

MINUTES

**MONTANA HOUSE OF REPRESENTATIVES
53rd LEGISLATURE - REGULAR SESSION**

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By **CHAIRMAN BILL BOHARSKI**, on March 29, 1993, at 3:00 p.m.

ROLL CALL

Members Present:

Rep. Bill Boharski, Chairman (R)
Rep. Bruce Simon, Vice Chairman (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. Tom Nelson (R)
Rep. Sheila Rice (D)
Rep. Angela Russell (D)
Rep. Tim Sayles (R)
Rep. Liz Smith (R)
Rep. Carolyn Squires (D)
Rep. Bill Strizich (D)

Members Excused:

Members Absent: Rep. Molnar

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: None
Executive Action: SB 285 cont'd.

EXECUTIVE ACTION ON SB 285 cont'd.

Discussion: REP. SIMON presented and explained amendment no. 14 to SB 285.

Motion/Vote: REP. SIMON moved to adopt amendment no. 14 to SB 285. EXHIBIT 1. Voice vote was taken. Motion carried unanimously.

Discussion: CHAIRMAN BOHARSKI presented and explained amendment no. 15 to SB 285.

Motion/Vote: CHAIRMAN BOHARSKI moved to adopt amendment no. 15 to SB 285. EXHIBIT 2. Voice vote was taken. Motion carried unanimously.

Discussion: REP. SIMON presented and explained amendments 1 and 2 of amendment no. 16 to SB 285.

REP. RICE said she would like to vote on the amendments separately because amendment 1 of amendment no. 16 weakens the bill.

Motion/Vote: REP. SIMON moved to adopt amendment 2, of amendment 16 of SB 285. EXHIBIT 3. Voice vote was taken. Motion carried 15 to 1.

Discussion: REP. RICE said amendment no. 1 of amendment 16 weakens the bill because "must" is replaced by "consideration of the following matters" in section 6 of the bill, regarding guaranteed access to health care services for all residents of Montana and numerous other important features.

SEN. FRANKLIN said "consideration" is too limited. The mandate is that the plan must address those issues. SEN. FRANKLIN asked the committee to support the original language.

REP. SIMON said there are so many features the statewide plan must contain, that there is a possibility one of these features can't be addressed, yet it is mandated by law. By giving some flexibility in using "consideration" instead of "must," a plan can still be put together, even if there is a feature that can't be addressed.

The committee decided not to move to adopt amendment no. 1 of amendment 16, to SB 285.

REP. STRIZICH asked SEN. FRANKLIN if any of the features in the plan were impossible to address, to which she replied no.

Discussion: REP. SIMON presented amendment no. 17 to SB 285. David Niss, Legal Counsel explained the amendments.

Motion/Vote: REP. SIMON moved to adopt amendment no. 17. EXHIBIT 4. Voice vote was taken. Motion carried unanimously.

Discussion: CHAIRMAN BOHARSKI presented and explained amendment no. 18 to SB 285.

Motion/Vote: CHAIRMAN BOHARSKI moved to adopt amendment no. 18. Voice vote was taken. EXHIBIT 5. Motion carried unanimously.

Discussion: REP. SIMON presented and explained amendment no. 19

to SB 285.

Motion/Vote: REP. SIMON moved to adopt amendment no. 19. EXHIBIT 6. Voice vote was taken. Motion carried unanimously.

Discussion: REP. SIMON presented and explained the Montana Medical Association's amendments 1 through 11, of amendment no. 20, to SB 285, but said he would not move to adopt them.

Motion/Vote: REP. SMITH moved to adopt amendment no. 20. EXHIBIT 7. Voice vote was taken. Motion failed 5 to 10.

Motion/Vote: REP. RUSSELL moved to adopt amendments 1 through 4 of amendment no. 22 to SB 285. EXHIBIT 8.

Discussion: REP. RUSSELL explained amendments 1 through 4 of amendment no. 22 to SB 285

CHAIRMAN BOHARSKI said the makeup of the committee in section 31 of the bill had been changed, and he didn't think amendment 4 would fit the changes. CHAIRMAN BOHARSKI suggested amendments 1 through 3 be voted on first.

Vote: Voice vote was taken. Motion carried unanimously.

Discussion:

REP. RICE suggested amendment no. 4 be discussed the during conference committee meeting. The committee agreed.

REP. RUSSELL withdrew her motion to adopt amendment 4 of amendment 22.

Motion/Vote: REP. SMITH moved to adopt amendments 1 through 11 of amendment no. 21. EXHIBIT 9. Voice vote was taken. Motion carried 12 to 3.

Motion/Vote: REP. SMITH moved to adopt amendments 12 and 13 of amendment no. 21. Voice vote was taken. Motion carried unanimously.

Motion/Vote: REP. RICE MOVED SB 285 BE CONCURRED IN AS AMENDED. Voice vote was taken. Motion carried unanimously.

REP. JIM RICE will carry SB 285.

ADJOURNMENT

Adjournment: 4:50 p.m.

Wm E Boharski

WILLIAM BOHARSKI, Chairman

Alyce Rice

ALYCE RICE, Secretary

WB/ar

HOUSE STANDING COMMITTEE REPORT

March 30, 1993

Page 1 of 14

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 285 (third reading copy -- blue) be concurred in as amended .

Signed: Wm E Boharski
Bill Boharski, Chair

And, that such amendments read: Carried by: Rep. Jim Rice

1. Title.
Page 2, line 9
Following: "ACT;"
Insert: "ALLOWING HEALTH CARE FACILITIES TO ENTER INTO COOPERATIVE AGREEMENTS WITH THE APPROVAL AND SUPERVISION OF THE AUTHORITY;"
2. Page 3, line 24
Following: "~~effective.~~"
Insert: "(1)"
3. Page 4, line 2.
Strike: "(1)"
Insert: "(a)"
4. Page 4, line 9.
Strike: "(2)"
Insert: "(b)"
5. Page 4, line 22.
Strike: "(3)"
Insert: "(c)"
6. Page 5, line 2.
Strike: "(4)"
Insert: "(d)"
7. Page 5, line 14.
Strike: "(5)"
Insert: "(e)"
Following: "30,"
Insert: "31,"

Committee Vote:
Yes No

22. Page 14, line 10.

Following: "costs"

Insert: ", provide market control,"

23. Page 14.

Following: line 17

Insert: "(p) incentives for market control;"

Renumber: subsequent subsections

24. Page 14.

Following: line 24

Insert: "(3) Nothing in [sections 7 through 9 and 11] or this section may be interpreted to prevent Montana residents from seeking health care services not provided in either or both statewide plans."

25. Page 15, line 1.

Following: "component"

Insert: ", including annual cost containment targets"

26. Page 15, line 3.

Strike: "a target"

Insert: "targets"

27. Page 15, line 11.

Strike: "target"

Insert: "targets"

28. Page 15, line 16.

Following: "shall"

Insert: ", at a minimum,"

29. Page 15, line 23.

Following: "prognosis"

Insert: "and an individual's choice of services"

30. Page 16, line 6.

Strike: "target"

Insert: "targets"

31. Page 17.

Following: line 18

Insert: "(viii) health sciences library resources and services;"

Renumber: subsequent subsections

32. Page 20, line 22.

Strike: "By January 1, 1994, the"

Insert: "The"

33. Page 22, line 17.

Strike: "shall"

Insert: "may"

Following: "legislation"

Insert: "in addition to [sections 37 through 44]"

34. Page 23, line 6.

Strike: "Hearings"

Insert: "Availability of plans -- hearings"

Following: "plans."

Insert: "(1) The authority shall make copies of the draft statewide plans widely available at public expense to interested persons and groups. (2)"

35. Page 23.

Following: line 17

Insert: "(3) The authority shall consider oral and written public comments on the statewide plans before recommending them to the legislature."

36. Page 26, line 12.

Following: "process for"

Insert: "hospitals and for"

37. Page 30, line 2.

Strike: "local"

Insert: "public and private"

38. Page 33, line 3.

Following: "."

Insert: "Information in the data base not required by law to be kept confidential must be made available by the authority upon request of any person."

39. Page 36.

Following: line 7

Insert: "(3) "Assessable carrier" means all individual carriers of disability insurance and all carriers of group disability insurance, the state group benefits plan provided for in Title 2, chapter 18, part 8, the Montana university system health plan, and any self-funded disability insurance plan provided by a political subdivision of the state."

Renumber: subsequent subsections

40. Page 38, line 25.

Following: "certificate"

Insert: "providing for physical and mental health care"

41. Page 42, line 15.

Following: "taxation"

Insert: "or that are members of an association that has been in existence for 1 year prior to [the effective date of sections 22 through 36] and that provides a health benefit plan to employees of its members as a group"

42. Page 44, line 2.

Strike: "may"

Insert: "shall"

43. Page 45, line 13.

Strike: ". In"

Insert: "; in"

44. Page 45, line 21.

Strike: "."

Insert: ";

45. Page 46, lines 12 through 15.

Strike: subsection (e) in its entirety

Renumber: subsequent subsections

46. Page 47, line 6.

Strike: ". In"

Insert: "; in"

47. Page 47, line 14.

Strike: "."
Insert: "; and"

48. Page 48, lines 7 through 9.
Strike: subsection (j) in its entirety

Renumber: subsequent subsection

49. Page 48, line 10.
Strike: "may"
Insert: "shall"

50. Page 59, line 18.
Following: "section]"
Insert: "and on or before March 1 of each year after that date"
Strike: "small employer"
Insert: "assessable"

51. Page 59, line 20.
Strike: "to small employers"

52. Page 61, line 2.
Strike: "reinsuring"
Insert: "assessable"

53. Page 61, lines 2 and 3.
Strike: "and administrative expenses"

54. Page 61, line 3.
Strike: "or estimated to be incurred"

55. Page 61, line 4.
Strike: "and"
Insert: "(e) establish procedures for allocating a portion of
premiums collected from reinsuring carriers to fund
administrative expenses incurred or to be incurred by the
program; and"

Renumber: subsequent subsection

56. Page 61, line 7.
Strike: "must have"

Insert: "has"

57. Page 61, line 12.

Strike: "must have the specific authority to"

Insert: "may"

58. Page 61, line 21.

Strike: "assessments"

Insert: "premiums"

59. Page 62, line 5.

Strike: "rules,"

Following: "conditions"

Strike: ", "

60. Page 62, line 13.

Strike: "and"

Insert: "(h) to the extent permitted by federal law and in accordance with subsection (11) (c), make annual fiscal yearend assessments against assessable carriers and make interim assessments to fund claims incurred by the program; and"

Renumber: subsequent subsection

61. Page 64, line 3.

Strike: "business"

Insert: "health benefit plan"

62. Page 66, lines 15 through 17.

Following: "(b)" on line 15

Strike: the remainder of line 15 through "." on line 17

Insert: "To the extent permitted by federal law, each assessable carrier shall share in any net loss of the program for the year in an amount equal to the ratio of the total premiums earned in the previous calendar year from health benefit plans delivered or issued for delivery by each assessable carrier divided by the total premiums earned in the previous calendar year from health benefit plans delivered or issued for delivery by all assessable carriers in the state.

(c) The board shall make an annual determination in accordance with this section of each assessable carrier's liability for its share of the net loss of the program and, except as otherwise provided by this section, make an annual fiscal yearend assessment against each assessable carrier to the extent of that liability. If approved by the commissioner, the board may also make interim assessments against assessable

carriers to fund claims incurred by the program. Any interim assessment must be credited against the amount of any fiscal yearend assessment due or to be due from an assessable carrier. Payment of a fiscal yearend or interim assessment is due within 30 days of receipt by the assessable carrier of written notice of the assessment. An assessable carrier that ceases doing business within the state is liable for assessments until the end of the calendar year in which the assessable carrier ceased doing business. The board may determine not to assess an assessable carrier if the assessable carrier's liability determined in accordance with this section does not exceed \$10."

63. Page 67.

Following: line 11

Insert: "(15) On or before March 1 of each year, the commissioner shall evaluate the operation of the program and report to the governor and the legislature in writing the results of the evaluation. The report must include an estimate of future costs of the program, assessments necessary to pay those costs, the appropriateness of premiums charged by the program, the level of insurance retention under the program, the cost of coverage of small employers, and any recommendations for change to the plan of operation."

64. Page 67.

Strike: lines 15 and 16

Insert: "the following members:

- (a) one health care provider;
- (b) one representative of the health insurance industry;
- (c) one employee of a small employer;
- (d) one member of a labor union; and
- (e) one representative of the general public who may not represent the persons or groups listed in subsections (1)(a) through (1)(d)."

65. Page 67, line 17.

Following: "shall"

Insert: ", after holding a public hearing,"

66. Page 68, line 18.

Strike: "for approval"

67. Page 68, line 19.

Following: "committee."

Insert: "The commissioner shall adopt as a rule pursuant to Title 2, chapter 4, part 3, the health benefit plans required by [section 29(1)] to be offered in this state."

68. Page 69, line 12.

Strike: "practitioner does"

Insert: "practitioners and a law that requires the coverage of a health care service or benefit do"

69. Page 69, line 15.

Following: "through 36]"

Insert: "but do apply to a standard health benefit plan delivered or issued for delivery to small employers in this state pursuant to [sections 22 through 36]"

70. Page 73.

Following: line 8

Insert: "NEW SECTION. Section 37. Finding and purpose. The legislature finds that the goals of controlling health care costs and improving the quality of and access to health care will be significantly enhanced in some cases by cooperative agreements among health care facilities. The purpose of [sections 37 through 44] is to provide the state, through the authority, with direct supervision and control over the implementation of cooperative agreements among health care facilities for which certificates of public advantage are granted. It is the intent of the legislature that supervision and control over the implementation of these agreements substitute state regulation of facilities for competition between facilities and that this regulation have the effect of granting the parties to the agreements state action immunity for actions that might otherwise be considered to be in violation of state or federal, or both, antitrust laws.

NEW SECTION. Section 38. Cooperative agreements allowed. A health care facility may enter into a cooperative agreement with one or more health care facilities.

NEW SECTION. Section 39. Certificate of public advantage - standards for certification -- time for action by authority.
(1) Parties to a cooperative agreement may apply to the authority for a certificate of public advantage. The application for a certificate must include a copy of the proposed or executed

agreement, a description of the scope of the cooperation contemplated by the agreement, and the amount, nature, source, and recipient of any consideration passing to any person under the terms of the agreement.

(2) The authority shall hold a public hearing on the application for a certificate before acting upon the application. The authority may not issue a certificate unless the authority finds that the agreement is likely to result in lower health care costs or in greater access to or quality of health care than would occur without the agreement. If the authority denies an application for a certificate for an executed agreement, the agreement is void upon the decision of the authority not to issue the certificate. Parties to a void agreement may not implement or carry out the agreement.

(3) The authority shall deny the application for a certificate or issue a certificate within 90 days of receipt of a completed application.

NEW SECTION. Section 40. Reconsideration by authority.

(1) If the authority denies an application and refuses to issue a certificate, a party to the agreement may request that the authority reconsider its decision. The authority shall reconsider its decision if the party applying for reconsideration submits the request to the authority in writing within 30 calendar days of the authority's decision to deny the initial application.

(2) The authority shall hold a public hearing on the application for reconsideration. The hearing must be held within 30 days of receipt of the request for reconsideration unless the party applying for reconsideration agrees to a hearing at a later time. The hearing must be held pursuant to 2-4-604.

(3) The authority shall make a decision to deny the application or to issue the certificate within 30 days of the conclusion of the hearing required by subsection (2). The decision of the authority must be part of written findings of fact and conclusions of law supporting the decision. The findings, conclusions, and decision must be served upon the applicant for reconsideration.

NEW SECTION. Section 41. Revocation of certificate by authority. (1) The authority shall revoke a certificate previously granted by it if the authority determines that the cooperative agreement is not resulting in lower health care costs or greater access to or quality of health care than would occur in absence of the agreement.

(2) A certificate may not be revoked by the authority without giving notice and an opportunity for a hearing before the authority as follows:

(a) Written notice of the proposed revocation must be given

to the parties to the agreement for which the certificate was issued at least 120 days before the effective date of the proposed revocation.

(b) A hearing must be provided prior to revocation if a party to the agreement submits a written request for a hearing to the authority within 30 calendar days after notice is mailed to the party under subsection (2) (a).

(c) Within 30 calendar days of receipt of the request for a hearing, the authority shall hold a public hearing to determine whether or not to revoke the certificate. The hearing must be held in accordance with 2-4-604.

(3) The authority shall make its final decision and serve the parties with written findings of fact and conclusions of law in support of its decision within 30 days after the conclusion of the hearing or, if no hearing is requested, within 30 days of the date of expiration of the time to request a hearing.

(4) If a certificate of public advantage is revoked by the authority, the agreement for which the certificate was issued is terminated.

NEW SECTION. Section 42. Appeal. A party to a cooperative agreement may appeal, in the manner provided in Title 2, chapter 4, part 7, a final decision by the authority to deny an application for a certificate or a decision by the authority to revoke a certificate. A revocation of a certificate pursuant to [section 41] does not become final until the time for appeal has expired. If a decision to revoke a certificate is appealed, the decision is stayed pending resolution of the appeal by the courts.

NEW SECTION. Section 43. Record of agreements to be kept. The authority shall keep a copy of cooperative agreements for which a certificate is in effect pursuant to [section 37 through 44]. A party to a cooperative agreement who terminates the agreement shall notify the authority in writing of the termination within 30 days after the termination.

NEW SECTION. Section 44. Rulemaking. The authority shall adopt rules to implement [sections 37 through 43]. The rules shall include rules:

(1) specifying the form and content of applications for a certificate;

(2) specifying necessary details for reconsideration of denial of certificates, revocations of certificates, hearings required or authorized by [sections 37 through 43], and appeals; and

(3) to effect the active supervision by the authority of agreements between health care facilities. These rules may include reporting requirements for parties to an agreement for

which a certificate is in effect."

Renumber: subsequent sections

71. Page 73, lines 10 and 12.

Following: "20"

Insert: "and 37 through 44"

72. Page 73.

Following: line 15

Insert: "NEW SECTION. Section 46. Severability. If a part of [this act] is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from the invalid applications."

Renumber: subsequent section

73. Page 73, line 17.

Strike: ", 37,"

Insert: "and 44 through 46"

74. Page 73, line 20.

Following: "through"

Insert: "28, 35, and"

75. Page 73.

Following: line 21

Insert: "(4) [Sections 30 through 34] are effective July 1, 1993."

-END-

Amendments to Senate Bill No. 285
Third Reading Copy

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

Prepared by David S. Niss
March 27, 1993

1. Page 3, line 24
Following: "~~effective.~~"
Insert: "(1)"

2. Page 4, line 2.
Strike: "(1)"
Insert: "(a)"

3. Page 4, line 9.
Strike: "(2)"
Insert: "(b)"

4. Page 4, line 22.
Strike: "(3)"
Insert: "(c)"

5. Page 5, line 2.
Strike: "(4)"
Insert: "(d)"

6. Page 5, line 14.
Strike: "(5)"
Insert: "(e)"

7. Page 6.
Following: line 5
Insert: "(2) In preparing the plan required by [section 5], the authority shall consider the following matters for the following features of the plan:
(a) a unified health care budget. The authority shall consider the development of a state health care budget based upon the budgets submitted by the regional health care planning boards.
(b) caps for provider expenditures. The authority shall consider a process for adopting mandatory limits on provider expenses, including fees and salaries.
(c) global budgeting for all health care spending.
The authority shall consider adopting a budgeting process, with

public involvement, by which a unified health care budget is determined.

(d) controlled capital expenditures. The authority shall consider adopting a system similar to the certificate of need system by which capital expenditures are controlled.

(e) binding cap on overall expenditures. The authority shall consider adopting mandatory limits on all types of expenditures of health care providers, including capital expenditures, small equipment purchases, personnel costs, and all other types of operating costs."

8. Page 7.

Following: line 12

Insert: "(3) It is further the policy of the state of Montana that regardless of whether or what form of a health care access plan is adopted by the legislature, the health care authority, health care providers, and other persons involved in the delivery of health care services need to increase their emphasis on the education of consumers of health care services. Consumers should be educated concerning the health care system, payment for services, ultimate costs of health care services, and the benefit to consumers generally of providing only services to the consumer that are reasonable and necessary."

Amendments to Senate Bill No. 285
Third Reading Copy

For the Committee on Human Services and Aging

Prepared by David S. Niss
March 29, 1993

1. Page 7.
Following: line 8
Insert: "(e) facilitate universal access to health sciences information"

Renumber: subsequent subsections

2. Page 14.
Following: line 3
Insert: "(f) consideration of the limitations of public funding"

Renumber: subsequent subsections

3. Page 15, line 16.
Following: "shall"
Insert: ", at a minimum,"

4. Page 17.
Following: line 18
Insert: "(viii) health sciences library resources and services;"

Renumber: subsequent subsections

5. Page 30, line 2.
Strike: "local"
Insert: "public and private"

Amendments to Senate Bill No. 285
Third Reading Copy

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

Prepared by David S. Niss
March 27, 1993

1. Page 13, line 21.

Following: "include"

Insert: "consideration of the following matters"

2. Page 14.

Following: line 24

Insert: "(3) Nothing in [sections 7 through 9 and 11] or this section may be interpreted to prevent Montana residents from seeking health care services not provided in either or both statewide plans."

Amendments to House Bill No. 285
Third Reading Copy

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

Prepared by David S. Niss
March 29, 1993

1. Page 5, line 14.
Following: "30,"
Insert: "31,"

2. Page 67, line 17.
Following: "shall"
Insert: ", after holding a public hearing,"

3. Page 68, line 18.
Strike: "for approval"

4. Page 68, line 19.
Following: "committee."
Insert: "The commissioner shall adopt as a rule pursuant to Title
2, chapter 4, part 3, the health benefit plans required by
[section 29(1)] to be offered in this state."

EXHIBIT 5
DATE 3-29-93
SB 285

Amendments to Senate Bill No. 285
Third Reading Copy

For the Committee on Human Services and Aging

Prepared by David S. Niss
March 27, 1993

1. Page 11, line 22.
Strike: "and perform other acts"

Amendments to Senate Bill No. 285
Third Reading Copy

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

Prepared by David S. Niss
March 29, 1993

1. Page 9, lines 8 and 10."

Strike: "majority"

Insert: "speaker"

2. Page 9, lines 15 and 17.

Strike: "majority"

Insert: "president"

3. Page 12, lines 22 and 23.

Strike: "no later than 45 days from the first day of the 1995
legislative session"

Amendments to Senate Bill No. 285
Third Reading Copy

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

Prepared by David S. Niss
March 29, 1993

1. Page 13, line 18.

Strike: "Each"

Insert: "In preparing each "

Strike: "must contain"

Insert: ", the authority shall consider including"

2. Page 13, line 19.

Following: "required"

Strike: "by"

Insert: "to be considered under"

3. Page 13, line 21.

Strike: "Each statewide plan must include"

Insert: "The authority shall consider including the following
features in each statewide plan"

4. Page 15, line 1.

Strike: "statewide plans must contain a cost containment
component"

Insert: "authority shall consider including a cost containment
component in each statewide plan"

5. Page 15, line 3.

Strike: "must"

Insert: "may"

6. Page 15, lines 9 and 16.

Strike: "shall"

Insert: "may"

7. Page 16, line 21.

Strike: "Each statewide plan must contain"

Insert: "In preparing each statewide plan, the authority shall
consider including"

8. Page 16, line 23, and page 17, line 3.

Strike: "must"

Insert: "may"

9. Page 20, line 2.

Strike: "Each statewide plan must contain"

Insert: "In preparing each statewide plan, the authority shall consider including"

10. Page 20, lines 12 and 16.

Strike: "must"

Insert: "may"

11. Page 21, lines 10 and 11.

Strike: "The statewide plans recommended by the authority must include"

Insert: "In preparing each statewide plan, the authority shall consider including the following matters in each plan"

EXHIBIT 8
DATE 3-29-93
SB 285

Amendments to Senate Bill No. 285
Third Reading Copy

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

Prepared by David S. Niss
March 29, 1993

1. Page 7.
Following: line 20
Insert: "(4) "Health care" includes both physical health care
and mental health care."

Renumber: subsequent subsections

2. Page 13, lines 2 and 9.
Following: "health"
Insert: "care"

3. Page 38, line 25.
Following: "certificate"
Insert: "providing for physical and mental health care"

4. Page 67, line 15.
Following: "employees,"
Insert: "physical and mental"

Amendments to Senate Bill No. 285
Third Reading Copy

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

Prepared by David S. Niss
March 29, 1993

1. Page 3, line 24
Following: "~~effective.~~"
Insert: "(1)"

2. Page 4, line 2.
Strike: "(1)"
Insert: "(a)"

3. Page 4, line 9.
Strike: "(2)"
Insert: "(b)"

4. Page 4, line 22.
Strike: "(3)"
Insert: "(c)"

5. Page 5, line 2.
Strike: "(4)"
Insert: "(d)"

6. Page 5, line 14.
Strike: "(5)"
Insert: "(e)"

7. Page 6.
Following: line 5
Insert: "(2) In preparing the plan required by [section 5], the authority shall consider market control. The authority shall consider the development of a state health care plan based upon the preferences and needs of the health care consumer. Incentives for market control should include mechanisms that encourage health care providers to respond to preferences and needs of health care consumers."

8. Page 12, line 17.
Following: "system."
Insert: "Each statewide plan must include incentives for market control."

9. Page 14, line 10.
Following: "costs"
Insert: ", provide market control,"

10. Page 14.
Following: line 17
Insert: "(o) incentives for market control;"

Renumber: subsequent subsections

11. Page 15, line 23.
Following: "prognosis"
Insert: "and an individual's choice of services"

12. Page 23, line 6.
Strike: "Hearings"
Insert: "Availability of plans -- hearings"
Following: "plans."
Insert: "(1) The authority shall make copies of the draft
statewide plans widely available at public expense to
interested persons and groups. (2)"

13. Page 23.
Following: line 17
Insert: "(3) The authority shall consider oral and written
public comments on the statewide plans before recommending
them to the legislature."