### MINUTES

### MONTANA SENATE 53rd LEGISLATURE - REGULAR SESSION

### COMMITTEE ON FINANCE & CLAIMS

Call to Order: By Senator Judy Jacobson, Chair, on March 25, 1993, at 8:00 a.m., Room 108.

### ROLL CALL

### Members Present:

Sen. Judy Jacobson, Chair (D)

Sen. Eve Franklin, Vice Chair (D)

Sen. Gary Aklestad (R)

Sen. Tom Beck (R)

Sen. Don Bianchi (D)

Sen. Chris Christiaens (D)

Sen. Gerry Devlin (R)

Sen. Gary Forrester (D)

Sen. Harry Fritz (D)

Sen. Ethel Harding (R)

Sen. Bob Hockett (D)

Sen. Greg Jergeson (D)

Sen. Tom Keating (R)

Sen. J.D. Lynch (D)

Sen. Chuck Swysgood (R)

Sen. Daryl Toews (R)

Sen. Larry Tveit (R)

Sen. Eleanor Vaughn (D)

Sen. Mignon Waterman (D)

Sen. Cecil Weeding (D)

### Members Excused:

None.

Members Absent: None.

Staff Present: Terry Cohea, Legislative Fiscal Analyst

Lynn Staley, Committee Secretary

Please Note: These are summary minutes. Testimony and

discussion are paraphrased and condensed.

### Committee Business Summary:

Hearing: HB 579, HB 428

Executive Action: HB 428

### HEARING ON HOUSE BILL 579

### Opening Statement by Sponsor:

Representative Angela Russell, House District 99, sponsor, said HB 579 would create a Montana student volunteer program. It would establish a special revenue fund for monies from private

and corporate donors, foundations and federal grant programs. The fund would provide living allowances and tuition vouchers or partial student loan repayments for individuals performing full-time volunteer work for private nonprofit human and social service organizations. She indicated there is a \$25,000 appropriation which is to get the committee organized.

### Proponents' Testimony:

Elizabeth Dane, Executive Director of the National Association of Social Workers, in supporting HB 579 noted there is tremendous value to the communities in engaging young adults to work toward civic responsibility and important needs within the state.

### Opponents' Testimony:

None.

### Questions From Committee Members and Responses:

Senator Waterman said there is a suggestion in the fiscal note regarding coordination between this and the community service act. She questioned if that was done in action in the House.

Representative Russell said it was not, but she would be open to that suggestion.

Senator Swysgood said regarding the fiscal note, the committee does not appear to be attached to any state agency and he questioned if that was addressed in the House.

Representative Russell said it was her understanding that it would be attached to the Department of Commerce.

Senator Hockett said it appears they will be searching for funds from grants, donations and foundations. He questioned how it could be done without any cost.

Representative Russell said it is her hope that a number of groups with similar purposes will be coming together and that it would be difficult for one particular person to search grants.

Senator Christiaens asked Representative Russell if she explored the possibility of this being a nonprofit rather than through a state agency because of tax breaks.

Representative Russell said when the committee organizes, that is an option that will be seriously looked at.

### Closing by Sponsor:

Representative Russell closed.

### **HEARING ON HOUSE BILL 428**

### Opening Statement by Sponsor:

Representative Hal Harper, District 44, sponsor, said HB 428 would extend funding for the statewide genetics program. It will continue at 70 cents on all health insurance premiums across Montana, which is a method they have been using since 1985 to fund the program. An amendment added to HB 428 would make funding permanent. He said genetics programs in other states are connected to the medical school in those state and supported by tax dollars. In Montana the program is not supported with any tax dollars besides this fee which is not enough to run the program. He concluded this is a preventive program that has and will save millions of dollars for people and insurance companies in Montana.

### Proponents' Testimony:

Dr. John M. Opitz, Director, Montana Medical Genetics Program and Chairman of Genetics at Shodair Hospital, testified in support of HB 428. (See Exhibit 1) He concluded that Montana cannot afford to do without these services. Although he regrets the funding mechanism, he does not feel it has hurt anyone.

Joan Fitzgerald, Department of Medical Genetics, testifying in support of HB 428, said the program is provided around the state through a network of outreach clinics. They have a library providing medical and lay information to families. They also provide needed counseling. Regarding the abortion issue, they do not provide abortions or abortion counseling but do give information to all families.

Barbara Botz, representing herself, testified in support of HB 428. She noted after finding her children had cystic fibrosis, through counseling with the genetic program at Shodair they have been able to learn much information. Also, without these services available in this state, they would have to go out-of-state for counseling and testing which would be time consuming for families. She concluded that genetic conditions not only affect the family but the community, state and economy.

Jerome Loendorf, representing Montana Medical Association, testified in support of HB 428. He noted it has an important side benefit of helping the treasury.

Bob Olsen, Montana Hospital Association, indicated his support of HB 428.

Barbara Booker, Montana Nurses Association, stated her support of HB 428, and indicated her desire to have permanent funding.

Paulette Kohman, Executive Director, Montana Council for Maternal

and Child Health, stated her support in that Shodair has been at the top of the list for cost effective preventive measures. She concluded the program deserves permanent funding status.

Jack Casey, Administrator of Shodair Children's Hospital, presented written testimony in support of HB 428. (See Exhibits 2, 3, 4, 5, 6)

Chad Smith, a member of the board of trustees of Shodair Hospital, in stating his support, said the appropriation does not come from the general fund but is enacted from a separate source by a 70 cent fee paid on each Montana resident insured under a health insurance policy. The amendment added in the House would make the funding source permanent rather than re-enacted every two years. The appropriation is to the Department of Health for the purpose of operating the voluntary statewide genetics program that was established. He concluded his feeling that the insurance companies understand there is a benefit to health insurers by application of the program.

### Opponents' Testimony:

None.

### Informational Testimony:

Tanya Ask, Blue Cross/Blue Shield, said she would classify herself as a "no-ponent" of HB 428. She noted in 1985 the funding was enacted as a temporary measure, which is the reason it has been heard every two years. They recognize that health insurers are the permanent funding mechanism for this. She concluded that small employers are paying for this, and the large employers who self-insure are not.

### Questions From Committee Members and Responses:

Senator Forrester noted he had received much correspondence from constituents regarding the funding mechanism. Representative Harper said letters received were referring to a bill that had not yet been introduced in this legislative session.

Senator Jacobson said Blue Cross/Blue Shield should be asked how responsible they were in sending out the letter that is being referred to, advising their clients to contact their legislators. She noted she was offended that they sent out a mailing to their membership when a bill had not been introduced. She concluded that she had not received any correspondence regarding the genetics program.

Senator Keating said it was the intent that it will be a 70 cent fee but then there is a specific amount of general fund money appropriated. He questioned if the 70 cents will equal the amount that is being appropriated.

Representative Harper stated this money is not statutorily

appropriated.

Senator Keating noted the program started at about \$400,000, and currently it is \$1 million of funding. The fee went from 35 cents to 45 cents and then 70 cents a couple years ago. He wondered if the insurance premium fee has equaled the appropriation that was made to the program.

Chad Smith said the 70 cent fee per insured individual will raise enough money based on experience to meet the amount of the appropriation for the biennium.

Senator Christiaens questioned Senator Franklin regarding the permanent appropriation if there may later be a different insurance mechanism in the state.

Senator Franklin said SB 285 does not change the nature of insurance but is insurance reform.

Senator Christiaens stated the amount of money would double and questioned if this should be put in permanence.

Senator Jacobson said since legislature meets every two years, it could be reviewed in the next legislative session.

Senator Devlin questioned Ms. Ask relative to the number of people on the other policies that are not paying.

Ms. Ask said she did not know exactly how many self-insureds there are in the state.

Senator Devlin said he would like that figure. Senator Jacobson said it is about 30 percent.

Senator Devlin questioned Chad Smith regarding the self-insured program.

Ms. Smith said part of the cost consideration of the program since the inception was that they wanted to place it in a department where it would not cost additional FTE's to run it. He said self-insureds do not come under the insurance commissioner. All necessary information to collect the tax is shown on the reports that are submitted by the insurance carriers to the commissioner.

### Closing by Sponsor:

Representative Harper closed.

SENATE FINANCE & CLAIMS COMMITTEE
March 25, 1993
Page 6 of 6

<u>Motion/Vote</u>: Senator Beck moved that House Bill 428 BE CONCURRED IN. Motion CARRIED with Senators Toews, Swysgood, Forrester, Devlin opposed.

### **ADJOURNMENT**

Adjournment: 9:00 a.m.

JUDY JACOBSON, Chair

LYNN STALEY, Secretary

JJ/LS

### **ROLL CALL**

SENATE COMMITTEE FINANCE AND CLAIMS DATE 3/25/93

NAME	PRESENT	ABSENT	EXCUSED
SENATOR JACOBSON	V		
SENATOR FRANKLIN			
SENATOR AKLESTAD			
SENATOR BECK			
SENATOR BIANCHI			·
SENATOR CHRISTIAENS			
SENATOR DEVLIN			
SENATOR FORRESTER	V		
SENATOR FRITZ	V		
SENATOR HARDING	V		
SENATOR HOCKETT	V		
SENATOR JERGESON			
SENATOR KEATING			
SENATOR LYNCH	/		·
SENATOR TOEWS			
SENATOR SWYSGOOD	1		
SENATOR TVEIT	V		
SENATOR VAUGHN			
SENATOR WATERMAN	V		
SENATOR WEEDING	V		
			·

### SENATE STANDING COMMITTEE REPORT

Page 1 of 1 March 25, 1993

MR. PRESIDENT:

We, your committee on Finance and Claims having had under consideration House Bill No. 428 (first reading copy -- blue), respectfully report that House Bill No. 428 be concurred in.

Signed:\_

Senator/Judy H! Jacobson, Chair

Amd. Coord.
Sec. of Senate

Senator Carrying Bill

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SENATE FINANCE AND CLAIMS

EXHIBIT NO.

BILL NO.

TESTIMONY

HB 428: "An Act Extending Funding For The Voluntary Statewide Genetics

Program For 2 Years"

By: John M. Opitz, M.D., D Sci (hc), M.D. (hc), FAAP

Director, Montana Medical Genetics Program

Chairman, Department of Medical Genetics

Shodair Children's Hospital, Helena; and

Clinical or Adjunct Professor at the Universities of

Washington/Seattle, Wisconsin/Madison, and

Montana State University, Bozeman.

I first began providing genetic services to Montanans in 1963, two years after Dr. Pallister had established a medical genetics program at Boulder under The Department of Institutions; in the same year, at Dr. Pallister's recommendation, this Legislature passed a bill for metabolic/genetic screening of all newborn infants. In 1976, the Board of Trustees of Shodair Children's Hospital asked Dr. Pallister to establish a Birth Defects and Genetics Unit at Shodair Children's Hospital; in 1984 this became the Department of Medical Genetics which remains the only unit providing comprehensive clinical and laboratory genetic services in Montana.

In 1985 the 49th legislature passed HB430 which established and funded 50-19-211 MCA - the voluntary genetics program (Montana Medical Genetics

Program). This "program includes, but is not limited to, the following services:

- Follow-up programs for newborn testing, with emphasis on the counseling and education of women at risk for maternal phenylketonuria;
- 2.) comprehensive genetic services to all areas of the state and all segments of the population;
- development of counseling and testing programs for the diagnosis and management of genetic conditions and metabolic disorders; and
- 4.) development and expansion of educational programs for physicians, allied health professionals, and the public with respect to:
  - a.) the nature of genetic processes;
  - b.) the inheritance patterns of genetic conditions; and
  - c.) the means, methods and facilities available to diagnose, counsel, and treat genetics conditions and metabolic disorders."

In 1985 and in 3 successive legislative sessions this program was funded by a small "fee paid on each Montana resident insured on February 1 of each year under any individual or group disability or health insurance policy". We regret that in spite of repeated efforts this program is not funded from the General Fund. Thus, we are asking for your favorable consideration of HB428 under this same funding mechanism to continue the Montana Medical Genetics Program for another 2 years on the basis of the need for and the merits of the program.

The needs for the program are such that present staff can barely meet the demand. We provide services in 11 communities in the State (Kalispell, Missoula, Butte, Helena, Bozeman, Great Falls, Miles City, Sidney, Browning (IHS) and Lodge Grass (IHS); perform over 4,000 lab tests per year in all counties of the State, including maternal serum triple screen, cytogenetic analyses, DNA diagnostics/consultations, and fetal pathology services; the program also provides cancer genetic counseling, service on Indian Reservations, information resources for patients, professionals and lay persons throughout the State, and scholarly service to the scientific community at large.

The Montana Medical Genetics Program is purely a <u>service</u>, not a research program; all scientific staff members are fully Board certified (or eligible); we are peer-reviewed and all laboratory services are accredited by the pertinent state and federal agencies.

In Montana, as elsewhere in the U.S., clinical genetic services are unable to pay for themselves from fees or insurance reimbursements because of the labor-intensive nature of the service. Our services probably constitute the most cost-effective form of preventive medicine there is, and one moreover which is of great benefit to insurance carriers in reducing substantially later claims through early screening, detections and treatment. Without this appropriation from the Montana Legislature, the Montana Medical Genetics Program would have to be discontinued as of July 1, 1993. No federal funds are available for such state genetic service programs.

It is due to the outstanding qualifications, experience and exceptional dedication of our staff that the Montana Medical Genetics Program at Shodair Hospital has received national and international recognition for the excellence and innovative nature of its services. I am proud to have been involved in its development from the beginning and to have provided genetic services to the people of Montana for 30 years.

Your support and favorable consideration of HB428 would be appreciated most gratefully.

H.B. 428

SENATE FINANCE AND CLAIMS

ENHIGHT NO.

DATE 3/25/93

BILL NO. X 425

My name is Jack Casey. I am the administrator of Shodair Children's Hospital here in Helena. Shodair Hospital is a 22-bed inpatient psychiatric hospital, a 24-bed residential treatment center and we operate the Montana state-wide medical genetics program.

I am here today to speak in support of H.B. 428. This bill appropriates money to the Department of Health and Environmental Sciences for a state-wide medical genetics program. We are here again to ask that you fund this program with a premium tax on Throughout this past biennium, health insurance. I have met several times with officials of Blue Cross/Blue Shield, other health insurance representatives and the Department of Health and Environmental Sciences. I first approached the Department of Health and Environmental Sciences to ask that they submit a budget modification to fund the Montana Genetics Program. The Department turned down this request. Again, after meeting with an official of Blue Cross/Blue Shield, I approached the Department and asked that they submit a budget modification to fund at least 50% of the program from the general fund. This request was rejected.

The Department of Health and Environmental Sciences issues a request for proposals for this contract. Shodair Hospital bids on a competitive basis for this contract. The total budget for this year is \$1,367,300. The first graph, (#1), I passed out shows the breakdown of the funding sources:

Operating Revenue: \$632,000

State Contract: \$534,700

Montana Children's Foundation: \$22,100

Grants: \$54,600

American Journal of Medical Genetics: \$123,800

The American Journal of Medical Genetics is edited at Shodair Hospital and published in New York. There are no funds from the Montana Medical Genetics Program, the state contract, that go toward the publication of the American Journal of Medical Genetics. Shodair Hospital is reimbursed 100 percent from Wiley/Liss for that publication.

The next chart, (#3), shows the percentage increase in funding, comparing Fiscal Year 1986 with that of 1993. If you will note, operating revenue has increased 476 percent; grants have increased 270 percent; the state contract has increased 216 percent; the American Journal of Medical Genetics has increased 310 percent. You will note that the Montana Children's Foundation contribution to the budget has decreased due to the fact that the Foundation contributes in excess of \$440,000 to our inpatient psychiatric The budget for this fiscal year is the same as last fiscal The projected budgets for the next two fiscal years are expected to equal this year's budget. I should point out to the committee that the budget for FY 92 and FY 93 increased over our The budget increase was approximately \$221,622, but this budget increase was funded by revenue sources other than the state contract.

The next chart, (#4), depicts the total number of laboratory tests conducted on a state-wide basis. There were a total of 4,107 tests performed by the Genetics Laboratory. The next chart, (#5), depicts the county of origin of our patients. This fiscal year, there are a total of 50 clinics scheduled state-wide. In addition to our regular genetic clinics, we also hold cleft palate clinics and a hemophilia clinic. Shodair Hospital also brings in a pediatric endocrinologist from Salt Lake City to hold clinics at various locations throughout the state. The physician who conducts these clinics consults our genetics program.

If you look at the next graph, (#6), it shows the total number of patients over time. You can see the that the numbers of patients, depicted in red, have increased by 100 percent since 1986. The

DATE 3-25-93

next two charts, (#7 & #8), show workload increases in the Shodair Genetics Laboratory. These two charts depict the cytogenetics laboratory and our alpha feta protein laboratory. Another vital service that is performed by the Montana state-wide genetics program is the fetal pathology program.

It is also important to point out that the Genetics Library at Shodair has become a valuable resource for health professionals across the state, for families across the state, for public health nurses, the Department of Social and Rehabilitation Services, the Department of Family Services, the Department of Health and Environmental Sciences and is also an invaluable resource for the legal profession from all across the state.

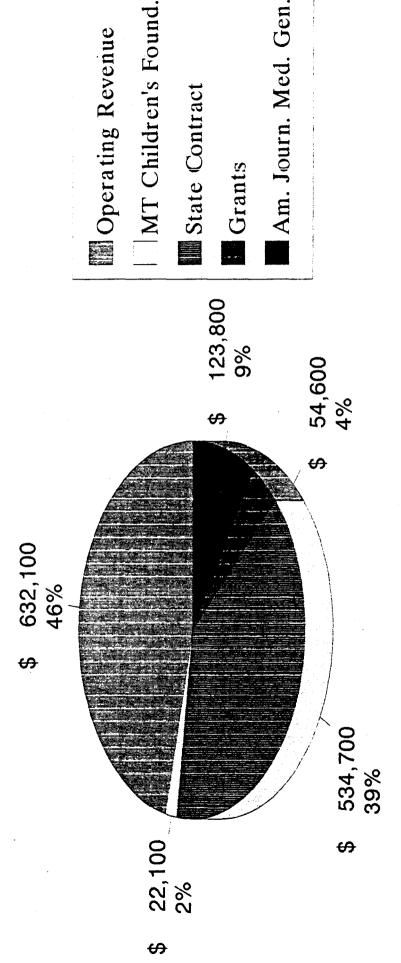
As I stated earlier, Shodair Hospital and the Montana Department of Health and Environmental Sciences have entered into a contract for the purposes of conducting a state-wide medical genetics program. An important part of that contract is the monitoring function that the Department of Health and Environmental Sciences performs. Every six months, Shodair is required to submit to the Department of Health written progress reports for both the clinical and financial activities of the program. At the end of the grant period, we are required to do a comprehensive report of the accomplishments of the activities during the entire term of the Shodair Hospital agrees that the funds received under the agreement are used solely for the costs of activities necessary to the performance of the agreement. On an annual basis, independent certified public accounting firm audits the Montana Medical Genetics Program in accordance with generally accepted accounting standards and government auditing standards issued by the Comptroller of the United States. In addition to the financial audit, we are subject to review by the Montana Department of Health and Environmental Sciences for licensure and compliance with Medicare and Medicaid. We are subject to review by the Health Care Finance Administration. We also contract with physicians from outside the state of Montana to do peer review on the Montana Medical Genetics Program. In addition to these reviews, we are

also subject to the Clinical Laboratory Improvement Act whereby the Federal Government reviews our laboratory services. Last, but not least, Shodair Hospital is also subject to the Joint Commission on Accreditation of Healthcare Organizations inspection.

I would urge your support of this very important program for the citizens of Montana. Thank you for your time.

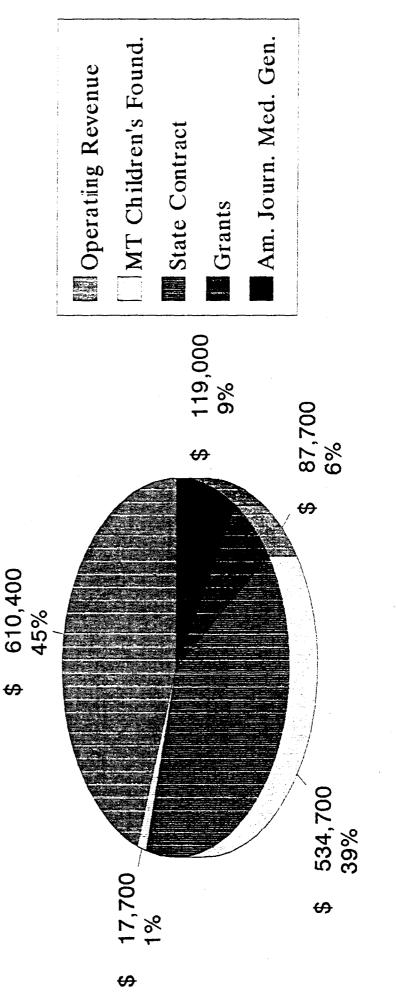
Funding Sources - 1993 Budget





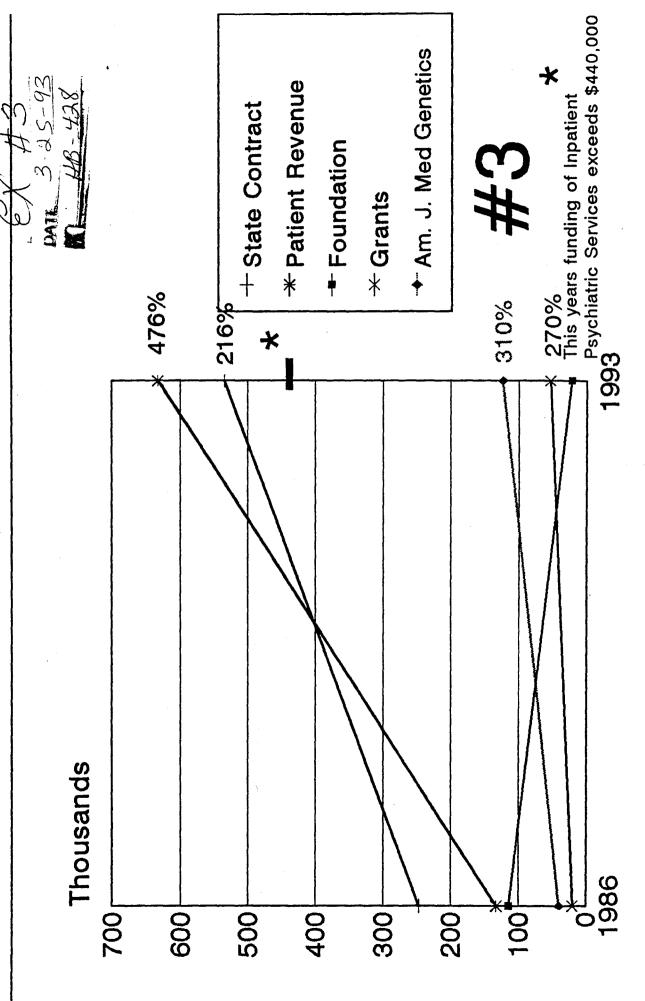


Funding Sources - 1992 Budget

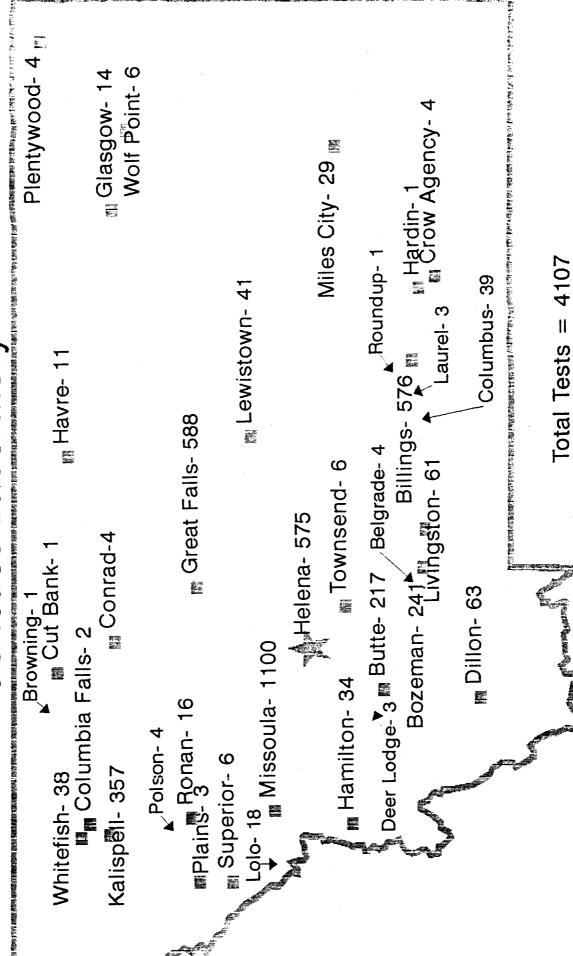




1986 vs 1993



### Shodair Hospital Genetics Laboratory

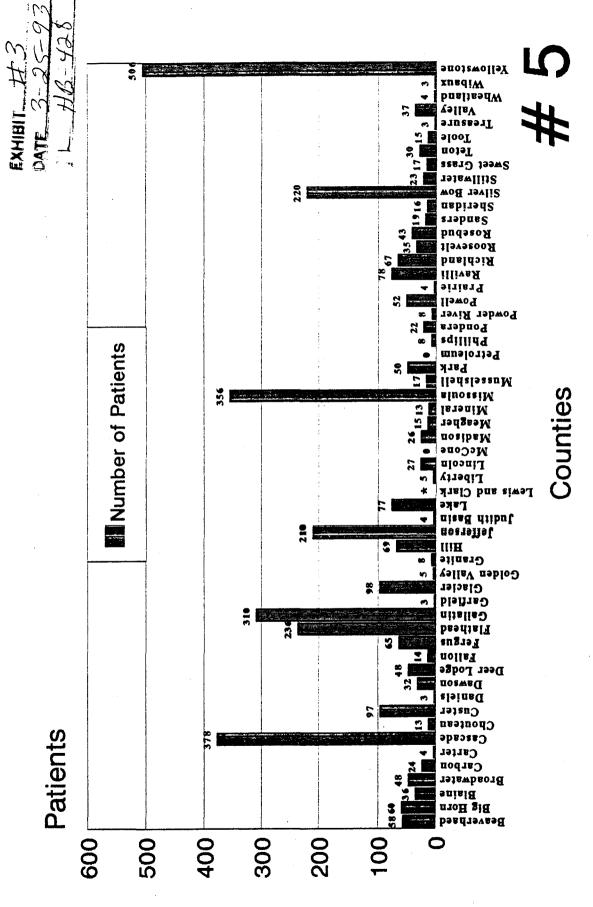


1992

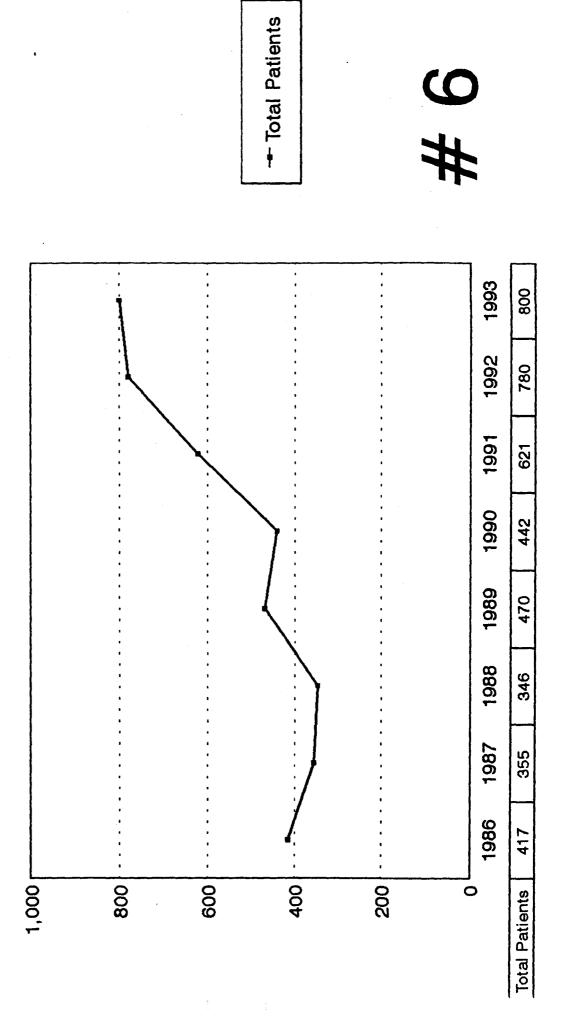
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Shodair Hospital



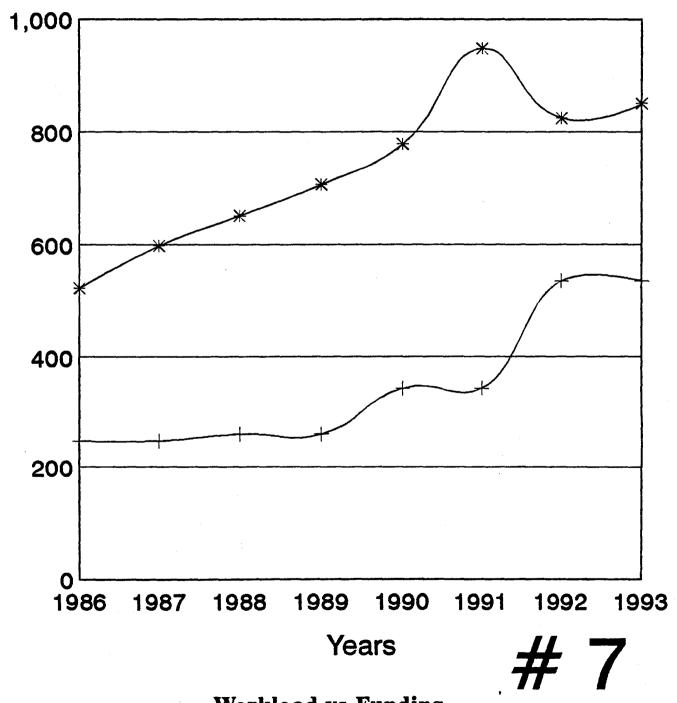
TOTAL PATIENTS
Shodair Children's Hospital



Shodair Children's Hospital Cytogenetics Laboratory



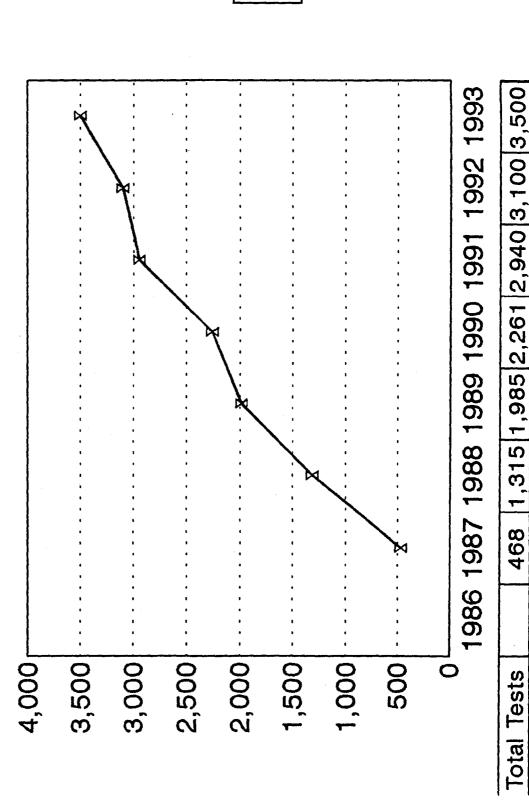
\*\* Total Tests + \$ X 1,000



Workload vs Funding

# Montana Statewide Medical Genetics Program

AFP Laboratory Shodair Children's Hospital

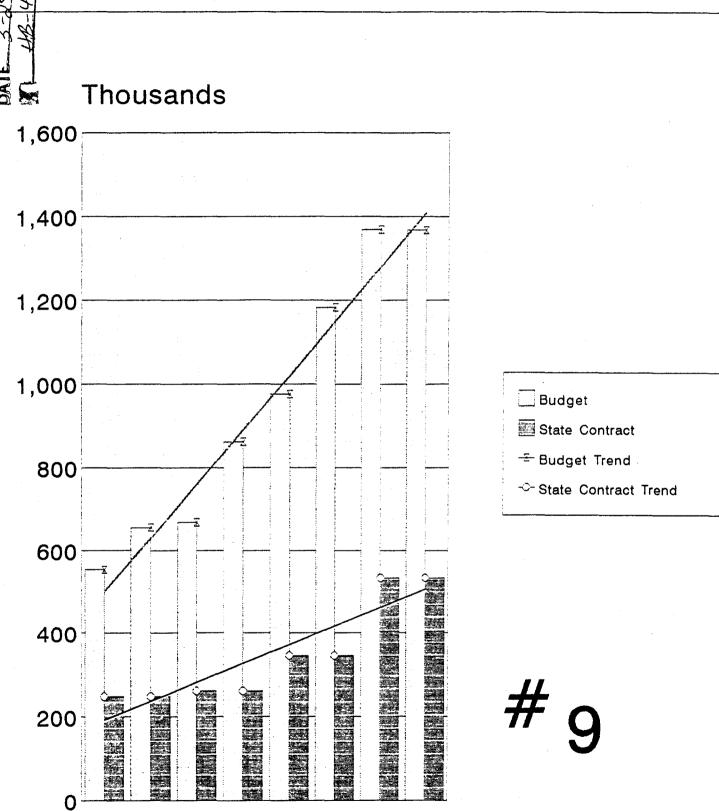


\* Total Tests

**8** #

1986 to 1993

Budget & Budget Trend vs Contract & Contract Trend



1986 1987 1988 1989 1990 1991 1992 1993

MONTANA SESSION LAWS 1991

SENATE FINANCE AND CLAIMS

EXHIBIT NO.

CHAPTER NO. 638 NO.

[HB 696]

AN ACT EXTENDING THE FUNDING FOR THE STATEWIDE GENETICS PROGRAM FOR 2 YEARS; INCREASING THE FEE ON HEALTH INSURERS TO FUND THE PROGRAM; APPROPRIATING FUNDING FOR THE PROGRAM TO THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES; AMENDING SECTION 33-2-712, MCA; REPEALING SECTIONS 33-2-712 AND 33-2-713, MCA, SECTION 7, CHAPTER 554, LAWS OF 1987, AND SECTIONS 2 AND 5, CHAPTER 155, LAWS OF 1989, MCA; AND PROVIDING EFFECTIVE DATES.

Be it enacted by the Legislature of the State of Montana:

Section 1. Section 33-2-712, MCA, is amended to read:

"33-2-712. (Temporary) Genetics program fee. Except as provided in 33-2-713, for each Montana resident insured under any individual or group disability or health insurance policy on February 1 of each year, the insurer or health service corporation issuing the policy, and the state group health plan provided for in Title 2, chapter 18, part 8, shall pay 45 70 cents to the commissioner. The fee must be paid on or before March 1 of each year and be deposited in the general fund. The purpose of the fee is to fund the voluntary statewide genetics program established in 50-19-211. (Terminates June 30, 1991—sec. 2, 5, Ch. 155, L. 1989.)

Section 2. Appropriation. There is appropriated from the general fund to the department of health and environmental sciences \$1,069,299

for the biennium ending June 30, 1993, for the purpose of operating the voluntary statewide genetics program established in 50-19-211.

- Section 3. Repealer. (1) Section 7, Chapter 554, Laws of 1987, and sections 2 and 5, Chapter 155, Laws of 1989, MCA, are repealed.
  - (2) Sections 33-2-712 and 33-2-713, MCA, are repealed.

Section 4. Effective dates. (1) [Sections 1, 2, and 3(1)] are effective July 1, 1991.

(2) [Section 3(2)] is effective June 30, 1993.

Approved April 25, 1991.

33-22-301

### Part 3

### **Requirements for Certain Individual Coverages**

33-22-301. Coverage of newborn under disability policy. (1) Each policy of disability insurance or certificate issued thereunder shall contain a provision granting immediate accident and sickness coverage, from and after the moment of birth, to each newborn infant of any insured.

(2) The coverage for newborn infants must be the same as provided by the policy for the other covered persons; provided, however, that for newborn infants there shall be no waiting or elimination periods. A deductible or reduction in benefits applicable to the coverage for newborn infants is not permissible unless it conforms and is consistent with the deductible or reduction in benefits applicable to all other covered persons.

(3) No policy or certificate of insurance may be issued or amended in this state if it contains any disclaimer, waiver, or other limitation of coverage relative to the accident and sickness coverage or insurability of newborn infants of an insured from and after the moment of birth.

(4) If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of a newly born child and payment of the required premium or fees must be furnished to the insurer or nonprofit service or indemnity corporation within 31 days after the date of birth in order to have the coverage continue beyond such 31-day period.

History: (1), (2)En. 40-4002.1 by Sec. 2, Ch. 74, L. 1973; amd. Sec. 2, Ch. 83, L. 1974; Sec. 40-4002.1, R.C.M. 1947; (3)En. Sec. 352, Ch. 286, L. 1959; amd. Sec. 1, Ch. 74, L. 1973; amd. Sec. 1, Ch. 83, L. 1974; Sec. 40-4002, R.C.M. 1947; R.C.M. 1947, 40-4002.1, 40-4002(4); (4)En. Sec. 23, Ch. 303, L. 1981; amd. Sec. 4, Ch. 139, L. 1987.

### Cross-References

Child support enforced by Department of Social and Rehabilitation Services — insurance coverage required, 40-5-208.

33-22-302. Age limits — effect on coverage. If any such policy contains a provision establishing, as an age limit or otherwise, a date after which the coverage provided by the policy will not be effective and if such date falls within a period for which premium is accepted by the insurer or if the insurer accepts a premium after such date, the coverage provided by the policy will continue in force subject to any right of cancellation until the end of the period for which premium has been accepted. In the event the age of the insured has been misstated and if, according to the correct age of the insured, the coverage provided by the policy would not have become effective or would have ceased prior to the acceptance of such premium or premiums, then the liability of the insurer shall be limited to the refund, upon request, of all premiums paid for the period not covered by the policy.

History: En. Sec. 382, Ch. 286, L. 1959; R.C.M. 1947, 40-4032.

### HELENA PEDIATRIC CLINIC

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

EXHIBIT NO ...

DATE

BILL NO.

February 4, 1993

Representative Tom Zook Montana House Appropriations Committee Chairman Capital Station Helena, MT 59620

Dear Representative Zook and Members of the House Appropriations Committee::

I am writing in support of House Bill Number 428, to continue funding for the Shodair Genetics Unit.

The pediatricians in Montana have always supported funding of this unit, and at our annual meeting in September of 1992, voted once again to continue our support.

As a practicing pediatrician in Helena, I can tell you that the services provided by the Genetics Unit at Shodair, have been invaluable to me and to my patients. I know that I reflect the opinion of all of the pediatricians in Montana and I urge you strongly that you continue funding this excellent resource for Montana.

Sincerely.

Jeffrey H. Strickler, M.D., F.A.A.P.

JHS/jp

DATE March 25, 199.	3				
SENATE COMMITTEE ON Finance And Claims					
BILLS BEING HEARD TODAY: 4/B 428 HB 519					
BILLS BEING HEARD TODAY: 4/B 428 HB 579 HARPER Russell					
Name	Representing	Bill No.	Check On	_	
John M. Opita MD	Self.	428			
Kathy Nelson	My	428			
Jack (new	Shode i'a	428			
Sugarheron	5elf	428		·	
Bomb Bahan	Mt-Nurses Assoc	428	-	-	
Elisabet avane	NASW	579			
Jan Fothers	self	428			
Barbara ann Both	Seld	428			
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Judithwrient	DH65	128	V		
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Bob Olsen	MHA	428	$\checkmark$		
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### VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY