

MINUTES

**MONTANA SENATE
54th LEGISLATURE - REGULAR SESSION**

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By CHAIRMAN JIM BURNETT, on January 30, 1995, at
1:00 p.m.

ROLL CALL

Members Present:

Sen. James H. "Jim" Burnett, Chairman (R)
Sen. Steve Benedict, Vice Chairman (R)
Sen. Larry L. Baer (R)
Sen. Sharon Estrada (R)
Sen. Arnie A. Mohl (R)
Sen. Mike Sprague (R)
Sen. Dorothy Eck (D)
Sen. Eve Franklin (D)

Members Excused: Senator Terry Klampe

Members Absent: None

Staff Present: Susan Fox, Legislative Council
Serena Andrew, Acting for Committee Secretary

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

Committee Business Summary:

Hearing: SB 171, HB 36
Executive Action: SB 157, SB 84, SB 171, HB 36

{Tape: 1; Side: 1}

HEARING ON SB 171

Opening Statement by Sponsor:

SENATOR EVE FRANKLIN, SD #21, GREAT FALLS, requested committee support of her bill to license physical therapist assistants (PTA'S). Completion of a two-year academic-based technical program would be necessary to become a licensed PTA and PTA'S would work under supervision of a physical therapist.

Intent of the bill is to provide increased services where physical therapists are not available - basically in rural areas.

For example, the Libby hospital advertised for a physical therapist for a year and could not find one.

This bill would require a licensed physical therapist to supervise every six weeks by evaluating the patient's progress. The PTA would carry out therapy plans designed by a professional. This program has been requested by physical therapists, who see a need for these services to be provided safely. The bill would also provide for continuing education by physical therapists and PTA'S.

Proponents' Testimony:

GAIL WHEATLEY, President, Montana Physical Therapists Association, spoke in support of the bill as an aid to physical therapy patients in rural areas (EXHIBIT #1).

LORIN WRIGHT, Red Lodge Physical Therapy, also supported the bill, stating that he is the only physical therapist in his area and needs to travel for an hour each way to treat one patient (EXHIBIT #2).

GARY LUCENE, Bozeman, said he is often asked to provide services in Three Forks. People in pain do not want to travel and it is not medically healthy for them to travel.

Individuals who choose to be a PTA and would like to stay in the state can't because the profession is not licensed in Montana. Also, PTA'S tend to stay in their home areas while physical therapists move. **Mr. Lucene** was also in favor of continuing education; it is very inexpensive and not a burden.

MICHELLE REED, Montana Association of Home Health Agencies, supported SB 171. Maximum benefits will be derived from the services of PTA'S supervised by licensed physical therapists, who seldom work in home settings. Passage of this bill will shorten recovery time and reduce costs for patients.

The present law does not allow PTA'S to carry out a program without direct supervision. If this bill passes and proper rules are promulgated, there will be no problem with federal law.

DICK BROWN, Montana Hospital Association, said all the hospitals belonging to his association are considered rural, have the same problems, and expect to benefit from passage of SB 171 (EXHIBIT #3).

JOE SMITH, Smith Physical Therapy, Billings, supported the bill for the same reasons given in previous testimony, adding that licensing PTA's works in other states.

SHELLY GRIFFIN, Smith Physical Therapy, Billings, also supported the bill.

DICK CAPPIS, American Physical Therapy Association, Fort Benton, said he supported the bill.

MONA JAMISON, Montana Chapter, Physical Therapy Association, said her organization is frequently asked what can be done to address the shortage of physical therapists. Physical therapist assistants already work in Montana; this is not a new class of practitioner. They are already required to attend an approved two-year program; however, they are not licensed, do not have to take an exam and need direct supervision. This bill is oriented toward the welfare of all physical therapy patients.

Ms. Jamison presented a suggested amendment to the bill (EXHIBIT #4).

JERRY LINDORF, Montana Medical Association, supported the bill.

