MINUTES

MONTANA SENATE 53rd LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By Senator Dorothy Eck, Chair, on March 24, 1993, at 3:10 p.m.

ROLL CALL

Members Present:

Sen. Dorothy Eck, Chair (D)

Sen. Chris Christiaens (D)

Sen. Tom Hager (R)

Sen. Terry Klampe (D)

Sen. Kenneth Mesaros (R)

Sen. David Rye (R)

Sen. Tom Towe (D)

Members Excused: Sen. Franklin

Members Absent: none.

Staff Present: Tom Gomez, Legislative Council

Laura Turman, Committee Secretary

Please Note: These are summary minutes. Testimony and

discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: HB 274, HB 548, HB 551

Executive Action: none.

Sen. Greg Jergeson, Majority Leader, was present in order to have a quorum.

HEARING ON HB 274

Opening Statement by Sponsor:

Rep. Dave Brown, House District 72, said HB 274 sets minimum certification standards for problem gambling counselors. Rep. Brown said he was "appalled" to find no minimum standards for problem gambling counselors, and with the growing amount of gambling in the state, guidelines will be needed. A survey was done of counselors who had treated problem gamblers, and a significant number of those had not received specific training relating to gambling. HB 274 was drafted taking into account national standards. Rep. Brown provided amendments to the bill (Exhibit #1). The amendments essentially invalidate the fiscal

note. The title of the bill may need to be changed. Rep. Brown read the amendments. Individuals with masters degrees in social work were taken out of the bill. He urged the passage of HB 274.

Proponents' Testimony:

Norma Jean Boles, Standards and Quality Assurance of the Alcohol and Drug Abuse Division, provided written testimony. (Exhibit #2)

Darryl Bruno, Administrator of the Alcohol and Drug Abuse Division, said there had been a Montana Advisory Council meeting on chemical dependency. The Council asked Mr. Bruno to read their statement, which agreed that certifying gambling counselors was a worthy goal. They oppose it if appropriate funds and staff are not made available for the certifications, which is addressed with the amendments offered by Rep. Brown.

Kathy McGowan, representing Chemical Dependency Programs of Montana, said they support HB 274 with amendments. Rep. Brown addressed their concerns, and they are pleased with the results.

Judith Carlson, Montana Chapter of the National Association of Social Workers, said the Association supports the bill with Rep. Brown's amendments. The bill does help to consolidate counselor functions in the state of Montana.

Jim Smith, Montana Psychological Association, said they support the bill with the amendments.

Opponents' Testimony:

Carl Bodek, licensed professional counselor in Missoula, said he does not represent his professional association because they are part of the Mental Health Coalition. Mr. Bodek said HB 274 is an unnecessary bill, even with the amendments. This is not a "turf issue." He urged the Committee members to study letters from Dr. Hehn and Dr. Platt of Missoula which address the areas of competence and ethical standards. Mr. Bodek said he would not treat an individual he is not qualified to treat. HB 274 establishes the precedent of "carving up areas of special competence." Those in the mental health field are not guaranteed competency by college education, but there must be trust in those who are trained in their field. Problem gambling does not always exist in isolated situations. He urged the Committee to kill the bill.

Questions From Committee Members and Responses:

Sen. Klampe asked Carl Bodek if a psychiatrist would need special certification under HB 274. Mr. Bodek said psychiatrists are not

listed in the bill, and would not need certification.

Sen. Klampe asked Norma Jean Boles if that meant that a psychiatrist could not treat problem gambling. Ms. Boles said it was assumed psychiatrists have credentials for personality dysfunctions.

Sen. Klampe said there was a list of who could treat problem gambling, and those who cannot, and psychiatrists are not on the list.

Sen. Christiaens asked Ms. Boles if HB 274 came from the survey done last summer. Ms. Boles said HB 274 deals with one small part of treatment.

Sen. Christiaens said it was his understanding there was only one facility that treated gambling addictions in Billings. Ms. Boles said the Billings facility advertised gambling treatment, however a variety of individuals do treat problem gambling.

Sen. Christiaens asked Ms. Boles if there were 578 professional counselors treating gambling addiction. Ms. Boles said they had responded to the survey.

Sen. Christiaens asked Ms. Boles about the language on Page 5, Line 5 which states the Department may not revoke a license for "less than three years." Sen. Christiaens asked Ms. Boles if that language was consistent with other boards. Ms. Boles said it was. The suspension of a license was for less than three years.

Sen. Mesaros asked Rep. Brown about the fiscal note. Rep. Brown said the amendments offered do away with the fiscal note.

Sen. Klampe asked Rep. Brown who was being "kept out" of the bill. Rep. Brown said there was no one in particular, and that psychiatrists should specifically be included in the bill. Rep. Brown said he assumed psychiatrist and psychologist were synonymous.

Sen. Klampe asked Rep. Brown for the broad reason for excluding certain professions from HB 274. Rep. Brown said in the area of chemical dependence, there were many apprenticeship programs. Therefore, minimum standards were set. Rep. Brown said there was a lot of "arrogance" in keeping all aspects of the health care profession unregulated.

Sen. Towe asked Rep. Brown if there had been a Sunrise audit on HB 274. Rep. Brown said there had not, but there should have been a Sunrise audit on the bill. Rep. Brown said the amendments were added on the Floor of the House. If HB 274 is concurred in by this Committee, it will then go to the Senate Rules Committee.

Sen. Towe asked Rep. Brown if there was a good argument against

doing a Sunrise audit on HB 274. Rep. Brown said the primary reason it did not have an audit was that nobody thought of it.

Chairman Eck asked Rep. Brown if HB 274 would involve the setting up of another board. Rep. Brown said it would all "fold into" one board, maybe the Chemical Dependency Board.

Chairman Eck asked if this could be assumed under the Board of Licensed Counselors and Social Workers for now. Norma Jean Boles said rule making would refer individuals to the board for violations of licensure.

Chairman Eck asked Ms. Boles if 60% of 578 (Montana Social Workers) would become members. Ms. Boles said they already are members, they are certified counselors, licensed professional counselors, licensed social workers or licensed psychologists. A violation would be administered under the Chemical Dependency Program.

Chairman Eck asked Judith Carlson to respond. Ms. Carlson said HB 274 is about certification, not licensure. Certifying chemical dependency counselors is a more complicated issue, and certifying gambling counselors would come on top of this.

Sen. Rye asked Kathy McGowan if, under current law, gambling counseling could not be done without certification. Ms. McGowan said counselors could do gambling counseling.

Sen. Rye asked Ms. McGowan if this could be done without specific certification for that specific area. Ms. McGowan said it is part of a counselor's general training.

Sen. Rye asked Ms. McGowan how she would respond to the opponent's testimony that this bill "opened Pandora's box" for certification for treating various disorders. Ms. McGowan asked Ms. Carlson to reply to that question.

Carl Bodek added this was not a turf issue. Individuals may have several disorders, such as a bipolar disorder and a gambling disorder. According to HB 274, Mr. Bodek is qualified to treat the bipolar disorder, but not the compulsive gambling. There is no need to certify people when there are those who already have the training to treat such disorders.

Sen. Towe asked Judith Carlson what benefit would come from licensing people in the area of gambling disorders. Ms. Carlson said, as far as the profession is concerned, social workers have the necessary training. They do support Rep. Brown's effort because gambling is like other addictive problems where self-help groups and self sponsored gambling counselors are likely to arise.

Sen. Klampe asked Mr. Bodek about the current law allowing those who should not be doing gambling counseling to do it. Mr. Bodek

said the mental health profession is already regulated.

Sen. Klampe said there are people who may need to be taken off the list of those who can treat gambling addictions. Sen. Klampe asked Mr. Bodek if the list of those who can treat the disorder were narrowed, then would the certification even be necessary. Mr. Bodek said that would not satisfy him because individuals often have several disorders at the same time, and those who treat the gambling disorders may not have the training for the individual's disorders.

Sen. Klampe asked Mr. Bodek if licensed counselors, licensed social workers, psychologists and psychiatrists were all able to treat gambling disorders without any other stipulations, would that satisfy him. Mr. Bodek said it would not, another group (of gambling counselors) should not be created.

Sen. Klampe asked Mr. Bodek if there were another group of professionals he would like included in HB 274. Mr. Bodek said he was not arguing for inclusion or exclusion. He does not agree with the bill entirely, and does not want another group created for certification because it is unnecessary.

Sen. Klampe asked Mr. Bodek if there were another group of professional counselors that should be included in the bill. Mr. Bodek said his objection to the bill is that HB 274 creates a process by which other people, not in the mental health profession, can get training to be certified as gambling addiction counselors. That is his objection to the bill.

Sen. Klampe asked Rep. Brown to respond. Rep. Brown said HB 274 with the amendments states that an individual must already have a chemical dependency certificate plus 60 hours of gambling specific training to become a gambling counselor. Rep. Brown said he questioned whether individuals such as Mr. Bodek are trained in their general course of training to treat all specialties. However, professional counselors and social workers are exempted from the bill.

Chairman Eck asked Norma Jean Boles about the current requirements for chemical dependency counselors. Ms. Boles said the current requirements are a baccalaureate degree in human services or alcohol and drug studies, an associate degree specific to chemical dependency, or graduation from a formalized training program.

Chairman Eck asked Ms. Boles what the formalized training program was. Ms. Boles said it is defined as 400 educational hours and 1600 experiential hours.

Chairman Eck asked Ms. Boles what kinds of correlation she saw in the kinds of problems with chemical and alcohol dependency and gambling. Ms. Boles said studies indicate that 40-50% of addictions are multiple addictions. Suffering from the

consequences of gambling may result from a chemical dependency.

Chairman Eck said she had received a letter stating that gambling addictions are different because the video machines create a condition of compulsion. Chairman Eck asked Ms. Boles if there were cases of compulsion that may need treatment from an individual with greater skills. Ms. Boles said a gambling counselor would make referrals.

Chairman Eck asked Ms. Boles to whom those individuals with compulsive behavior would be referred. Ms. Boles said their code of ethics is very strict about referring to mental health professionals.

Chairman Eck asked Ms. Boles how often referrals were made. Ms. Boles said most chemical dependency counselors are evaluated annually.

Chairman Eck asked Ms. Boles how often actual referrals were made to mental health professionals. Ms. Boles said she could not answer the question.

Sen. Christiaens said many make referrals, but there are huge waiting lists for mental health services. Therefore, those referred may not get treated. The problem is not that the chemical dependency counselor is not doing the referral.

Chairman Eck asked Ms. Boles who provided the 60 hours of training. Ms. Boles said the closest group was in Minnesota, where the state puts most of the gambling proceeds into a program, which is excellent. Many national experts participate in this program.

Chairman Eck asked Ms. Boles how much gambling proceeds the state of Montana put into counseling. Ms. Boles said that was included in the fiscal note, but if there is a chemical dependency counselor in Montana who wants the gambling addiction credential, that individual must go the Minnesota to get it.

Kathy McGowan said some of the members of the Mental Health Caucus and the Chemical Dependency Program were talking about bringing the training to the state of Montana so that would save the individual expense of travelling to Minnesota.

Chairman Eck asked if none of the gambling proceeds in Montana went to training for gambling addiction treatment. Rep. Brown said Rep. Strizich had a bill that would address this, but the bill was killed in the House due to a failure of sufficient funds.

Chairman Eck asked if the Committee were to concur in HB 274, would that lessen the possibility of that kind of bill being accepted at a later date. Rep. Brown said it would "set the stage" for addressing one of the state's major concerns.

Sen. Christiaens said there are greater and greater numbers of people incarcerated who have gambling addictions, and under current treatment in the prison, there was nothing to deal with the gambling addiction. Sen. Christiaens said many are not being treated, and so this bill is extremely important.

Closing by Sponsor:

Rep. Brown said this was a worthwhile discussion. HB 274 was one of the recommended packages of the Gaming Advisory Council. Those individuals with a master's degree are exempted from HB 274 because they are "supposed to know what they're doing" in this area. The targeted people for certification are the chemical dependency counselors who provide the bulk of the services for gambling addiction. The bill stops those with no training from saying they are qualified to treat gambling disorders.

HEARING ON HB 548

Opening Statement by Sponsor:

Rep. Strizich, House District 41, said HB 548 proposes to limit access by minors to tobacco products by the prohibition of sales to youth under the age of 18 years. It would also prohibit the distribution of tobacco products by vending machines in public places and prohibit the distribution of tobacco products not in sealed packages. Montana is the only state without a law prohibiting the sale of tobacco products to minors. Strizich said it is estimated that 1 million minors start smoking each year, and a lot of that is due to access to cigarettes. tobacco referendum was passed during the 1991 Legislative Session, which was referred to those children affected by it. 59% of 50,000 students in grades 9-12 voted in favor of restricting sales of cigarettes. Public Law 102-321 requires that by October 1, 1994 states must ban the sale and distribution of tobacco products to minors under the age of 18. If such a law is not enacted, Montana will be in the position to lose a large portion of funds designated for alcohol and drug abuse, and mental health. This is called the Synar Amendment. Rep. Strizich said HB 548 provides "workable" procedures. Section 9 of the bill was stricken by mistake in the House Committee report, and to avoid confusion, it was not replaced during Second Reading in the House. This Section should be placed back into the bill. The intention is to allow local governments to deal with access by minors to tobacco, not to create another licensing scheme for local governments.

Proponents' Testimony:

Kathy Seacat, Legislative Coordinator with the Montana Parent,

Teacher and Students Association, provided written testimony. (Exhibit #3)

Robert Moon, Chronic Disease Program of the State Health Department, read the written testimony from Bob Robinson. (Exhibit #4)

Darryl Bruno, Administrator of the Alcohol and Drug Abuse Division of the Department of Corrections and Human Services, provided written testimony. (Exhibit #5)

Sanna Kiesling, Office of Public Instruction Health Enhancement Division, said they are concerned that the original Section 9 of HB 548 be reinstated. This concerns the use of tobacco products in public school buildings and property. A clear and consistent message that drug and tobacco use by minors is wrong and will not be tolerated.

Jerome Anderson, Tobacco Institute, said for years the Industry has supported legislation to insure that the choice to use tobacco products is a mature choice to be made by those over 18 years of age. They have no objection to reinstating Section 9 into HB 548. Two years ago, the House Committee chose not to impose an 18 year old restriction on the sales of cigarettes. Mr. Anderson cautioned the Public Health Committee not to send the bill back to the House in too stringent a form because it may have difficulty.

Kathy McGowan, Chemical Dependency Programs of Montana, said they agreed with the testimony given by Darryl Bruno concerning the loss of the federal block grant.

John Delano, Phillip Morris, said they "strongly support" HB 548. They have always favored legislation such as this.

Kendra Kallaguchi, Smokeless Tobacco Council, said that tobacco products were not intended for minors, and she urged the Committee's support of HB 548.

Mark Staples, Montana Wholesalers/Montana Marketers, said retailers and wholesalers realize the real responsibility of this legislation comes down on them, and yet they still support it.

Opponents' Testimony:

Paulette Kohman, Director of the Montana Council for Maternal and Child Health, provided written testimony. (Exhibit #6)

Questions From Committee Members and Responses:

Chairman Eck asked Darryl Bruno if stronger enforcement were needed to avoid losing federal funds. Mr. Bruno said it was

possible that federal funds still could be lost without adequate enforcement.

Chairman Eck asked anyone representing the tobacco industry if they would oppose the bill if some of the penalties were reinstated. Jerome Anderson said that those who oppose the industry would like to have those who sell tobacco products "hung, drawn and quartered". Mr. Anderson said the Synar Amendment does not request that this be done. When fines are imposed as civil penalties or criminal penalties, these are enforcement provisions which will meet the requirements of the Synar Amendment. Mr. Anderson said that if heavy enforcement provisions are reinstated into HB 548, it will be sent back to the House which may jeopardize the passage of the bill. Mr. Anderson said two years ago he was representing the tobacco industry trying to reach a compromise between the two Houses with regards to the provisions of that bill. Mr. Anderson said HB 548 is a reasonable bill as it is now, with the addition of Section

Chairman Eck asked Mr. Anderson if that meant the industry would oppose the bill if the sections dealing with penalties were reinstated. Mr. Anderson said the House Committee thought the fines were too high.

Chairman Eck said she was asking about the tobacco industry, not the House Committee, opposing the bill if the stricken language concerning penalties were reinstated. Mr. Anderson said the fines originally in the bill were "higher than necessary", but the industry did not oppose the bill on that basis. Supporting or opposing the bill would depend upon the extent of the amendments added by this Committee. Mr. Anderson said a bill is needed that is not overly oppressive to the tobacco industry in Montana.

Sen. Rye said there was an individual present from the Department of Revenue, and asked if that person would testify.

Informational Testimony:

Bill Kloker, Supervisor with the Montana Department of Revenue, provided written testimony (Exhibit #7) which included an amendment.

Questions From Committee Members and Responses:

Sen. Rye asked Jerome Anderson or John Delano to respond to this amendment offered by Bill Kloker. Jerome Anderson said he saw no reason to object to the amendment because it is not a burdensome provision and can be complied with by the tobacco industry. Mr. Anderson said the Synar Amendment does not require or suggest there be "burdensome licensing provisions" in legislation.

Chairman Eck asked that there be someone from the Department of Revenue present when the Committee takes Executive Action on HB 548.

Closing by Sponsor:

Rep. Strizich said HB 548 is necessary and important legislation. Rep. Strizich said the one opponent to the bill appeared to be a reluctant opponent. He said he would be willing to work with the Committee and the tobacco industry to get HB 548 passed. Rep. Strizich reiterated that Section 9 was removed from the bill through a clerical error.

Sen. Towe asked if a copy of the Synar Amendment could be made available to the Committee.

HEARING ON HB 551

Opening Statement by Sponsor:

Rep. John Cobb, House District 42, said HB 551 involves allowing judges to make individuals brought to court take a dangerous substance course. The sentencing judge may include an order for chemical dependency treatment.

Proponents' Testimony:

Darryl Bruno, Administrator of the Alcohol and Drug Abuse Division of the Department of Corrections and Human Services, said the Department supports HB 551.

Opponents' Testimony:

None.

Questions From Committee Members and Responses:

Sen. Towe asked Rep. Cobb if the "treatment" portion of the bill had been added, and was it acceptable to him. Rep. Cobb said that was acceptable.

Sen. Towe asked if the judge "must" order the information course and "may" order the treatment. Darryl Bruno said it may include treatment based on the assessment of a chemical dependency counselor.

Sen. Towe asked Mr. Bruno if the chemical dependency counselor would take part in the pre-sentence investigation. Mr. Bruno said it would be.

Chairman Eck asked Mr. Bruno if, before sentencing, an individual

would consult with a chemical dependency counselor who would then recommend treatment. Mr. Bruno said an individual must first be convicted.

Chairman Eck asked Mr. Bruno if a judge could include a condition that the person shall undergo chemical dependency treatment even though a chemical dependency counselor had not recommended it. Mr. Bruno said he assumed a judge could do that. Their original concern of the bill is that there must be a chemical dependency program approved by the Department of Corrections and Human Services. That was the key to the bill.

Sen. Towe asked Mr. Bruno if they were talking about an assessment in the course, or just a course. Mr. Bruno said the course would include an assessment, much like a DUI conviction.

Sen. Towe asked Mr. Bruno about a judge being convinced that a chemical dependency counselor's does not need to analyze the case. Mr. Bruno said in such a case a judge could order treatment without a recommendation from a chemical dependency counselor.

Sen. Towe said it was still not entirely clear.

Norma Jean Boles, Manager of Standards and Quality Assurance for the Alcohol and Drug Abuse Division, said the law applying to DUI's states everything is at the discretion of the sentencing judge. The chemical dependency counselor can only make recommendations, which the judge can accept or reject.

Chairman Eck asked Ms. Boles if a judge could order treatment without the recommendation of a chemical dependency counselor. Ms. Boles said if a judge feels it is appropriate, he can order it.

Darryl Bruno said he hoped that language was not stricken from this bill concerning the recommendation of a chemical dependency counselor. Mr. Bruno said the assessments are important.

Closing by Sponsor:

Rep. Cobb closed.

SENATE PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE
March 24, 1993
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ADJOURNMENT

Adjournment: Chairman Eck adjourned the hearing at 4:55 p.m.

SENATOR DOROTHY ECK, Chair

LAURA TURMAN, Secretary

DE/LT

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ROLL CALL

SENATE COMMITTEE Public Health DATE 3-24-93

NAME	PRESENT	ABSENT	EXCUSED
Eck			
Franklin			~
Eck Franklin Klampe Hager Towe Mesaros Zye Christiaens			
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SENATE HEALT! & WELFARE

EXHIBIT NO
DATE 3-24-93

BELL NO HB 274

Amendments to House Bill No. 274 Third Reading Copy

Requested by Representative Brown For the Committee on Public Health

Prepared by Greg Petesch March 24, 1993

1. Page 2, lines 8 through 13.

Strike: subsection (1) in its entirety

Renumber: subsequent subsections

2. Page 2, lines 16 through 22.

Strike: subsection (3) in its entirety

Renumber: subsequent subsections

3. Page 3, line 15.

Strike: "(1)"

4. Page 3, lines 18 through 24.

Strike: subsections (a) and (b) in their entirety

5. Page 3, line 25.

Strike: "(c)"

Insert: "(1)"

6. Page 4, lines 1 and 2.

Following: "dependency counselor" on line 1

Strike: remainder of line 1 through "worker" on line 2

Following: "and"

Insert: "has"

7. Page 4, lines 4 through 7.

Strike: subsection (d) in its entirety

8. Page 4, lines 8 through 13.

Following: "(2)" on line 8

Strike: remainder of line 8 through "professionals" on line 13 Insert: "a license as a professional counselor, social worker, or

psychologist"

9. Page 5, line 25.

Strike: "ACT AS"

Insert: "represent to the public that the person is"

10. Page 6, line 3.

Strike: "ACTING AS"

Insert: "representing to the public that the person is"

DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES



MARC RACICOT, GOVERNOR

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TESTIMONY FOR HB 274

The Department of Corrections and Human Services, Alcohol and Drug Abuse Division supports the passage of HB 274, only with amendments.

Given the fact the fiscal note was not signed it would be extremely difficult for the Department to administer this program particularly if Section 2 (b) and (d) were not deleted, as it allows anyone with 300 hours of gambling related training or anyone with a baccalaureate degree in human services and 60 hours of training eligible. Furthermore, requiring preexisting certification or licensure ensures a competency based review and testing process.

Gambling addiction is a complex illness, this certification enhances the competence of established counselors wishing to specialize in this area. It does not limit individuals but merely requires them to obtain competency based certification or licensure.

The impetus for this legislation was based on the Research conducted by Dr Rachel Volberg, expert in Gambling Addiction and Jean Fulzon, Exec. Director of the National Council on Problem Gambling. The research recommended a system of credentialing for counselors treating problem and compulsive gambling which parallels the National standards. This bill was based on the National standards.

The Alcohol and Drug Abuse Division recommends change the word act to represent himself/herself in Section 5. This would allow treatment professionals to address gambling addictive behaviors within the context of ongoing therapy.

Respectfully submitted,

Norma Jean Boles, Manager Standards and Quality Assurance Alcohol and Drug Abuse Division



SENATE HEALTH & WELFARE

SCHIBIT NO. 3

DATE 3-24-93

BELL FO. HB 548

Testimony H.B. 548
Senate Public Health, Welfare and Safety
March 24. 1993

Chairman Eck and Members of the Senate Public Health Committee:

I am Kathy Seacat, Legislative Coordinator for the Montana Congress of Parents, Teachers and Students. We are commonly known as the Montana PTSA and with 11,000 members—we are the largest child advocacy organization within the state. The welfare and safety of children and youth is at the heart of all we do and advocate. One of our objects is to secure adequate laws for the care and protection of children and youth in our state and nation

Today I am here on behalf of our 11,000 members to address H.B. 548 and to ask you to support this bill which will reduce the number of young people in Montana who use tobacco products.

The Montana PTSA develops positions based on a democratic process at our state and national conventions. The sale of tobacco products to minors and development of Smoke-Free schools are two such resolutions. I have attached copies for your information. The House chose to delete section 9 of this bill which prohibits the use of tobacco products on public school property. Today I would ask that you add back to H.B. 548 section 9.

The selling of tobacco products to minors must be stopped. Each day more than 3,000 teenagers become regular smokers. Ninety percent of all smokers take up the habit before reaching the age of 20 and fifty percent by the age of 14. In 1992, ('Modern Maturity' Feb 1992, Vol 35) 75% of teenagers did NOT smoke. Therefore, 25% of our teenagers are regular smokers--compared to 13% in 1990 and 10% the year before. At least 100,000 children under the age of 13 are also regular smokers...

Easy access assures our children and youth that they can obtain tobacco products despite known health risks and/or parental disapproval. The health risks are great. 'Smoking kills more Americans each year than alcohol, cocaine, crack, heroin, homicide, suicide, car accidents, fires and AIDS combined.' ('New York-Parent Teacher' Jan/Feb 1992) Tobacco is as addictive as cocaine and heroin. Tobacco is the only product that when used as intended, kills. Research has also identified tobacco as a gateway drug. Ninety-two percent of adolescent marijuana smokers are regular cigarette

The "School Tobacco Referendum" introduced in the 1991 legislative session allowed seventh through 12th graders in Montana schools to voice their opinion of smoking. The majority of students voted 'Yes, I do favor requesting that stores refuse to sell digarettes and tobacco to persons under 18 years of age.'

The protection of those in our society who are unable to protect themselves from danger is one purpose of government. Certainly protecting children from easy access to large quantities of an addicting and known cancer-causing drug should be the responsibility of government.

Please support the passage of H.B. 548. Thank you for your time and attention.

NATIONAL PTA 700 NORTH RUSH STREET CHICAGO. ILLINOIS 80611-2571 (312) 787-0977

RESOLUTION

SALE OF TOBACCO PRODUCTS TO MINORS

WHEREAS, Tobacco use is the most common form of drug addiction, causing disease and one of every four deaths in the United States; and

WHEREAS, Ninety percent of smokers began smoking as minors; sixty percent by the age of 14; and

WHEREAS, Approximately 4,000 American children become tobacco users every day with 13 as the average age they begin smoking and 10, for using snuff; and

WHEREAS, Minors have no difficulty purchasing tobacco products; and

WHEREAS, Many states have laws prohibiting the sale of tobacco products to minors; therefore be it

Resolved. That the National PTA urge its constituent bodies to seek the cooperation of their local law enforcement agencies to enforce existing laws regulating the sale of tobacco products to minors; and be it further

Resolved, That the National PTA urge its constituent bodies to encourage state governments that do not currently have laws relating to limiting the sale of tobacco products to minors to enact such laws; and be it further

That the National PTA encourage its constituent bodies to seek state legislation that penalizes merchants who violate laws relating to the sale of tobacco products to minors either through retail sales or from vending machines and adults who furnish or buy tobacco products for minors; and be it further

That the National PTA urge its constituent bodies to seek the support of the business community in complying with the existing laws and appealing to them to voluntarily support parents in their efforts to assure the wellbeing of their children.

Resolved,

Resolved,

SMOKE-FREE SCHOOLS

Whereas,	The first Object of the PTA is "to promote the welfare of children and youth in home, school, community and place of worship"; and
Whereas,	The U.S. Surgeon General has said that tobaccouse in any form is unsafe; and
Whereas,	Non-smokers absorb nicotine, carbon monoxide and other elements of tobacco smoke just as smokers do; and
Whereas,	The 1986 report of the Surgeon General of the United States concluded that the involuntary smoking is a cause of disease, including lung cancer and other respiratory diseases; and
Whereas,	According to the American Academy of Pediatrics, children are particulary at risk of contracting tobacco related diseases; now therefore be it
RESOLVED	That the Montana PTA through its local units and councils cooperate in educational and promotional activities designed to discourage students from smoking or using tobacco in any form; be it further
RESOLVED	That the Montana PTA through its local units and councils encourage local school districts to prohibit the use of tobacco products on all school grounds in the state of Montana; and be it further
RESOLVED	That individual PTA units and councils encourage their individual school boards to make all schools within their district Smoke-Free.

Legislative note: This resolution has to do with school policy recommendations which are carried out by local PTA unit members.

Dept. of Health & Environmental Sciences

SANATE HEALTH & WELFARE
EXHIBIT NO. 4

DATE 3-24-93

BBA NO. HB 548

Testimony on HB 548
For Senate Public Health, Welfare and Safety Committee
by Bob Robinson, Director

Mr. Chairperson and Members of the Committee: For the record, I am Bob Robinson, Director of the Montana of Health and Environmental Sciences. The Department wishes to offer its support of HB 548. The bill represents minimal public health standards to begin to enforce a law, which would make Montana the 50th state to restrict tobacco access to youth.

Tobacco use remains the single, most important preventable cause of death and disability. Smoking is directly responsible for about 434,000 deaths in the United States and 1,500 deaths in Montana annually; thus, we can fairly blame tobacco for more than one in every six deaths. In a time that this country is in peacetime, it is astonishing to realize that the number of Americans who die each year from tobacco annually exceeds the number of Americans who died in all of World War II, and this toll, unfortunately, is repeated year after year.

Though cigarette smoking prevalence is similar to the rest of the nation, smokeless tobacco consumption among Montana male teens is one of the highest in the nation. Unfortunately, teens continue to start smoking in their youth and become addicted for life. In fact, 90% of adult smokers began their addiction as children or adolescents. The younger a person is when they start to smoke, the more likely they are to become a long-term smoker and to develop smoking related diseases. Preventing youth from taking up the habit is far more cost effective than treating the addiction later in life, and far less expensive than treating the resulting diseases.

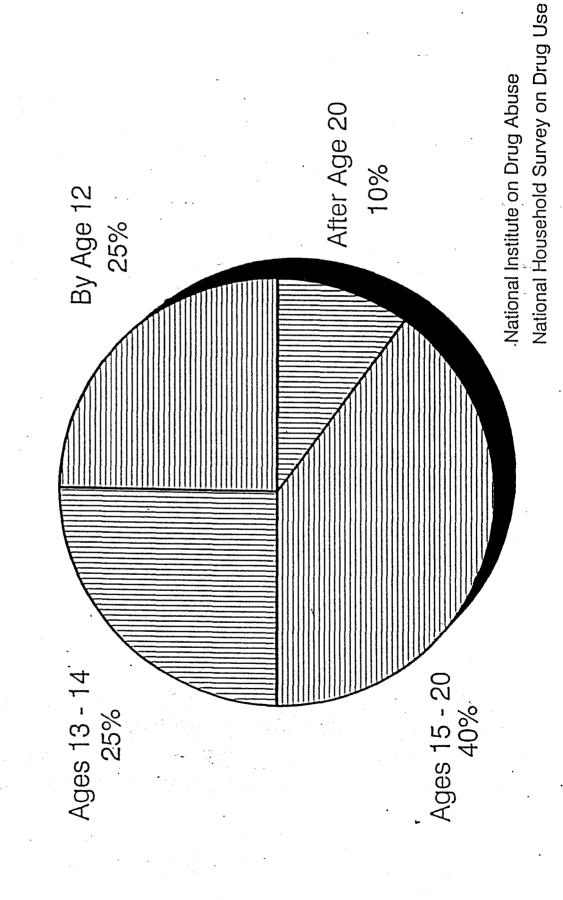
We observe a daily dose of new press items depicting the impact of tobacco and its relationship to a variety of health problems. Yet, we allow a constant barrage of tobacco advertizing that portrays tobacco as safe, sexy, and sophisticated -- themes that appeal strongly to impressionable teens.

National studies are clear and simple. Youth can easily buy tobacco products anytime they want and this bill would hopefully restrict those sales. The effective laws are those supported at the local level and address licensing of tobacco vendors, penalties for retail violations, use of "stings" to identify illegal sales, posting of signs at points of sale, and restrictions or bans on vending machines. Above all, the communities have found that leadership by government officials accompanied by local support and commitment are vital.

Our young people deserve the best in a comprehensive bill. Their lives and future depend on it. Please vote in favor of HB548!

TOBACCO USE BEGINS EARLY

Average Age 13



11

MONTANA'S 1991 SCHOOL "TOBACCO REFERENDUM"

Montana's 1991 school "tobacco referendum" authorized by the state legislature and approved by 60% of the 50,000 students voting in grades 7-12, represents an innovative attempt to include youth in decisions regarding tobacco and health and to decisively demonstrate peer disapproval of tobacco use. The referendum asked students whether tobacco sellers should voluntarily refuse to sell cigarettes and tobacco to persons under age 18.

REFERENDUM RESULTS:

- YES -- I DO favor requesting that stores REFUSE to sell cigarettes and tobacco to persons under 18 years of age.
- NO --- I DO NOT favor requesting that stores REFUSE to sell cigarettes and tobacco to persons under 18 years of age.

	MALES	FEMALES	TOTAL	*
YES	14,426	15,818	30,244	(59%)
МО	11,800	9,189	20,989	(41%)

YOUTH ACCESS TO TOBACCO

STATE LAW PROVISIONS*

*See Legend At End Of Matrix

S T A T E	A G E	S A L E	POSSESSION	P U R C H A S E	L I C E N S E S	SIGNS	V M E A N C D H I N G E S	G P R E A N D A U L A T T E E D S	F I N E S	J A I L	REVOCATION	E N F O R C E R	P R E E M P T - O N
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S T A T E	A G E	S A L E	P O S S E S S I O N	P U R C H A S E	L I C E N S E	SIGNS	V M E A D H I N G E S	G P R N A D L T I E S	F I N E S	J A I L	R E V O C A T I O N	E N F O R C E R	P R E M P T O N
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LEGEND

STATE: The name of the State in abbreviation.

AGE: The age at which a person may purchase tobacco products.

SALE: Type of sale law. CR indicates the law is criminal and CV indicates the law is civil. ** indicates that the law may be enforced as a civil law or a criminal law.

POSSESSION: Possession by a minor. Y indicates that it is illegal for a minor to possess tobacco products.

PURCHASE: Purchase by a minor. Y indicates that it is illegal for a minor to purchase tobacco products.

LICENSE: Licenses for vendors, Y indicates that vendors must have licenses to sell tobacco products.

SIGNS: Signs at the point of sale. Y indicates that a sign at the point of sale must be present.

VENDING MACHINES: Vending machine restrictions. S indicates that vending machines (vm) have to be supervised by an employee. P indicates that vm are restricted in placement (to areas where minors are not present). B indicates that vm have to be supervised and/or restricted in placement. L indicates that vm must have locking devices.

GRADUATED PENALTIES: Y indicates that there is a set graduated scale of penalties for each offense.

FINES: Y indicates that fines may be a penalty for noncompliance.

JAIL: Y indicates that jail time may be penalty for noncompliance.

REVOCATION: Revocation of license. Y indicates that the revocation of a vendor's license may be a penalty for noncompliance.

ENFORCER: Enforcer of law. Y indicates that the enforcer is stated in the law.

PREEMPTION: Preemption clause. Y indicates that there is a preemption clause not allowing localities to create stricter laws regarding youth access.

The SYNAR AMMENDMENT Alcohol, Drug Abuse & Mental Health Administration Reorganization Act

The ADAMHA Reorganization Act (S. 1306), which passed in 1992, contains legislation which provides certain tobacco control measures through an ammendment entitled the **Synar Ammendment**.

The Synar Ammendment provides that as a condition of receiving certain block grant funds, states must enact and enforce a law prohibiting the sale or distribution of tobacco products to individuals under 18 years of age. Currently, Montana is the only remaining state in the nation which does not have a youth access to tobacco products control law. The Synar ammendment is clear in its language in that the state must have a minimum age law, and the state must properly enforce this law.

The standard which has been put into place is that the state must first have a minimum age law and second enforce the law in a manner that can be reasonably expected to reduce the extent to which tobacco products are available to individuals under the age of 18. If a state fails to persuade the U.S. Secretary of Health & Human Services in its annual reports that it has satisfied this standard, it will be subject to the following:

- ▶ a 10% decrease in the amount of block grant funds received in the 1st year of non-compliance
- ▶ a 20% decrease in the amount of block grant funds received in the 2nd year of non-compliance
- a 30% decrease in the amount of block grant funds received in the 3rd year of non-compliance
- a 40% decrease in the amount of block grant funds received in the 4th and all subsequent years of noncompliance

Specifically, the Synar Ammendment provides that, to demonstrate compliance, every state ANNUALLY must:

- 1) Conduct random, unannounced inspections of locations where tobacco products are sold; and
- Submit to the Secretary of Health & Human Services a report describing
 - a. the activities carried out by the state to enforce the law during the preceding year.
 - b. the extent of success the state has achieved in reducing the availability of tobacco products to those younger than 18; and

c. the strategies to be utilized by the state for enforcing the law during the upcoming year.

If, after reviewing a state's annual report and after the state has been given notice and opportunity for a hearing, the Secretary determines that the state has failed to comply with these requirements, the Secretary MUST reduce the state's ADAMHA block grant for that year by the applicable percentage noted above.

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RESPIRATORY HEALTH EFFECTS OF PASSIVE SMOKING: Lung Cancer & Other Disorders

ADULTS & CHILDREN

Summary & Conclusions From United States Environmental Protection Agency Document #EPA/600/6-90/006F, Formally Released January 7, 1993.

A D U L, T S - - -

ETS is a human lung carcinogen, responsible for approximately 3,000 lung cancer deaths annually in U.S. NONSMOKERS.

CHILDREN - - -

- ETS exposure is causally associated with an increased risk of lower respiratory tract infections such as bronchitis and pneumonia. This report estimates that 150,000 to 300,000 cases annually in infants and young children up to 18 months of age are attributable to ETS.
- ETS exposure is causally associated with increased prevalence of fluid in the middle ear, symptoms of upper respiratory tract irritation, and a small but significant reduction in lung function.
- ETS exposure is causally associated with additional episodes and increased severity of symptoms in children with asthma. This report estimates that 200,000 to 1,000,000 asthmatic children have their condition worsened by exposure to ETS.
- ETS exposure is a risk factor for new cases of asthma in children who have not previously displayed symptoms.

cumut #7 3-24-93 HB-548

ANNUAL TOBACCO-RELATED DEATHS IN MONTANA

CAUSE OF DEATH	TOTAL DEATHS	% TOBACCO-RELATED	TOTAL TOBACCO <u>DEATHS</u>
Cancer Lung Cancer Other Cancers	1675 482 1193	30% 83%	503 (400) (103)
Heart Disease	1944	20%	389
Respiratory Disease	771	85%	655
Fires	19	33%	6
All Other Causes	2504	<u>N/A</u>	0
TOTAL	6995	22%	1,553

ECONOMIC COSTS OF TOBACCO USE IN MONTANA

Montana accounts for approximately .36% of the nations 434,000 tobacco-related deaths annually, including approximately 1419 deaths to cigarette smokers and 134 deaths to non-smokers from exposure to second hand smoke.

Cigarette smoking costs the American economy over \$65 billion annually in health care and lost job productivity due to smoking related diseases.

Montana's share of the economic costs (.39%) is \$254 million per year, at an average cost to the state's economy, businesses, taxpayers and insurance policy holders of \$3.63 for each of the 70 million packs of cigarettes sold in Montana (1991).

In 1991, approximately 21% of Montana citizens, or 170,000 smokers paid in excess of \$120 million per year for cigarettes. Montanans pay in excess of \$15 million per year for chewing tobacco.

Montana's current tobacco tax rates provide for nearly \$13 million per year in tax revenues, only 1/20th of the costs associated with cigarette smoking in the state.

^{1.} Montana specific data compiled from 1991 Vital Statistics Tables and the 1991 Behavioral Risk Factor Survey, Montana Department of Health & Environmental Sciences.

^{2.} United States specific data provided by the U.S. Department of Health & Human Services (1985). USDHHS provided economic data and the % denominators used to calculate smoking related deaths as a percentage of overall deaths.

SENATE HEALTH & WELFARE

EXHIBIT NO. 5

DATE 3-24-93

DATE HB 4548

Testimony HB 548

Changing public policy to provide appropriate sanctions for sale of tobacco to individuals under the age of 18 is one part of the national trend in prevention. It would also bring Montana more closely into line with recommendations made in Healthy People 2000, the blueprint for national health policy. Tobacco has been identified by the Federal government as a gateway drug the use of which increases the probability of use of other drugs.

Most importantly for the Department of Corrections and Human Services is the Synar amendment to the Federal Substance Abuse Treatment & Prevention Block Grant. This amendment means that if we do not prohibit the sales we will lose an increasing portion of the funds available to us under the Substance Abuse Block Grant. In FY 94 there would be a loss of 10% of these funds, a 20% loss in FY 95, a 30% loss in FY 96 and in FY 97 and subsequent years there would be a loss of 40% of the funds for which we would be eligible.

We project the total amount coming to Montana in the Substance Abuse Block Grant to be close 2.7 million dollars in each of the next two fiscal years, roughly half the total amount the Department spends on alcohol and other drug abuse treatment and prevention. These funds provide support for substance abuse treatment, specialized programs for women, programs targeted to persons at high risk for AIDS, and community based prevention efforts.

The impact of these cuts would be dramatic. By 1994 if this legislation is not passed, there would be \$270,000 fewer dollars available to provide treatment and prevention services to Montana communities. By 1995 \$540,000; by 1996 \$810.000; and 1998 and after \$1,080.000 each year. The loss will be even greater if the Substance Abuse Block Grant is increased.

A key section of the Federal legislation, the Synar amendment, is the importance of enforcement. Montana I believe is the only state which does not currently have a law on the books which prohibits the sale of tobacco to those under age 18. But, there are numerous state where there is no effort made to enforce those laws. Under the provisions of the Synar amendment it is not enough to pass the law, Montana must also prepare and submit an annual report detailing the activities which we undertake to actively enforce this legislation.

Simply adopting this bill is not enough, we will need to actively enforce its provisions. If we do not, the provisions of the Synar amendment will go into force and we will lose from 10 to 40 percent of the 2.7 million dollars current available under the Substance Abuse Treatment Block Grant. We urge your passage of HB 548.

Respectfully submitted by

Darryl L. Bruno

Administrator, Alcohol and Drug Abuse Division Department of Corrections and Human Services

Montana Council for Maternal and Child Health

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

Testimony before the March 24, 1993

Re: HB 548: Tobacco Sales to Minors

SENATE HEALTH & WELFARE

EXHIBIT NO.

MTE 3-24

BU M 43 548

The Montana Council for Maternal and Child Health, in our *Agenda for the Next Generation*, endorsed the restriction of tobacco sales to minors. We supported HB 548 as introduced in the House, but as amended and passed by the House, we can no longer support it. We do so out of a concern for the health of our state's youth, a respect for their opinion as expressed in the 1991 student referendum on this issue, and because Montana depends on block grants from the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) for prevention and treatment of substance abuse, which has an enormous effect in reducing the risks facing children who might otherwise grow up in substance abusing homes.

All who will testify here today recognize a need to reduce the use of tobacco products among young people. Tobacco use accounts for hundreds of millions of dollars in disease, death, and lost productivity in Montana. It is so addictive that prevention is our only effective tool. And we know that young people, highly vulnerable to pervasive advertising of tobacco products, are more likely to use tobacco if those products are readily available.

Retailers and tobacco representatives have endorsed this bill, and voice the hope that teenage smoking will decrease as a result. But manufacturers continue to spend massive amounts of advertising money enticing new smokers with campaigns featuring attractive cartoon characters, animals, and sex. Joe Camel, of course, combines all three, as a cartoon animal who, among other juvenile activities, teaches adolescent boys how to pick up women. And it is representatives of the tobacco industry, manufacturers and sellers, who suggested the House amendments.

The amendments passed in the House have stripped this bill of its primary enforcement tools. Although the bill still requires retailers of tobacco products to be licensed, it eliminates the penalty of loss of license for repeat offenders, making the license a meaningless exercise. And penalties have been minimized to mere nuisance fines.

The House amendments also strip the bill of any meaningful control over cigarette vending machines. Unsupervised vending machines now may be operated in any place selling alcohol, which means that family restaurants and grocery stores may continue to install cigarette machines free of any obligation to supervise the purchase of cigarettes by minors.

The House amendments also eliminated a smoke-free schools provision, which was in keeping with the results of the student referendum, and which would have been one of the bill's most effective mechanisms to actually eliminate use of tobacco products among young people.

And as a final indignity, this stripped-down measure contains a provision prohibiting any local authority from establishing more restrictive provisions. No school could be tobacco-free, for example, and no municipality could restrict tobacco vending machines or

Mt. Chapter, American Academy of Pediatrics • Mt. Section, American College of Ob/Gyn • Healthy Mothers, Healthy Babies, Mt. Coalition • March of Dimes, Big Sky Chapter • Montana Academy of Family Physicians • Shodair Children's Hospital • Community Medical Center, MCH Services • Montana Deaconess Medical Center, MCH Services • St. Vincent Hospital and Health Center, Women's Health Services



impose higher fines for violation of the ban on sales to minors. The effects on local enforcement would be significant, especially if enforcement is to be financed through fines collected.

Excerpts from the "Synar Amendment" which requires the minor bill as a condition of receiving federal ADAMHA funds, are reproduced below. Please follow the intent of this language and restore the full meaning and effect of HB 548, as introduced in the House.

Thank you for your attention.

Paulette Kohman, Executive Director

Excerpts from the "Synar Amendment"

Section 1926(a)(1) of Public Law 102-321 requires that

"The secretary may make a grant . . . only if the State involved has in effect a law providing that it is unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 18."

Section 1926(b)(1) provides that part of

"... a funding agreement for a grant.. is that the State involved will enforce the law described in subsection (a) in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18."

Section 1926(b)(2) adds the requirement that

- ". . .the state involved will --
- (A) annually conduct random, unannounced inspections to ensure compliance with the law described in subsection (a); and
- (B) annually submit to the Secretary a report describing --
 - (i) the activities carried out by the State to enforce such law during the fiscal year preceding the fiscal year for which the State is seeking the grant;
 - (ii) the extent of success the State has achieved in reducing the availability of tobacco products to individuals under the age of 18; and
 - (iii) the strategies to be utilized by the State for enforcing such law during the fiscal year for which the grant is sought."

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SENATE HEALTH & WELFARE

DATE 3-74-93 BBL MO HB 5218

Amendments to House Bill 548 Third Reading Copy

Prepared by Department of Revenue (3/23/93)

1. Page 3, line 11.

Following: "fee"

Strike: "to be set by the department by rule. The fee must be commensurate with the department's costs of administering [sections 1 through 8]."

Insert: "for each premise or location at which tobacco products are sold at retail of \$5 per year or fraction of a year. A license shall be effective from the date of issuance to July 1 following the date of issuance. The license is personal privilege and not a right which is not transferable or assignable in any manner."

Reasons for the amendment: This amendment is to clarify the annual license for the retail sale of tobacco products. The Department estimates it will cost \$5 per license to administer the licensing of each retail premise or location for the sale of tobacco products and for the Department to comply with other requirements of this bill. Also, this amendment will eliminate the administrative cost and possible litigation involved in setting the license fee by rulemaking. The amendment clarifies the license to specify that it is not a right but a privilege to sell tobacco products.

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SENATE COMMITTEE ON Du	bue Health			
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Bill Kloker	DOR	HB548		
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DAVE BROWN	5pmone-40#72	178274	X	
Kothy Mc Gowan	COPM	HBATY	X	
Sim Smith	mt Psych Assa	HB274	X	
Thathy MoDowan	CDPM	HB548	Χ	·
LARRY AKEY	UST/STC	HB548	/	
Norma Jaw Boles	DCHS	HB214	1	
BOD MOON	Mr Drag Si Hearne	HD548	V	
Kathy Seacat	Montana Parents Teacher	1	' V	
Paulette Kohenan	M+Canal Mat + Ch. Alth	HB548		
Mancha Whose	HUHA	HB548	L	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

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MARK STAPLES JELOME ANDERSIN	JUBACCO INST	· HB 54	87
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VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY