

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By **CHAIRMAN DUANE GRIMES**, on March 20, 1995, at 3:35 p.m.

ROLL CALL

Members Present:

Rep. Duane Grimes, Chairman (R)
Rep. Carolyn M. Squires, Vice Chairman (Minority) (D)
Rep. Chris Ahner (R)
Rep. Ellen Bergman (R)
Rep. Bill Carey (D)
Rep. Dick Green (R)
Rep. Antoinette R. Hagener (D)
Rep. Deb Kottel (D)
Rep. Bonnie Martinez (R)
Rep. Brad Molnar (R)
Rep. Bruce T. Simon (R)
Rep. Liz Smith (R)
Rep. Susan L. Smith (R)
Rep. Loren L. Soft (R)
Rep. Kenneth Wennemar (D)

Members Excused: Rep. John C. Bohlinger, Vice Chairman (R)

Members Absent: None

Staff Present: David Niss, Legislative Council
Patti Borneman, Substitute Secretary

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

Committee Business Summary:

Hearing: SB 416, SB 395, SB 339
Executive Action: SB 17 TABLED
SB 244 DO CONCUR

{Tape: 1; Side: A; Approx. Counter: 000; Comments: n/a.}

HEARING ON SB 416

Opening Statement by Sponsor:

SEN. CHUCK SWYSGOOD said this bill would revise the certificate of need (CON) process. In the Joint Appropriations Subcommittee

for Human Services and Aging, it is funded through the Department of Health and Environmental Sciences. Because it has not been funded properly, it is ineffective. During the appropriations process, he came up with the idea to do away with the CON process altogether. After listening to the concerns expressed, one of which was the potential cost to Medicaid, he decided it wouldn't be a good idea. Instead, they decided to revise it to make it more workable, effective and manageable. The groups concerned with the CON got together and came up with SB 416, which addresses the areas of concern.

SEN. SWYSGOOD said one important part of the bill is the contingent repealer, which stipulated that if it wasn't fully funded, the CON would be eliminated. HB 2 provides funding at this time. The subcommittee appropriated \$157,000 and, later during the full House Appropriations Committee meeting, an amendment added over \$90,000 for an approximate total of \$240,000. This is the amount that is necessary to ensure that the CON process is effective. **EXHIBIT 1**

{Tape: 1; Side: A; Approx. Counter: 89; Comments: n/a.}

Proponents' Testimony:

Bob Olsen, Montana Hospital Association, rose in support of SB 416. He thought they might find it unusual for his organization to support a bill such as this, because hospitals are not subject to certificates of need, however, in a variety of other services besides acute care, they are subject to the CON. Home health care, personal care, mental health care, ambulatory surgery, for instance, are subject to the CON process. They have found the CON process to be cumbersome and time-consuming. As hospitals, they would like it to be streamlined, reasonable and fair.

Mr. Olsen said they participated in crafting the amendment language. They worked to get rid of a concept called batching, where a lot of competing proposals are currently batched together. He described how this process currently works, and how they envision it changing to be more streamlined. When a proposal is submitted to the Department, it can move forward on its own merit. There is a process for comparative review, so if other people have similar projects, they have an opportunity for competition. They took the 90-day window down to 30 days.

Mr. Olsen said they also made changes to the appeals process to eliminate frivolous appeals and those that are intended to "gum up the works." They ask that the individual making an appeal be specific about the issues they want the Department to consider. They must also quit the "foot-dragging" and extending time periods for hearings and decisions. He described a "swing bed" as a hospital bed that is certified to deliver either hospital care or nursing home care. Rather than transfer people, they can receive both kinds of care in the same location.

Mr. Olsen described cases in the hospital in Helena where two individuals, who were on Medicare, had to be hospitalized for some time. Their charges amounted to about \$500,000 each because they had to be charged at the hospital rate. They needed nursing facility care, but it was not available in Helena. Swing beds can cut costs by charging rates based on the kind of care that is being delivered. That is the intent of offering the swing bed service without going through CON. He stated that this would not cause major changes in the certification for nursing home care or the Medicare/Medicaid laws that require movement to a nursing home--when beds are available.

Mr. Olsen said they support the contingent repealer because the Department lacks the funding to provide a credible CON function. They felt that if they can't fund the program, the government ought not to have one.

{Tape: 1; Side: A; Approx. Counter: 279; Comments: n/a.}

Dr. Peter Blouke, Director, Department of Social and Rehabilitation Services, said they were very strongly in support of this bill and felt the CON is a very necessary part of the planning and cost-containment process, particularly as it relates to long-term care. The fiscal note shows an impact of \$8 million to the Medicaid budget if the CON is repealed. He restated their strong support and said he was available for questioning.

Rose Hughes, Executive Director, Montana Health Care Association, said they strongly support this bill.

Pat Melby, Rimrock Foundation, Billings, said they supported SB 416 and the funds placed in HB 2 and encouraged a do pass recommendation.

Tom Ebzery, Attorney, St. Vincent's Hospital and Health Center, Billings, stated their support of the bill. He pointed out that a lot of work had gone into this effort and he thought they had something that could work in the future. **Mr. Ebzery** submitted written testimony. **EXHIBIT 2**

{Tape: 1; Side: A; Approx. Counter: 330; Comments: n/a.}

Opponents' Testimony: None

Informational Testimony: None

Questions From Committee Members and Responses: None

Closing by Sponsor:

SEN. SWYSGOOD thanked the committee for the hearing and he closed.

{Tape: 1; Side: A; Approx. Counter: 343; Comments: n/a.}

HEARING ON SB 395Opening Remarks by Sponsor:

SEN. SUE BARTLETT, SB 27, Helena and Unionville, said SB 395 had two purposes while revising the laws governing the board of nursing. It would add an advanced practice registered nurse to the board of nursing in Section 1 and 2, and would be effective on July 1, 1995. This date fits with the regular appointment cycle and budget cycle for the board of nursing. The fiscal note reflects expenses for the additional board member's mileage and per diem.

The bill would also authorize the board to give temporary approval to practice in the field of advanced practice registered nursing to a person who has completed the required education in preparation for the national certification examination. This bill would allow the board of nursing to oversee the nursing practices of those nurses temporarily employed prior to receiving certification. In order to keep working, the nurse would have to satisfactorily pass the exam or would have to cease employment when the temporary period expires.

SEN. BARTLETT clarified the section on temporary approval for nurse-midwives to practice, which is already in effect. That authority is not being taken away from nurse-midwives, but would expand that section to include the other three specialties: nurse practitioners, nurse anesthetists and clinical nurse specialists. She said this bill addresses a real need in the health care community.

{Tape: 1; Side: A; Approx. Counter: 514; Comments: n/a.}

Proponents' Testimony:

Barbara Booher, Executive Director, Montana Nurses Association, said that of the over 1,400 nurses whom they represent, about 300-400 are advanced practice registered nurses. This bill would add a temporary provision to apply to the advanced practice registered nurses who have completed their course of study, but have not yet been able to take the exam, which are given twice each year. Adding the 10th member to the board would assist in regulating 14,500 licensees and to help carry the workload. She described the role of the members on the board of nursing and said that while they may have a specialty of their own, they represent the public's best interest and provide minimally safe standards. Adding an advanced practice registered nurse would not create undue influence, but would help the board in their deliberation of many issues. The license fees recently raised by the board of nursing should cover the additional cost presenting in the fiscal note.

Opponents' Testimony: None

{Tape: 1; Side: A; Approx. Counter: 629; Comments: n/a.}

Questions from Committee Members and Responses:

REP. LOREN SOFT asked **Ms. Booher** to describe the difference between an advanced practice registered nurse and a registered nurse. **Ms. Booher** said there are four types of specialties that fall under advanced practice registered nurse. Nurse practitioners can have a number of specialties in their field, such as family practice, pediatrics, OB/GYN; certified nurse-midwives deliver babies and provide pre-natal and post-natal care; registered nurse anesthetists provide anesthesia during surgery; and clinical nurse specialists may deal with psychiatric issues in a hospital setting or other acute care settings. The registered nurse does not have the ability to set up a practice independently, whereas all of the advanced practice registered nurses do. They can practice nursing independently and do not need supervision.

REP. SOFT asked what kind of supervision would be given to the nurse during the temporary period prior to certification. **Ms. Booher** said they envision that the board would decide what kind of supervision would be necessary. They would expect a certified advanced practice registered nurse to be given supervisory duties.

REP. CAROLYN SQUIRES asked how they anticipated solving the problem with an even-numbered board, and considering the fact that LPNs do not have a specialty area, she is afraid this might cause friction on the board. She asked why one of the other registered nurses couldn't represent a specialty area.

Ms. Booher said the board of nursing is proud that they arrived at their decisions with consensus and don't believe that it is as likely, as in the past, that they will have a tie vote. If they do have a 5-5 split, it would be with the public members siding with the LPNs or the RNs. She stated that they seldom see the kinds of problems **REP. SQUIRES** is concerned about. She said the decision to designate one of the nurse members as having to be an advanced practice RN was suggested, went to the governor for an appointment who felt that would give a specialty group too much of an influence, so they introduced this bill to add a new member.

REP. SQUIRES asked about the fiscal impact, and while **Ms. Booher** said there would be no fiscal impact, the annual cost would be \$170,000 in a deficit situation if they implemented their impaired nurse program. She said her records showed a potential \$170,000 deficit at the end of the biennium.

{Tape: 1; Side: B; Approx. Counter: 000; Comments: n/a.}

REP. BRUCE SIMON said he shared **REP. SQUIRES'** concern about the make-up on the board and the RNs and advanced practice RNs

perhaps having more influence than the LPNs on the board. He asked why it wouldn't work to make one of the existing RNs the person designated as the advanced practice RN.

Ms. Booher said she hadn't implied that it wouldn't work. They had proposed that as part of the appointment process, and it was not accepted, but recommended they seek legislation to remedy the situation. She said they had no problem with there being an additional LPN or public member to get it to an even number, if the committee so desired.

REP. SIMON said he was nervous about the advanced practice registered nurse not having met all the qualifications and yet working as a nurse. **Ms. Booher** answered his question about the nurse working under a temporary permit, issued after the course of study was completed, but before the exam was available to take, which could be a period of up to eight months in Montana. She responded to his other question pertaining to prescriptive authority, and said that they would not have prescriptive authority until they successfully passed the certification exam and put in all their credentials.

REP. SIMON asked where the bill states that this person would not have prescriptive authority. **Ms. Booher** said the prescriptive authority section is part of the criteria, which she described and said was part of the administrative rules under the nurse practice act. It isn't written in the statute, but nurses are not allowed to apply for prescriptive authority unless they have first been recognized by the board, which requires passing the national certification exam.

REP. SIMON said the language in subsection (4), page 6, where it says "in order to protect the public, the board may, in consultation with persons in the specific field ..." He said this language is very important and hoped the board would keep in mind the protection of the public when allowing non-certified nurses to practice, even with supervision.

Ms. Booher said the reason it is written as broadly as it is, is because there are four specialties involved. The supervision, area of practice, and experience and credential needed for an advanced practice nurse practitioner as opposed to a nurse-midwife will vary. The board intends to look to each individual case and develop rules with regard to supervision that would meet those needs. She believed their charge is to protect the public and do not want unsafe practitioners out there either.

REP. SIMON said he just wanted it on the record, so when the board is making their rules, they must understand that protection of the public is utmost in legislators' minds, and they need to exercise extreme care in making sure they have optimum supervision of these nurses until fully licensed.

REP. SOFT said the nurses he employs are very protective of their licenses and wondered whose license and liability would be on the line if there was a problem. **Ms. Booher** said it would depend on the setting, but would be anyone who agrees to be a preceptor for an advanced practice RN who has not yet taken the credentialing exam; in addition, the nurse who is being supervised also has an RN license on the line. The preceptors know they are taking an additional risk, but the question of liability depends upon each individual case.

REP. JOHN BOHLINGER said he understood the issue of wanting to expand the board to 10, but he has some questions about the temporary license consideration. He said he understood the exam is offered twice a year. **Ms. Booher** said that was correct, for each specialty; four offered twice a year. **REP. BOHLINGER** asked about the time between the end of the course of study and the certification exam. **Ms. Booher** said the longest period of time has been eight months. Nurses graduate from programs around the country at different times. Gonzaga University students can graduate at several different times and the longest someone would have to wait would be eight months.

{Tape: 1; Side: B; Approx. Counter: 348; Comments: n/a.}

Closing by Sponsor:

SEN. BARTLETT shared the concern for public safety and asked the committee to look at the statement of intent, since some rulemaking authority is given to the board of nursing that includes language stipulating how the board would assure public safety. She stated that Montana is the only state in the U.S. that does not have some provision for temporary approval to practice for advanced practice RNs. She said other states have been able to handle it, and she believed Montana could as well.

SEN. BARTLETT said they need to do all they can to encourage primary health care, which is where most of the advanced practice RNs operate, "as we grapple with availability, access and costs of health care." She emphasized that nurses who are in this "limbo" situation would not have prescriptive authority. She said they expect these nurses to pass their exams, but in the rare occurrence that they do not, they would not be allowed to continue even with a temporary permit.

She said she heard from several people who were caught in this period of time, waiting to take the exam, who felt their skills were deteriorating because they could not practice in the field for which they had just obtained education and training. She said **REP. CARLEY TUSS** could carry the bill on the House floor.

{Tape: 1; Side: B; Approx. Counter: 566; Comments: n/a.}

HEARING ON SB 339Opening Remarks by Sponsor:

SEN. CHRIS CHRISTIAENS said this bill would bring a number of people together to work out a compromise that is good for mental health patients, and would provide for partial hospitalization benefits in lieu of in-patient benefits. There is an amendment that would change one that was put on by the Senate. It would change the fact that the person would not have to be a member of a hospitalization group in order to participate. **EXHIBIT 3**

Proponents' Testimony:

Tanya Ask, Blue Cross/Blue Shield of Montana, said this bill has been attempted in the past and there has been a lot of discussion about this type of compromise. The idea is to recognize that the provision of mental health services has changed since the original state mandate was adopted in the mid-1980s. People are moving from in-patient settings to out-patient settings. The continuum of care emphasizes partial hospitalization where the person receives intensive daytime treatment and then goes home at night. The best way to help care for individuals was to move benefits to partial hospitalization, and to also add benefits on the out-patient side. This bill would double the outpatient benefit for mental health \$2,000 and chemical dependency to \$1,000. Inpatient hospitalization days have been changed from 30 days to 21 days, but at a time when the average length of stay is going from 14 days to 10 days and now down to 7 days. It was decided that they should move the resources to where they can do the most good.

Pat Melby, Rivendell of Montana, Butte, said they are in support of SB 339 and the amendments referred to by **SEN. CHRISTIAENS**. He cited page 3, lines 12-14, and page 4, lines 8-10, the amendments appear to require a program offering partial hospitalization to be a member of the American Partial Hospitalization Association, which was not the intent of the people who worked on the bill. He stated it is important to have some provision in law that a program meet some standards and those standards set forth by this association would be beneficial to programs offering partial hospitalization.

{Tape: 1; Side: B; Approx. Counter: 755; Comments: n/a.}

Bob Olsen, Montana Hospital Association, stated that the hospital association is also in support of this bill with the amendments.

Bob Torres, Montana Chapter of the National Association of Social Workers, said that SB 339 acknowledges changes occurring in the evolving field of mental health practice. As providers, they are happy to be supporting it in concert with insurers, hospitals, and the consumer and they hoped the committee would concur with the bill as amended.

{Tape: 2; Side: A; Approx. Counter: 000; Comments: n/a.}

Gloria Hermanson, Montana Psychological Association, said they were one of the providers involved in drafting the bill and supported it wholeheartedly, including the amendments.

Beda Lovitt, Mental Health Association, acknowledged that this legislation would make necessary changes in current statutes and recognizes the continually changing needs and best interests of patients and they wholly supported this legislation.

David Hemion, Montana Health Association of Montana, said they have 1,200 members who are consumers, providers, advocates and family members and others who endorsed this bill and requested their favorable consideration.

Informational Testimony: None

Opponents' Testimony: None

{Tape: 2; Side: A; Approx. Counter: 36; Comments: n/a.}

Questions from Committee Members and Responses:

REP. ELLEN BERGMAN asked **SEN. CHRISTIAENS** if this would open up more insurance coverage for people. **SEN. CHRISTIAENS** said it would provide additional coverage on an outpatient basis that is not available at this time for mental health patients. They can take the same dollars, treat people longer, and in a different setting. They would be allowing someone in mental health treatment to get an extra day for every partial outpatient day. The dollar amounts would not change.

REP. BERGMAN clarified it would add outpatient rather than inpatient services. **REP. CHRISTIAENS** responded yes.

REP. JOHN BOHLINGER told **Mr. Melby** that he is concerned about the reduction of the number of days that would be provided for alcoholic and drug abuse programs. He stated that his oldest son wasted ten years of his life with drugs and alcohol and spent 30 days in a drug and alcohol treatment facility and was able to put his life together. **REP. BOHLINGER** wasn't sure that the issues his son had to deal with could have been satisfactorily cared for in a three-week period as opposed to a four-week period. He asked **Mr. Melby** if he thought three weeks was an acceptable period of treatment.

Mr. Melby said, in reality, he didn't think 21 days for inpatient care, whether for mental health or chemical dependency, was long enough. In the real world, with managed care, most inpatient stays have been cut to less than 21 days. The continuing stay reviews done by managed care organizations done by professional psychiatrists and psychologists, consider a 21-day stay as a long stay for such treatment in the managed care environment.

REP. BOHLINGER asked if there was going to be a safety-net for people who may not be properly treated within that 21-day period, aside from Alcoholics Anonymous (AA). **Mr. Melby** replied that clients of the Rimrock Foundation are treated for no cost or billed privately. The amount of extra treatment is often written off or paid for some other way. He said the limits are \$4,000 for inpatient treatment anyway, and the insurance coverage the bill addresses still wouldn't cover the 21-day stay (which would amount to \$4,000). The individual would still need to cover the balance due or, in many cases, it is written off.

{Tape: 2; Side: A; Approx. Counter: 167; Comments: n/a.}

Closing by Sponsor:

SEN. CHRISTIAENS said in response to **REP. BOHLINGER'S** questions, they needed to be looking at the proper assessments that take place for all patients to make sure they are being placed in proper settings to get the very best care possible. In many cases, for alcohol treatment, it may be a 15-day intensive outpatient program. Aftercare becomes an integral part of any and all treatment programs. This bill would not change the amount of money that is available for the treatment in any 24-month period or in lifetime benefits, which is actually \$8,000. What the bill really does is expand the available dollars to be able to treat patients in the least restrictive environment and to be able to manage those dollars in the best way possible. As managed care becomes more prevalent, they need to look at the type of treatment they are providing for the consumers and to make sure they get the very best value for that dollar. He said there were no opponents in the Senate and the industry and others have been united in supporting the passage of this bill.

{Tape: 2; Side: A; Approx. Counter: 230; Comments: n/a.}

EXECUTIVE ACTION ON SB 17

Motion/Vote: **REP. TONI HAGENER** MOVED THAT SB 17 NOT BE CONCURRED IN.

Discussion:

REP. DEB KOTTEL said she strongly agreed with the do not concur motion for three reasons. She agreed with the goal to get more people in for testing and then notifying more people who might have been exposed to the AIDS virus. But she heard from county health departments and medical personnel who believed the removal of the words "anonymous testing" will stop people from coming forward. She truly believed that would happen. During testimony from a health nurse, that in all of her years of testing when someone tested positive for HIV, after counseling, they all gave the names of their contacts. She believed they did that because they came to get tested believing it was anonymous, then found

out they were HIV positive, and responsible, caring people were there to help them through the crisis, to convince them how important it was to notify their contacts. She was afraid that if those people don't get that counseling, they will run away from their fear and will use denial to continue to have unsafe sex, pass the virus on, and never get tested. "What a tragedy to have a bill do something just the opposite than what we need to have it do."

The second piece of testimony that convinced her, is that a small minority of people will not give up their contacts, and they will not give it up even when they receive solid, strong counseling. This bill doesn't force them to give up their contacts. All they have to do is give a fake name or lie about their contacts, so there's no way to force anyone to actually give their contacts up unless they're convinced that's the right thing to do.

REP. KOTTEL further stated that there's a possibility that databases that store confidential information, such as the insurance industry, currently tracking who gets tested, what the results are, etc. She said, for example, when a health care worker or mortician who may have only been exposed gets an AIDS test which proves negative, they are often labeled as being exposed, which leads to labeling as a high-risk person, and when they attempt to get health care insurance, it is denied. There are three lawsuits now being filed in California where insurance companies have denied health care coverage to people who are not HIV-positive, but simply have a profile of people who are high risk to become HIV-positive.

She said they do a great job in Montana, but that there is still a stigma attached. She described her experience planting an AIDS garden at the College of Great Falls--red tulips for everyone who had died of AIDS and four white tulips for the children who had died--to serve as a visual reminder. The garden was planted in the spirit of grieving with someone without making judgment, but people came to the garden with judgment, protest signs, and made fun of people. There were people who felt they could not show up to plant a tulip in the name of a brother or a father, because they would then be identified and ridiculed. She said the discrimination is out there and is very strong. She could not vote for this bill.

{Tape: 2; Side: A; Approx. Counter: 502; Comments: n/a.}

REP. DICK GREEN said he would support SB 17. He had a personal story to tell. In 1985, he was in a very serious tractor accident in which he was run over from head to toe and suffered extensive injuries. He started with reconstructive surgery in the fall of 1985 at the Mayo Clinic, which was all done in error. He made contacts with surgeons at the University of California at San Francisco and a year after the accident he went through screening and underwent more intensive, internal reconstruction in San Francisco in 1986. He said he received 27 pints of blood

in San Francisco in 1986, so he was put on an AIDS screening procedure for five years. He had to have some psychological counseling because of the impacts of the accident as well as the possibility of exposure to AIDS.

He said AIDS is the only disease in the nation that has become a political disease. He thought anything they could do to enhance the research and correction is what they have to do. He stated that he did finally get a clean bill of health just two years ago. He said he feared that a simple grandfatherly kiss to a grandchild could possibly pass on the virus. Not knowing that to be absolutely safe, he didn't kiss his grandchildren during that time and avoided all contact. He was in total support of the bill, and any way they could further the research and warn people of the danger and bring it under control. He said 28% of the people who had surgery at the hospital in San Francisco when he was there became HIV-positive.

REP. LOREN SOFT said he would also support the bill and, as **REP. GREEN** stated, it is a highly politicized disease. He said this bill is totally and entirely the result of irresponsible behavior and poor choices. He said leprosy and TB are diseases they couldn't do anything about, but AIDS is the result of irresponsible behavior. He was tired of being "reverse discriminated against." He expressed anger that they have to protect the confidentiality of people. He had to support the bill.

REP. HAGENER said the majority of people with AIDS have been involved in irresponsible behavior, but pointed out that sheriffs and police officers and people working in nursing homes are also exposed to it because they are handling a person who is vomiting, who is excreting, who is bleeding. She said it isn't totally those who are irresponsible in their sexual behavior. Many people can be exposed, such as a recently publicized case involving a dentist.

REP. BOHLINGER said he would support the do not concur motion.

{Tape: 2; Side: B; Approx. Counter: 000; Comments: n/a.}

He stated that when he and his wife were in an automobile accident, they were asked to sign a form for AIDS testing. He understood the importance to collect this data, especially for the benefit of health care providers. When he listened to the testimony and read the letters he received, he became afraid that what they were attempting to accomplish in SB 17 would not produce the desired results. He also learned that the present system seemed to be working. About 11,000 people were tested in Montana last year, and those who were tested positive came forth and disclosed their partners.

The Yellowstone County public health officer, Dr. George Scheckelton, wrote to say that

Public reaction and response to HIV is sufficiently strong that it should be treated differently from other communicable diseases. Present law is quite satisfactory to allow us to do all the necessary investigating and testing. I can see no advantage in the change that is proposed in this bill.

He said there is a suggestion that if the bill passed, people would not get tested. The 11,000 people who volunteered for testing might not come forward, and more people would be put at risk, so he will support the do not concur motion.

{Tape: 2; Side: B; Approx. Counter: 74; Comments: n/a.}

REP. BRUCE SIMON said this is very difficult area to deal with. He agreed, to a certain extent, the comments about the disease being politicized, but he wouldn't use the word "politicized," he would use the word "stigmatized." He asked the committee to think among their own thoughts, and when they see an article in the paper that says Greg Louganis was discovered HIV positive, or Magic Johnson, or Rock Hudson, before they went on to read the rest of the article, he submitted that it was in the back of their minds that they were probably homosexual. He said AIDS has been prevalent in the homosexual community, but it's also been prevalent among drug users who share needles. He asked them to think about this problem, and he wanted to err on the side that says they'd get the maximum amount of testing.

He believed that given the political climate and stigmatism that is attached to this disease, that by current law they are getting more testing than if they changed it. He said this is one of the most dangerous threats to mankind they've ever seen, and because of the way it started with the stigmatism that only gay men were impacted, that discrimination has prevailed. People want to remain anonymous, because not only could they be branded with a horrible disease, but also get branded as having sexual behavior that's not considered normal or acceptable. That's why they won't get tested, and is why the present system does it best to maximize the number of people who will get tested.

{Tape: 2; Side: B; Approx. Counter: 167; Comments: n/a.}

CHAIRMAN GRIMES commented that he would oppose the do not concur motion and the reason is because, while he concurs with **REP. SIMON** that they need the maximum amount of reporting and testing, he thought they also need the maximum amount of protection for the community at large. He said he would side with **Mr. Bob Robinson** and the proponents who stated that this would not violate confidentiality and pointed to the example of the Sexually Transmitted Disease (STD) laws that have been in effect for 25 years.

He cited page 7 where it states the method of how contacts would be made, that the provider will try to encourage the subject to

notify persons who are the potential contacts and if the subject is unwilling or unable, then the health care provider may ask the subject to disclose. He said he felt this language is too loose and the way the new law will read is as follows: "The health care provider shall notify the local health officer and then the local health officer shall ensure that contacts are notified of their potential exposure." He said the contacts are defined on the bottom on page 1, line 26 and following: the sexual partners, other drug addicts using the same hypodermic needles, and any other person who has been exposed in accordance with modes of transmission recognized by the Center for Disease Control. He said under the current law he believed they were treating the disease with kid gloves and not really getting the contacts out there to those who need it.

He said the people who have been exposed stand a great chance of being able, like in **REP. GREEN'S** case, to be notified and tested under the way that portion of the bill is written. He strongly supported that change in the bill.

REP. SUSAN SMITH cited the bottom of page 7, that described notification by the local health officer, only if the contact may have been exposed to HIV and may not include the time and place of possible exposure or the identity of the subject of the test. She understood the bill to provide for anonymous testing until a test comes back positive, then it becomes confidential information that is handled by the health officer who will anonymously make the contacts on the behalf of this person. She mentioned the situation with adoptive parents' confidentiality and believed this law would work in a similar way.

{Tape: 2; Side: B; Approx. Counter: 352; Comments: n/a.}

REP. LIZ SMITH said she remembered a similar bill from the last session, and couldn't understand why this disease couldn't be treated like any other communicable disease. To her, the barrier is fear. She said in her practice, they treat all situations as if they were HIV-positive and actually reduce any element of fear of being in contact. At the prison there was concern and fear about the possibility of exposure, for example if there was a fight on the grounds or an inmate injured in one of the industries and blood or vomit needs to be cleaned up. They handle this by pretending that everyone is infected and take the universal precautions that have come about.

In addition, they offer educational opportunities at the local library to soften the level of fear. She said there was a time when people with cancer were avoided and there is an attitude change that decreases that element of fear. A girl in the community who was HIV-positive had relations with 30 high school boys and she wondered how many of those boys would come in for testing if SB 17 was in effect. She felt it is important to be up-front and open about it. They had one man die in their community whose mother was so fearful to tell anyone, but once

she did, her fear lessened and they were able to accept support from the community. She stated her opposition to the bill.

REP. BERGMAN said it's a public health issue, a matter of reporting, whether they should or shouldn't, and said the stigma attached shouldn't have any bearing on this. She said they need to focus on what the problem is and that is the disease. The best way is to test and keep track of statistics. She said no one is making a moral judgment on anybody. She is for the bill.

{Tape: 2; Side: B; Approx. Counter: 572; Comments: n/a.}

Motion: **REP. KOTTEL** MOVED HER CONCEPTUAL AMENDMENT.

Discussion:

REP. KOTTEL described the amendments. She mentioned the importance of the information, the basic rights of the individual being tested, and ample time allowed for counseling. During this counseling session, the person could sign the one-page written consent form, prepared by the state. She wondered why they wouldn't want this person to be given the information and to sign the form.

CHAIRMAN GRIMES clarified the amendment and said on page 3, she would be reinstating the language that is stricken on lines 18 to line 25. **REP. KOTTEL** said on line 18, she would leave that stricken, because it says that the consent form would have to make a statement that the testing is anonymous and this bill no longer does that. To make it parallel, on page 7, lines 1-5, should remain as originally written in law, striking the Senate amendments.

CHAIRMAN GRIMES asked if that was the only place in the bill she wanted to return written, informed consent. **REP. KOTTEL** replied yes, but in terms of a conceptual amendment, she would direct if there is another place where written consent is stricken, it should be returned. **CHAIRMAN GRIMES** said there are other places that would apply.

REP. KOTTEL said conceptually, it's an easy amendment and they would only leave the law as it was about having the person receive informed consent.

CHAIRMAN GRIMES asked **Mr. Niss** if the conceptual amendment is acceptable. He replied that it was clear. **CHAIRMAN GRIMES** said the amendment would strike wherever informed consent is stricken, it would be returned; and would put back in all but line 18 on page 3.

REP. SUSAN SMITH asked if other STD tests are required to have written consent forms. **REP. KOTTEL** said she wasn't sure, but knew that when they talked in the Judiciary Committee about having informed consent in cases where a woman wants an abortion,

they talked about when there are public policy reasons, the state would mandate informed consent. She thought this was a public policy issue. **REP. SMITH** said if written consent is necessary for the others, she didn't know why it was taken out of the bill in the first place. If not, then she couldn't see why they needed the amendment.

CHAIRMAN GRIMES assumed that there were no other sections that written informed consent would apply to, in existing law, which is Section 2 of the bill, yet they would be removing written, informed consent. If it applied to some other section of law, he was sure they would have to be included since they're striking that language. **Mr. Niss** said he wasn't sure that was a proper assumption. He said the bill applies to written, informed consent for the purposes of HIV-testing, if it was required someplace else in the law and if it was the not the purpose of the sponsor to change that law as it applies to that disease, it wouldn't be included in the bill.

CHAIRMAN GRIMES agreed, and said the definitions do apply to just HIV-related infections. He also mentioned the title would have to be changed.

{Tape: 3; Side: A; Approx. Counter: 000; Comments: n/a.}

REP. GREEN restated his belief that this disease needs to be treated in the same manner as other communicable diseases.

Vote: A roll call vote was taken. The motion to adopt the Kottel Amendment failed 10-6 with **REPS. BOHLINGER, SQUIRES, CAREY, KOTTEL, SIMON, and WENNEMAR** voting yes. **REP. MOLNAR** voted no by proxy.

{Tape: 3; Side: A; Approx. Counter: 65; Comments: n/a.}

Motion: **REP. KOTTEL MOVED HER SECOND AMENDMENT.**

Discussion:

REP. KOTTEL said this amendment would affect page 7, last line, where the Senate amended it to add "and appropriate follow up for persons exhibiting high risk behavior." She said she had no definition of what that meant and thought it was extremely intrusive by government. As she read it, if she went in for HIV testing and was positive, she'd get pre-test counseling and information regarding the testing, but if someone defines that she had high risk behavior and didn't know what that was, they are saying the government can take appropriate follow-up. She wondered if that meant visiting in her home or forcing her into counseling against her will. She had no idea what it meant to authorize government to take appropriate follow-up for classification of people they can't define. She wished to put a period after the word "testing" and delete the rest of the sentence.

CHAIRMAN GRIMES said this was added in the Senate. He suggested changing the word "follow-up" to just counseling or information, because he assumed they meant counseling or information services as a follow-up.

REP. SOFT said the sponsor desired that they not amend the bill.

Vote: A voice vote was taken. The motion carried 10-6.

CHAIRMAN GRIMES said they have a do not concur motion and recognized that the question had been called.

Vote: A roll call vote was taken. The motion failed 8-8. **REP. MOLNAR** voted no by proxy.

Motion: **REP. SIMON** MOVED TO TABLE SB 17.

Vote: A roll call vote was taken. The motion carried 9-7 with **REP. GRIMES, BERGMAN, GREEN, MARTINEZ, MOLNAR, SUSAN SMITH,** and **SOFT** voting no. **REP. MOLNAR** voted by proxy.

EXECUTIVE ACTION ON SB 244

Motion: **REP. SUSAN SMITH** MOVED THAT SB 244 BE CONCURRED IN.

Discussion:

REP. HAGENER commented that the report date as stated in the fiscal note was too late for inclusion in the Executive Budget so they didn't actually know what the dollar amount was in connection with the bill. She also asked about this being applied primarily to teenagers that are 14, 15 and 16 years old. She wondered what they meant by the word "permanent" when these people could be out of school and not considered youth.

CHAIRMAN GRIMES said he understood that they are considering permanent placement for anyone who has been in the DFS system for over a year regardless of how old they are. He asked **REP. HAGENER** to restate her other question.

REP. HAGENER said she asked about the cost involved and a third question she had in connection with how long the permanence is, she asked if this would force the Department to move rapidly to grant the appropriate placements.

CHAIRMAN GRIMES said the policy would be brought back to the legislature for approval. This bill would allow them to have an interim review and report to the legislature. He said it is a study bill and would be prioritized with the other study bills on the last few days and as a group, they'll choose the ones that are highest on the priority list, and those that are lowest would not be done.

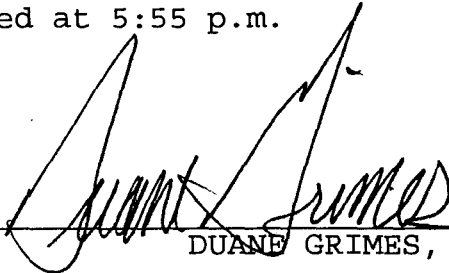
Vote: Voice vote was taken. The motion carried unanimously.


There was some discussion about the tie vote on the do not concur motion for SB 17 and **CHAIRMAN GRIMES** cleared up some confusion on how the vote proceeded. **REP. SIMON** said that no bill can proceed through the process without a positive vote. A tie vote is not a positive vote whether on a do pass or a do not pass. This was the reason for the tabling motion.

{Tape: 3; Side: A; Approx. Counter: 564; Comments: Meeting adjourned.}

ADJOURNMENT

Adjournment: The meeting adjourned at 5:55 p.m.


DUANE GRIMES, Chairman


PATTI BORNEMAN, Recording Secretary

DG/pb

HOUSE OF REPRESENTATIVES

Human Services and Aging

ROLL CALL

DATE 3/20/95

NAME	PRESENT	ABSENT	EXCUSED
Rep. Duane Grimes, Chairman	✓		
Rep. John Bohlinger, Vice Chairman, Majority	✓		
Rep. Carolyn Squires, Vice Chair, Minority	✓		
Rep. Chris Ahner	✓		
Rep. Ellen Bergman	✓		
Rep. Bill Carey	✓		
Rep. Dick Green	✓		
Rep. Toni Hagener	✓		
Rep. Deb Kottel	✓		
Rep. Bonnie Martinez	✓		
Rep. Brad Molnar			
Rep. Bruce Simon	✓		
Rep. Liz Smith	✓		
Rep. Susan Smith	✓		
Rep. Loren Soft	✓		
Rep. Ken Wennemar	✓		




HOUSE STANDING COMMITTEE REPORT

March 22, 1995

Page 1 of 1

Mr. Speaker: We, the committee on **Human Services and Aging** report that **Senate Bill 244** (third reading copy -- blue) be concurred in.

Signed:


Duane Grimes, Chair

Carried by: Rep. Barnhart

Committee Vote:
Yes 16, No 0.

661125SC.Hbk

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 3/20/95 BILL NO. SB 17 NUMBER ~~SB 17~~

MOTION: Kottel Amendment

NAME	AYE	NO
Rep. Duane Grimes, Chairman		✓
Rep. John Bohlinger, Vice Chairman, Majority	✓	
Rep. Carolyn Squires, Vice Chairman, Minority	✓	
Rep. Chris Ahner		✓
Rep. Ellen Bergman		✓
Rep. Bill Carey	✓	
Rep. Dick Green		✓
Rep. Toni Hagener	AYE	✓
Rep. Deb Kottel	✓	
Rep. Bonnie Martinez		✓
Rep. Brad Molnar (proxy - Green)		✓
Rep. Bruce Simon	✓	AYE
Rep. Liz Smith		✓
Rep. Susan Smith		✓
Rep. Loren Soft		✓
Rep. Ken Wennemar	✓	

6

10

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 4/20/95 BILL NO. SB 17 NUMBER

MOTION: DO NOT CONCUR

NAME	AYE	NO
Rep. Duane Grimes, Chairman		✓
Rep. John Bohlinger, Vice Chairman, Majority	✓	
Rep. Carolyn Squires, Vice Chairman, Minority	✓	
Rep. Chris Ahner		✓
Rep. Ellen Bergman		✓
Rep. Bill Carey	✓	
Rep. Dick Green		✓
Rep. Toni Hagener	✓	
Rep. Deb Kottel	✓	
Rep. Bonnie Martinez		✓
Rep. Brad Molnar (proxy Ahner)		✓
Rep. Bruce Simon	✓	
Rep. Liz Smith	✓	
Rep. Susan Smith		✓
Rep. Loren Soft		✓
Rep. Ken Wennemar	✓	

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 3/20/95 BILL NO. 9B 17 NUMBER ~~9B 17~~

MOTION: Table by Simon

NAME	AYE	NO
Rep. Duane Grimes, Chairman		✓
Rep. John Bohlinger, Vice Chairman, Majority	✓	
Rep. Carolyn Squires, Vice Chairman, Minority	✓	
Rep. Chris Ahner	✓	
Rep. Ellen Bergman		✓
Rep. Bill Carey	✓	
Rep. Dick Green		✓
Rep. Toni Hagener	✓	
Rep. Deb Kottel	✓	
Rep. Bonnie Martinez		✓
Rep. Brad Molnar <i>Proxy (Green)</i>		✓
Rep. Bruce Simon	✓	
Rep. Liz Smith	✓	
Rep. Susan Smith		✓
Rep. Loren Soft		✓
Rep. Ken Wennemar	✓	

9 7

Simon

Proffy - Human Services 3/20/95

Brad Molan - Bill &
Amendments

NO

HOUSE OF REPRESENTATIVES COMMITTEE PROXY

DATE 3-20-95

I request to be excused from the H.S. & A
Committee meeting this date because of other commitments. I desire
to leave my proxy vote with Coryn Sgar.

Indicate Bill Number and your vote Aye or No. If there are
amendments, list them by name and number under the bill and
indicate a separate vote for each amendment.

HOUSE BILL/AMENDMENT	AYE	NO
HB 2441	X	
Amendments		

SENATE BILL/AMENDMENT	AYE	NO

Rep. Rob Kell
(Signature)

HOUSE OF REPRESENTATIVES COMMITTEE PROXY

DATE

3/20/95

I request to be excused from the Health & Human Services
Committee meeting this date because of other commitments. I desire
to leave my proxy vote with Cassidy Quinn.

Indicate Bill Number and your vote Aye or No. If there are
amendments, list them by name and number under the bill and
indicate a separate vote for each amendment.

HOUSE BILL/AMENDMENT	AYE	NO
H.B. 244	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SENATE BILL/AMENDMENT	AYE	NO

Rep.

(Signature)

Bill Carey

TESTIMONY OF SENATOR CHUCK SWYSGOOD TO
HOUSE HUMAN SERVICE AND AGING COMMITTEE
ON SB 416, MARCH 20, 1995

SB 416 comes to you from the Senate after all affected parties including SRS and the Department of Health had input into the final product. This bill streamlines the Certificate of Need process from application through appeal. It eliminates a practice known as "batching" where the applicant would do all the work, then the Department of Health would advise all competitors to submit competing applications. In many cases a competitor had no interest in a competing project but used CON to keep the competition out or slow them down.

The bill also provides for swing beds from hospitals to nursing homes to be excluded from CON for beds up to five. This is a compromise worked out by the groups and I support it.

SB 416 had its beginning in the Human Services and Aging Subcommittee where the subcommittee voted not to fund CON. I requested the bill to eliminate or at least revise CON because if it wasn't to be funded it shouldn't stay on the books as a roadblock. During the drafting of the bill interested parties including SRS Director Peter Blouke came to me and said Medicaid costs could rise even higher if CON is repealed. I am not sure how much higher but I was willing to give him the benefit of the doubt provided that the program was funded.

I therefore placed a contingent repealer on SB 416 which states that if the program is not funded then the law is repealed. To show good faith I had Rep. Cobb, Chairman of our subcommittee, add the necessary dollars to HB 2. That was successfully done and I will fight to keep the funding in HB 2 as a member of Senate Finance and Claims.

I want to thank the departments involved in CON, and the regulated community for coming together to make CON work. It had no opposition in the Committee, passed on a voice vote on second reading, and passed 45-4 on third reading. I hope you will concur.

TESTIMONY OF SAINT VINCENT HOSPITAL AND HEALTH CARE
IN SUPPORT OF SB 416 (SWYSGOOD) REVISING THE
CERTIFICATE OF NEEDS LAWS
HOUSE HUMAN SERVICES AND AGING COMMITTEE, MARCH 20

EXHIBIT 2

DATE 3/20/95

SB 416

Mr. Chairman and members of the Committee, I am Tom Ebzery, an attorney from Billings and I am here today in strong support of Senator Swysgood's committee bill, SB 416.

We commend Senator Swysgood for reaching out to improve the Certificate of Need statute when there may be sentiment to discard the statute as outmoded. The bill as amended represents a significant amount of effort and input from a number of parties including SRS and the Department of Health.

The bill will make this statute more responsive to current conditions, and if this doesn't work the next session may be the time to examine the statute once again based upon what we have learned.

As for the contingent repealer, we strongly support this and will work to insure that CON is funded to \$240,000 over the biennium with fee revenues flowing to the general fund. The worst thing is no funding for a statute on the books.

I would like to amplify on two points or changes in the law under SB 416: batching and modification of decision criteria. Under this bill, batching will be eliminated and that is positive.

One key reason for the elimination of batching is to streamline the review process for CON applications. The bottom line is that batching just increases the cost of the CON review process. Providers must now wait for the end of a batching period before the Department of Health will even begin the review process of a CON application. Also, under the current batching philosophy any opponent to a CON application can submit an application

during the batching period, and subject the original application to a comparative review process that increases cost and time for a CON review. Even if the opponent of the original CON application has no intention of providing the services for the application they submitted, a "stall" strategy can be implemented by just submitting a competing CON application for the same service. The outcome of this has been increased cost to providers in preparing and submitting CON applications, and delays in decisions by the Department of Health on a CON application. Everyone pays more, including the taxpayers as a result of such delays.

Secondly, the expansion of decision criteria to include population and current census data in the CON process will broaden the basis of comprehensive data and information for deciding the merit of a CON application. The issues of decision criteria can be summarized into three critical areas:

- 1) The current formula used in the CON process for nursing home beds is an occupancy based model. The data used to project this bed needs is based only on historical patient day data. A three-year average daily census is calculated from the data and this number is then divided by .85 to calculate bed need. This current methodology cannot truly forecast or project nursing home bed need, since this formula never considers current demographic or population data in order to estimate future nursing home bed need.

- 2) One of the most significant increases in population will occur in the 75 and over age group. Regional projections are for this age group to increase at least 20% to 25% over the next 5 to 10 years. With such a dramatic shift and aging of the population in eastern Montana and Yellowstone County, the current bed need formula used by the Department will significantly underestimate the number of nursing home beds needed to serve the elderly population in the state of Montana.

3) The current bed need formula also only considers patient days for the county that the provider would be delivering service. Most of the tertiary care facilities in the large population centers serve a much larger population base than just the county where the provider is located. Using our own data from our sub-acute nursing unit here at Saint Vincent Hospital, approximately 39% of our sub-acute nursing patients reside outside Yellowstone County. So, to just consider patient day volume in the county where the provider is located, significantly understates potential demand especially in the larger population centers like Billings and Missoula, where a significant percentage of patients come from outside Yellowstone or Missoula County for medical care.

We support the bill as amended.

EXHIBIT 2
DATE 3-20-95
1 SB 416

Amendments to Senate Bill No. 339
Third Reading Copy

Requested by Senator Christiaens
For the Committee on Human Services and Aging

Prepared by Susan Byorth Fox
March 20, 1995

1. Page 3, line 13.

Following: "THROUGH"

Strike: "AN"

Insert: "a program that complies with the standards for a partial
hospitalization program that are published by the"

2. Page 3, line 14.

Following: "ASSOCIATION"

Insert: "if the"

Following: "PROGRAM"

Insert: "is"

3. Page 4, line 9.

Following: "THROUGH"

Strike: "AN"

Insert: "a program that complies with the standards for a partial
hospitalization program that are published by the"

4. Page 4, line 10.

Following: "ASSOCIATION"

Insert: "if the"

Following: "PROGRAM"

Insert: "is"

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging

DATE 3/20/95

BILL NO. SB 339 SPONSOR(S) _____

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
John McDonald	MHAM	✓	
Pat Melby	Riverview of MT	✓	
Gloria Korman	MT Psych Assoc	✓	
David Hemion	Mental Health Assoc.	✓	
Bob Olsen	mt Hospital Assoc	✓	
John Lewis	mt Arch Assoc	✓	
Bob Tannis	NASW-MT Chap.	✓	
Tanya Ak	Blue Cross & Blue Shield	✓	
Glyce Stewart	MT Student Nurses Assoc	✓	
Jonina Porents	MT Student Nurses Assoc	✓	

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

HR:1993

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CS-14

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging

DATE 3/20

BILL NO. SB 416 SPONSOR(S) _____

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
Bob Olsen	MT Hospital Assoc.	✓ SB416	1
Tom Ebery	Saint Vincent Hosp & Health Ctr	✓ SB416	
Pat Melby	Rimrock Foundation	✓	
Rose Hughes	MT Health Care Assn	✓	

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HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging

DATE 3/20/95

BILL NO. SB 395 SPONSOR(S) Sue Bartlett

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
<u>Barbara Booher</u>	<u>MNA</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Jonna Breunin 1017 Bulte Ave</u>	<u>Carroll College Student Nurse</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Alyce Strawn</u>	<u>MT. Student Nurses Assoc</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging

DATE 3/20/95

BILL NO. SB 339

SPONSOR(S) _____

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PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppo
<u>John McDonald</u>	<u>MHAM</u>	<input checked="" type="checkbox"/>	
<u>Pat Melby</u>	<u>Riverview of MT</u>	<input checked="" type="checkbox"/>	
<u>Gloria Permarson</u>	<u>MT Psych Assoc</u>	<input checked="" type="checkbox"/>	
<u>David Hemion</u>	<u>Mental Health Assoc.</u>	<input checked="" type="checkbox"/>	
<u>Bob Olsen</u>	<u>mt Hospital Assoc</u>	<input checked="" type="checkbox"/>	
<u>Dee Lewis</u>	<u>mt Archd Assoc</u>	<input checked="" type="checkbox"/>	
<u>Bob Torres</u>	<u>NASW-MT chp.</u>	<input checked="" type="checkbox"/>	
<u>Tanya Abk</u>	<u>Blue Cross & Blue Shield</u>	<input checked="" type="checkbox"/>	
<u>Glyce Strawser</u>	<u>MT Student Nurses Assoc</u>	<input checked="" type="checkbox"/>	
<u>Jonnie Porents</u>	<u>MT Student Nurses Assoc</u>	<input checked="" type="checkbox"/>	

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HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging

DATE 3/20

BILL NO. SB 416 SPONSOR(S) _____

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppo
Bob Olsen	MT Hospital Assoc.	✓ SB416	1
Tom EBzey	Saint Vincent Hosp + Health Cent	✓ SB416	
Pat Melby	Rimrock Foundation	✓	
Rose Hughes	MT Health Care Assn	✓	

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

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