreement if it determines the applicants have demonstrated that the agreement is likely to result in lower costs or in greater access or quality than would otherwise occur in the competitive marketplace.

"NEW SECTION. Section 17. Revocations of certificate of public advantage.(1) The authority may revoke a certificate of public advantage if it determines that the agreement is not resulting in lower costs or in greater access or quality than would otherwise occur in the competitive marketplace.

(2) A certificate of public advantage may not be revoked without notice and an opportunity for hearing before the authority given as follows:

(a) Written notice shall be given the parties to the cooperative agreement for which the certificate of public advantage is proposed to be revoked not less than 120 days prior to the proposed revocation.

(b) If a party to the cooperative agreement submits a request for hearing in writing and the request is received by the authority within 30 calendar days after notice is mailed to the parties, the authority shall hold a public hearing to determine whether the certificate of public advantage should be revoked.

(c) A public hearing to determine whether the certificate of public advantage should be revoked must be held within 30 calendar days after the request is received.

(d) The hearing must be conducted pursuant to the provisions for informal proceedings of the Montana Administrative Procedure Act.

(e) The authority shall make its final decision and serve the parties with written findings of fact and conclusions of law in support of the decision within 30 days after the conclusion of the reconsideration hearing.

(f) Any party to the cooperative agreement may appeal the authority's final decision to the district court as provided in Title 2, chapter 5, part 7. No revocation of a certificate of public advantage may become final until the time for appeal to the district court has expired.

(g) If a petition to appeal the revocation of a certificate of public advantage is filed, the revocation must be stayed pending resolution of the appeal by the courts.

(h) The authority may by rule prescribe in greater detail the hearing and appellate procedures.

(3) The authority may by rule establish reporting requirements for parties to a cooperative agreement for which a certificate of public advantage is in effect for the purpose of determining whether the agreement continues to be likely to result in lower costs or in greater access or quality than would otherwise occur in the competitive marketplace.

"NEW SECTION. Section 18. Recordkeeping. The authority shall maintain on file cooperative agreements for which a certificate of public advantage is in effect. Any party to a cooperative agreement who terminates the agreement shall file written notice of the termination within 30 days after such termination.

Renumber: subsequent sections.

6. Page 22.

Following: "[Section 13(1) through (9)]"

Delete: "is"

Insert: "and [Sections 13 through 18] are"

STATE AUDITOR
STATE OF MONTANA



SENATE HEALTH & WELFARE

EXHIBIT NO. 24

DATE 2-10-93

BILL NO. SB 285

COMMISSIONER OF INSURANCE
COMMISSIONER OF SECURITIES

Mark O'Keefe
STATE AUDITOR

TESTIMONY OF STATE AUDITOR MARK O'KEEFE ON SENATE BILL 285 BEFORE
THE SENATE PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE ON
FEBRUARY 10, 1993

Madame Chair, members of the committee, I am State Auditor Mark O'Keefe.

I'm the state insurance commissioner, regulating the billion-dollar a year insurance industry in Montana. That includes more than 1,400 insurers and 12,000 producers and agencies -- an industry that is expected to provide the state general fund with \$30 million in premium tax revenue this fiscal year.

The insurance industry is an important component of this state's economy, and deserves fair regulation and competition. Consumers also deserve a fair product for their premium dollar.

My job is to regulate this industry in a fair manner so consumers receive the product they paid for and insurers and producers play ball on a level playing field and deliver the product.

We've looked at Senator Franklin's bill from that perspective -- in terms of our responsibility to help foster the relationship between consumers, insurers and producers.

When I read this bill in its introduced form, I was concerned. I think it asks me, as insurance commissioner, to accomplish tasks that simply can't be done in Montana because we simply don't have the data to do so.

I met with Senator Franklin and with representatives of the insurance industry and have drafted a set of amendments.

These amendments make the insurance portion of the bill workable. The amendments are based on model legislation used in other states, and are modified to fit Montana and to accomplish the purposes of this bill. If you adopt these amendments, I believe I can carry out the responsibilities that I will be assigned and do that at a reasonable cost.

The amendments provide significant reforms: They provide for portability and increased community rating, require that mandated benefits be part of the basic health insurance plan, narrow the range of allowable premiums and establish a reinsurance pool to keep the new plan financially solvent.

(more)

The cost of these amendments is similar to the costs projected in the fiscal note. The amendments add two councils, which will require some additional travel expense for members. But staffing and operational costs remain unchanged.

I might point out that I have other legislation that will provide non-general fund support for a life and health actuary in my office. If this legislation is successful, I will be able to reduce the general fund cost of this bill by \$70,000.

This amendment is like most compromises -- no one got everything they wanted. But I believe it is a workable plan and urge your adoption of the amendment and the bill.

I have asked my deputy insurance commissioner, Frank Cote, who has worked hard over the last few days with our staff, representatives of the insurance industry and Senator Franklin to draft the amendment, to walk you quickly through the amendment.

But before I do that, I want to note that I just returned from Washington, D.C., where insurance commissioners heard from Ira Magaziner, one of President Clinton's health-care advisers. Magaziner outlined six key points concerning the federal health insurance program:

Point #1 The president's plan will have managed competition within a budget.

Point #2 The program will be employer-based with help from the government.

Point #3 The program will provide security for all, be portable and insure that no person loses insurance because they lose a job or transfer from one job to another.

Point #4 The program must operate soon to cut costs.

Point #5 The program should be based on a system of personal choice with reliance on the private sector.

Point #6 The system must maintain quality.

Magaziner said a national board would set targets and establish a national health care package, but added that state or regional oversight would be allowed.

Magaziner and the president also said states should move ahead with their programs and we should not wait for the federal government's program to come on line.

Magaziner also said states should have more flexibility soon in the use of Medicaid funds, and that whatever programs the states put together must have universal access to include self-insureds.

Now, Frank Cote will walk you through our proposed amendments.

Thank you.

Exhibit #24
2-10-93
SB-285-

STATE AUDITOR
STATE OF MONTANA

Mark O'Keefe
STATE AUDITOR



COMMISSIONER OF INSURANCE
COMMISSIONER OF SECURITIES

TO: Senator Eve Franklin
FROM: Mark O'Keefe, State Auditor
DATE: February 10, 1993
SUBJECT: Fiscal Impact of Insurance Amendments to SB 285

My office has prepared a fiscal note to SB 285 in the introduced version. The costs for the Auditor's Office are projected to be \$145,385 in FY94 and \$142,817 in FY95. The amendments that I am offering to the insurance portion of the bill do not change the costs materially. The staffing and operational costs remain the same. The amendments create two advisory councils, one to establish the basic benefit plan, the other to establish the reinsurance pool. Those councils have a significant amount of work to accomplish in FY94 and will incur travel and mailing costs. I project those additional costs to be \$28,000 in FY94 and \$16,000 in FY95. Bringing the total to \$173,385 in FY94 and \$158,817 in FY95. I have not included in those numbers the costs of my legal or administrative staff which is part of the agency's current level budget.

I have other legislation which would provide non-general fund support for a life and health actuary. If that legislation is successful, I would be able to reduce the general fund cost of this fiscal note by \$35,000 per year.

There have been questions raised regarding how the start-up funding will be provided for the reinsurance pool. The amendments allow for assessments to insurance companies offering coverage under this act to provide that funding. It also allows the Commissioner to borrow funds for costs if necessary. In either case, there will be no state expense related to the reinsurance pool.

53rd Legislature

LC 0144/01

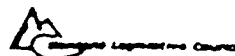
1 *Sen. H. J. Smith* BILL NO. *515*
2 INTRODUCED BY *Franklin B. Brown*
3 *George C. Brown*
4 A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR UNIVERSAL
5 HEALTH CARE ACCESS, HEALTH CARE PLANNING AND COST
6 CONTAINMENT; CREATING THE MONTANA HEALTH CARE AUTHORITY;
7 PROVIDING FOR THE POWERS AND DUTIES OF THE AUTHORITY;
8 REQUIRING A STATEWIDE UNIVERSAL HEALTH CARE ACCESS PLAN;
9 REQUIRING A HEALTH CARE RESOURCE MANAGEMENT PLAN; PROVIDING
10 FOR SIMPLIFICATION OF HEALTH CARE EXPENSES BILLING;
11 REQUIRING THE AUTHORITY TO CONDUCT A STUDY AND REPORT ON
12 LONG-TERM CARE; REQUIRING THE AUTHORITY TO ESTABLISH HEALTH
13 PLANNING REGIONS AND BOARDS; PROVIDING FOR THE POWERS AND
14 DUTIES OF REGIONAL BOARDS; REQUIRING THE ESTABLISHMENT OF A
15 UNIFIED HEALTH CARE DATA BASE; PROVIDING FOR ~~HEALTH~~
16 ~~INSURANCE REFORM.~~

A small employer health insurance act

17 TRANSFERRING TO THE AUTHORITY CERTAIN
18 FUNCTIONS OF THE DEPARTMENT AND BOARD OF HEALTH AND
19 ENVIRONMENTAL SCIENCES RELATING TO VITAL STATISTICS;
20 AMENDING SECTION 50-15-101, MCA; AND PROVIDING EFFECTIVE
21 DATES."

22 STATEMENT OF INTENT

23 A statement of legislative intent is required for this
24 bill because [section 10] requires the Montana health care
25 authority to adopt rules establishing a maximum of five



The original is stored at the Historical Society at 225 North Roberts Street,
Helena, MT 59620-1201. The phone number is 444-2694.

The minutes from the February 10, 1993 meeting of the Senate Public Health, Welfare, and Safety Committee contained "Report of the Health Care Cost Containment Advisory Council" and "Phase II: Steps to Implementation" from Health Care for Montanans. The originals are stored at the Historical Society at 225 North Roberts Street, Helena, MT 59620-1201. The phone number is 444-2694.

DATE 2/10/93

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: SB 285

Name	Representing	Bill No.	Check One	
			Support	Oppose
Wally Henkelman	Mont. Nurses Assn	SB 285	✓	
L.D. GRAY	MT. MTD. DISTRICT	"	✓	✓
J. Martin Burke	MT. Citizens Health Group	SB 285	✓	
L.L. White	ST. PATRICK HOSPITAL	SB 285	✓	
Doug Campbell	MSCA	SB 285	✓	
Clyde Dailey	MSCA MUHC	"	✓	
Christian McKay	MUHC	"	✓	
Bill Olson	AARP	SB 285	✓	
Dr. Jeff Strickler	Am Acad Pediatrics	285	✓	
Dr. Kathleen Rung	MT. Citizens Health Group	285	✓	
Donna Schramm	MT Citizens Health Group	285	✓	
Gloria Paladichuk	" " "	285	✓	
Howard P. Bailey	MT. Health Services	285	✓	✓
JACK Molloy	M.M.A	SB 285	✓	
Peter Blouke	SRS	SB 285	✓	
John Gregory	MMA	SB 285	✓	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE 2-10-93SENATE COMMITTEE ON Public HealthBILLS BEING HEARD TODAY: SB 285

Name	Representing	Bill No.	Check One	
			Support	Oppose
John W. Trachtenberg, MD	MMA	SB 285	✓	
Van Hise Nelson, MD	Health Care / Montana	SB 285	✓	
Mike Schweitzer, MD	MMA	SB 285	✓	
Brian Ems	MT Medical Assn	SB 285	✓	
Jessa Klesh	Montana Farmers Union	SB 285	✓	
Alice Street	Student Nurses of MT	SB 285	✓	
DAVE FORBES	myself	SB 285	✓	
Jim Melburn	myself	SB 285	✓	
Theresa J. Hiron	Task Force for Biomedical Information / Contraception	285	✓	
Sue Hanson	SAH	SB 285		
Suzy Holt	Task Force for Biomedical Information		✓	
Ken Eden	Citizens Health Group		✓	
W. A. Reynolds	" "	" "	✓	
Margaret Flynn	Citizens Health Group	285	✓	
Made Cassidy	off	285	✓	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE _____

SENATE COMMITTEE ON _____

BILLS BEING HEARD TODAY: _____

Name	Representing	Bill No.	Check One	
			Support	Oppose
DAN RITTEIL	MT CHAMBER	SB 285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Judy Wright	DBHS	SB 285	<input type="checkbox"/>	<input type="checkbox"/>
CHRISTINE MANGIANTINI	League of Wm. Voters	285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LARRY AKEY	MT ASSOC OF LIFE UNDERWRITERS	SB 285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Richard Miller	MT State Library	SB 285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Steve TURKILEWICZ	MT AUTO DEALERS ASSN MT ASS Health Care Purchasers	SB 285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bob Brown	Sen. Dist 2		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Col Winslow	Deaconess Medical	S.B 285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therell Butler D	Blue Cross + Blue Shield	SB 285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Peter Johnson	NFIB	285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Michael Regnier	MT People's Action	285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tom Hozzard	Health Ins Assn. America	285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lorna Frank	MT. Farm Bureau	285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Frederic Jacobson	Sen Dist 36	285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Melissa Case	Montana Peoples Action	285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
John Guy	St. Peter's Comm. Hosp.	285	<input checked="" type="checkbox"/>	<input type="checkbox"/>

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE _____

SENATE COMMITTEE ON _____

BILLS BEING HEARD TODAY: _____

Name	Representing	Bill No.	Check One	
			Support	Oppose
Staci Riley	MT Federation	SB285	✓	
Gregg Hansen	State Farm Ins. Co	SB285	✓	
Greg EKLUND	Montana Demo. Party	SB285	✓	
Kate Cholewick	MT Women's Lobby	285	✓	
Dan Shea	MLIC			✓
Russ Ritter	Wash Corp	285	✓	
Jamie Doggett	MT Cathequomen	285	✓	
Tom EBZERY	St Vincent Hospital	285	✓	
Cheryl Kingery	MISCA-MILIC			
Joe Reefer	State Auditor	285	✓	
Chris Smith	Mt. Psych Assoc	285	✓	
Chuck Swartz	MT. Reto. & Assoc		✓	
Mary McEue	Mt. Dental Ass'n Mt. Clinical Mental Hlth Cnslrs	285	✓	
Don Judge	MT STATE AFL-CIO	SB 285	✓	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY