MINUTES

MONTANA HOUSE OF REPRESENTATIVES
53rd LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By **CHAIRMAN BILL BOHARSKI**, on February 15, 1993, at 3:00 p.m.

ROLL CALL

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

Members Excused: Rep. Russell

Members Absent:

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

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

Committee Business Summary:
Hearing: HJR 15, HB 560, HB 581, HB 492
Executive Action: HJR 7, HB 544, HB 521, HB 75

HEARING ON HJR 15

Opening Statement by Sponsor:

REP. FRANCIS BARDANOUVE, House District 16, Harlem, said HJR 15 urges the Clinton Administration and Congress to grant the waiver of federal requirements regarding Medicaid in order for the Oregon health plan to take effect.

Proponents' Testimony:

None

Opponents' Testimony:

None

Informational Testimony:

None

Questions From Committee Members and Responses:

REP. BOHLINGER referred to page 2, lines 4 through 7, of the bill, that states rankings are based on medical effectiveness rather than impact on "quality of life," which should address the concerns regarding the Americans With Disabilities Act of 1990. He asked **REP. BARDANOUVE** to explain what that meant. **REP. BARDANOUVE** said that is terminology used by administrators of the welfare program in Oregon during a conference call with the Legislative Council and wasn't sure of the exact interpretation.

Closing by Sponsor:

REP. BARDANOUVE closed.

HEARING ON HB 560

Opening Statement by Sponsor:

REP. DICK SIMPKINS, House District 39, Great Falls, said HB 560 requires health care providers and laboratory personnel to report by name a patient who suffers from AIDS or an HIV-related condition; provides immunity for health care providers and laboratory personnel, and provides a penalty for noncompliance with reporting requirements. HIV should be reported the same way as other communicable diseases. Billions of dollars are spent to find a cure for this disease, yet the person is not reported by name so it can be isolated to see if other people have been in contact with the infected individual, and how it is transmitted. This virus is not treatable by any vaccine or medication. HIV has reached epidemic stages in other parts of the world, and is on the rise in the United States. Never before in medical history has it been the responsibility of the individual exposed to a contagious or infectious disease to end such an epidemic. With AIDS and HIV, the medical and health communities have largely removed themselves from the disease intervention to aggressively diagnos and report consistent similar diseases. Instead, they are relying on those infected, most of whom have no idea they have been exposed to HIV, to voluntarily come forward to be tested. That's the procedure being used in Montana. Confidentiality will be maintained the same way it is with diseases such as syphilis or gonorrhea.

Proponents' Testimony:

Dr. William Wise, M. D., President, Montana Health Alliance. Written testimony. **EXHIBIT 1.**

Jeri Snell, Retired Registered Nurse, Miles City. Written testimony. **EXHIBIT 2.**

Laurie Koutnik, Christian Coalition of Montana, read testimony from **Michael T. Stevenson, Licensed Social Worker, Helena. EXHIBIT 3.**

Steve White, Montana Health Alliance. Written testimony. **EXHIBIT 4.**

Opponents' Testimony:

Bruce Desonia, Program Manager, AIDS/STD Program, Preventive Health Services Bureau, Department of Health and Environmental Sciences. Written testimony. **EXHIBIT 5.**

Carl Donovan, President, American Civil Liberties Union of Montana. Written testimony. **EXHIBIT 6.**

Kate Cholewa, Montana Women's Lobby (MWL), opposes HB 560. MWL does not believe it will help prevent the spread of AIDS. It will discourage people from getting tested, and potentially put more people at risk. **Ms. Cholewa** read written testimony from **Ellen Leahy, Health Officer, City, County Health Department, Missoula. EXHIBIT 7.**

Scott Crichton, Executive Director, American Civil Liberties Union, read written testimony from **David Herrera, Director, Health Education, Criticare Health Services. EXHIBIT 8.**

Informational Testimony:

None

Questions From Committee Members and Responses:

REP. SIMON asked **Bruce Desonia,** what diseases require name reporting. **Mr. Desonia** said botulism, brucellosis, chickenpox, cholera, Colorado tick fever, measles, plague, rabies, smallpox, typhoid fever, tetanus, yellow fever, AIDS with the exception of HIV, hepatitis A and B, leprosy, encephalitis, lyme disease, anthrax, syphilis, and typhus, among many others.

REP. SIMON said our current statutes have put HIV into a special category. A special section of the code deals with HIV. He asked **REP. SIMPKINS** why HIV wasn't added to the same list as the other diseases. **REP. SIMPKINS** said the Department of Health determines what is to be reported, and they do it through administrative rule. The department has decided it isn't important, so it has to be done by law.

REP. SIMON said some of the diseases **Mr. Desonia** named are very dangerous and fatal. **REP. SIMON** asked **Carl Donovan** what sets HIV apart from the other diseases, as far as the public's interest in name reporting goes. **Mr. Donovan** said in order to get anyone to test, the confidentiality needs to be left intact. People who gets AIDS are devastated not only with the disease, but they are discriminated against in every aspect of their lives. There are some early intervention programs that are working very well in the state, but these people's trust needs to be gained in order to work with them and get them into health care.

REP. NELSON asked **Mr. Donovan** if he had any documentation that insurance companies will drop a person who is HIV positive. **Mr. Donovan** said he didn't have any documentation at this time but has heard it is happening in other states.

REP. MOLNAR asked **Mr. Desonia** why hepatitis B is reportable by name but HIV is not. **Mr. Desonia** said there are several issues used in determining diseases to be reportable. The seriousness of the disease is taken into consideration. With hepatitis B, vaccinations can be offered to close contacts, sexual or otherwise. Gonorrhea and syphilis can be treated. With HIV about all that can be done is to give counseling to the partners that have been exposed.

CHAIRMAN BOHARSKI asked **Mr. Desonia** whether the discovery of a vaccine for HIV would be sufficient reason for the department to add HIV to the name reporting list. **Mr. Desonia** said that would be a good reason to consider adding HIV to the list. **Mr. Desonia** added that there are local health departments that see HIV positive clients and refer them into the medical system. These departments do have the names of the clients. The issue is whether the state department needs that information. If a vaccine does become available, the state would probably use public information to notify the clients.

REP. SQUIRES said during the last two session there has been some notable reform accomplished in the area of HIV, and asked **Mr. Desonia** if there are more people coming forward for counseling. **Mr. Desonia** said federal funding under Title II has provided the department with a way to inform people at risk that there are programs available to them. That is probably the main reason more people are coming forward for counseling.

REP. SMITH asked **Mr. Desonia** the main reason that people don't come forward to be treated. **Mr. Desonia** said shame and denial are probably two of the main reasons.

REP. BERGMAN said she understood the health department was there to protect the public from communicable diseases. **REP. BERGMAN** asked **Mr. Desonia** why HIV should be treated any differently than other communicable disease. The general public should be protected first, not the ones carrying the disease. **Mr. Desonia** said the department's mission is to protect the public's health and feels it is doing that in opposing the bill. Mandating reporting of all HIV positive individuals will reduce the department's ability to get them into treatment. HIV positive individuals are being seen at counseling testing sites. Their identity is usually disclosed with that health department when it begins to provide services to them. There is concern that there isn't any means of identification of HIV positive individuals. There are programs that allow HIV positive individuals to get reimbursement for medications. The department has the identity of these people, but this is done in a trusting manner and in a medical care center.

REP. BERGMAN asked **Dr. Wise** if his experiences with HIV positive patients differs from **Mr. Desonia's** concerns. **Dr. Wise** said he doesn't see that many HIV patients. If a patient with HIV is not identified immediately, there is no way of backtracking to find out where that person got the disease. Anyone with HIV can walk into a confidential testing site, give a false name, test positive, and walk out. There is no way to know where the person got the disease or spread it.

REP. DOWELL asked **Dr. Wise** if he thought more or fewer people would be tested if the bill passes. **Dr. Wise** said more people would come forward for testing because people at risk would be notified.

REP. SIMON asked **Dr. Wise** how long it took before an AIDS test would show up positive. **Dr. Wise** said an average person with an average exposure would test positive within two weeks. HIV is a slow virus and can take up to three months, sometimes longer. **REP. SIMON** said a person who got AIDS through sex a year ago could have had sex with many others in the meantime. Tracking all those people could get to be a logistical nightmare. **Dr. Wise** said people with syphilis and gonorrhea have been tracked since 1935.

CHAIRMAN BOHARSKI asked **REP. SIMPKINS** if it was his contention that by putting HIV on the list with all the other diseases it would be looked upon the same as any other disease. **REP. SIMPKINS** said it would be looked upon as being as important as any disease on the list. Right now the feeling is there is no cure for HIV so there is no need to track it, yet it is more devastating and deadly than the listed diseases. This disease needs to be treated seriously.

REP. STRIZICH asked **REP. SIMPKINS** if he was going to support appropriations or perhaps a resolution to the President and Congress to actively pursue this disease, and apply more funds to the problem. **REP. SIMPKINS** said billions of dollars are being spent on AIDS, yet there is no way to track it. Scientists need to know how this disease spreads, yet we are saying testing will be voluntary, keep the names secret, don't talk to anybody, and we will see if we can take care of this in the back room.

Closing by Sponsor:

REP. SIMPKINS said during 1992, HIV testing by the Montana Public Health Laboratory increased by 60%. This significant increase can be partly attributed to increased awareness after **Magic Johnson's** announcement regarding his HIV status. It is publicity that increases testing, not secrecy. **REP. SIMPKINS** asked the committee to support HB 560.

HEARING ON HB 581

Opening Statement by Sponsor:

REP. SHEILA RICE, House District 36, Great Falls said HB 581 creates a state housing task force. Montana does have a housing crisis, especially in the major cities. Working families in Kalispell are living in tents. University students in Missoula and Bozeman are living in the dorm lobbies because the apartments off campus, which are usually used to house students, are filled by permanent residents. In Great Falls, a city which traditionally has had an adequate stock of rental housing for people with all different incomes, now has a shortage. HB 581 builds on a current program within the Department of Commerce to put together a state-wide housing task force which will involve all the people interested in rental housing for low and middle income people in solving the shortage problem. **REP. RICE** offered and explained amendments to HB 581. **EXHIBIT 9.**

Proponents' Testimony:

Wilber Rehmann, Housing Commissioner, Helena Housing Authority, Montana Association of Housing and Redevelopment Officials. Written testimony. **EXHIBIT 10.**

Nancy Griffin, Executive Officer, Montana Building Industry Association. Written testimony **EXHIBIT 11.**

Kate Cholewa, Montana Women's Lobby, said because Montana women still earn about 50% less than men and tend to be the primary caretakers of children, they are especially vulnerable to homelessness. A project in Missoula that works to prevent homelessness receives three to five calls a day from families that are in crisis and at risk of losing their homes. **Ms. Cholewa** urged passage of HB 581.

Greg Van Horssen, Income Property Manager's Association, Montana Landlord's Association said both organizations strongly support HB 581.

Bryan Flaherty, Real Estate Broker, Chairman, Great Falls Housing Authority, urged support of HB 581.

Paulette Kohman, Executive Director, Montana Council for Maternal and Child Health, supports HB 581.

June Hermanson, Montana Centers for Independent Living, Independent Living Advisory Council, urged support of HB 581.

Opponents' Testimony:

None

Informational Testimony:

None

Questions From Committee Members and Responses:

REP. SMITH asked **REP. RICE** how the housing needs of rural areas would be addressed. **REP. RICE** said there is a senator and a representative on the task force list to represent the rural areas, depending on who the Governor chooses. A representative of the Human Resource Development Council will also be on the task force. This council works very hard in smaller cities to develop small housing projects.

REP. SIMON said he noticed one of the representatives on the task force was from the Montana People's Action, which appears to be an effort to put a public member on the task force. Montana People's Action speaks for a body of the general public, but there is no representative of the public at large. **REP. SIMON** asked **REP. RICE** how she would feel about naming someone from the public at large instead. **REP. RICE** said she had no problem with that.

REP. SAYLES asked **REP. RICE** how she proposed to get the community together if there is no compensation. **REP. RICE** said most of the organizations she had talked to indicated they would fund themselves.

REP. SIMON said the task force list seemed to lean toward housing authorities and governmental agencies. The building industry has only one representative and they are the people who drive the nails. **REP. SIMON** asked **REP. RICE** to comment. **REP. RICE** said she would be happy to work with the building industry, although they haven't indicated they wanted greater support.

Closing by Sponsor:

REP. RICE said **Governor Racicot** endorses the housing task force concept and recognizes the housing crisis. People who work for hotels and ski resorts cannot live in those communities. There is no affordable. The same thing can happen in Whitefish and

Kalispell, or any other area in Montana where there is growth. Housing could get so tight that anyone who doesn't own a house could be pushed out of rental housing because rentals become too expensive. The task force needs to take action this year before the problem becomes an absolute crisis to the people of Montana.

HEARING ON HB 492

Opening Statement by Sponsor:

REP. TIM DOWELL, House District 5, Kalispell, said HB 492 creates a healthy start pilot program within the Department of Family Services, and requires the department to adopt rules for the Healthy Start Program. The concept of the Healthy Start Program is supported by **Governor Racicot.** The proposed law has a fiscal impact of $300,000 in FY 1994, and $300,000 in FY 1995, which would make a $600,000 impact in the biennium. $300,000 was requested, not $600,000.

Proponents' Testimony:

Jeanne Kemmis, Montana Council for Families, said last year the United States Advisory Board on Child Abuse and Neglect listed an array of priorities to prevent child abuse and neglect. The main priority was the creation of home visitor services for high risk new parents beginning at the time of birth. The board called the Hawaii Healthy Start Program the best among 640 programs it reviewed. This proposal is to try out a pilot of the Hawaii program in Montana. The strength of the Hawaii program is that it is proactive. It identifies families in the hospital and offers support to high risk new parents. Eighty percent of severe child abuse happens to children under the age of five. Almost 100% of child abuse related deaths occur under the age of five. Repeated evaluations in Hawaii have shown a success of at least 96% in preventing child abuse and neglect in the identified high risk parents. The program has also been very accurate in determining which families are at risk.

Paulette Kohman, Executive Director, Montana Council Maternal and Child Health; Member, Healthy Start Task Force; Member, Executive Committee, Montana Children's Alliance, said all of these organizations support the Healthy Start Program.

Opponents' Testimony:

None

Informational Testimony:

None

Questions From Committee Members and Responses:

REP. SAYLES asked **Jeanne Kemmis** to explain the term "medical home." **Ms. Kemmis** said basically it means connecting the family with a health care provider that has been providing services to the family.

CHAIRMAN BOHARSKI asked **REP. DOWELL** if he planned to offer amendment that stated "subject to direct appropriation" which would eliminate the fiscal note. **REP. DOWELL** said that would be one approach.

Closing by Sponsor:

REP. DOWELL closed.

EXECUTIVE ACTION ON HJR 7

Motion: **REP. DOWELL** moved **HJR 7 BE TAKEN FROM THE TABLE.**

Discussion: **REP. DOWELL** said **REP. DAVIS** had asked him to make the motion to move HJR 7 from the table. HJR 7 asked Montana to comply with the spirit and letter of the Americans With Disabilities Act. **REP. DOWELL** asked the committee to give HJR 7 consideration.

Vote: Roll call vote was taken. **EXHIBIT 12.** Motion FAILED 7 to 9.

EXECUTIVE ACTION ON HB 135

Motion: **REP. BOHLINGER MOVED HB 135 DO PASS.**

Discussion: **REP. BARNHART** said the bill came as a surprise to some child care groups. A subcommittee was organized in order to find out how the day care groups felt about transferring the child care responsibilities to Social and Rehabilitation Services. Only one day care group has sent letters to the subcommittee. The Governor's Child Care Advisory Council polled its child care groups. **REP. BARNHART** said she would like to ask a member of the council to tell the committee how the council perceives HB 135.

REP. SIMON told **REP. BARNHART** he was not interested in rehearing the issue, but would not object if it was brief.

Colleen McGuire, Chair, Governor's Child Care Advisory Council, said the transfer of the child care development block grant from the Department of Family Services to Social and Rehabilitation

Services would hurt the child care community system. **Ms. McGuire** said if the child care development block grant is taken away from DFS, the economically disadvantaged will no longer have access to those services. The Governor's Child Care Advisory Council is opposed to the bill 9 to 1.

REP. HANSEN said the Department of Family Services was created because children and family issues were not addressed in Social and Rehabilitation Services.

CHAIRMAN BOHARSKI asked **Boyce Fowler** what is funded by the block grant. **Mr. Fowler** said 75% goes to children's services, which is for payment of direct day care services; most of the remaining 25% funds resource and referral. **CHAIRMAN BOHARSKI** asked **Mr. Fowler** if any block grant money was used for licensing and registration. **Mr. Fowler** said the only part that goes into licensing is for training DFS staff.

Motion/Vote: **REP. BOHLINGER MOVED HB 135 DO PASS AS AMENDED.** Roll call vote was taken. **EXHIBIT 13.** Motion FAILED. Tie vote 8 to 8.

EXECUTIVE ACTION ON HB 544

Motion: **REP. SMITH MOVED HB 544 DO PASS.**

Motion: **REP. MOLNAR** moved to amend HB 544 by striking "or may be" on page 2, line 6 and replace with "is."

Discussion:

REP. SIMON said he intended to vote against **REP. MOLNAR'S** motion because there are many instances where a person's health or welfare is being threatened and if nothing is done, it could affect that person's health or welfare in the future.

Vote: Voice vote was taken. Motion FAILED 2 to 14.

Vote: **HB 544 DO PASS.** Voice vote was taken. Motion CARRIED unanimously.

EXECUTIVE ACTION ON HB 521

Motion/Vote : **REP. DOWELL MOVED HB 521 DO PASS.** Voice vote was taken. Motion CARRIED unanimously.

EXECUTIVE ACTION ON HB 75

Motion/Vote : **REP. NELSON MOVED TO TAKE HB 75 OFF THE TABLE.** Roll Call vote was taken. **EXHIBIT 14.** Motion CARRIED 9 to 7.

Motion: **REP. NELSON MOVED HB 75 DO PASS.**

Discussion:

REP. NELSON presented and explained the amendments to HB 75. **EXHIBIT 15.**

Motion/Vote: **REP. NELSON** moved to adopt the amendments to HB 75. Voice vote was taken. Motion CARRIED unanimously.

Motion/Vote: **REP. BARNHART** moved an amendment to HB 75 to set a termination date of January 1, 1995. **EXHIBIT 16.** Voice vote was taken. Motion CARRIED unanimously.

Motion/Vote: **REP. NELSON MOVED HB 75 DO PASS AS AMENDED.** Motion CARRIED 12 to 4. **REPS. BARNHART, HANSEN, RUSSELL AND RICE** voted no.

ADJOURNMENT

Adjournment: The meeting adjourned at 7:30 p.m.

WILLIAM BOHARSKI, Chair

Alyce Rice
ALYCE RICE, Secretary

WB/ar

HOUSE OF REPRESENTATIVES

HUMAN SERVICES AND AGING **COMMITTEE**

ROLL CALL **DATE** 2-15-93

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

HOUSE STANDING COMMITTEE REPORT

February 16, 1993
Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 544 (first reading copy -- white) do pass.

Wm E Boharski

Signed: ______________________
Bill Boharski, Chair

Committee Vote:
Yes 16, No 0.

HOUSE STANDING COMMITTEE REPORT

February 16, 1993
Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 521 (first reading copy -- white) do pass .

Signed: Wm E. Boharski
Bill Boharski, Chair

Committee Vote:
Yes 4 , No 0 .

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HOUSE STANDING COMMITTEE REPORT

February 16, 1993
Page 1 of 4

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 75 (first reading copy -- white) do pass as amended .

Wm E Boharski
Signed: ______________________
Bill Boharski, Chair

And, that such amendments read:

1. Title, lines 6 and 7.
Strike: "CREATING A COMMISSION TO"
Insert: "PROVIDING FOR"

2. Title, line 7.
Following: "REVIEW"
Insert: "OF"
Following: "BENEFITS"
Insert: "BY THE INSURANCE COMMISSIONER"

3. Title, lines 7 and 8.
Strike: "APPROPRIATING MONEY FOR THE COMMISSION;"

4. Title, line 11.
Following: "PROPOSALS;"
Insert: "APPROPRIATING MONEY;"

5. Page 1, line 17.
Strike: "commission"
Insert: "insurance commissioner"

6. Page 1, line 24; page 2, line 7 (first place); page 4, lines 3, 11, 12, 17, 19, 22, and 24; page 5, lines 1 and 6 (two places); page 13, line 13.
Strike: "commission" or "Commission"
Insert: "commissioner" or "Commissioner"

Committee Vote:
Yes [illegible], No [illegible].

7. Page 2.
Following: line 6
Insert: "(1) "Advisory council" means the advisory council required by [section 4]."

Renumber: subsequent subsections

8. Page 2, lines 7 and 8.
Strike: the second "commission" on line 7 through "[section 2]" on line 8
Insert: "commissioner of insurance provided for in 2-15-1903"

9. Page 2, line 14.
Following: "content of"
Insert: "policies of"

10. Page 2, lines 14 and 15.
Strike: "purchased from commercial insurers"
Insert: "or certificates issued pursuant to those policies by insurers or health service corporations"

11. Page 2, line 20, through page 4, line 7.
Following: "Section 2." on line 20
Strike: the remainder of line 20 through line 7 on page 4
Insert: "Commissioner review of proposal for mandated benefits. An individual, person, group, or association intending to present a proposal for a mandated benefit to the legislature may present the proposal to the commissioner at least 6 months before the convening of a regular session of the legislature. A proposal submitted to the commissioner must contain those matters required by [section 5] and must conform to the rules adopted by the commissioner."

Renumber: subsequent subsection

12. Page 4, lines 19 and 20.
Strike: "its" on line 19
Insert: "a"
Strike: "it" on lines 19 and 20
Insert: "the commissioner"

13. Page 4, lines 20 and 21.
Following: "request" on line 20
Insert: "from the entity presenting the proposal for a mandated benefit or from any state agency"
Strike: "its" on line 21
Insert: "the"

illness, or addictive disease care provider;
(e) one employer who is not active in the health care or insurance field;
(f) one representative of a collective bargaining labor organization; and
(g) one representative or licensed insurance producer of a company or organization licensed to provide disability insurance in Montana.
(2) Each council member appointed by the commissioner shall serve a 4-year term, except that the commissioner shall designate four of the initial members to serve 4-year terms and three to serve 2-year terms. A member appointed to fill a vacancy shall serve until the end of that term.
(3) The council shall elect one of its members as presiding officer and one as vice presiding officer.
(4) Except as provided in this section, the council must be appointed, compensated, reimbursed, and administered as provided in 2-15-122.
(5) The council shall meet at the time required by [section 3(4)] and at other times as requested by the commissioner."

20. Page 6, line 2.
Strike: "submitted by the applicant"
Insert: "for the mandated benefit"

21. Page 13, line 14.
Strike: "established in [section 2]"

EXHIBIT 1
DATE 2-15-93
HB 560

MONTANA
HEALTH ALLIANCE

President
William D. Wise, M.D.
Helena

Vice President
Don Taucher, O.D.
Wolf Point

Secretary
Jeri Snell, R.N.
Miles City

Treasurer
Joanne Shearer, R.D., M.S.
Helena

Advisory Committee

Kris Kirkland, D.D.S.
Bozeman

Cindy Marshall, L.P.N.
Havre

Brand Robinson, D.D.S.
Bozeman

Jonathan Martin
Medical Representative,
Geigey Pharm.
Great Falls

Judy Douglas, R.N.
Belgrade

Chaplain William Wohlers
Montana State Prison
Deer Lodge

Robert Essig, O.D.
Bozeman

Command Sgt. Major Larry Westfall
Helena

Judy Van Abbema, R.N.
Manhattan

Stephen R. Shaub, D.O.
Billings

Gary Litle, D.C.
Bozeman

Mike Dellwo, B.S.
Clancy

Madalyn Crouch, R.N.
Bozeman

Rodney Longfellow, D.D.S.
Wilsall

Mr. Chairman and members of the committee, my name is William Wise, M.D., President of the Montana Health Alliance.

The HIV/AIDS epidemic is bad and becoming worse. We have 250,000 known cases of the disease as of the end of 1992. It is estimated by the CDC that by 1995 that that number will double. The horrible fact is that all these people will die.

While we have several drugs which will slow the disease and are experimented with a vaccine that has very little hope of being worthwhile we in medicine have nothing that will cure a case of HIV/AIDS.

Our next best attack against this epidemic should be early detection and reporting. By identifying those who have the disease early-on we can begin supportive treatment earlier and keep those patients healthier, longer. It would also permit the Board of Health to contact those who might have been in contact with the patient and inform them, in a very confidential manner, that they could have the infection and be tested.

Then patients could practice abstinence, as recommended by our past US Surgeon General Koop, or practice safe sex. Either way it would be a way of slowing the spread of this epidemic.

We in the health arena have been involved with a similar situation with Syphilis. In the mid 1930's nation wide testing was begun for Syphilis. Excellent confidentiality was employed and is still in effect to this day. This confidential approach is part of all health care workers training and has worked well not only for Syphilis but all Sexually Transmitted Diseases for over 50 years.

The Montana Health Alliance urges your support of HB 560.

PO Box 654
Helena, Montana 59624

EXHIBIT 2
DATE 2-15-93
HB 560

February 15, 1993

Re: HB560 sponsored by Representative Richard D. Simpkins
A Bill for an Act entitled: "An Act requiring reporting of AIDS and HIV-related illnesses by name."

My name is Jeri Snell, I am from Miles City, I am a retired registered nurse with a background in coronary care and delivery room nursing. I have also worked in medical litigation research. I serve on the executive board of the Montana Health Alliance as well. At the present time I am an intern in a Clinical Pastoral Education Hospital Chaplains program. This involves meeting the emotional and spiritual needs of patients, family and medical staff within medical facilities. This includes HIV/AIDS patients and their families.

I know what it is to cope with a disabling illness as I have had a personal experience with a lengthy illness which involves intermittent loss of use an arm. I believe my personal experience enhances my understanding and compassion for anyone suffering loss such as someone coping with the devastation of AIDS. I do believe as does the Montana Health Alliance that compassion in the case of HIV/AIDS should extend to the uninfected who are tomorrow's unsuspecting victims. Hence my concern as a proponent of HB560 an Act requiring reporting of HIV related illnesses by name.

Current law requires reporting of AIDS cases by name, age, date of onset etc. A positive HIV status is reportable with date of test and initials or any other identifier which does not reveal the name of the person tested. The controversial "Montana Responds to HIV/AIDS Five Year Plan" stated a recommendation of not reporting HIV status by any identifiable marker at this time. In the interests of containing a 100% lethal pandemic caused by the HIV virus I beg to differ with this recommendation of said plan.

Ladies and gentlemen valuable time is lost when carriers of a deadly communicable fatal disease cannot be reportable by name etc. The standard used by Public Health officials to contain other communicable diseases has not been adhered to in the case of this communicable disease. An in-depth study of the history of this disease reveals special rights given to this virus because of political maneuvering that have precluded it's containment. This is an epidemic that did not need to happen.

People don't die directly of AIDS; rather, during the latency period the HIV virus destroys the body's immune system, as a result individuals often succumb to common infections and are not included as full blown AIDS cases. Stistics are very misleading because contract tracing is hindered. The average time after exposure to the HIV virus to the allowable definition of full blown AIDS in men is plus 15 years. We don't know the time frame for women as National Institute of Health have not even started a natural history study for women who have HIV. We do know that once diagnosed with full blown AIDS men live an average of one year and nine days. Women live an average of 10 months after diagnosis of full blown AIDS (women are also the fastest growing group of AIDS cases). Given these stats we could be on the average 15 years ahead of reporting and tracing by name those who carry the deadly HIV virus.

The Center of Disease Control has just added 3 of these oportunistic diseases to the full blown AIDS list. They have also added official acknowledgment of blood counts falling below a certain level as heralding the possible onset of HIV. In essence this is splitting hairs. If those who test seropositive for the HIV were named the tracing of this virus would be simplified and by the time a person has full blown AIDS they would have extended lives because of early drug treatment.

Other states have implemented routine testing and reporting for HIV by name. Results have proven effective in tracing sex partners and having them tested as well. Colorado implemented this in 1987 with proven results. Dr. Bobby Jones, state director of AIDS epidemiology in Pennsylvania defends reporting names of patients with white blood counts low enough to signal possible HIV infection stating it could help determine the number of AIDS cases statewide by prodding physicians to report cases they are handling. States are required by law to report their AIDS cases to federal health officials. Dr. Jones states in Pennsylvania up to 40% cases go unreported by Doctors. No studies have been concluded on Montana's under-reporting. Identifying by name those HIV positive would enhance reporting of existing full blown AIDS cases in Montana as well. This dispels the argument that reporting HIV by name will drive the disease underground. Quite the opposite is true, it will bring those with the disease to the forefront to be treated earlier

Breech of confidentiality is a moot argument. There has never been a documented case of breech of confidentiality by public health officials. Even at death an HIV/AIDS patient has more protection of confidentiality than the mortician who will care for the dead body.

Ladies and gentlemen we have avoided confronting an unpleasant issue long enough. We have been led by political maneuvering long enough, it is time to be courageous and take steps already proven to work toward containment of this lethal epidemic.

EXHIBIT 3
DATE 2-15-93
HB 560

House Human Services
Capital Building
Helena, Montana

Re: For HB560, Simpkins, change reporting requirements for AIDS, HIV-related illness, HIV infection.

I am giving my opinion on this bill as a private citizen. I am a licensed social worker in the State of Montana. I have had training in HIV/AIDS and I am concerned about contagious diseases. As of December 31,1992, the Department of Health and Environmental Sciences states there have been 387 cumulative positive HIV tests from 144,269 tests conducted through the MDHES Public Health Laboratory since 1985. Due to anonymous HIV testing, the cumulative number of HIV positive tests contain duplicates. I find it amazing that we have no exact count on HIV and AIDS, that we do not follow-up on HIV cases as we do other STDs.

The change in reporting requirements for AIDS,HIV-related illness, HIV infection is long overdo. The political and personal rights approach to a medical problem is unacceptable. We are dealing with a fatal disease that must be scientifically dealt with to protect the 800,000 population of Montana. Early diagnosis and treatment with the new drugs coming out are important to help those who have HIV avoid opportunistic infections.

To the best of my knowledge, Public Health has never had a problem with confidentiality. We need to quickly identify individuals and provide appropriate services for them. We need to educate these patients and their contacts on how to avoid transmission of this disease. The present law protects them from prosecution.

Identification, education, treatment, and containment are basic in dealing with any contagious disease. HIV/AIDS is no different then other diseases we have had to deal with. What we have is a medical problem, a disease, what we need is a RESPONSIBLE MEDICAL RESPONSE to AIDS/HIV. The responsible choice for Montana and those who are HIV positive or have AIDS is to support HB560. Thank you for your time and attention.

Michael T Stevenson

Michael T. Stevenson
MSSA, Licensed Social Worker
PO Box 122
Ft. Harrison, Montana 59636

EXHIBIT 4
DATE 2-15-93
HB 560

TESTIMONY OF STEVE WHITE
IN FAVOR OF
HB 560

Mr. Chairman, members of the committee my name is Steve White. I am a member of the Montana Health Alliance.

The number of reported HIV/AIDS and HIV related diseases are increasing nationally. As a fifth generation Montanan, I am very concerned about the future of our health in this state. It is critical that we attack this disease with early detection and reporting.

This bill addresses this while still securing the confidentiality that has been successfully employed in tracking other contagious diseases. I urge your support of HB 560.

EXHIBIT 5
DATE 2-15-93
HB 560

DEPARTMENT OF
HEALTH AND ENVIRONMENTAL SCIENCES

AIDS/STD PROGRAM
COGSWELL BUILDING

STATE OF MONTANA

AIDS (406) 444-3565
STD (406) 444-3949

PO BOX 200901
HELENA, MONTANA 59620-0901

TESTIMONY ON HB 560 - 2/15/93

Chairman Boharski and members of the Human Services and Aging Committee I am Bruce Desonia, Program Manager of the AIDS/STD Program within the Preventive Health Services Bureau of the Montana Department of Health and Environmental Sciences. Our Department opposes HB 560 as unneccessary at the present time. I am passing around the excerpt from a long-range plan for AIDS in Montana which our Department contracted for during the past year which provides background on reporting in general and benefits and risks of named reporting of HIV, the virus which causes AIDS.

Seven years after the HIV antibody test was developed, the reporting of HIV test results continues to be a significant and controversial policy issue. The Council of State and Territorial Epidemiologists adopted a position statement that the

> ...balance betwen beneficial and adverse effects of mandatory reporting of HIV-infected individuals with identifiers will vary among the states and with time. Each state's choice of anonymous reporting versus reporting with identifiers should be based upon the circumstances in that state.

One concern we have is that individuals at high risk of HIV infection, who might benefit from testing and counseling, may not seek testing due to the reporting requirement. North and South Dakota, which both have HIV named reporting, both have lower rates of HIV testing than Montana. Based on the last quarter of data, April-June of 1992, Montana's rate of testing was 444/100,000 compared with North Dakota with 375/100,000 and South Dakota with 250/100,000. Oregon had named reporting but between 8/86 to 3/87 offered anonymous testing at public sites and demonstrated an increased demand for testing of 125% for homosexual men, 56% for female prostitutes, and 17% for IV drug users. [Lancet, 8/13/88]

Our Department supports and encourages persons with high risk behavior for HIV to seek counseling and testing. We are concerned that named reporting at this time would encourage denial of their risk and possible delay in seeking medical care. We have AIDS patients now that are diagnosed at the time of their death. Given individuals' fear of violation of their confidentiality or potential discrimination and persecution, which has been discussed widely in recent weeks in Montana, named reporting in Montana may discourage testing. A study in the Journal of the American Medical Association reported of 564 homosexual men in California, seeking care for HIV or STD testing, asked if they would consent to HIV testing if results had to be reported, only 1/3 said they would. [JAMA, March 1989, Vol. 261, No.9] In November of 1988, California voters rejected a proposition which would have abolished anonymous testing and mandated named reporting.

MONTANA
RESPONDS
TO AIDS

AIDS has been reportable by name in Montana since 1985. Since 1987, HIV positivity has been reportable to MDHES without identifiers by health care providers and laboratories. MDHES has funded anonymous testing sites around the state since 1985, as a means of providing alternative sites for persons with high risk behavior to identify their HIV status and to counsel them on risk reducing behaviors. Our Department currently has the authority to adopt by administrative rule what diseases are reportable and by what means. Once a person is identified as HIV+ in our public sites, they are referred to their health care provider or one of our six early intervention sites for medical care and followup. Our sites and consortia support medical and social services and obtain the client's name in order to provide effective services. This occurs after they have established trust with the client.

The Colorado State Board of Health was the first state to adopt named reporting of HIV test results in November of 1985. Currently only 7 states have HIV reporting with names only. Nineteen states report names with opportunities for anonymous testing. Three states have anonymous testing with names reported in specific situations. Fourteen states are strictly anonymous and eight states have no requirements.

EXHIBIT 5
DATE 2/15/93
HB 560

DRAFT

D.HIV REPORTING REQUIREMENTS

Background:

Standard public health practice involves many strategies. One of these is the requirement for health care providers to report certain diseases and conditions to the local public health officer. Such reporting requirements serve four primary functions:

* **Understanding Disease Trends:** knowing how many people are getting a disease and what their characteristics are enables the design of rational disease control programs. (This study of the ecology of a disease is called "epidemiology".)

* **Partner Notification:** assuring that people who may have been exposed to a disease are notified, provided treatment, and given information is important to reduce transmission of infection to other persons. From a public health perspective, partner notification is especially effective if the available treatment leaves the treated individual non-infectious, thereby breaking the cycle of disease transmission. With HIV/AIDS there is no ultimate cure; so, the most important reason to notify and counsel partners of persons who are infected is to educate them about how HIV is transmitted and what they must do to protect themselves -- messages which most who have just been exposed to HIV are particularly primed to listen to.

* **Treatment Decisions:** assuring that each person with the disease receives the opportunity for prompt and proper treatment is also a reason diseases are reported.

* **Prevention of Further HIV transmission:** providing education to assist infected individuals in developing the skills necessary to protect others from infection.

Tests for HIV infection (including asymptomatic HIV infection) became widely available in 1985. The October 1992 issue of the Intergovernmental AIDS Report indicates that thirty-eight states have implemented various forms of required reporting of non-AIDS HIV infection. However, the thirty-eight states differ markedly in their approaches. Twelve require reporting in all cases, another twelve allow for anonymous testing in certain settings, while the remaining four states require names only in special circumstances. ~~Twenty-nine of those states require reporting of the identities of individuals with non-AIDS HIV infection (that is, all persons with positive tests for HIV antibodies)~~.

Various professional organizations have endorsed conflicting policies on whether to recommend mandatory reporting of the identities of HIV seropositive persons to local public health authorities. For example, the American Medical Association supports reporting while a number of state medical associations oppose it.

Proponents argue that reporting the identities of seropositive persons:

* Would improve the documentation of epidemic trends. Current reporting of only AIDS cases reflects infections that occurred 3-10 years ago. Reporting asymptomatic seropositives would provide a more accurate reflection of recent infections and trends. Including the names is necessary to avoid duplication in counting the case numbers.

* Would allow for the development and maintenance of a confidential public health "register" of people with HIV infection. Such a register could:

a) improve the operation of HIV partner notification programs by avoiding duplication of effort on the same case (e.g., partner notification of a sex partner who was already known to be HIV seropositive and aware of his/her status);

b) facilitate enforcement of laws prohibiting behaviors that endanger the public health by providing documentation of when a person became aware of his/her HIV infection;

c) allow public health authorities to inform people with HIV infection about beneficial programs and treatments <u>and encourage them to take advantage of early intervention services</u>.

* Would not pose significant risks to the civil rights of people with HIV infection. Proponents cite the excellent public health record of maintaining the confidentiality of reports of other diseases.

* Would mean that HIV is handled like any other communicable disease. Proponents say this is how it should be -- there is no reason to treat it differently.

* Would enable the State to qualify for more federal dollars for surveillance which are available only to states which have reporting of HIV status by name.

Organizations that oppose mandatory reporting of the identities of HIV seropositive persons include the American Public Health Association, the National Academy of Sciences and the Institute of Medicine, and the American Psychiatric Association, among others.

Opponents argue that identity reporting would be counterproductive because:

* Reporting is a deterrent to voluntary HIV testing. Multiple reported studies show that the threatened implementation of reporting or lack of anonymous services can substantially reduce willingness to seek HIV counseling and testing.

* Self-selection bias in requests for voluntary HIV testing compromises the validity of extrapolating disease trends from

such data. Blinded probability samples are a more reliable way of monitoring disease trends. Such sampling does not require reporting the names of people who are seropositive.

* Keeping accurate registers is very time intensive and would utilize funds which could better be spent in other ways to combat the AIDS epidemic.

* The success of partner notification programs depends on the voluntary disclosure of the identities of sex or needle-sharing partners. A registry of seropositive persons is not essential to the success of an HIV partner notification program.

Current Situation:

Montana adopted administrative rules requiring reporting of HIV seropositive test results without name in November of 1987. (Note: AIDS is reportable by name.) The report asks all those performing tests -- public and private -- to report positive test results with the name and address of the provider. For private providers submission of any more information is not required. As a condition of its contracts with the counseling/ testing/referral/partner notification sites, where anonymous HIV tests are performed, the MDHES AIDS Program requires demographic information on all those tested. A universal code for reporting HIV test results is not in use among the test sites though each site utilizes some local code so that it can assure that the right individual gets the right test results. All private labs are to submit results of all tests performed by them (but reporting by labs is not enforced and is very lax).

Approximately 50% of HIV tests are performed by the state-supported counseling and testing sites and 50% by private providers. It is estimated that the majority of all HIV antibody tests are processed at the state lab. However, a new product which enables tests to be processed in a physician's office with results available within minutes (as opposed to two weeks through the state lab) is now on the market. With a price tab of $10/test compared with a $5 charge for processing by the state lab, it is anticipated that this will lead to fewer tests being sent to the state lab by private physicians for processing (though the state lab will continue to do confirmatory tests on blood which tests positive for HIV antibodies in physician offices as well as at other test sites).

Because more detailed information has generally not been available, the State AIDS Program does not know how many of the 368 positive tests were first time tests. As a result of anonymous testing, it is not possible to determine how many individuals are retested. The information that is collected is currently used to reflect trends across Montana. However, steps have been taken in 1992 to collect more complete demographic information and better analysis can be performed.

Options:

The Planning Advisory Committee carefully considered each of the following options and some combinations of them.

1. Continue current practice.

2. Continue current practice but institute a universally used code which does not allow identification of any individual.*

3. Increase demographic data required for reporting, without name reporting.*

4. Provide for name reporting to local health departments (for disease intervention, partner notification services), with non-identifying information reported on to the state health department.*

5. Encourage local boards of health to provide for named reporting in their jurisdictions as currently provided by Montana law and which does not require a change in state law or rules. Current statute states that "local boards may adopt rules which do not conflict with rules adopted by the department (DHES) for the control of communicable diseases." Montana Administrative Rule states that "a local board of health may adopt rules for the control of communicable disease, if such rules are as stringent as and do not conflict with the requirements of this chapter."

6. Make HIV reportable by name to DHES with anonymous testing permitted through the existing counseling and testing sites.*

7. Make HIV reportable by name to DHES as with other communicable diseases, at all test sites.*

*Any of these changes could be done by Administrative Rule.

Policy Recommendations:

Reporting of HIV status by name or unique identifier should not be required of providers at this time. However, the State AIDS Program shall more aggressively pursue the collection of demographic and transmission information on HIV+ patients from their physicians and routinely offer assistance with partner notification services.

Rationale: These recommendations are made for several reasons.

A. Many persons whose behavior puts them at high risk for infection have not yet been tested for the HIV because they fear they will be identified and, if they test positive, will be discriminated against, ostracized, etc. This is true in Montana as elsewhere but the situation may be worse in Montana and other rural areas than in more urban environments where anonymity can better be preserved. It would not be prudent to create one more impediment to people's willingness to come forward for testing.

B. Since there is no absolute cure for HIV/AIDS (though there are treatments which can delay the onset of AIDS and which are used to treat specific AIDS-related infections and diseases), the need to know who is infected so one can assure he/she knows about available services is less compelling than it is with other communicable diseases for which there is a cure (as with syphilis).

C. The numbers of seropositives is not so great that the State AIDS Program could not call each provider to more actively pursue the gathering of information which could be used to help with surveillance and to offer partner notification services. (Some improvement in data collection has been accomplished by the development of a new form in January of 1992, which providers now submit with the Lab request. The information collected in this process would supplement that already submitted.)

D. The existing Administrative Code allows MDHES to collect other information (short of any which could be used to identify an individual) needed for managing care.

E. If information is not sufficient for surveillance purposes or if a cure is found, the HIV/AIDS Advisory Council called for in this Plan could reassess reporting requirements in future years.

EXHIBIT 6
DATE 2-15-93
HB 560

ACLU OF MONTANA
AMERICAN CIVIL LIBERTIES UNION
P.O. BOX 3012 • BILLINGS, MONTANA 59103 • (406) 248-1086 • FAX (406) 248-7763

February 15, 1993

For the record, my name is Carl Donovan, President of the American Civil Liberties Union of Montana. I want go on record strongly opposed to HB 560. Ever since the emergence of AIDS in the early 1980's, our nation has been struggling to cope with this terrible disease. But the widespread fear stirred by the AIDS crisis has made the careful development of public policy difficult. There have been unwise calls for curtailment of individual rights and liberties, and people with AIDS have often faced irrational discrimination-job firings, exclusions from school and denials of access to health care.

The ACLU believes that Americans can conquor this disease without surrendering their basic rights of citizenship. Proposals for coercive responses to AIDS must be closely scrutinized so that the AIDS crisis does not become a pretext for violating those rights. Public policy must be based on medical facts and realities, not on ignorance and prejudice, and the least restrictive measures possible must be used to achieve public health goals.

You have heard the rationale about government requiring the reporting of names. Please consider the following:

Such compulsory disclosure would offer few advantages and many disadvantages. Compulsory disclosure of names cannot inhibit the spread of HIV. Testing does not change behavior. Only intensive HIV prevention campaign that includes voluntary confidential testing, but that emphasizes counseling and education to achieve behavioral change, can effectively curtail the spread of HIV. Forced disclosure of names will tend to drive people underground, away from the health care system's counseling and educational services.

Instead of coersive measures, including naming AIDS victims or people with HIV-related conditions, government should be providing free, anonymous HIV tests, administered with a guarantee of confidentiality and non-discrimination, to encourage individuals to voluntarily seek this personal health information.

Official lists naming of people who test positive for HIV would be of no public health value and would cause sever repercussions for the named individuals. Once the government had compiled such data, its mere existence would open the way to widespread abuse of people's rights. Insurance companies, employers, school systems and others would immediately seek access to the data, leaving people with HIV disease vulnerable to discrimination.

Official HIV lists would infringe on an individual's constitutionally protected right to privacy, and fear of having their privacy invaded would deter many people from being tested. Confidentiality is necessary to ensure the success of health officials' efforts to raise public awareness about HIV.

ACLU AMERICAN CIVIL LIBERTIES UNION BRIEFING PAPER
NUMBER 13

AIDS AND CIVIL LIBERTIES

Ever since the emergence of AIDS in the early 1980s, our nation has been struggling to cope with this terrible disease. But the widespread fear stirred by the AIDS crisis has made the careful development of public policy difficult. There have been unwise calls for the curtailment of individual rights and liberties, and people with AIDS have often faced irrational discrimination — job firings, exclusions from school and denials of access to health care.

The ACLU believes that Americans can conquer this disease without surrendering their basic rights of citizenship. Proposals for coercive responses to AIDS must be closely scrutinized so that the AIDS crisis does not become a pretext for violating those rights. Public policy must be based on medical facts and realities, not on ignorance and prejudice, and the least restrictive measures possible must be used to achieve public health goals.

The ACLU is helping to meet the challenge of AIDS through its national AIDS Project, which guides state ACLU affiliates in implementing a program of litigation, policy advocacy and public education. For example, ACLU court victories have extended the protections of existing disability discrimination laws to people infected with the AIDS virus, and have struck down a compulsory testing program as an infringement on constitutional rights. Intensive ACLU lobbying helped persuade Congress to bring people with disabilities, including people with AIDS, under the protections of federal housing law, and to adopt the landmark Americans With Disabilities Act, which extends federal protections against discrimination to the private sector. The ACLU also advocates government programs to distribute condoms and provide clean hypodermic needles to intravenous (IV) drug users, and government-operated facilities at which people can voluntarily receive anonymous HIV tests.

The ACLU is working to raise public awareness of the facts about AIDS and has urged others to do the same: Health departments, school systems, employers, civic groups and the mass media must all provide unrestricted AIDS information — especially to minorities, on whom the epidemic has had a disproportionate impact. All of these measures combined can maximize the public's protection against AIDS.

Here are the ACLU's answers to some questions frequently asked by the public about AIDS, and about AIDS and civil liberties.

What is "HIV" and what is "AIDS"?

HIV is the Human Immunodeficiency Virus, which, upon entering a human body, interferes with the proper functioning of that body's immune system. Once HIV has destroyed a person's immune system to such an extent that certain infections develop, he or she is diagnosed as having Acquired Immune Deficiency Syndrome, or AIDS (typically, this process takes several years). Thus, HIV encompasses a range of conditions, with AIDS being its final stage. More and more, doctors and public health officials are referring to AIDS as HIV disease.

[redacted]

ELLEN B. NEIPRIS PHOTO

What are the facts about how HIV spreads?

HIV enters the blood stream, according to current medical knowledge, through direct exchanges of blood or blood products, or through exchanges of semen and vaginal secretions during sexual intercourse. Thus, some sexual activities, drug users' sharing of needles, transfusions of infected blood and prenatal transmission account for virtually all of the known cases of HIV transmission. In rare instances, HIV has been detected in saliva, but it is not transmitted that way.

HIV is not spread by kissing, touching, sharing bathroom or kitchen facilities, or through normal workplace contact. Nor can the virus be spread through insect bites.

Can HIV disease be cured?

No cure for HIV disease has yet been found. However, the drug Zidovudine, or "AZT," has been shown to prolong the lives of many infected people. Other drugs, called prophylactics, can help prevent certain HIV symptoms from developing. And increasingly, drugs are being developed to treat particular infections to which people with HIV are prone. The combination of AZT, prophylactics and other treatments is helping to extend and improve the lives of the HIV-infected, especially for those who receive good medical care in the early stages of the illness.

Doesn't HIV mainly afflict gay men and drug addicts?

No. Although it is true that in the United States most AIDS cases have involved gay men and IV drug users, a person's sexual orientation, race or drug use does not determine his or her vulnerability to HIV infection.

Anyone can contract HIV through exchanges of blood or other bodily fluids. Such exchanges can occur through needle sharing, transfusions, or sexual activities engaged in by two men, two women, or a man and a woman. Studies of the epidemic's international impact indicate that sexual intercouse between men and women is probably the leading transmitter of HIV worldwide.

To stop the spread of HIV, shouldn't the government require all citizens to be tested?

No. Compulsory, mass testing would have few advantages and many disadvantages.

- Testing cannot inhibit the spread of HIV since testing itself does not change behavior. Only an intensive HIV-prevention campaign that includes voluntary testing, but that emphasizes counseling and education to achieve behavioral change, can effectively curtail the spread of HIV.
- Forced testing would tend to drive people underground, away from the health care system's counseling and educational services.
- Mass testing programs would cost millions of dollars that would be better spent on finding a cure for HIV, and on educating people about how to protect themselves against infection.
- Since HIV tests are not entirely reliable, and are least reliable when administered to large numbers of people, they are of limited value. Mandatory testing would cause millions of Americans to suffer from being falsely identified as infected, while many infected persons would be falsely informed that they were not infected.
- Finally, forced testing would infringe upon constitutional rights because the government does not have a compelling interest in administering tests that are of limited value.

Instead of coercive measures such as mandatory testing, our government should provide free, anonymous HIV tests, administered with a guarantee of confidentiality and non-discrimination, to encourage individuals to voluntarily seek this personal health information.

But why shouldn't the government maintain lists of people who test positive for HIV?

Official lists of people who test positive for HIV would be of no public health value and would cause severe repercussions for the named individuals. Once the government had compiled such data, its mere existence would open the way to widespread abuse of people's rights. Insurance companies, employers, school systems and others would immediately seek access to the data, leaving people with HIV disease vulnerable to discrimination.

Official HIV lists would infringe on an individual's constitutionally protected right to privacy, and fear of having their privacy invaded would deter many people from being tested. Confidentiality is necessary to ensure the success of health officials' efforts to raise public awareness about HIV.

Does the law protect the rights of people with HIV disease?

Almost all existing state and federal laws that protect people with disabilities from discrimination in employment, housing and public accommodations cover people with HIV disease. Typically, these laws also protect people who are related to, or associate with, people who have HIV.

HIV-infected people are protected under the Rehabilitation Act of 1973 from discrimination by entities that receive federal funding, and under the federal Fair Housing Act from discrimination in housing. In 1990, Congress expanded these protections with the Americans With Disabilities Act, which protects the disabled — including the HIV-infected — from discrimination in the private workplace (as of July 1992) and in places of public accommodation (as of January 1993). The latter include the offices of all health care providers; hotels, restaurants, movie theaters, convention centers and health spas; food and clothing stores, and any business that sells or rents items; dry cleaners, banks, travel agencies and any business that provides commercial services; museums, parks and schools; homeless shelters, adoption agencies or programs, and all social service facilities.

How do these anti-discrimination laws work?

Typically, disability laws protect a person with HIV disease if that person does not pose a "significant risk" to the health and safety of others. Since HIV is not casually transmitted, the possibility is extremely slim that an infected individual would pose a significant risk on the job, in housing, or in a public facility.

In addition, most of the laws require employers to make "reasonable accommodations," when they can do so without undue burden, to help a disabled person perform his or her job. For example, an employer might permit flexible work schedules for HIV-infected persons.

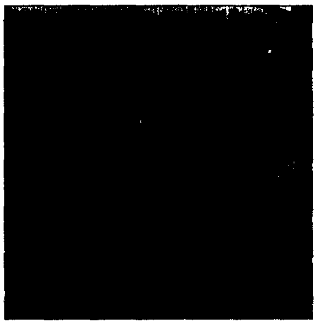
But shouldn't employers be able to fire people with HIV disease?

No. Since HIV disease cannot be spread through the kind of casual contact that occurs in most workplaces, infected persons do not pose a significant risk in such settings. Disability laws, therefore, protect them from medically unjustified discrimination.

Don't HIV-infected health care workers pose enough of a risk to their patients to be prohibited from working?

No. In the history of the HIV epidemic, only one health care worker, a dentist, is known to have transmitted HIV to patients, and in that case transmission is believed to have resulted from inadequate infection control procedures. Thousands of HIV-infected health care workers have performed millions of different procedures on patients without any evidence of transmission, indicating that the risk of transmission from health care provider to patient is extremely slight.

The ACLU believes that because the risk of such transmission is so small, health care workers should not be subject to mandatory HIV tests, limited in their job duties, or required to divulge HIV infection to their patients. Instead, to address the minute risk of transmission in health care environments, the government should promote strict adherence to infection control precautions.



GLOBE PHOTOS

Shouldn't school children with HIV disease be kept home?

No. There is no evidence that other children are endangered by contact with an HIV-infected child in school.

Have the courts enforced these principles in cases involving discrimination against people with HIV disease?

Generally, they have. Most legal challenges to discrimination brought by persons with HIV disease in state or federal court have been successful. Three ACLU cases exemplify that success:

- ✖ In California, a federal court ordered a school to reinstate a teacher whom officials had removed from the classroom after discovering he had AIDS.
- ✖ In Florida, a county government agreed to rehire an HIV-infected worker and pay him $190,000 as compensation for the two years he had been unemployed.
- ✖ In Nebraska, a federal court declared unconstitutional a state agency's requirement that employees of a state home for the mentally disabled submit to mandatory HIV tests.

The ACLU has also won court challenges to the exclusion of HIV-infected persons from housing, public accommodations and nursing homes.

Wouldn't the distribution of clean needles and condoms promote drug use and promiscuity?

It is very difficult, if not impossible, to imagine that masses of people yearn to shoot illegal drugs but are deterred by the unavailability of clean needles and syringes. Moreover, for the government to acknowledge the prevalence of HIV infection among IV drug users and yet refuse to implement programs known to be effective in reducing that community's risk of infection is unconscionable. Forty-seven percent of the participants in a needle exchange program studied in San Francisco said that they stopped sharing needles, or at least cleaned their paraphernalia, as a result of the program.

As for condom distribution, it does not encourage or discourage sexual activity; it merely provides an alternative to unsafe sex and, thus, is a vital health precaution.

Should laws be enacted to punish those who deliberately try to spread HIV disease?

Such laws are not needed, and would be unwise, for several reasons. First, conscious attempts to spread HIV disease are exceedingly rare, and existing criminal laws are sufficient for prosecuting the rare infected individual who knowingly and deliberately infects another person. Second, laws criminalizing HIV transmission could severely undercut public health efforts to promote HIV awareness. Such laws, instead of deterring people from high risk behaviors, might cause people to shun voluntary HIV tests and treatment out of fear of being prosecuted for "deliberately" spreading HIV. Lastly, new laws in this area would encourage prosecutors to aggressively press claims of deliberate transmission, and would encourage police to invade privacy and conduct surveillance of intimate sexual activity in search of evidence to support such claims.

Should suspected or convicted rapists be forced to take HIV tests?

No. Forced HIV testing, even of those convicted of a crime, infringes on constitutional rights and can only be justified by a compelling governmental interest. No such interest is present in the case of a rapist and his victim because the result of a rapist's HIV test, even if accurate, will not indicate whether the rape victim has been infected. What rape victims want to know is whether *they* have been infected, which can only be known if *they* are tested.

The government should focus on providing free and confidential HIV testing to rape victims, and on guaranteeing treatment for those infected by a rapist.

Shouldn't the government censor education about HIV on the ground that it's obscene?

Certainly not. Scientific, nonjudgmental information about human sexual behavior is not obscene, and the need for such education is made all the more urgent by the HIV crisis. The ACLU has brought suits against government restrictions on the content of HIV education materials. Education for prevention is the most effective response to HIV, aside from intensive medical research and access to health care for all. It is critical that we establish programs — accessible to everyone — that educate and counsel people on the avoidance of sexual or drug- use practices known to spread the disease.

The majority of Americans support sex education: A 1985 Harris poll found that 85 percent of those surveyed thought sex education should be taught in the schools. As former U.S. Surgeon General Everett Koop has stated, "Many people, especially our youth, are not receiving information that is vital to their future health and well-being because of our reticence in dealing with the subjects of sex, sexual practices and homosexuality." He added: "This silence must end."

EXHIBIT 6
DATE 2/15/93
HB 560

ACLU

American Civil Liberties Union
132 West 43rd Street
New York, N.Y. 10036

EXHIBIT 33

HB 560

SENT BY: 2-15-93 ; 2:08PM ;KINKO'S MISSOULA, MT→406 449 2180 ;# 2/ 2

MISSOULA COUNTY

MISSOULA

CITY-COUNTY HEALTH DEPARTMENT
301 W. ALDER
MISSOULA, MONTANA 59802

(406) 721-5700

February 15, 1993

Honorable Representative Boharski, Chair
Human Services and Aging Committee
House of Representatives
Montana Legislature

EXHIBIT 7
DATE 2/15/93
HB 560

Dear Chairman Boharski:

I write to OPPOSE HB 560 which would change the reporting requirements for HIV infection.

As a local public health officer who has many years experience in testing and counseling those at-risk for, or infected with HIV, I firmly believe that requiring named reporting will thwart my efforts to carry out my mandated responsibility to control the spread of this disease. Named reporting will discourage those needing to come forward for testing. Remember that those infected will likely have no symptoms compelling them to get tested, yet may have many fears about being identified as a criminal or other forms of stigmatization that will act as a barrier to coming forward.

Further, I know that the infected individual's name is not needed nor used when carrying out partner notification activities. As long as we can encourage those at-risk to be tested, we can and do carry out partner notification if the test is positive. Measures such as those proposed in HB 560 will discourage testing and ultimately preclude notification of exposed partners. Over the years, the numbers of people presenting for testing have risen. I advise you not to take an action that would reverse this trend.

The current provisions in the AIDS Prevention Act are adequate for any necessary activity relating to HIV testing, counseling, and notifying that a public health officer or health care provider may need. During the past two legislation sessions, numerous oppositional parties have ironed out the provisions that now appear in this Act. Please do not pass conflicting legislation.

I strongly urge you to OPPOSE HB 560.

Sincerely,

E. Leahy

Ellen Leahy
Health Officer

cc Committee Members

EXHIBIT 8
DATE 2-15-93
HB 560

CRITICARE
HEALTH SERVICES

February 15, 1993

The Honorable William Boharski
Human Services and Aging
Capitol Station
Helena, MT 59620

Re: House Bill 560

Dear Representative Boharski and Members of the Committee:

As a five year company organized to provide critical nursing services to hospitals throughout the country and promote health education, especially around the issue of HIV, Criticare Health Services strongly opposes House Bill 560. Having been recently awarded the state contract to provide HIV outreach and prevention to Montana's gay and bisexual male communities, we feel that name reporting for HIV would present serious barriers to voluntary, anonymous and confidential testing for this virus.

While HIV may be sexually transmitted, any similarities to other sexually transmitted diseases or STD's quickly end there. Unlike most other STD's, we have no cure for HIV. This is a primary reason for name reporting of other diseases, to treat and cure the patient and their sexual contacts in order to stop the chain of transmission. Currently we have no such treatment for HIV. Even the drug AZT is only recommended for those with symptoms for AIDS or immune systems with a T-cell count of 500 or below (a normal T-cell count ranges between 900 - 1600). Even with such expensive treatments available, is the state able to provide each person testing positive for HIV with the necessary medical treatments and care available to those testing positive for chlamydia, gonorrhea or syphilis? If we cannot guarantee such medical treatment for all those testing positive, then why would a person come forward to test for such a disease?

What about the emotional and psychological implications of a positive HIV test? These are very different than those of a positive test for chlamydia or genital warts. People do not automatically interpret a death sentence with gonorrhea or syphilis! HIV is not like other STD's.

Finally, there are the issues of discrimination and prejudice. Examples of such discrimination have been well documented since AIDS became a public health issue. From the Ray brothers who received HIV from tainted blood products and forced to leave Arcadia, Florida after their home was burned down to a person with AIDS in Malta, Montana that was refused admission into a nursing home. The tomb stone for Ryan White was defaced and broken three times after his death! There is no question that ignorance and fear continues to dictate response to this epidemic.

Name reporting simply feeds into such fear and ignorance. People will not come forward and test if they know that their name, address and date of birth will be given to the State Health Department. Until we address the issues surrounding effective treatments and access to medical care as well as protections from discrimination, name reporting will only make our work in education and outreach much more difficult.

Respectfully,

David Herrera
Director, Health Education

EXHIBIT 9
DATE 2-15-9
HB 581

Amendments to House Bill No. 581
First Reading Copy

Requested by Rep. S. Rice
For the Committee on Human Services and Aging

Prepared by David S. Niss
February 15, 1993

1. Page 3, line 1.
Strike: "and"

2. Page 3.
Following: line 1
Insert: "(m) a representative of the national association of housing authority administrators;
(n) a representative of neighborhood housing services; and"

Renumber: subsequent subsection

3. Page 3, lines 4 and 5.
Strike: ", compensated, and reimbursed "

4. Page 3, line 6.
Following: "2-15-122."
Insert: "Members of the task force may not be compensated or reimbursed from state funds for their expenses in performing task force duties."

DATE 2-15-93
HB 581

MONTANA HOUSING CRISIS

POSITION PAPER

September 1992

from the *Montana Association of Housing and Redevelopment Officials*

Montana has a housing crisis in its major cities. Working families are living in tents in Kalispell according to newspaper accounts. University students in Missoula and Bozeman are living in the lobbies. The student apartments that normally house these young people are already filled by permanent residents. These two items are only the tip of the crisis iceberg. The extent of the housing problem can be clearly seen. The statistics cited below show that we indeed do have a crisis.

It is the intent of this paper to demonstrate the extreme housing needs in Montana. We wish to call for the establishment, by the new Governor, of a **STATE WIDE HOUSING CRISIS TASK FORCE.** This Task Force should meet as soon as possible to find a solution to this problem.

Billings Housing Authority
Public Housing/ Section 8 - Waiting List
1989 1,300 familys
1992 2,200 familys
Number served presently
is 3,000 people

Homes for sale
Multiple Listing Service - single family
Aug. 1990 836 homes
Aug. 1992 548 homes
for a reduction of 34%

Butte Housing Authority
Public Housing - Waiting List
1990 12 familys
1992 18 familys
Number served presently
is 750 people

Homes for sale
Multiple Listing Service - single family
Aug. 1990 292 homes
Aug. 1992 295 homes
virtually no change

Great Falls Housing Authority
Public Housing/ Section 8 - Waiting List
Aug. 1990 1,017 familys
Aug. 1992 1,365 familys
Number served presently
is 1,487 people by G F H A
Last major project - 50 units - 1980

Properties for sale
Multiple Listing Service - properties
Aug. 1990 993 properties
Aug. 1992 711 properties
for a reduction of 28%

Helena Housing Authority
Public Housing/ Section 8 - Waiting List
Aug. 1990 441 familys
Aug. 1992 975 familys
Number served presently
is 1,213 people
Last major project - 36 units - 1980

Homes for sale
Multiple Listing Service - single family
Aug. 1990 454 homes
Aug. 1992 320 homes
for a reduction of 30%

Helena Food Share reports homeless
from May to August at 150 people

Flathead, Lake, Sanders & Lincoln Co.s
Public Housing/ Section 8 - Waiting List
- three years -
Total of 413 rental units

Homes for sale
Flathead Multiple Listing Service
Aug. 1990 1,187 homes
Aug. 1992 994 homes
for a reduction of 16%

Hunger Resources in Kalispell reported that
in June of 1992 there were 42 homeless

Missoula Housing Authority
Public Housing/ Section 8 - Waiting List
Aug. 1990 1,248 familys
Aug. 1992 1,981 familys
Last major project - 4 units - 1992

Homes for sale
Multiple Listing Service - single family
Aug. 1990 560 homes
Aug. 1992 379 homes
for a reduction of 32%

Homeless shelter, Poverello Center
reported a 46% increase from '90 to '92

Any future economic development that could benefit Montana will certainly be curtailed by this crisis. Future workers needed to operate a new development will simply not have any place to live.

Housing authorities exist in nearly every major Montana city. These authorities have an effective record of serving housing needs in Montana many since the 1930's. In 1992 Helena received the prestigious National Award for "Sustaining Performance" from H.U.D.. In 1987 Missoula received the same award. Billings presently has a self sufficiency program in successful operation. Great Falls has received a national award for a successful and on going Drug Elimination Program. And in the summer Great Falls participates in a food program to ensure that children can receive two nutritious meals each day.

Housing Authorities in Montana have a proven record of being able to handle the construction and operation of large multi-family housing operations.

The delivery of rental assisted housing to those who need it is a fragmented procedure. In many larger communities in Montana applicants must apply at two or three agencies. Funding resources are scarce, we need a consolidated delivery system to maximize the use of the dollars available. Without the state and local agencies working together to assist localities with this housing crisis we will have a difficult time providing affordable housing.

The Housing Authorities in Montana want to be part of the Housing Crisis Task Force. It is our request that the membership for the Task Force will come from each major locality to assist in addressing the diverse needs that are present in Montana.

We have the knowledge and experience of dealing with housing problems. Our input will be a major contribution to finding a solution to this new problem that Montana is facing in the 1990s.

EXHIBIT 11
DATE 2-15-93
HB 581

Homebuilders Assoc. of Billings
252-7533

S[illegible]. Montana Home Builders Assoc.
5[illegible]-8181

Great Falls Homebuilders Assoc.
452-HOME

Montana
BUILDING INDUSTRY
ASSOCIATION

Flathead Home Builders Assoc.
752-2522

Missoula Chapter of NAHB
273-0314

Helena Chapter of NAHB
449-7275

Nancy Lien Griffin, Executive Director
Suite 4D Power Block Building • Helena, Montana 59601 • (406) 442-4479

HB 581
Create State Housing Task Force

Recommend:
Do Pass

Nancy Griffin, Executive Officer, Montana Building Industry Association, representing six local associations with 800 small business members serving the housing industry and employing nearing 32,000 workers and subcontractors.

We recommend a Do Pass for the following reasons:

1. Montana is experiencing a crisis shortage of affordable housing.

During the past decade we have experienced in Montana a unique housing situation. Due to several factors, including (1) astounding escalation in land prices, (2) an increase in local permit, inspection and siting fees, (3) mortgage regulations which require appraisals and increased closing costs to the consumer , (4) and a demand for more units of housing than are available, we have a market which is not in touch with the demand.

Multiple listings in each of Montana's major communities have reported a decrease in available inventories from 25% to 38%. I have attached for your information copies of a Housing Crisis Factsheet assembled by the Association of Housing Officials. When there are not enough houses to go around, the value of existing housing is priced beyond it's worth. This impacts all housing consumers; but in particular low to moderate income housing consumers.

2. Wages in Montana have not kept pace with federal mortgage qualification criteria.

The American dream of owning your own home--is just that--a dream for most working Montanans. It is unfortunate that with creative financing techniques, consumer assistance, and an analysis of the market upon which a housing placement strategy could be created, this is a problem for which solutions could be developed.

3. Montana has several entities currently responsible for development of state housing strategies.

There are currently several agencies responsible for the creation of a state housing policy. The Dept. of Commerce, Community Development Division, writes the plans for low income housing assistance programs to communities; the Board of Housing creates financing strategies to gain housing for low to moderate income Montanans; the HRDC's and their parent agency, Dept. of Social and Rehabilitative Services administer housing assistance and placement programs for qualified families. Often the delivery of these services is based upon preexisting lines of communication, and does not often address the broad based housing availability issues which are impacting affordable housing on all levels.

4. A need exists to coordinate the delivery of housing services and to develop a statewide housing strategy which addresses current inventory shortages, financing and mortgage affordability, and coordination with community housing programs.

We urge a Do Pass for this important piece of legislation. The time for action to develop solutions to Montana's housing problems is now.

EXHIBIT
DATE 2/15/93
HB 581

MONTANA HOUSING CRISIS

1992

POSITION PAPER

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We have the knowledge and experience of dealing with housing problems. Our input will be a major contribution to finding a solution to this new problem that Montana is facing in the 1990s.

EXHIBIT 12
DATE 2-15-93
~~HB~~ HJR 7

HOUSE OF REPRESENTATIVES

HUMAN SERVICES AND AGING COMMITTEE

ROLL CALL VOTE

DATE 2-15-93 **BILL NO.** HJR 7 **NUMBER** ______

MOTION: HJR 7 BE TAKEN FROM TABLE

NAME	AYE	NO
REP. BRUCE SIMON, VICE CHAIRMAN		✓
REP STELLA JEAN HANSEN, VICE CHAIRMAN	✓	
REP. BEVERLY BARNHART	✓	
REP. ELLEN BERGMAN		✓
REP. JOHN BOHLINGER		✓
REP. TIM DOWELL	✓	
REP. DUANE GRIMES		✓
REP. BRAD MOLNAR		✓
REP TOM NELSON		✓
REP. SHEILA RICE	✓	
REP. ANGELA RUSSELL	✓	
REP TIM SAYLES		✓
REP LIZ SMITH		✓
REP. CAROLYN SQUIRES	✓	
REP. BILL STRIZICH	✓	✓
REP. BILL BOHARSKI, CHAIRMAN		

EXHIBIT 13
DATE 2-15-93
HB 135

HOUSE OF REPRESENTATIVES

HUMAN SERVICES AND AGING COMMITTEE

ROLL CALL VOTE

DATE 2-15-93 **BILL NO.** HB 135 **NUMBER**

MOTION: HB 135 DO PASS AS AMENDED

NAME	AYE	NO
REP. BRUCE SIMON, VICE CHAIRMAN	✓	
REP STELLA JEAN HANSEN, VICE CHAIRMAN		✓
REP. BEVERLY BARNHART		✓
REP. ELLEN BERGMAN	✓	
REP. JOHN BOHLINGER	✓	
REP. TIM DOWELL		✓
REP. DUANE GRIMES	✓	
REP. BRAD MOLNAR	✓	
REP TOM NELSON	✓	
REP. SHEILA RICE		✓
REP. ANGELA RUSSELL		✓
REP TIM SAYLES	✓	
REP LIZ SMITH		✓
REP. CAROLYN SQUIRES		✓
REP. BILL STRIZICH		✓
REP. BILL BOHARSKI, CHAIRMAN	✓	

EXHIBIT 14
DATE 2-15-93
HB 75

HOUSE OF REPRESENTATIVES

HUMAN SERVICES AND AGING COMMITTEE

ROLL CALL VOTE

DATE 2-15-93 BILL NO. HB 75 NUMBER

MOTION: HB 75 BE TAKEN FROM THE TABLE

NAME	AYE	NO
REP. BRUCE SIMON, VICE CHAIRMAN	✓	
REP STELLA JEAN HANSEN, VICE CHAIRMAN		✓
REP. BEVERLY BARNHART		✓
REP. ELLEN BERGMAN	✓	
REP. JOHN BOHLINGER	✓	
REP. TIM DOWELL		✓
REP. DUANE GRIMES	✓	
REP. BRAD MOLNAR	✓	
REP TOM NELSON	✓	
REP. SHEILA RICE		✓
REP. ANGELA RUSSELL		✓
REP TIM SAYLES	✓	
REP LIZ SMITH	✓	
REP. CAROLYN SQUIRES		✓
REP. BILL STRIZICH		✓
REP. BILL BOHARSKI, CHAIRMAN	✓	

EXHIBIT 15
DATE 2-15-93
HB 75

Amendments to House Bill No. 75
First Reading Copy

For the Committee on Human services and Aging

Prepared by David S. Niss
February 15, 1993

1. Title, lines 6 and 7.
Strike: "CREATING A COMMISSION TO"
Insert: "PROVIDING FOR"

2. Title, line 7.
Following: "REVIEW"
Insert: "OF"
Following: "BENEFITS"
Insert: "BY THE INSURANCE COMMISSIONER"

3. Title, lines 7 and 8.
Strike: "APPROPRIATING MONEY FOR THE COMMISSION;"

4. Title, line 11.
Following: "PROPOSALS;"
Insert: "APPROPRIATING MONEY;"

5. Page 1, line 17.
Strike: "commission"
Insert: "insurance commissioner"

6. Page 1, line 24; page 2, line 7 (first place); page 4, lines 8, 11, 12, 17, 19, 22, and 24; page 5, lines 1 and 6 (two places); page 13, line 13.
Strike: "commission" or "Commission"
Insert: "commissioner" or "Commissioner"

7. Page 2.
Following: line 6
Insert: "(1) "Advisory council" means the advisory council required by [section 4]."

Renumber: subsequent subsections

8. Page 2, lines 7 and 8.

Strike: the second "commission" on line 7 through "[section 2]" on line 8
Insert: "commissioner of insurance provided for in 2-15-1903"

9. Page 2, line 14.
Following: "content of"
Insert: "policies of"

10. Page 2, lines 14 and 15.
Strike: "purchased from commercial insurers"
Insert: "or certificates issued pursuant to those policies by insurers or health service corporations"

11. Page 2, line 20, through page 4, line 7.
Following: "Section 2." on line 20
Strike: the remainder of line 20 through line 7 on page 4
Insert: "**Commissioner review of proposal for mandated benefits.** An individual, person, group, or association intending to present a proposal for a mandated benefit to the legislature may present the proposal to the commissioner at least 6 months before the convening of a regular session of the legislature. A proposal submitted to the commissioner must contain those matters required by [section 5] and must conform to the rules adopted by the commissioner."

Renumber: subsequent subsection

12. Page 4, lines 19 and 20.
Strike: "its"on line 19
Insert: "a"
Strike: "it" on lines 19 and 20
Insert: "the commissioner"

13. Page 4, lines 20 and 21.
Following: "request" on line 20
Insert: "from the entity presenting the proposal for a mandated benefit or from any state agency"
Strike: "its" on line 21
Insert: "the"

14. Page 4, line 23.
Strike: "applicant"
Insert: "entity presenting the proposal for a mandated benefit"

15. Page 4, line 25
Following: "hearing."
Insert: "The advisory council required by [section 4] shall attend the hearing and advise the commissioner concerning

EXHIBIT 10
DATE 2/15/93
HB 75

the matters contained in the proposal submitted to the commissioner."

16. Page 5, line 4.
Strike: "commission's"
Insert: "commissioner's"

17. Page 5, line 7 (two places).
Strike: "its"
Insert: "the"

18. Page 5, lines 10 through 14.
Strike: subsection (6) in its entirety

19. Page 5, lines 15 through 25.
Following: "Section 4."
Strike: the remainder of section 4.
Insert: "**Advisory council -- membership -- compensation -- meetings.** (1) The commissioner shall appoint an advisory council to advise the commissioner concerning the duties of the commissioner under [section 3]. The council consists of eight members. The director of health and environmental sciences or the director's designee is an ex officio member. The other seven members must be appointed by the commissioner as follows:

(a) one representative of the general public who is not employed in the insurance industry or in the provision of health care and who is not an officer or employee of a labor organization;
(b) one administrator of a health care facility, as defined in 50-5-101;
(c) one health care provider who is not actively employed in the mental health, mental illness, or addictive disease treatment field;
(d) one licensed or certified mental health, mental illness, or addictive disease care provider;
(e) one employer who is not active in the health care or insurance field;
(f) one representative of a collective bargaining labor organization; and
(g) one representative or licensed insurance producer of a company or organization licensed to provide disability insurance in Montana.

(2) Each council member appointed by the commissioner shall serve a 4-year term, except that the commissioner shall designate four of the initial members to serve 4-year terms and three to serve 2-year terms. A member appointed to fill a vacancy shall serve until the end of that term.

(3) The council shall elect one of its members as presiding officer and one as vice presiding officer.

(4) Except as provided in this section, the council must

be appointed, compensated, reimbursed, and administered as provided in 2-15-122.

(5) The council shall meet at the time required by [section 3(4)] and at other times as requested by the commissioner."

20. Page 6, line 2.
Strike: "submitted by the applicant"
Insert: "for the mandated benefit"

21. Page 13, line 14.
Strike: "established in [section 2]"

EXHIBIT 16
DATE 2-15-93
HB 75

Amendments to House Bill No. 75
First Reading Copy

Requested by Rep. Barnhart
For the Committee on Human services and Aging

Prepared by David S. Niss
January 19, 1993

1. Title, line 13.
Following: "DATE"
Insert: "AND A TERMINATION DATE"

2. Page 3, line 24 through line 1 on page 4.
Strike: "a 4-year term" on page 3, line 24 through "terms" on line 1 page 4
Insert: "until January 1, 1995"

3. Page 13.
Following: line 16
Insert: "<u>NEW SECTION.</u> **Section 9. Termination.** [This act] terminates January 1, 1995."

HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. HB560

DATE Feb 15, 1993 SPONSOR(S) Simpkins

PLEASE PRINT **PLEASE PRINT** **PLEASE PRINT**

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
E. Daniel Mills	Student		X
Steve Simpson - Helena	Montana Gay Health Project		X
Chuckie Cramer	Self	X	
Ji Murphy	Self		X
Vickie Murphy	Self		X
Louise Kotsnik	Christian Coalition of MT	X	
Carl J Donovan	ACLU - self		X
Marc Cramer	Self	X	
Debbie Semau	student		
[illegible]	Mont. Health Alliance	X	
Kate Cholewa	MT Womens Lobby		X
Steve White	MT Health Alliance	X	
Jim & Jan Sneve	Mt Health allian	X	
Scott Crichton	ACLU		X

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

Bruce Desonia Mt. Dept Health X

HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER

Human Services + Agric COMMITTEE BILL NO. HB560

DATE Feb. 15, 1993 SPONSOR(S) Simpkins

PLEASE PRINT **PLEASE PRINT** **PLEASE PRINT**

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
DAVID HERRERA	CRITICARE		X

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

HOUSE OF REPRESENTATIVES
VISITOR REGISTER

Human Services & Aging COMMITTEE BILL NO. HB 581

DATE Feb. 15, 1993 SPONSOR(S) S. Rice

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
Nowell Anderson	Dept of Commerce	—	—
George Warn	Dept of Commerce	—	—
Kate Cholewa	MT Women's Lobby	X	
~~Jim & Jeri Smee~~	~~Mt Health Alliance~~		
Nancy Griffin	Montana Building Industry Association	X	
Greg Van Horssen	Income Property Managers Montana Landlord Association	X	
Wilbur Rehmann	Helena Housing Authority	X	
[illegible] C. Clark	MT Assn. Realtors	X	
Theresa Massman	M.A.H.R.A.	✓	
[illegible]	Grt Falls Housing Authority	X	
Paulette Kohman	MCMCA	✓	

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

HOUSE OF REPRESENTATIVES
VISITOR REGISTER

Human Services & Aging COMMITTEE BILL NO. HB 492

DATE Feb. 15, 1993 SPONSOR(S) T. Dowell

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
SHARON HOFF	MT CATHOLIC CONF	X	
Jeanne Kemmis	MT Council for Families	×	
Paulette Kohman	MT Council Mat/Ch Hlth	✓	

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