Opponents' Testimony:

None

Questions From Committee Members and Responses:

SENATOR MIKE SPRAGUE asked if passage of SB 171 would create some new jobs. SENATOR FRANKLIN responded that there is a potential for new jobs - possibly as many as 30.

Closing by Sponsor:

SENATOR FRANKLIN said in closing that one physical therapist can't supervise more than two assistants, who can't supervise more than two aides. As a care provider, she said she was particularly sensitive to someone who could give this kind of care and not present a big bill.

HEARING ON HB 36

Opening Statement by Sponsor:

REPRESENTATIVE DEBBIE SHEA, HD #35, BUTTE, said the purpose of HB 36 was to clean up legislation from the last session that failed to allow the Montana Chemical Dependency Center (MCDC) at Butte to assess and collect disbursements as was historically done when the center was located on the Galen campus.

Proponents' Testimony:

DARRYL BRUNO, Administrator of the Alcohol and Drug Abuse Division of the Montana Department of Corrections & Human Services, commented that HB 36 is a badly needed bill (EXHIBIT #5).

Opponents' Testimony:

There were no opponents to HB 36.

Closing by Sponsor:

REPRESENTATIVE SHEA thanked the committee for its attention and urged passage of HB 36.

Information on SB 17

CHAIRMAN BURNETT stated that Executive Action on SB 17 would be postponed until Monday, February 6.

GARY SWANT of Deer Lodge presented a handout on SB 17 to the committee (EXHIBIT #6).

EXECUTIVE ACTION ON SB 157

Motion: SENATOR DOROTHY ECK MOVED SB 157 DO PASS.

Discussion:

SENATOR MOHL stated that while he could sympathize with the intent of SB 157, it would establish another unfunded program and he was in opposition.

SENATOR BENEDICT agreed that it was an unfunded mandate to local government. He was also in opposition. He had heard all the arguments and they all make sense, but government is already too intrusive into people's lives.

SENATOR BAER said he had heard a lot of testimony on why children should wear helmets, but society is presently so ready to pass responsibility on to someone else that the line must be drawn somewhere. Parents should be responsible for the care of their children.

SENATOR ESTRADA concurred with the preceding speakers. Children are going to be children and parents must take responsibility for them. She stated that she would not vote for SB 157.

SENATOR FRANKLIN said she thought there were undoubtedly some situations where children could ride bicycles without helmets, but she was inclined to vote for the bill.

SENATOR SPRAGUE comment d that he had missed the discussion on the bill, but he knew many people were concerned for children's safety and favored the bill. He, however, was not really in favor of more laws. Bicycles are getting faster, and encourage acrobatics, but it would be hard to make sure children were wearing their helmets at all times. He believed well meaning parents would do a better job of enforcing the helmet concept if it were the law. He said he would support the bill.

CHAIRMAN BURNETT said he believed parents should teach their children responsibility.

SENATOR ECK said she had heard in another committee that five out of ten of the most costly Medicaid cases were head injuries and many cause problems for life. The same arguments were heard for seat belts, but children don't understand what it means to risk an entire lifetime.

Motion/Vote: THE DO PASS MOTION FOR SB 157 FAILED with SENATORS ECK, FRANKLIN, and SPRAGUE voting NO.

Motion/Vote: SENATOR BENEDICT MOVED TO TABLE SB 157. The Motion CARRIED with SENATOR ECK voting NO.

EXECUTIVE ACTION ON SB 84

Motion: SENATOR BENEDICT MOVED SB 84 DO PASS.

Discussion: SENATOR BAER said he was concerned about the bill because it would appear to substitute a more expensive treatment for existing services. It would save money for the state, but when patients go to the hospital the cost is passed on to consumers and it will increase the overall cost of health care. He said it was hard to be in favor of this bill.

SENATOR BENEDICT commented that he could see both sides of the issue, but thought it was important to pass this bill. Presently 53 counties pay for their own detox services and don't pass them on. Lewis & Clark, Silver Bow and Missoula use MCDC as a safety valve for their detox problems, passing the cost on to the state. By having these services provided by MCDC, the really important treatment is not available for people who want to get well. He said he would vote for the bill.

SENATOR FRANKLIN asked what would be saved if emergency services were not provided at MCDC. **Mr. Bruno** replied the current estimate is approximately \$130,000 per year or more. It would be a great savings. Money should be put back into communities.

SENATOR FRANKLIN asked **Mr. Bruno** what would be done with the money. **Mr. Bruno** responded that it would go through the earmarked revenue account back to the counties where it belongs. Detox is just a regional program being provided for three counties.

SENATOR FRANKLIN inquired about the criteria for disbursement. **Mr. Bruno** said it is based on county needs on an 85:15 formula.

SENATOR ECK commented that the problem arises from the lack of money. The tax on alcohol is not high enough, but she wouldn't

try to amend an increase in that tax into this bill. In the long term, she thought people should be looking at an increase in the alcohol tax to pay for the cost of the detox program.

SENATOR BENEDICT said three counties have created a problem for the rest of the state. Shrinking revenues from the sale of alcohol are likely. Services should go where they will do the most good.

SENATOR BAER said SENATOR BENEDICT had alleviated some of his concerns about this bill but he was concerned that the solution being proposed will only create more problems by shifting the costs to hospital emergency rooms.

{Tape: 1; Side: B}

SENATOR FRANKLIN commented that once services have been discontinued, they never seem to return. SENATOR BENEDICT is correct; it's a state-provided service being used by one region.

CHAIRMAN BURNETT said the safety net will always be the emergency room.

Motion/Vote: THE DO PASS MOTION FOR SB 84 CARRIED UNANIMOUSLY.

EXECUTIVE ACTION ON HB 36

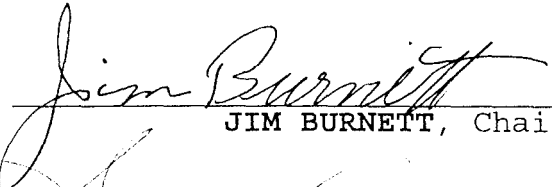
Motion/Vote: SENATOR MOHL MOVED HB 36 DO PASS. The Motion CARRIED UNANIMOUSLY.

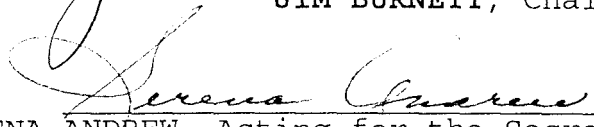
EXECUTIVE ACTION ON SB 171

Motion/Vote: SENATOR BAER MOVED SB 171 DO PASS AS AMENDED. The motion CARRIED UNANIMOUSLY.

ADJOURNMENT

Adjournment: The meeting adjourned at 2:15 p.m.


JIM BURNETT, Chairman


SERENA ANDREW, Acting for the Secretary

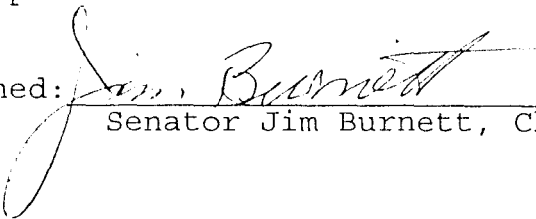
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SENATE STANDING COMMITTEE REPORT


Page 1 of 1
January 30, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB 84 (first reading copy -- white), respectfully report that SB 84 do pass.

Signed: 
Senator Jim Burnett, Chair

 Amd. Coord.

 Sec. of Senate

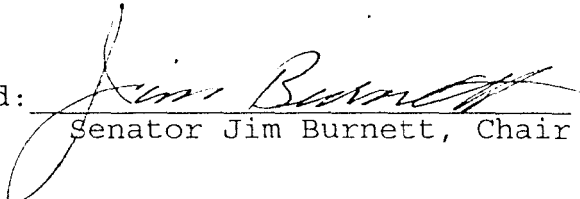
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SENATE STANDING COMMITTEE REPORT

Page 1 of 1
January 31, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB 171 (first reading copy -- white), respectfully report that SB 171 be amended as follows and as so amended do pass.

Signed: 

Senator Jim Burnett, Chair

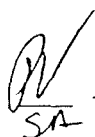
That such amendments read:

1. Page 2, line 2.

Following: "therapy"

Insert: "but who may not make evaluations or design treatment plans"

-END-



Amd. Coord.

Sec. of Senate

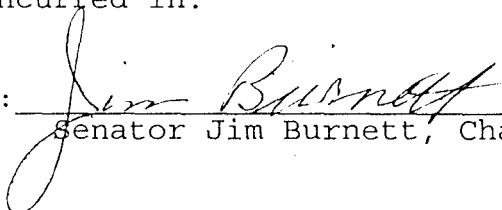
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SENATE STANDING COMMITTEE REPORT


Page 1 of 1
January 30, 1995


MR. PRESIDENT:


We, your committee on Public Health, Welfare, and Safety having had under consideration HB 36 (third reading copy -- blue), respectfully report that HB 36 be concurred in.

Signed: 

Senator Jim Burnett, Chair

 Amd. Coord.

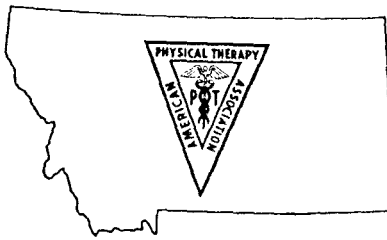
 Sec. of Senate

 Senator Mahl

Senator Carrying Bill

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AMERICAN PHYSICAL THERAPY ASSOCIATION



January 30, 1995

To: Senate Public Health Committee

From: Gail Wheatley, P.T.
Chapter President

Gail Wheatley PT

re: SB 171

Thank you for the opportunity to comment on SB 171 today, being sponsored by Senator Eve Franklin and Representative John Bohlinger. This bill was proposed by the Montana Chapter of the American Physical Therapy Association after several years of research and discussion among our members. We are acutely aware of the shortage of physical therapists in Montana, most particularly in the rural areas. We are presenting a proactive, innovative remedy to that shortage of practitioners. SB 171 will expand the ability of educationally prepared and licensed physical therapist assistants to provide service in Montana. Currently, direct on-site supervision is required. The supervisory guidelines will be loosened considerably and allow the licensed assistant to implement the treatment programs which have been individually designed by the licensed physical therapist after the therapist has performed a detailed physical and functional evaluation. This will address the problem of shortages while ensuring the public safety by requiring that the assistant graduate from an accredited two year curriculum and pass an examination for licensure. We also believe that this will be cost effective delivery of physical therapy. Assistants will be able to provide care in currently under- or unserved areas (rural in particular) allowing patients to exit high cost urban centers earlier. An injured worker, for example, will be able to receive needed physical therapy sooner after injury when therapy is available locally. Insurance companies may consider a reimbursement differential for services provided by an assistant, as is often done for physician's assistants.

SB 171 also has a provision for continuing education for relicensure of the physical therapist and physical therapist assistant. The hours (20 every two years) are easily acquired by programs currently being offered in the state from a variety of sources. We are dedicated to the provision of high quality physical therapy by providers who are knowledgeable and up-to-date in a rapidly advancing and changing profession.

I thank you for your support of this important piece of legislation for providing quality and accessible physical therapy in Montana. Please contact our lobbyist, Mona Jamison, with any questions you may have.

Red Lodge Physical Therapy



Prevention to Rehabilitation.....

January 30, 1995

Senator James H. Burnett
Members of the Senate Public Health Committee
Capitol Station
Helena, Mt. 59620

Re: Senate Bill 171

Dear Chairman Burnett and members of the committee,

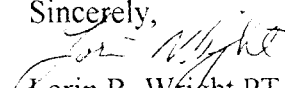
I am here today as a proponent of SB 171. Montana has had difficulty in obtaining physical therapists to supply services in several areas of the state for many years. Areas of smaller population and rural areas have had difficulty. The licensure of the physical therapist assistant will open up opportunities to allow quality physical therapy services to these areas. In my own rural location we would like to have services for home health but the requirements demand five days per week services and the travel distances would at times be one hour between visits. In addition, low numbers of patients needing home health physical therapy has made hiring a physical therapist to do this impossible.

A physical therapist assistant could see patients after an initial evaluation by a physical therapist and is well qualified to carry out treatment programs with ongoing periodic supervision. Physical therapist assistants are well educated in treatment parameters and have a two year college degree. They can work in concert with the physical therapist to fill some of the shortages in staffing and difficulty of patient access to physical therapy services.

The second objective of this bill is to define some continuing education requirements for physical therapy. I practice in a rural location where I am the solo practitioner. I feel that I have been able to get away from my practice long enough to come before you today and also to attend continuing education. Our profession is evolving rapidly with new technology that demands continuing education to continue to competently practice. The bill will allow many different options for continuing education from self study to more expensive courses. It also takes into consideration hardships and allows the Board of Physical Therapy Examiners to make exceptions for these situations. I feel that this is not a burden to physical therapy but an opportunity for improved quality and a requirement for any health care professional.

Thank you for your consideration of this bill and I urge you to vote for Senate Bill 171.

Sincerely,


Lorin R. Wright, PT

**Senate Public Health, Welfare, and Safety
Chairman Senator Jim Burnett**

**Senate Bill 171
Revising Physical Therapy Laws**

Mr. Chairman and members of the committee, I am Dick Brown, Sr. Vice President of the Montana Hospital Association. I am here to offer the association's support of Senate Bill 171.

We have been advised by CEOs of several rural hospitals in Montana that this legislation will create a positive impact on the quality and cost of delivering health care and specifically physical therapy services in rural communities. Broadening the use of physical therapy assistants by allowing them to provide physical therapy services without direct (onsite) supervision will expand the services available in these rural communities.

I have 3 letters from hospital administrators in the communities of Red Lodge, Hardin, and Libby all in support of this bill. I will provide these to committee secretary. We have also received phone calls of support from administrators.

I thank you for the opportunity to speak in support of this bill and encourage your support as well.



Carbon County Memorial Hospital
& Nursing Home

P.O. Box 590 • Red Lodge, MT 59068 • (406) 446-2345

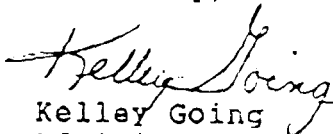
January 27, 1995

Dear Mr. Burnett,

I am writing you regarding legislative proposal to allow certified Physical Therapist Assistants to deliver care under the supervision of a licensed Physical Therapist in Montana. This would positively impact the quality of care of nursing home residents and allow us in Carbon County to better serve our rural home bound patients being cared for in our Home Health Program. Carbon County, as many of Montana's counties, covers a large geographic area. It is not cost effective for a physical therapist to cover the entire area when certified physical therapist assistants could deliver comparable care at less cost to Medicare under regular on-site supervision by a licensed physical therapist. Carbon County Home Care has not been able to deliver physical therapy in the home due to the shortage of physical therapist availability.

Jim, for these reasons we support SB 171. Please call me if you have any questions. My home phone is 406-446-3852 if you are unable to reach me at work.

Sincerely,


Kelley Going
Administrator

js

EXHIBIT 3
DATE 1-30-95
1 SB 171

Fax to Senator Bill Crismore

Fax from Ron Wiens, St. John's Hospital

Re: SB 171

Dear Senator Crismore:

Greetings from Libby!

On Monday, January 30th, the Senate Public Health and Welfare Committee will be hearing comments on Senate Bill 171.

Senate Bill 171, among other things, broadens the use of Physical Therapy Assistants (PTAs) in the provision of physical therapy services. It allows PTAs to provide physical therapy services to patients without direct (onsite) supervision by a physical therapist.

The physical therapist would be required to make onsite visits to the patient once every six visits or two weeks whichever comes first in order to assure the quality of the services provided by the PTA.

We believe the passage of SB 171 would be very beneficial to our Hospital. It would allow us to use our current PTA more effectively in providing Home Health visits and Nursing Home care.

It also is a very cost effective way of providing physical therapy services to our community. PTAs wage rates are about half those of a Physical Therapist. You can see the savings to our community and Hospital if we can better utilize the skills of PTAs.

If you have any questions, please call me.

Big Horn Hospital Association

Memorandum

Sent Via Fax

TO: James F. Ahrens, President MHA

FROM: Raymond Hino, Big Horn County Memorial Hospital

SUBJECT: Senate Bill 171

DATE: January 27, 1995

We support the approval of licensure status for physical therapy assistants. My only concern is Section 2. Section 37-11-105 which reads:

- (1) A physical therapist assistant ~~must~~ shall practice under the ~~direct~~ supervision of a licensed physical therapist who is responsible for and participates in a patient's care. This supervision requires the licensed physical therapist to make an onsite visit to the client at least once for every six visits made by an assistant or once every 2 weeks, whichever occurs first.

It occurs to me that this definition of supervision may limit the usefulness of PT Assistants in rural settings, who may have to rely on an out-of-town Physical Therapist for supervision. I would prefer that the second sentence not be included in the final, or leave out the language "whichever occurs first."

Thank you for your help in providing notification of this important regulatory change.

Jim,
We have also
given this information
to our local
Rheing Tabl.
Thanks
R

Amendments to Senate Bill No. 171
First Reading Copy

Requested by Senator Eve Franklin
For the Committee on Public Health, Welfare, and Safety

Prepared by Susan Byorth Fox
January 27, 1995

1. Page 2, line 2.

Following: "therapy"

Insert: "but who may not make evaluations or design treatment
plans"

Testimony HB 36

This bill is really a clean up bill needed from the last session.

HB 36 includes the Montana Chemical Dependency Treatment Center (MCDC) in Butte as an institution required to assess and collect per diem and ancillary charges for the care of residents receiving services.

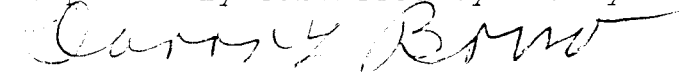
The Montana Chemical Dependency Treatment Center Butte is a 90 bed inpatient and 10 bed non hospital detoxification chemical dependency treatment program. Prior to the 1993 legislature MCDC was located on the Galen campus of the Montana State Hospital. MCDC is funded from earmarked alcohol tax funds appropriated by the legislature.

The purpose of this bill is to clean up legislation over looked in the Fy 93 session when the legislature closed the Montana State Hospital, Galen campus and moved chemical dependency services to Butte. HB 36 is a technical amendment to allow for collections at MCDC as had historically occurred when chemical dependency services were on the Galen Campus.

HB 36 will continue to:

- a. recognize the MCDC as an institution where residents are subject to be responsible for per diem and ancillary charges while receiving chemical dependency services.
- b. require a financially able person involved in the criminal justice system to be financially responsible for service he or she receives.
- c. require all payments received for services to be deposited in the earmarked alcohol tax revenue account. This is the only state funding source supporting alcohol services in both the institutions and the communities.
- d. allow MCDC to collect approximately \$100,000 in reimbursement in each fiscal year. It will not increase collections.

Respectfully Submitted by Darryl L. Bruno



Administrator of the Alcohol and Drug abuse Division
Department of Corrections and Human Services.

January 27, 1995

To: Public Health Committee

From: Gary D. Swant, 113 North Frontage, Deer Lodge, MT, 59722, Phone/fax- 406-846-2451

Subject: Senate Bill 17

I am not medically trained, or have expertise in the pathology of sexually transmitted disease. I was however, a biology, human anatomy, and sex education instructor at the high school level in Montana for 25 years. I am currently the president of SAFE Inc. (Sexual Abstinence and Family Education). In 1994 I made 68 presentations to approximately 6,000 teens and adults here in Montana about teens and their sexuality.

As an individual I have made a few observations I want to share. In the early years that I taught sex education, I taught comprehensive sex education (CSE). However, I changed, and now endorse abstinence only sex education. Why? Because, CSE didn't work. Research proves the fact, look at the October, 1994 Atlantic Monthly for an excellent article entitled "The Failure of Sex Education". You don't continue more of the same if it doesn't work. You look for a new model, a new method.

| | | | |
|----------------------------------|---------|-----------|-----------------------------------|
| Lets look at those infected with | Dec. 92 | 135 cases | 7 females by heterosexual contact |
| the HIV virus in Montana | Mar. 93 | 152 | 8 |
| | May 93 | 161 | 8 |
| | Dec. 93 | 193 | 11 |
| | May 94 | 211 | 12 |
| | Oct. 94 | 220 | 12 |
| | Dec. 94 | 235 | 14 (61% of all cases) |
| Percent increase | | 74% | 50% |

Maybe its time to try a new model, a new method. The HIV virus is transferred in general by exchanging body fluids during high risk behavior. These behaviors include pre-marital and extra-marital sex, IV drug use, especially sharing needles, and anal intercourse.

The December, 94, AIDS/HIV statistics show that 24 percent of Montana cases are in the age bracket of 20-29. This means that a number of them were possibly infected in high school. The recent research study, Sex in America, A Definitive Survey shows that by age 25 the average number of sex partners for American men is 5. However, the same study shows that the number of partners does not increase by age 50. Marriage changes the sexual patterns of most Americans. My own study of Montana teens shows that one third of sexually active teens have had more than 3 sex partners. If the HIV virus significantly moves into the heterosexual population, sexually active singles are at serious risk of infection. Condoms are at best risk reduction, Susan Weller's study in Social Science and Medicine shows a failure rate of 31 percent for HIV transmission. Because you ultimately die of the HIV infection or opportunistic diseases related to the infection, we must realize that any thing short of our best effort to identify carriers and stop the transmission is unacceptable. HIV must be treated like others STD's.

I understand the political nature of the history of HIV, but the time has come to stop being political, stop making the concerns of minorities the priority, and identify infectious individuals, protect health care workers and researchers, and have a legal means of reaching their sexual contacts. If the HIV virus significantly enters the heterosexual community at large, the medical cost and lost lives of today will be pale in comparison.

I believe that Senate Bill 17 is a step in the right direction. It deserves to be tried, I don't believe that we will be any worse off for trying new ideas in our fight against HIV transmission.

DATE 1/30/95
January 27, 1995
 SENATE COMMITTEE ON Public Health
 BILLS BEING HEARD TODAY: SB171

< ■ > PLEASE PRINT < ■ >

Check One

| Name | Representing | Bill No. | Support | Oppose |
|----------------|--------------------------------|----------|---------|--------|
| Michelle Reed | MT Association Home Health | SB171 | X | |
| Gail Wheatley | MT Assoc Phys Ther. Assoc | SB171 | X | |
| Lisa Casman | POL - Info Only | SB171 | | |
| Dick Cippis | MT Assoc Physical Therapy Assn | SB171 | X | |
| Joe Smith | Smith Physical Therapy | SB171 | X | |
| Shelly Griffin | Smith P.T. | SB171 | X | |
| Lori Wright | MT chapter APTA | SB171 | X | |
| Dick Brown | MT Hospice Assn | SB171 | X | |
| Laendert | MT Med Equip | SB171 | X | |
| Mina Jamison | PT Assoc | SB171 | X | |
| Charles Brown | DCHS/HDR | HB 36 | X | |
| Gary Luman | Physical Therapy | | X | |
| | | | | |
| | | | | |

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE 1/30/95

SENATE COMMITTEE ON PUBLIC HEALTH

BILLS BEING HEARD TODAY: HB 36

< ■ > PLEASE PRINT < ■ >

Check One

| Name | Representing | Bill No. | Support | Oppose |
|---------------|--------------|----------|---------|--------|
| Kathy McGowan | CBAM | 36 | ✓ | |
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VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY