# MINUTES

## MONTANA HOUSE OF REPRESENTATIVES
## 54th LEGISLATURE - REGULAR SESSION

## COMMITTEE ON TAXATION

**Call to Order:** By **CHAIRMAN CHASE HIBBARD**, on March 21, 1995, at 8:00 A.M.

### ROLL CALL

**Members Present:**

Rep. Chase Hibbard, Chairman (R)
Rep. Marian W. Hanson, Vice Chairman (Majority) (R)
Rep. Robert R. "Bob" Ream, Vice Chairman (Minority) (D)
Rep. Peggy Arnott (R)
Rep. John C. Bohlinger (R)
Rep. Jim Elliott (D)
Rep. Daniel C. Fuchs (R)
Rep. Hal Harper (D)
Rep. Rick Jore (R)
Rep. Judy Murdock (R)
Rep. Thomas E. Nelson (R)
Rep. Scott J. Orr (R)
Rep. Bob Raney (D)
Rep. John "Sam" Rose (R)
Rep. William M. "Bill" Ryan (D)
Rep. Roger Somerville (R)
Rep. Robert R. Story, Jr. (R)
Rep. Emily Swanson (D)
Rep. Jack Wells (R)
Rep. Kenneth Wennemar (D)

**Members Excused:** None.

**Members Absent:** None.

**Staff Present:** Lee Heiman, Legislative Council
Donna Grace, Committee Secretary

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

**Committee Business Summary:**

Hearing: HB 589
HB 591
SB 161
HJR 28

Executive Action: SB 138 - Tabled
HB 583 - Tabled

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## HEARING ON HB 589

Opening Statement by Sponsor:

**REP. ED GRADY, House District 55, Helena,** said HB 589 would exempt lodges and clubhouses of fraternal organizations from the beneficial use property tax. When the tax was first imposed, this issue was overlooked. There was no intent to tax this kind of operation. The bill would cause a minimal fiscal impact.

Proponents' Testimony:

**Ray Boe, Trustee, Elks Lodge, Helena,** testified in favor of HB 589. He said the Lodge is not a business as referred to in the original legislation because they are a fraternal, benevolent, non profit organization. He said they are the only fraternal organization in Montana, and possibly the United States, that rents from the U.S. Government and that is probably why they were not placed on the exempt list. He asked for a do pass recommendation on HB 589. He distributed a copy of a letter summarizing the charitable and community service projects the Lodge has participated in. EXHIBIT 1.

**Jack Gunderson, Elks Lodge Member,** said the law was an excellent one when it was passed but the fraternal organizations were overlooked. He said it would be a matter of fairness to exempt the Elks Lodge.

**Dave Hartnett, Exalted Ruler, Lodge No. 193, Helena,** pointed out the burden the beneficial use property tax places on the Elks Lodge. They pay a $4,475.14 per year.

Opponents' Testimony:

None.

Questions From Committee Members and Responses:

**REP. ELLIOTT** said the bill was narrowly construed. He said he didn't understand the language. **Mr. Heiman** said the language was just moved down to a different section. Section (e) on page 2 is the new language which is the purpose of the bill.

**REP. ELLIOTT** asked how many organizations would be affected. **REP. GRADY** said he was not sure. **Bob Goettel, Helena Elks,** responded that the Helena Lodge is the only fraternal organization involved.

**REP. ELLIOTT** said he noted the bill was retroactive to 1992 and he asked for the reason. **REP. GRADY** said he thought the Lodge would be satisfied with a current effective date. However, if

the organization was unfairly taxed, they should receive a rebate.

**REP. HARPER** said he understood the issue came about when the beneficial use tax was amended and it went into effect at the beginning of 1993 so the effective date would make sure the exclusion covered the same period that the act covered. **Dave Woodgerd, DOR Attorney,** said that was also his understanding. He also agreed that the Helena Elks Lodge was the only organization affected by the bill.

**REP. REAM** asked what the tax situation was for lodges located on their own land. **Mr. Woodgerd** said fraternal lodges with a food and beverage operation are subject to the beneficial use tax.

**REP. ELLIOTT** asked if the Helena lodge had a food and beverage operation. **Mr. Boe** said they did.

Closing by Sponsor:

**REP. GRADY** commented that passing this bill would be a matter of fairness. He asked for the Committee's favorable action.

## HEARING ON HB 591

Opening Statement by Sponsor:

**REP. WILLIAM WISEMAN, House District 41, Great Falls,** said HB 591 would establish a state-wide trauma system for the State of Montana. He said he had learned that there is a tremendous problem in the state with injuries and deaths that occur from trauma. Many of these are preventable. Everyone in Montana is affected by the lack of a trauma system. He said a task force of health professionals have expended a great deal of time developing a plan for trauma care. They are now asking for help in implementing the plan. The system is voluntary and does not involve a high bureaucratic regime of any sort. **REP. WISEMAN** said it's a case of "spending a little money now or paying a whole lot of money later on." A lack of instant response at the time of an accident can lead to prolonged, expensive hospitalization. EXHIBIT 2.

Proponents' Testimony:

**Stuart Reynolds, Havre,** stated that he was a surgeon, practicing in Montana for 26 years, and he has been involved with emergency medical services since 1972. He said there is an epidemic in Montana and individuals in rural areas are at a high risk. In 1992, 600 people died in Montana from trauma with 174 occurring on highways. He said a number of these people could be saved if there was an effective trauma system in the state, and the amount of disability could be reduced substantially. An outline of Dr. Reynolds' testimony is attached. EXHIBIT 3.

**John Middleton, M.D., Chairman of the Montana Committee on Trauma,** addressed the issue of what has been done so far in Montana. He said it has been proven that deaths can be prevented where there is an effective trauma system. The two issues included in the plan are optimal use of existing resources and the emphasis will be on facilitation. An outline of his testimony is attached. EXHIBIT 4.

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**Robert N. Hurd, M.D., Surgeon, Billings,** discussed the need for trauma legislation. A copy of his testimony is attached. EXHIBIT 5.

**Susan O'Leary, Trauma Coordinator,** provided a written copy of her testimony covering the reasons there is a need for a trauma system. EXHIBIT 6.

**Sharon Dieziger, Montana Nurses' Association, and Statewide Trauma Task Force Member,** testified in support of the bill. She stated that there is a need to prepare and educate the smallest and most isolated communities in Montana on what to do and how to safely transport trauma patients. Trauma does not occur just in the cities. Her written testimony and supporting document are attached. EXHIBIT 7.

**Gary Haigh, Montana EMS Association, Billings,** spoke in support of the bill. He provided an example of a football injury that occurred in a small town which did not have an ambulance. The person was transported in the back of a stationwagon, and when they arrived at a hospital 90 miles distant, the hospital was not expecting them and was unable to provide the needed care resulting in transfer to another facility, further delaying appropriate care. He said this convinced him to become involved in emergency medical services and work toward the creation of a better system. If a trauma system had been available, he was convinced that costs of rehabilitation of the injured player would have been considerably less. He said trauma is an expensive health problem in Montana and the cost of an effective trauma system would be well worth the cost. **Mr. Haigh** said the Task Force is suggesting an increase in motor vehicle registration fees to fund the trauma plan, $ .90 the first year and $1.20 per year from then on. He said this method was chosen because 50% of trauma deaths are due to motor vehicle crashes and a substantial amount of non-fatal injuries are due to motor vehicle accidents. The majority of funds collected would be returned to local areas for quick response units, ambulance services and medical facilities, to assist with improving education and training and to help obtain essential equipment. The advisory council of the State Trauma Committee would make recommendations to the Department on how the funds could best be utilized to improve trauma care consistent with the trauma system plan and data evaluation results. The remainder of the funds would be used for data collection and evaluation at both the pre-

hospital and hospital levels, education and training, public education and prevention activities, and state level coordination. EXHIBIT 8. He thanked the Committee for their support.

**Nels D. Sanddal, President and CEO, Critical Illness and Trauma Foundation, Inc., Big Timber,** said trauma is a major public health problem in Montana. What makes the tragedy even more devastating is that so many of the deaths could be averted with a state-wide trauma system. **Mr. Sanddal's** remarks are contained in EXHIBIT 9.

**Paul Donaldson, M.D., Helena,** testified regarding the need for updated physician education related to trauma management. EXHIBIT 10.

**Jim Ahrens, President, Montana Hospital Association,** said he had been involved in the process and he encouraged the Committee to recognize the amount of work done by the Task Force and support the bill.

**Tim Bergstrom, Montana State Firemens' Association,** said the Association is in strong support of HB 591. A copy of his testimony is attached. EXHIBIT 11.

**Tom Ebzery, Attorney, St. Vincent's Hospital, Billings,** called the Committee's attention to an editorial which appeared in the *Billings Gazette* on March 20, 1995, relative to HB 591. He urged the Committee to support the bill. EXHIBIT 12.

**James Lofftus, Montana Fire Districts Association,** said the bill would encourage training for people in volunteer fire districts. He said he had seen cases where deaths could have been prevented if there had been a better knowledge of trauma care. He asked for the Committee's favorable support.

**John Gervais, President, Montana Emergency Medical Services Association,** said the members of his organization are pre-hospital care providers, the majority of which are associated with rural volunteer emergency medical service entities. They strongly support the bill. **Mr. Gervais'** testimony and a copy of a Resolution on Trauma System and Trauma System Legislation is attached. EXHIBIT 13.

**Beda Lovitt** said the **Montana Medical Association** strongly supports HB 591.

**Steve Yeakle, Montana Council of Maternal and Child Health,** testified in support of the bill. He provided statistics on the causes of death in Montana and advised that 44% of the deaths of children between the ages of one and four, were attributable to trauma. In the age group 15 through 24, 60% were from injury and in ages 5 through 14, two of every three deaths were caused by

trauma. He said a trauma plan system has reduced the death rates in other states.

**Bob Robinson, Director, Department of Health and Environmental Services,** said he would support the bill on behalf of the Department and also on behalf of Governor Racicot. He said the Governor has monitored the development of this legislation and believes the bill is well-designed and there is a need to address the problem immediately. He said approval of the bill and establishment of the Montana Trauma System would have an immediate effect.

**CHAIRMAN HIBBARD** stated that **Alec Hanson, League of Cities and Towns,** was unable to attend the hearing but had asked to go on record in support of the bill.

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Opponents' Testimony:

**Steve Turkiewicz, Montana Auto Dealers Association,** said the Association is extremely concerned and sympathetic to the problems of EMT responses and have furnished over a hundred training manikins to Montana rural EMT providers and other training organizations. He said there are problems with emergency health care and the bill would go a long way to address some of the problems. He said many communities do not have ambulances that meet federal regulations because they cost between $80,000 and $100,000 and he realized the problem must be addressed. He said the Association's opposition to the bill is based on the funding method. He said $70 million is paid annually by Montana motor vehicle owners and adding another million dollars would not be the correct thing to do. He said the registration form would have to be expanded to add one more fee. EXHIBIT 14. If a fee is to be assessed, it should be extended to snowmobiles and motorcycles that contribute to the trauma rate. He said the bill would establish an entirely new health care system and it should be the responsibility of the Select Health Care Committee to look at the bill to determine how it would coordinate with the Health Care Authority and the Health Care Advisory Committee. He said he did not oppose the idea of a health care system but he asked the Committee to consider carefully who would be paying for it. If the entire state and all its citizens are to benefit, perhaps a broader base of revenue should be found.

Questions From Committee Members and Responses:

**REP. ELLIOTT** asked, if automobiles are the first leading cause of trauma, what would be the second. **Dr. Reynolds** said drowning, motorcycles, falls from heights, lumbering accidents are all high impact. They also look at homicides, suicide, environmental such as hypothermia, fire, low falls, poisoning and "surgical

misadventures." However, the overwhelming majority come from automobiles and the others don't come close.

**REP. ELLIOTT** said the Governor supports the concept of the bill. He asked if he also supported the system of taxation. **Mr. Robinson** said the Governor approved the bill, therefore, he assumed he would support the method of funding. **REP. ELLIOTT** said trauma is not the fault of the automobile industry. He asked if it wouldn't be more appropriate to provide funding through the general fund. If the program is that important, that is where the funding should come from. **Mr. Robinson** said funding was a serious issue the Task Force worked on. Realistically, they considered the ability to go to the general fund would not be feasible. The Task Force felt this was probably the "cleanest" way to generate the level of revenue needed that would be politically palatable. **REP. ELLIOTT** asked Mr. Robinson if he would ask Governor Racicot if he would support funding of the bill with general fund money. **Mr. Robinson** said he would.

**REP. SOMERVILLE** asked if the system would be set up on a county system. **Dr. Reynolds** said the state would be divided into three regions because there are three communities (Missoula, Great Falls and Billings) that have hospitals that have obtained Level Two trauma center status. A patient would be brought into the system at the nearest hospital for appropriate resuscitation and possible treatment and, if necessary, the patient would be transferred to one of those three cities for definitive care. He said the system is in place and what needs improvement is the initial response. **REP. SOMERVILLE** said he had noted that all boards identified in the bill were composed of medical personnel. He asked if it would be appropriate to amend the bill to add legal or accounting personnel to the boards. **Dr. Reynolds** said he would agree with the suggestion. However, the Governor could appoint up to ten members from any group he wished. He said there were consumer members on the Task Force.

**REP. ARNOTT** said she did not understand the statement given in testimony that caregivers should come together "without fear of legal discovery." **Ms. O'Leary** said that meant that a group should be able to discuss a patient that had a "less than excellent outcome." They would discuss how they could do it better or where the system might have failed. It would be hard to hold those discussions if the information was available for trial.

**REP. SWANSON** asked how the education would be provided to meet the needs of rural areas. **Mr. Gervais** said they now do all their training voluntarily and pay all their own expenses. The system would provide, through CD-ROM or video, training locally without having to travel many miles. They could get all first responders trained at the same level. When they go to an accident, they could approach it knowing there is a trauma center to which the victim could be sent directly if they feel the local hospital couldn't handle it.

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**REP. SWANSON** asked what the most important aspect of the bill would be. **Mr. Gervais** said, in his opinion, training would be the major issue, but he also recognized that a lot of areas need better equipment.

**REP. BOHLINGER** asked if the sponsor would consider expanding the bill to include taxation of motorcycles, water craft or snowmobiles. **REP. WISEMAN** said the program could start with taxation of automobiles and statistics could be kept on the number of injuries coming from other vehicles and make a determination at a later date.

**REP. FUCHS** asked if the Task Force had considered alternative methods of funding. **REP. WISEMAN** said they had looked everywhere for funding and still felt that, since the majority of accidents come from automobiles, it would make sense to put the fee there.

**REP. STORY** said a Senate Bill had been introduced to eliminate earmarking of funds. He asked whether that would affect this program. **REP. WISEMAN** said it could but earmarked money on car licenses has existed for a long time. He said it might be possible to de-earmark junk vehicles and earmark the trauma system.

**REP. REAM** asked if there was any data available on whether quick response was important in minimizing long-term disability. **Dr. Reynolds** said there was. He said that if the first response was not managed appropriately, if there was reduced blood flow or oxygen, there would be further damage. If not well managed at the onset, there would be increased disability. When a trauma system is in place, more information can be collected, and public education programs can be directed specifically to areas of high risk. This is a major component of trauma system development.

<u>Closing by Sponsor</u>:

**REP. WISEMAN** advised that there would be two amendments to the bill, although only one had been prepared. EXHIBIT 15. He said he appreciated the good hearing and he acknowledged the good testimony and good questions. He reminded the Committee that 17 states have trauma systems in existence and they have proven to be effective. He said the vehicle tax was a fair way to provide funding. He said 600 people die every year in accidents and it has been estimated that at least 100 could be saved if Montana had a trauma system. He said the junk vehicle fee has been revoked and it could be replaced with the trauma system fee because "people are more important than junk vehicles."

## HEARING ON HJR 28

**Opening Statement by Sponsor:**

**REP. EMILY SWANSON, House District 30, Bozeman,** presented HJR 28 for the Committee's consideration. She said the Resolution proposes a study of the Resource Indemnity Trust (RIT) -- the cap, the spending, and what should be done with it in the future. She said there had been a lot of discussion during the session relative to the RIT tax. She said the topic is too big to be handled during a legislative session. It should go to a group who have more time and ability to focus on the issue because it is very complex. The subject should be looked at now in anticipation of the point when the Trust would reache $100 million. The study should be assigned to an appropriate interim standing committee.

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**Proponents' Testimony:**

**John Tubbs, Department of Natural Resources and Conservation (DNRC),** said their is no consensus on the RIT issue. The Department is criticized on their use of the funds that the Legislature has allocated to the Department but they have not found other revenue that it is willing to provide for funding. The last session the Legislature established minimum funding levels for grant programs. That is the one area where the Legislature has set a clear direction in the statutes for the use of the funds. However, the rest of the money is rather ambiguous as to what it should be used for. This session agency funding has exceeded available levels. HB 2 shows a $1.7 million deficit that exists and no resolution has been found in the House. The RIT cannot support this level of agency funding. The Governor continues to support general fund appropriations to correct the problem but agencies are stuck in the middle. The Taxation Committee, in passing out HB 569 made some progress on the issue. Finally, the RIT will reach $100 million in the 1999 biennium and the Legislature must decide what it wants to do with the funds at that time. For all these reasons, the Department and the Governor support HJR 28.

**Janet Ellis, Montana Audubon Legislative Fund,** said HJR 28 is a good step. The issue is so complicated it makes sense to get a diverse group of people together to study the issue. She encouraged the Committee to support the bill.

**Jeff Barber, Northern Plains Resource Council,** rose in support of the Resolution.

**Opponents' Testimony:**

None.

Questions From Committee Members and Responses:

**REP. ROSE** commented that the study was long overdue.

**REP. REAM** said he noted the sponsor had listed two interim committees to conduct the study. **REP. SWANSON** said that language was used because she did not know what might happen with the proposed Legislative Council reorganization. She said her choice would be the Revenue Oversight Committee.

**REP. HARPER** said the committee with the most budget people on it are the ones who should do the study. It's easy to see the original purpose but when the budget comes up in the final weeks of the session, and there is a scramble for money, that need overrides the original purpose. He said he did not like the words "another interim committee." He said he thought the Revenue Oversight Committee is fairly safe in the bill now in front of the House.

Closing by Sponsor:

**REP. SWANSON** said she would look forward to the executive session and she appreciated the interest and hoped it would become a productive project.

## HEARING ON SB 161

Opening Statement by Sponsor:

**SEN. BARRY STANG, Senate District 36,** said SB 161 had been proposed to him by the motorcycle community. The bill would replace the tax on motorcycles with a fee in lieu of tax. He said that at the recommendation of the Department of Motor Vehicles the fees on smaller motorcycles was amended because they were receiving a large increase over what they were currently paying. He said the county treasurers have supported the bill because it would be more efficient for their operation. **SEN. STANG** said that the fee on bikes over thirty years of age, according to the fee schedule, would be increased and he would leave it to the Committee's discretion as to whether they would want to amend the fee.

Proponents' Testimony:

**Jill Z. Smith-McGuire, A.B.A.T.E. of Montana,** testified in support of SB 161. She provided the Committee with a written copy of her testimony. EXHIBIT 16.

**Dal Smilie, American Motorcycle Association,** stated that taxing motorcycles the same as automobiles was unfair because the motorcycles can be used in only three months of the year. A copy of his testimony is attached. EXHIBIT 17.

**Joe Michaletz, Montana BMW Riders,** said he would support the bill because it represents fair taxation.

**Rose McDonald, Member, A.B.A.T.E.,** stressed the fact that motorcycles are recreational vehicles. The tax on her motorcycle, which she uses four months per year, was higher than the tax on her car which she drives twelve months of the year. She said they are not trying to get out of paying taxes, but thought there should be a more fair way of taxing.

Opponents' Testimony:

None.

Questions From Committee Members and Responses:

**REP. RANEY** said he was shocked to find out that the tax on motorcycles was so much higher than the tax on other recreational vehicles. **SEN. STANG** said he was not aware of it until it was called to his attention by the motorcycle riders.

**REP. ARNOTT** said the same group had recently appeared before the Committee stating that they didn't mind paying taxes on their motorcycles and now they are asking for a fee reduction. **Ms. McGuire** said they did not object to paying an increase for a motorcycle education program to train riders to ride safely. The current bill would be a decrease across the board for an unfair tax.

**REP. SWANSON** asked how motorcycles are presently taxed. **SEN. STANG** said they are taxed the same as automobiles.

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Closing by Sponsor:

**SEN. STANG** said the proposal in the bill is a good one and if the Taxation Committee wanted to adjust the fee schedules, he would have no objections. However, he asked them to consider carefully the impact on the counties who have been in support of the bill.

## EXECUTIVE ACTION ON SB 138

Motion:

**REP. ARNOTT MOVED THAT SB 138 BE CONCURRED IN.**

Discussion:

**Ms. Paynter** advised that an amendment would be necessary to clarify the valuation of land that is between 20 and 160 acres in size that does not qualify as agricultural land. The amendment

is necessary because of a recent State Tax Appeal Board ruling. EXHIBIT 18.

**REP. ELLIOTT** said the amendment could be significant because he understood that some people, if they appealed to the State Tax Appeal Board, would have their values lowered and some would have values raised. **Ms. Paynter** said that was correct. **Randy Wilke, DOR,** explained that, as the law currently stands, one acre beneath a farmstead on recreational ag land is valued at market value. Under the bill, the folks in the 20 to 160 acre category, if they are not able to qualify as agricultural land, would be taxed on the highest value of agricultural land, roughly $800 an acre. **Ms. Paynter** said that, under the bill, if amended, the values would be consistent.

Motion:

**REP. SOMERVILLE MOVED THE AMENDMENTS BE ADOPTED.**

Discussion:

**REP. STORY** inquired if the court decision was the reason there was a problem. **Mr. Wilke** said that issue had been taken with the use of the average grazing land rate and the amendment would clarify the issue and do what the Legislature had directed in the last session. **Ms. Paynter** said the amendment would put into law what the DOR had put into its Administrative Rules.

**REP. STORY** said this could be a major issue. At seven times the average grazing, it wouldn't help the people who were "out in the sticks" and couldn't meet the agricultural test. They would be taxed as recreational agricultural and the tax rate would be seven times what it would have been. He said there are problems with the entire system and the amendment would probably help the administration but would not solve the problem.

**REP. RYAN** asked if Sen. Mesaros had approved the amendment. **CHAIRMAN HIBBARD** replied that she had no problem with it. The choice, as presented, was to request a committee bill to clarify the language in the statute to do what was actually directed during the last session or to try to find a way to do it under the title of this bill. He said some of the policy might be questionable but, what is being requested is a clarification of what the Legislature did in the previous session.

**REP. ROSE** said he wasn't sure he understood what was going on and there might be a possibility that the bill was being changed from what it was intended to do. **Ms. Paynter** said the amendment would not change what Rep. Mesaros bill was intended to do. It would add a section that would put into the law, very clearly, the instructions given and does not go any further. I does not address whether what was done in the last session was good policy. It will assist the Department in avoiding the potential of lawsuits over tax levels that do not justify the expenditure

at that level. It does not affect the one acre under the farmstead.

**CHAIRMAN HIBBARD** commented that if the Committee was uncomfortable with the amendment, he would consider requesting a rule suspension to deal with the issue in a committee bill. He said he would not want the amendment to jeopardize the intent of the Mesaros bill.

**REP. ELLIOTT** said he was concerned about adding the amendment to the bill because the purpose of the Mesaros bill was to give some tax relief to an agricultural enterprise. He said his reading of the amendments indicated that the farmstead acre would be taxed differently. **Ms. Paynter** provided a further detailed explanation of the effect of the amendment as well as the intent of the proposed bill.

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**CHAIRMAN HIBBARD** said that whether Committee Members agreed or not, the concepts exist in current law and, because of that, the discussion had become confusing.

**REP. SWANSON** said the amendments were innocent because all they do is move from rule to law that non-qualifying ag lands between 20 and 160 acres will be taxed at the average grazing rate. What will happen under the Mesaros bill is the one-acre under the homestead has been valued at market value and it will now be taxed at the productive value of the surrounding land.

**REP. HARPER** said the title fits the amendments and the amendments are on the same subject and he saw no problem with amending the bill.

Vote:

**On a voice vote, the motion passed 18 - 1.**

Motion:

**REP. RANEY MOVED AN AMENDMENT WHICH WOULD TAX THE NON-AG LAND BETWEEN 20 AND 160 ACRES AT MARKET VALUE AND THE AG LAND BETWEEN 20 AND 160 ACRES WOULD PAY THE AG RATE ON THE ONE ACRE.**

Discussion:

**REP. ELLIOTT** resisted the motion because there could be an argument for taxing recreational land at higher rates than truly agricultural land, however, there are 900 farms in Sanders County and only 100 ranches over 160 acres. The people who live there were not farmers. They were Montanans who worked for a living and bought 20 acres and, with the amendment last year, those people received a 20% increase in property tax. He said he did not feel that was fair then and it is not fair now and it is

appropriate that they receive a break on the one acre that is under the home.

**REP. RYAN** spoke in favor of the amendment. There is a built-in break for agriculture and the recreational property should be taxed for what it is.

**REP. SWANSON** said the other side of the picture is that where she lives, the one acre could be worth $10,000 and the amendment would make the value significantly less.

**REP. HARPER** said there is a huge fiscal note on the bill -- over $1 million for one year and the impact would be great on county governments and schools. The amendment would ease that to some degree. He said rampant land use growth is more controlled by tax law than it is by sub-division laws or anything else. The affect it has on agriculture and open space cannot be denied. Montana is beginning to look like Colorado and some of the other states and the growth will not be slowed down unless the Legislature quits giving tax breaks that only legitimate agriculture should receive. The amendment would lower the fiscal note and help control growth.

**Mr. Heiman** explained how the bill would be amended to accomplish what Rep. Raney had proposed in his amendment. If the amendment passes, non-qualified agricultural land between 20 and 160 acres would continue to be taxed at market value.

**REP. ELLIOTT** said he lives in an area where native and long-time Montanans can no longer afford to buy property. The taxes are a factor in the decision to buy property. He argued that people coming into Montana from out-of-state do buy property and can afford to pay the taxes at market value. If Rep. Raney's amendment does not pass, he said those people will build a house of such substance the taxes they pay would make up for the amount they would not pay on the one acre under the house. He said that in eastern Montana 80 - 90% of the farmsteads are on bona fide farming and ranching operations and in western Montana that is not the case. He said he strongly opposes the amendment.

**REP. REAM** said he would share Rep. Elliott's concerns. People in his district that have lived on 40 acres for a long time have seen dramatic increases in their property tax through no fault of their own. It is causing people to sub-divide because those who can't afford the taxes will sub-divide the land. He strongly resisted the amendment. He also pointed out that land over 160 acres is being bought for recreational purposes and they are not being taxed as such.

**CHAIRMAN HIBBARD** said he also agreed with Reps. Elliott and Ream. He said he could understand what has been suggested and people are receiving agricultural tax breaks that don't deserve them. Unfortunately, when addressing tax policy, some innocent people suffer the consequences.

**REP. HARPER** said he would vote in favor of the amendment. He said it is difficult to set new tax policy even though the results, in the long run, would be beneficial to the state. He said it is time to make the decision on what is agricultural land and what is not.

Vote:

**On a roll call vote, the motion failed 11 - 9.**

Motion:

**REP. HANSON MOVED DO CONCUR AS AMENDED.**

Discussion:

**CHAIRMAN HIBBARD** reminded the Committee that the sponsor had suggested removing the contingent voidness clause.

**REP. RANEY** said he thought the idea behind the bill was to recognize that the land beneath a farm home should be classified as agricultural. By refusing the amendment, land that is not agricultural is also entitled to be taxed as agricultural which changes the existing law. He said the law is now back to where it was three years ago. He said he wanted to make sure that people who are moving here pay appropriate taxes on the land.

**REP. RYAN** said he agreed with Rep. Raney. The people who came in to testify were owners of bona fide agricultural land. They were caught up in something that was unfair and now recreationists with small chunks of land get the tax break.

**REP. ELLIOTT** said that for the same reasons Rep. Raney cannot support the bill, he is now able to. He said that raising the tax rate on farmsteads and improvements by 20% never had a hearing. A bill was then introduced which created recreational agricultural land and that bill did have a hearing and would affect the tax rate but no one "had a clue" as to how they would be affected. He said he had supported the bill all the way to third reading when he had discovered what it would actually do.

Motion:

**REP. STORY MOVED TO REMOVE THE CONTINGENT VOIDNESS AMENDMENT.**

{Tape: 4; Side: B; Comments: The tape jammed and the balance of the meeting was recorded on Tape: 5; Side: A.}

Discussion:

**CHAIRMAN HIBBARD** said he did not believe the contingent voidness clause was necessary in this bill.

**REP. ELLIOTT** said it had been the policy of the Committee to place the clause on any bill that would cost the state more than $350,000 and the only exception was HB 346. He said it was obvious to him that the contingent voidness clause was a "bunch of hooey." He said he would agree that the clause should be removed.

Vote:

**On a voice vote, the motion passed, 14 - 6.**

Motion/Vote:

**REP. HANSON MOVED THAT SB 138 AS AMENDED BE CONCURRED IN. On a roll call vote, the motion failed on a tie vote, 10 - 10.**

Motion/Vote:

**REP. ELLIOTT MOVED TO TABLE SB 138. The motion passed 19 - 1.**

## EXECUTIVE ACTION ON HB 583

Motion:

**REP. ELLIOTT MOVED THAT HB 583 DO NOT PASS.**

Discussion:

**REP. ELLIOTT** stated that the bill was not going anywhere during the current session and it would not be necessary to waste time debating it.

Vote:

**On a voice vote, the motion passed, 18 - 2 .**

Motion/Vote:

**REP. REAM MOVED TO TABLE HB 583. The motion passed unanimously.**

**ADJOURNMENT**

**Adjournment:** 11:55 a.m.

**CHASE HIBBARD**, Chairman

DONNA GRACE, Secretary

CH/dg

# HOUSE OF REPRESENTATIVES

## Taxation

ROLL CALL DATE March 21, 1995

| NAME | PRESENT | ABSENT | EXCUSED |
|---|---|---|---|
| Rep. Chase Hibbard, Chairman | ✓ | | |
| Rep. Marian Hanson, Vice Chairman, Majority | ✓ | | |
| Rep. Bob Ream, Vice Chairman, Minority | ✓ | | |
| Rep. Peggy Arnott | ✓ | | |
| Rep. John Bohlinger | ✓ | | |
| Rep. Jim Elliott | ✓ | | |
| Rep. Daniel Fuchs | ✓ | | |
| Rep. Hal Harper | ✓ | | |
| Rep. Rick Jore | ✓ | | |
| Rep. Judy Rice Murdock | ✓ | | |
| Rep. Tom Nelson | ✓ | | |
| Rep. Scott Orr | ✓ | | |
| Rep. Bob Raney | ✓ | | |
| Rep. Sam Rose | ✓ | | |
| Rep. Bill Ryan | ✓ | | |
| Rep. Roger Somerville | ✓ | | |
| Rep. Robert Story | ✓ | | |
| Rep. Emily Swanson | ✓ | | |
| Rep. Jack Wells | ✓ | | |
| Rep. Ken Wennemar | ✓ | | |

# HOUSE OF REPRESENTATIVES

## ROLL CALL VOTE

**DATE** 3/21 **BILL NO.** SB 138 **NUMBER** ____

**MOTION:** Raney Amendment

| NAME | YES | NO |
|---|---|---|
| Vice Chairman Marian Hanson | | ✓ |
| Vice Chairman Bob Ream | | ✓ |
| Rep. Peggy Arnott | ✓ | |
| Rep. John Bohlinger | ✓ | |
| Rep. Jim Elliott | | ✓ |
| Rep. Daniel Fuchs | ✓ | |
| Rep. Hal Harper | ✓ | |
| Rep. Rick Jore | | ✓ |
| Rep. Judy Rice Murdock | | ✓ |
| Rep. Tom Nelson | | ✓ |
| Rep. Scott Orr | | ✓ |
| Rep. Bob Raney | ✓ | |
| Rep. Sam Rose | ✓ | |
| Rep. Bill Ryan | ✓ | |
| Rep. Roger Somerville | ✓ | |
| Rep. Robert Story | | ✓ |
| Rep. Emily Swanson | ✓ | |
| Rep. Jack Wells | | ✓ |
| Rep. Ken Wennemar | | ✓ |
| Chairman Chase Hibbard | | ✓ |

9 11

# HOUSE OF REPRESENTATIVES

## ROLL CALL VOTE

**DATE** 3/21 **BILL NO.** SB138 **NUMBER** ____

**MOTION:** Do Concur as Amended

| NAME | YES | NO |
|---|---|---|
| Vice Chairman Marian Hanson | ✓ | |
| Vice Chairman Bob Ream | | ✓ |
| Rep. Peggy Arnott | | ✓ |
| Rep. John Bohlinger | | ✓ |
| Rep. Jim Elliott | ✓ | |
| Rep. Daniel Fuchs | | ✓ |
| Rep. Hal Harper | | ✓ |
| Rep. Rick Jore | ✓ | |
| Rep. Judy Rice Murdock | ✓ | |
| Rep. Tom Nelson | | ✓ |
| Rep. Scott Orr | | ✓ |
| Rep. Bob Raney | | ✓ |
| Rep. Sam Rose | ✓ | |
| Rep. Bill Ryan | | ✓ |
| Rep. Roger Somerville | ✓ | |
| Rep. Robert Story | ✓ | |
| Rep. Emily Swanson | | ✓ |
| Rep. Jack Wells | ✓ | |
| Rep. Ken Wennemar | ✓ | |
| Chairman Chase Hibbard | ✓ | |

Failed 10 10

HOUSE TAXATION COMMITTEE 21 MARCH 95

SB-138 - AYE

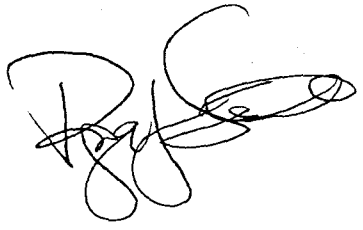
AMENDMENTS VOTE WITH SAM ROSE

HB 583 - NAY

AMENDMENTS VOTE WITH CHASE HIBBARD

HB 590 - AYE

AMENDMENTS VOTE WITH DAN FUCHS



Marian Hanson has my proxy

for SB 138 - yes

HB 583 NO

HB 590 - yes

HJR 28 SB 161

John M Rose

Leadership

EXHIBIT 1
DATE 3/21/95
HB


*Helena Lodge No. 193*
BENEVOLENT AND PROTECTIVE ORDER OF ELKS
P.O. Box 5373
Helena, MT 59604


TO: Elks Members, Friends and Future Members

This is a summary of some of the charitable and community service projects our Lodge has participated in.

Over the last 16 years, this Lodge that consists of Clancy, Jefferson City, Wicks, Boulder, East Helena, Winston, Townsend, Toston, Deep Creek, White Sulphur Springs, Wolf Creek, Craig, Augusta, Choteau, Lincoln, Canyon Creek, Marysville, Canyon Ferry, York, Lakeside and Helena, has paid $221,369.05 towards the medical expenses of needy, incapacitated and crippled children. This is from a fund where only the profit from investments can be used and only for medical expenses.

Our Fort Harrison Hospital Committee has spent about $138,880 and hundreds of hours over the past 56 years providing needs and entertainment for the veterans.

Other local charities and community service projects consist of scholarships to deserving students, assist other charitable organizations in providing help to the needy and fund raisers to help families and children in need of major operations.

The Elks National Foundation Program funded by gifts from Elks Members, Lodges, State Associations and the family and friends of Elks distribute over 10 million dollars annually for Humanitarian Projects such as scholarships, drug awareness, veterans care and major state projects. They are second only to the federal government in awarding scholarships.

We can be proud of our accomplishments in the past and with your help, we will strive to keep it up in the future.

Dave C. Hartnett
Exalted Ruler, Lodge No. 193

DH/lg

# The Effect of Regional Trauma Care Systems on Costs

EXHIBIT 2
DATE 3/21/95
HB 591

*Ted R. Miller, PhD, David T. Levy, PhD*

**Objective:** To assess cost savings from regional trauma care systems.

**Design:** Multivariate regression analysis is used to isolate the effects of regional trauma care systems on medical costs while controlling for personal and injury characteristics and other factors likely to influence medical costs. Percentage reductions in costs are translated into dollar cost savings with corrections for excluded costs and losses from premature death.

**Setting:** Injuries to workers filing workers' compensation lost workday claims.

**Participants:** Randomly sampled workers' compensation claims from 17 states filed between 1979 and 1988 (N=217 000).

**Main Outcome Measure:** Medical payments per episode of four injury groups: lower-extremity fractures and dislocations, upper-extremity fractures and dislocations, other upper-extremity injuries, and back strains and sprains. We distinguish hospitalized from nonhospitalized claims.

**Results:** Statistical analyses reveal that states with trauma care systems have 15.5% lower costs per hospitalized injury episode. Savings average $1025 per case in 1988 dollars. Costs per episode for disabling nonhospitalized injury are 10% lower in states with trauma care systems, with savings averaging $75 per case. The largest savings are for back injuries.

**Conclusions:** Extending trauma care systems nationwide could lower annual medical care payments by $3.2 billion. Including productivity losses due to premature death, the savings could total $10.3 billion, 5.9% of national injury costs.

*(Arch Surg. 1995;130:188-193)*

A TRAUMA care system is designed to meet the needs of seriously injured people in a region. Champion and Mabee[1] describe its components as emergency response that performs triage and administers prompt, advanced prehospital life support; committed hospitals that provide state-of-the-art trauma care in accordance with guidelines of the American College of Surgeons; and inpatient and outpatient rehabilitation. The Trauma Care Systems Planning and Development Act of 1990 authorized a federal grants program to promote the development of regional trauma care systems.

Several studies[2-7] have shown that trauma care systems reduce the preventable trauma death rate by at least 20% to 30%, perhaps even 50%. Champion and Mabee[1] estimate that organized trauma care systems nationwide could save 20 000 to 25 000 lives annually. Despite this potential, there has been no definitive study of the overall cost-effectiveness of regional trauma care systems.[1]

Trauma care systems are costly. Even if they improve outcomes, they may not reduce overall health care costs. For example, by increasing the rate of survival, trauma care may increase the length of hospital stay and, thus, the cost for more critically injured patients. This study is the first broadly representative analysis of the impact of trauma care systems on injury costs. We focus on total medical care payments for disabling nonfatal workplace injuries, including payments in the acute-care and rehabilitation phases.

*From the Safety and Health Policy Program, National Public Services Research Institute, Landover, Md (Dr Miller); and the Department of Economics, University of Baltimore (Md) (Dr Levy).*

*See Invited Commentary at end of article*

## METHODS

### DATA SOURCES AND SAMPLE

Our analysis relies primarily on the Detailed Claims Information (DCI) database of the National Council on Compensation Insurance (NCCI). The DCI database describes the medical and ancillary payments and long-term economic loss associated with workplace injury. It records claims payments by year for a simple random sample of workers' compensation lost workday claims. The DCI file includes 17 states from 1979 to 1988. States were chosen to constitute a nationally representative cluster sample. To keep the sample representative, the states included in the file were revised following population shifts discovered from the 1980 census.[8] The states and years included are presented in **Table 1**.

The DCI data are restricted to disabling claims from a working-age population and a single payment source. In most states, workers' compensation pays the full charge for medical care. The number of lost days required to qualify as a lost workday claim, however, varies by state, with a range from 2 to 7 and an incidence-weighted mean of 4.[9] Four states had hospital and medical fee schedules for workers' compensation throughout the data-collection period; one state had just a medical fee schedule. Three states implemented fee schedules partway through the period.[10]

The DCI record includes hospital payments (no copayment is required in the system); medical payments covering professional services, prescriptions, equipment, long-term medical care, and vocational rehabilitation; length of stay if hospitalized; disability compensation; and classification as total temporary, partial permanent, or total permanent disability. The record also includes the person's most severe injury by a two-digit code for the body part and a two-digit code for the nature of the injury (eg, finger fracture) using the American National Standards Institute's Z-16.2 injury coding system.

For each claim in the DCI sample, the insurer reports data 6 months after the injury and annually thereafter until the claim is closed (ie, no more payments are anticipated, or a reserve is set aside to cover predictable future payments). Claims are reopened if unanticipated payments arise after closure.

The original DCI file for this study contains data on 452 000 injury incidents, including 138 000 with hospitalization. In deriving the sample used in this study, we restrict the entire DCI sample in two ways. First, we limit the cases to four major groups of injuries constituting about half of the DCI file (229 000 cases): upper-extremity fractures, dislocations, and ruptures; other upper-extremity injuries; lower-extremity fractures, dislocations, and ruptures; and back sprains and strains. We do not analyze brain injuries or internal injuries because DCI data do not describe these injuries well. For example, all internal organs except the heart are coded as body part 48. Availability of adequate sample cases for other types of injury further constrain the choice of injury.

Because our sample includes three trauma care systems implemented between 1985 and 1987, claims within the sample from the period before trauma systems were implemented would have had more years to mature than claims made after implementation. Inclusion of longer-standing closed claims would tend to bias the analysis toward greater effectiveness (because of shorter maximum treatment duration) of trauma care systems. To avoid this potential source of bias, we omit claims in which costs beyond the reserve established for the claim were incurred more than 18 months after injury. For the injury types we studied, approximately 2% of nonhospitalized injuries and 16% of hospitalized injuries are excluded as open claims or claims not closed within 18 months. Our final sample includes 217 067 claims.

### DEFINITION OF TRAUMA CARE SYSTEMS

The years in which states in the DCI sample had trauma care systems are reported in Table 1. The DCI data include states where trauma care system status changed over time as well as states where systems either were in place continuously or were never implemented. Marcia Mabee, PhD, who monitors trauma care systems development for the Eastern Association for the Surgery of Trauma, identified the states with trauma care systems. Dates of operation and extent of coverage were verified by telephone.

### STATISTICAL ANALYSIS

We compare the means of medical care payment by major injury group and hospitalization status for states with and without trauma care systems. However, mean differences do not control for other factors that may cause variations in medical payments, such as nature of injuries, other state-related factors, and year of occurrence. Multivariate regression is employed to distinguish the cost effects of trauma care systems from other contributing factors. We estimate separate regressions by hospitalization status for each of the four groups of injuries discussed above.

The cost equations explain variations in total medical and ancillary payments per injury episode. The equations include person-specific variables (age, age squared, length of hospital stay, time before the claim is closed, duration of total temporary disabilities, and separate indicator variables [0 vs 1] for specific body part injured, nature of injury, whether permanently disabled, and sex), state-specific variables (days lost required to qualify for workers' compensation, fraction of the population living in metropolitan areas, average Medicare-covered charge per covered day of short-stay hospital care, indicator variable designating whether the injury occurred in a state with a trauma system, separate indicator variables for whether the state had hospital charge controls or a medical fee schedule in workers' compensation, and indicator variables for geographic region), and year-specific indicator variables. The payment data and state-specific hospital price index by year are inflated to 1988 dollars using the medical care component of the consumer price index.

Because the distribution of medical payments begins at $0 and has a long upper tail, the payment variable is converted to natural logarithm form. Consequently, each regression coefficient estimates the fractional change in payments resulting from a unit change in the relevant variable.

### CALCULATION OF NATIONAL COST SAVINGS

To estimate cost savings from nationwide implementation of trauma care systems, we proceed in three steps.

Continued on next page

We first calculate the effect on total costs for the four injury groups included in our statistical analysis. We multiply estimated medical payment savings per case (obtained from the regression equations) by estimated national incidence for each injury grouping and hospitalization status. Hospitalized injury incidence is obtained from annual National Hospital Discharge Survey (NHDS) case counts for 1984 through 1986. Readmissions are removed from the counts using the method suggested by Rice et al.[11] Normally, injuries are considered to have *International Classification of Diseases, Ninth Revision, Clinical Modification* (*ICD-9-CM*), diagnosis codes between 800 and 999. Since the DCI data for back injuries include displacement of thoracic or lumbar intervertebral disk without myelopathy, ICD 722.1 (which is the 10th-leading hospital discharge diagnosis), we add its case count to back counts (obtained from Lemrow et al[12]). To estimate the incidence of nonhospitalized disabling injuries, we assume that the percentage of hospitalized disabling injuries that the DCI captures in the four injury groupings combined equals the percentage of nonhospitalized disabling injuries that the DCI captures in these groupings. The probability of hospitalization for disabling injuries is assumed to be the same for workers' compensation cases as for other injury cases. Nonhospitalized injury incidence is calculated as DCI nonhospitalized counts in each injury category divided by the percentage of hospitalized injuries in the category included in the DCI data.

To incorporate cost savings for body regions *not* included in our statistical analysis, we divide the savings for analyzed injuries by the percentage of total injuries analyzed. The four injury groupings analyzed include 49.4% of all nonfatal hospitalized injuries. Lower-extremity fractures and dislocations alone account for 18.5% of nonfatal hospitalized injuries.

Finally, we compute the effects of fatality reduction. We use Champion and Teter's[3] lower boundary estimate of 20 000 lives saved by nationwide trauma systems. We incorporate medical costs and costs of lost productivity. Champion et al[2] found that most deaths prevented involve injuries with Abbreviated Injury Scale scores of 3 or higher. Therefore, we subtract the higher injury costs of nonfatal injuries from the medical costs associated with fatal injuries. From Miller et al,[13] we assume that medical payments per case would rise from $5859 per death (including costs of a premature funeral) to the average of $28 638 paid for nonfatal highway crash injuries with Abbreviated Injury Scale scores of 3 or higher (adjusted from a 4% discount rate to the 6% rate that Rice and colleagues[11] used). An estimate of productivity savings is obtained from the same source ($395 037). Subtracting adjusted nonfatal injury productivity costs ($39 366), costs per death are $355 671. Since highway crash injuries involve more force than most, this procedure may overestimate the costs per nonfatal injury. In that event, cost savings from deaths are underestimated. Our estimates of fatality costs do not include the loss in quality of life due to decreased survival.

**Table 1. States Included in the DCI Sample, Years Sampled, and Existence and Status of Trauma Care Systems***

| State | Years Sampled | Years With Trauma Care |
|---|---|---|
| Connecticut | 1979-1983 | |
| Florida | 1979-1988 | 1983-1988 |
| Georgia | 1979-1984, 1987-1988 | |
| Hawaii | 1983-1988 | |
| Illinois | 1979-1988 | 1979-1988 |
| Kentucky | 1979-1988 | |
| Louisiana | 1984-1988 | |
| Maine | 1980-1988 | |
| Massachusetts | 1979-1988 | 1979-1988 |
| Michigan | 1979-1988 | |
| Minnesota | 1979-1988 | |
| New Mexico | 1986-1988 | 1986-1988 |
| New York | 1979-1983 | |
| Oregon | 1983-1988 | 1985-1988 |
| Pennsylvania | 1979-1988 | 10/1987-1988 |
| Virginia | 1979-1984 | 1981-1984 |
| Wisconsin | 1979-1983 | |

*DCI indicates Detailed Claims Information.

**Table 2. Effects of a Trauma Care System on Workers' Compensation Medical Payments per Hospitalized Injury Victim**

| | Medical Payment per Victim, $ | | | |
|---|---|---|---|---|
| | Upper-Extremity Fracture | Other Upper-Extremity Injury | Lower-Extremity Fracture | Back Sprain |
| With trauma care system | | | | |
| Mean payment | 5449 | 4168 | 6771 | 5997 |
| SD | 6242 | 5346 | 7581 | 6846 |
| No. of cases | 1033 | 2614 | 1082 | 3406 |
| Without trauma care system | | | | |
| Mean payment | 5660 | 4576 | 7511 | 6511 |
| SD | 13 496 | 5297 | 16 036 | 13 819 |
| No. of cases | 3356 | 8535 | 3733 | 11 563 |
| | Regression Results | | | |
| % Savings with trauma care | 9.7* | 14.4* | 18.1* | 16.4* |
| *df* | 4355 | 11 111 | 4781 | 14 943 |
| Adjusted $R^2$ | .323 | .337 | .521 | .351 |

*$P<.01$ by two-tailed test.

## RESULTS

### IMPACTS ON COSTS PER EPISODE OF HOSPITALIZED AND NONHOSPITALIZED INJURY

**Table 2** presents the mean medical payments per hospitalized injury episode for states with and without trauma care systems and summarizes the regression results on treatment costs per hospitalized injury. The mean medical payments per episode are between about 4% (for upper-extremity fractures) and 10% (for other injury groups) lower

**Table 3. Dollar Savings in Medical Payments for Hospitalized Injuries Expected From Sound Nationwide Trauma Care Systems**

| | Savings per Case, $ | Cases per Year | Total Savings per Year, $ (in Millions) |
|---|---|---|---|
| Upper-extremity fracture | 544 | 210 676 | 114.6 |
| Other upper-extremity injury | 645 | 131 441 | 84.8 |
| Lower-extremity fracture | 1329 | 492 700 | 655.0 |
| Back sprain/strain | 1030 | 482 260 | 496.5 |
| Mean/Total | 1026 | 1 317 077 | 1350.9 |

**Table 4. Effects of a Trauma Care System on Workers' Compensation Medical Payments per Nonhospitalized Injury Victim**

| | Medical Payment per Victim, $ | | | |
|---|---|---|---|---|
| | Upper-Extremity Fracture | Other Upper-Extremity Injury | Lower-Extremity Fracture | Back Sprain |
| With trauma care system | | | | |
| Mean payment | 743 | 510 | 678 | 652 |
| SD | 899 | 826 | 889 | 1720 |
| No. of cases | 4251 | 15 790 | 3368 | 20 156 |
| Without trauma care system | | | | |
| Mean payment | 756 | 568 | 706 | 685 |
| SD | 1727 | 1434 | 922 | 1152 |
| No. of cases | 14 436 | 49 453 | 11 570 | 62 721 |
| | Regression Results | | | |
| % Savings with trauma care | 5.5* | 6.3* | 6.9* | 17.0* |
| *df* | 18 654 | 65 206 | 14 905 | 82 852 |
| Adjusted $R^2$ | .259 | .266 | .334 | .210 |

*$P < .01$ by two-tailed test.

for states with trauma care systems, but the means are subject to relatively large SDs.

The regression equations explain about 50% of the variation in payments for lower-extremity fractures and about 30% for the other three injury types. The coefficient for trauma care systems is negative and statistically significant at the 99% confidence level or higher in all cases. The effects of other explanatory variables (available from the authors) are as expected: States where more days lost are required for inclusion in the data set (and that thus include only more severe injuries) have higher costs per incident. Permanently disabling injuries and injuries with longer hospital stays also have higher costs. It costs less to treat younger workers for nonfractures. Workers' compensation cost controls lower hospitalized injury payments.

In states with a trauma care system, comparable hospitalized injuries cost on average between 10% and 18% less to treat. The reductions in payments per case and total payments are presented in **Table 3**. Multiplying by mean payments per case reveals savings averaging $1025 per case (15% of costs) for temporarily or permanently disabling hospitalized injuries. Annual savings total about $200 million for all upper-extremity cases, $650 million for lower-extremity cases, and $500 million for back cases.

**Table 5. Dollar Savings in Medical Payments for Disabling Nonhospitalized Injuries Expected From Sound Nationwide Trauma Care Systems**

| | Savings per Case, $ | Cases* per Year | Total Savings per Year, $ (in Millions) |
|---|---|---|---|
| Upper-extremity fracture | 41 | 896 993 | 37.1 |
| Other upper-extremity injury | 35 | 769 182 | 26.8 |
| Lower-extremity fracture | 48 | 1 528 547 | 73.8 |
| Back sprain/strain | 115 | 2 670 069 | 306.4 |
| Mean/Total | 75 | 5 864 790 | 444.2 |

*Restricted to disabling nonhospitalized injuries.

**Table 6. Estimated Cost Savings (in 1988 Dollars) If Sound Trauma Care Systems Were Implemented Nationwide**

| | Medical Payments, $ (in Millions)* | Productivity Losses, $ (in Millions) | Total, $ (in Millions) |
|---|---|---|---|
| Reduced cost per case | 1800 | ... | 1800 |
| Injuries not studied | 1840 | ... | 1840 |
| Increased survival | (450)* | 7110 | 6660 |
| Total | 3190 | 7110 | 10 300 |

*Parentheses indicate additional cost.

**Table 4** summarizes the results for nonhospitalized disabling injuries. Again, the differences in means and the regression results indicate that medical payments are lower in states with trauma care systems. The regression equations explain between 20% and 35% of the variation in medical payments for the different injury groups. The effect of trauma care systems is negative and significant at the 99% confidence level or higher. Other variables also have the expected effects. As indicated in **Table 5**, the savings average $75 per case (10% of costs). For back sprains and strains, the savings are $115 per case, compared with between $35 and $50 for the other injuries. Total annual savings are almost $450 million, including $300 million saved on back injuries.

## SAVINGS IF TRAUMA CARE SYSTEMS WERE IMPLEMENTED NATIONWIDE

Estimated cost savings from nationwide implementation of state trauma care systems are presented in **Table 6**. Extending trauma care systems nationwide could lower annual medical care payments by $3.2 billion (which includes $1.8 billion in the body regions covered by our sample) and save $7.1 billion in productivity losses from reduced fatalities. Total savings in 1988 dollars would be $10.3 billion annually, which is 5.9% of national injury costs (from Rice et al[1]).

## COMMENT

The primary strengths of this analysis spring from the size and richness of the DCI data. They constitute a nationally representative, longitudinal sample of disabling workplace injuries. We also found that the results were robust with different specifications of the equations (including the addition of other potentially relevant variables and estimating equations for the most frequent injuries within categories—back sprain, upper-extremity fracture, upper-extremity laceration, and finger nonfracture).

Potential weaknesses of the analysis are the unknown ability to generalize to nonworker populations, the inability to consider certain types of injury (eg, head injuries), and the failure to consider some potential indirect effects of trauma care systems on costs.

To corroborate whether the DCI data are representative, we compared estimates on medical utilization and payments from DCI with other national estimates. The average acute-care stay for live DCI injury discharges was 6.2 days compared with 6.4 days from NHDS data for 1984 through 1986. Miller et al[14] found that the payments per hospitalized motor vehicle crash injury estimated from DCI data were $11 834 (in 1985 dollars) compared with a nationally representative estimate by Rice et al[11] of $12 088 (based on length-of-stay data from the NHDS and cost data by injury category from the Maryland Cost Review Commission). For nonhospitalized crash injuries, Miller et al estimated payments of $312 from DCI data compared with an estimate of $308 by Rice et al (based primarily on data from the National Health Interview Survey and the National Medical Care Utilization and Expenditure Survey). The various estimates from DCI are quite close to those obtained from other nationally representative data sources.

The DCI database also samples from a major subset of all injuries. Adjusting Nelson's[15] findings for growth in claims over time (assuming that the number of claims per 1000 covered workers was stable), we estimate that a total of 1.47 million claims were processed annually from 1984 through 1986. Since 30% of DCI lost workday claimants for traumatic injury are hospitalized, approximately 440 000 claims per year involve hospitalization. Using hospitalization data for 1984 through 1986 compiled by Rice et al[11] from the NHDS (with a supplemented back injury count), we find that the DCI data represent a subsample drawn from 16% of total injury hospitalizations and 24% of injury hospitalizations among civilians aged 15 through 64 years. These estimates may be slightly overstated because the NHDS excludes Veterans Affairs hospitals. To estimate the percentage of all injuries in the DCI sampling frame, we multiply estimated total worker injuries from National Health Interview Survey data by the percentage of workers covered by workers' compensation (from the *Statistical Abstract* [1991]). We find that 14% of all injuries to civilians and 21% of all injuries to civilians aged 15 through 64 years are covered.

While our results indicate that a statewide trauma care system reduces average costs per episode for both hospitalized and nonhospitalized injuries, there may be countervailing effects if trauma care leads to more hospitalization (which is more costly than less-intensive treatment). Regression equations were estimated to examine the effect of trauma systems on the probability of hospitalization. The results (not reported here) indicate that average hospitalization probabilities are slightly lower for upper-extremity fractures and other injuries and for back sprains but are higher for lower-extremity injuries. These findings are weaker than the findings on cost savings; the regressions explained only 9% of the variation in hospitalization status and were insignificant for upper-extremity fractures. In addition, estimation problems prevented us from using the more appropriate logistic regression analysis. Nevertheless, the results, at a minimum, do not indicate an increased overall probability of hospitalization.

## CONCLUSION

Sound trauma care systems clearly improve outcomes. They can save the health care system more than $3 billion annually while saving lives. However, systems meeting the standards of the American College of Surgeons are rare.[16] Where they exist, they are threatened by reimbursement disincentives.[1,17] Funding systems development and adequately reimbursing costs will impose initial start-up costs but provide considerable savings in the long term.

*This study was supported by grant R49/CCR303675-02 from the Centers for Disease Control and Prevention, Atlanta, Ga.*

*We are grateful for the assistance of the National Council on Compensation Insurance, New York, NY, Ellen MacKenzie, PhD, and Marcia Mabee, PhD. John Douglass, MA, and Nancy Pindus, MBA, at The Urban Institute developed the National Hospital Discharge Survey and National Health Interview Survey data used in this article.*

*Reprint requests to National Public Services Research Institute, Suite 220, 8201 Corporate Dr, Landover, MD 20785 (Dr Miller).*

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## *Invited Commentary*

A trauma care system is an organized approach to the acutely injured patient that provides personnel, facilities, and equipment on an emergency basis within a defined geographic region. Heretofore, the favorable impact of trauma care systems and the justification for their implementation were measured by reductions in mortality and morbidity compared with localities without such systems. While saving lives and returning injured people to their preinjury status makes sense economically, data supporting such financial savings are difficult to tease out.

In this report, Miller and Levy compare medical payments in groups of injured patients with non–life-threatening trauma: injuries to the upper and lower extremities and back in states with and without organized systems of trauma care. The results are encouraging.

Because the state of readiness required of a trauma system tends to drive up the cost of providing care, the reduction in medical payments at first appears unexpected. After all, the real financial impact of providing quality trauma care is to reduce mortality and morbidity and, by implication, long-term disability. Not only do the authors imply that long-term disability is reduced, their data suggest that this can be done more efficiently and at less cost where an organized system is functioning.

The principal purpose of a trauma system is to return a functioning patient to society. Miller and Levy confirm medical payment cost savings between 10% and 18% without looking at the profound societal savings likely from an earlier return to work and an enhanced tax base.

As a final comment, one might speculate about patient groups not included in this report—critically injured multisystem trauma patients, for whom trauma systems were developed in the first place. Unless lives saved equal lives disabled, the savings among patients with major trauma are likely even greater than Miller and Levy suggest.

*Kimball I. Maull, MD*
*Maywood, Ill*

EXHIBIT 3
DATE 3/21/95
HB 591

**HOUSE OF REPRESENTATIVES**

**WITNESS STATEMENT**

**PLEASE PRINT**

**NAME** Stuart A Reynolds MD **BILL NO.** 591

**ADDRESS** Havre MT **DATE** 3-21-95

**WHOM DO YOU REPRESENT?** MT Committee on Trauma & EMS

**SUPPORT** ✓ **OPPOSE** _____ **AMEND** _____

**COMMENTS:**

1- Trauma is an unrecognized epidemic
2- Trauma kills one youth
3- Trauma is costly
4- Systematized care can reduce death, disability & cost
5- Systems cost less than $10 per capita

HR:1991
CS15

# HOUSE BILL 591

## AN OUTLINE OF TESTIMONY

### TRAUMA - AN EPIDEMIC; A NEEDLESS TRAGEDY

- ✓ From ages 1 to 44, causes more death than all other causes combined
  - In 1992, there were 346 trauma deaths in this age group
  - In 1992, in this age group there were a total of 261 from all other causes including heart disease, AIDS and cancer
- ✓ In Montana (1992) there were 403 high impact injury deaths among all age groups
  - 174 (43%) of these were motor vehicle-related
- ✓ An organized state-wide trauma system could potentially prevent one to two deaths per week
- ✓ More than $40 million in direct health care dollars spent in Montana each year.
- ✓ Montana has a high PREVENTABLE death rate - > 2.5 greater than a comparable area of Oregon with an organized trauma system
- ✓ The problem: MONTANA DOES NOT HAVE A TRAUMA SYSTEM

**TRAUMA SYSTEMS SAVE LIVES!!**

The information below shows, without question, that even the early development of a trauma system, in a rural area, improves the outcome of prehospital and hospital treatment, resulting in a lower percentage of preventable deaths. This doesn't even account for the effect of public education, prevention programs, and repeat training enhancement by medical personnel. This epidemic could be markedly curtailed by investing less than $1.00 per capita in a system and grant program which allows us to improve care.

# OREGON ATAB-7

## *Preventability for Hospital Deaths*

| *Combined Data (N=122)* | Oregon (n=46) | | Montana (n=76) | |
|---|---|---|---|---|
| PREVENTABILITY | # | % | # | % |
| Frankly Preventable | 3 | 7% | 5 | 7% |
| Potentially Preventable | 6 | 13% | 19 | 25% |
| **Total Preventable** | **9** | **20%** | **24** | **32%** |
| Non-Preventable | 37 | 80% | 52 | 68% |

Northern Montana Hospital

DOT/NHTSA

EXHIBIT 4
DATE 3/21/95
HB 591

HOUSE OF REPRESENTATIVES

House Taxation COMMITTEE

WITNESS STATEMENT

PLEASE PRINT

NAME John Middleton M.D. BILL NO. HB 591

ADDRESS 1230 N. 30th St Billings DATE 3-21-95

WHOM DO YOU REPRESENT? Mont. Comm. on Trauma

SUPPORT ✓ OPPOSE _____ AMEND _____

COMMENTS: See attached

HR:1993
CS15

# HOUSE BILL 591

## AN OUTLINE OF TESTIMONY

## TRAUMA CARE IN MONTANA: WHAT ARE WE DOING ABOUT IT?

- ✓ High trauma death rate
  - Have learned about concept of preventable deaths
  - Completed preventable death studies in Montana
  - Trauma systems reduce preventable deaths

- ✓ State Trauma Task Force formed
  - Montana Trauma System Plan
  - Optimal use of existing resources
  - Facilitate rather than regulate

- ✓ Volunteer efforts have accomplished a great deal
  - Successfully competed for limited federal funding to begin the system
  - Regional Trauma Advisory Committees formed
  - Hospitals starting to form trauma teams and trauma committees
  - Hospitals (15) collecting Trauma Register Data

- ✓ Training with federal funding
  - EMT and First Responder
  - Trauma nurse training in rural areas

**TRAUMA SYSTEMS SAVE LIVES!!**

EXHIBIT 5
DATE 3/21/95
HB 591

HOUSE OF REPRESENTATIVES

House Taxation COMMITTEE

WITNESS STATEMENT

PLEASE PRINT

NAME Robert N. Hurd, M.D. BILL NO. 591

ADDRESS Billings Clinic Billings, Mt DATE 3/21/95

WHOM DO YOU REPRESENT? Box 35100 59107-5100 Montana Committee on Trauma

SUPPORT X OPPOSE _____ AMEND _____

COMMENTS: See attached Testimony

HR:1993
CS15

*WRITTEN TESTIMONY - TRAUMA LEGISLATION,*
*HOUSE BILL #591; WHY HAVE IT?*

My dear representatives and fellow Montanans:

I come before you today to speak in favor of House Bill #591. My name is Dr. Robert Hurd. I am a general surgeon in Billings, Montana associated with the Deaconess/Billings Clinic Health System. I've been the Director of the Trauma Service for the last four years. I am a third generation Montanan, being born and raised in Sidney, Montana, and I returned to Montana to devote my career to the health and welfare of fellow Montanans like yourself.

My message is quite simple. A trauma system in this state supported by underlying legislation will save lives, return injured people to work faster after their accident, and finally, save money. This happens because trauma systems reduce the death rate, reduce the severity of injury and get people back on their feet and rehabilitated faster in any state that has a trauma system versus any state that does not have an organized trauma system and legislation. We could see 15% lower costs per hospitalization after an accident. This would save over $1,000.00 per case. Montana already has dedicated medical professionals and institutions. We have hard working caregivers, and unselfish volunteers who run the majority of our ambulance services. All of us need legislative help to further our efforts.

Why should the state of Montana become involved and pass House Bill #591 during this legislative session? Although many improvements can be made at the local level, a system of care, even a voluntary system, requires a coordinated state-wide and regional approach. This bill establishes a trauma care system and provides some rule-making authority. Although our system is a voluntary one,

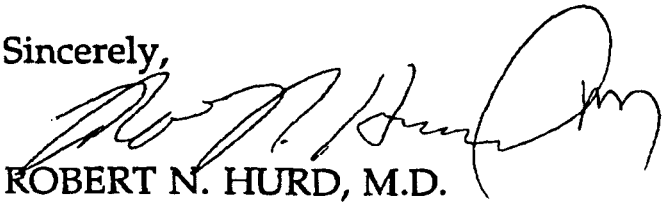
rule-making authority is essential if we want to improve our care. This authority will come through regional trauma committees, a state trauma committee and a state Emergency Medical Systems Advisory Council. These committees, composed of interested participating caregivers from all over the state, will provide the core for our state trauma system. House Bill #591 will allow the EMS department to classify or designate hospitals according to their varying capabilities and resources to manage the trauma patient. The bill does not mandate hospitals participate, but rather encourages them to do so. House Bill #591 will also allow for changes in how trauma care is delivered in Montana on the basis of the collection and analysis of reliable data. We need an honest review and evaluation of these data. House Bill #591 will also provide legal safeguards needed to protect peer review data for all of our fellow caregivers at the on a regional basis. Safeguards designed to assure honesty and candor in reviewing trauma data is essential and can only be done through legislation. House Bill #591 also provides a dedicated funding source for motor vehicle registration to establish a grant-in-aid program on a matching-funds basis to assist local ambulance services, most of which are volunteer, and also medical facilities to help them achieve their goals of becoming better trauma caregivers. We know that trauma systems will also serve as a good model for regionalized health care delivery systems in all of Emergency Medical Services.

In summary, House Bill #591 will allow us to integrate the resources of caregivers, ambulances, communications, hospital care, triage and transport to make sure that our Montanans who are injured on the road or at the job site will be cared for at the right place, at the right time, under the right conditions, with good results. Trauma system development is a team effort. If the legislature delivers the framework through House Bill #591 we health care professionals will do our part to reduce Montana's needless tragedies. Please help us in this

endeavor. This will be a good investment which will return both lives and money to our state.

Thank you very much!

Sincerely,



ROBERT N. HURD, M.D.

lp

# HOUSE BILL 591

## AN OUTLINE OF TESTIMONY

## TRAUMA LEGISLATION: WHY HAVE IT?

✓ **Formal advisory structure - uses data and Quality Improvement**
- **Regional Trauma Advisory Committees (RTAC)**
- **State Trauma Committee**
- **State EMS Advisory Council**

✓ **Authority to Department to implement a state-wide trauma system and adopt rules**
- **Voluntary system**
- **Inclusive system**

✓ **Designation of hospitals as various levels of trauma facilities**

✓ **Hospital and System Trauma Register**
- **Used for Quality Improvement - local, regional and state**
- **System improvements**
- **Confidentiality of Quality Improvement/Peer Review Data**
- **"Targeting" prevention programs**

✓ **Motor vehicle registration fee**
- **Most of funding for grants, on matching funds basis, to local ambulance services, Quick Response Units and medical facilities.**
- **Funds for state-wide coordination, training, technical assistance, data collection**

✓ **Trauma systems - a model for health care delivery**

# TRAUMA SYSTEMS SAVE LIVES!!

EXHIBIT 6
DATE 3/21/95
HB 591

**Montana Deaconess**
Medical Center
1101 Twenty Sixth Street South
Great Falls, Montana 59405-5193
406 761-1200

Chairman Hibbard & Members of the Taxation Committee:

My name is Susan O'Leary and I represent the Trauma Coordinators throughout Montana. I have worked as an Emergency Department Nurse for 15 years, and am currently employed by Montana Deaconess Medical Center in Great Falls as a Trauma Coordinator. Those of us employed as Trauma Coordinators have first hand knowledge of what systematized trauma care can provide within our facilities for the trauma patient, yet we have been unable to orchestrate a system outside of our facilities because we lack a state-wide trauma plan.

I come before you this morning to share why we need a trauma system in our state - what it is and what it can do to improve trauma care, as well as decrease the mortality and disability associated with trauma.

As we in business and government are called upon to do more with fewer resources, systems planning has been a prevalent response. A trauma system is an organized, pre-planned response to care for a trauma patient. This planning must not be restricted to local planning, but must also include planning on a regional and statewide basis. With appropriate planning we can assure that the patient will receive good care at the scene of the accident as well as a rapid transfer to the appropriate medical facility best capable of managing their injuries.

In practical terms, what will the Trauma System provide?

> There will be rapid response of well trained EMT's and First Responders for the trauma victim via 9-1-1. These prehospital personnel will be trained to recognize the severely traumatized patient and will provide rapid treatment and early notification of the local hospital or medical assistance facility.
>
> Because of early notification of an incoming trauma patient, the receiving facility will be able to assemble a trauma team of physicians, nurses, and other personnel necessary to provide prompt, excellent care to the patient. This system will rely heavily on the local surgeons because early surgery is often the key to survival.

# HOUSE BILL 591

## AN OUTLINE OF TESTIMONY

## WHY HAVE A MONTANA TRAUMA SYSTEM; WHAT IS IT?

- ✓ **Organized , preplanned response to trauma patient - locally, regionally & statewide**
- ✓ **Rapid response, via 9-1-1, by ambulance services (air & ground). They recognize major trauma patient and communicate to medical facility**
- ✓ **Medical facility has trauma team (physician, nurse, operating room, etc) ready when patient arrives at their door. This depends of resources of the community.**
- ✓ **Early surgery often the key to survival**
- ✓ **If patient's condition exceeds capability of medical facility, Central Medical Resource will quickly coordinate all transportation and transfer arrangements.**
- ✓ **Match the right patient with the right medical facility in the right amount of time. Time is critically important X**
- ✓ **Initiate rehabilitation as soon as possible. Return patient to home community as soon as practical**
- ✓ **Continual improvements to system by good data and candid critique. RTACs evaluate regional responses and help to make it better**
- ✓ **PREVENTION is a major part of trauma system at local, regional and state**

# TRAUMA SYSTEMS SAVE LIVES!!

EXHIBIT 7
DATE 3/21/95
HB 591

MONTANA NURSES' ASSOCIATION
104 BROADWAY, SUITE G-2 • HELENA, MONTANA 59601 • PHONE 406-442-6710

Chairman Hibbard and Members of Taxation Committee,

My name is Sharon Dieziger and I represent the Montana Nurses' Association. I'm also a member of the Statewide Trauma Task Force.

I'm speaking in support of House Bill 591. Every day in Montana's Emergency Rooms we are faced with the devastating news that a trauma patient is enroute from somewhere. The long distances and wide open spaces that we enjoy present a real challenge to us when a citizen of Montana becomes a trauma victim. It is not entirely unusual to have them arrive in the back of a pick-up truck. We need to be able to prepare and educate even our smallest and most isolated communities on what to do and how to safely transport. Trauma does not just occur in the cities.

In Montana we are usually faced with blunt trauma vs penetrating trauma - only because right now we don't have as many knife and gun clubs as other states. However, blunt trauma can be just as devastating, and just as debilitating.

To save you time, I am attaching specific information regarding the intent of the bill which explains the Trauma Register, Quality Improvement and Legal Protection aspects that are so essential to make a system like this work.

The plan you have before you represents the state's battle plan in the war against trauma. The Montana Trauma System organizes, integrates and refines existing health care resources throughout the state to provide improved care of injured patients. Saving lives and saving money are certainly worthwhile goals for the State of Montana to consider. An affirmative vote for House Bill 591 is vital. It will make a difference.

Thank you for your time.

## ATTACHED INFORMATION

## TRAUMA REGISTER, QUALITY IMPROVEMENT, LEGAL PROTECTION

Montana's trauma system is based on having good data which drives quality improvement. What does this mean? It puts a lot of faith in our interest in providing good care to all patients and to do the right thing. We are up to that challenge.

Quality Improvement is a process by which we health care providers establish reasonable goals or standards designed to improve patient care. by collecting good data, we can determine if we are meeting those goals. If we aren't, we must figure out together where the problems lie and how we can fix them.

Quality improvement is dependent upon health care providers honestly sharing information with each other, candidly visiting about the problems and jointly arriving at solutions. The whole system must be non-punitive. If the quality improvement information can be legally discovered or publicly released, the incentive for honest and candor in making improvements is substantially reduced.

In the Montana Trauma System, data is collected and reviewed at several levels. Int he Hospital Trauma Register, supplied by the EMS Bureau, we collect information about seriously injured patients. This data is used by our in-hospital trauma committee to evaluate our trauma program and to make assist in making improvement. We also supply a portion of these data to the State EMS Bureau for the State Trauma Register.

The EMS Bureau provides quality improvement type regional data to the Regional Trauma Advisory Committees. By reviewing this data and comparing it to standards of care, the RTAC will work with hospitals and emergency medical services to make improvements. They will help identify and "fix" problems on a voluntary basis by providing education and technical assistance without fear of legal jeopardy. They will also make changes in the regional system of trauma care so it works more smoothly.

State-wide quality improvement data will be provided to the State Trauma Committee which will review statewide data and work with regions and individual services to make improvement. They will assess and act on statewide data and use the data for future system improvements.

Recognizing the importance of the candor and honesty afforded by quality improvement, the legislature has previously provided "peer review" legal protections to in-hospital committees. House Bill 591 provides the same legal protections to the Regional Trauma Advisory Committees, the State Trauma Committee and the Department. Their ability to use data for quality improvement is essential to the operation of the Montana Trauma System.

Only individual patient care data or reports used for quality improvement are protected. General information not identified by facility and not used for quality improvement are not protected and are considered as public information.

# HOUSE BILL 591

## AN OUTLINE OF TESTIMONY

## QUALITY IMPROVEMENT - THE BASIS OF THE TRAUMA SYSTEM

✓ **Use of data to evaluate how well we are doing and to make improvements when needed**

✓ **Health care professionals must honestly discuss the trauma data and figure out solutions**

- **To be successful, it must be done without fear of legal discovery**
- **"Fix" problems by education and training - not punishment**

✓ **Hospital and system trauma registries are our data collection tools**

- **Used by hospitals, Regional Trauma Advisory Committees, and state EMS**
- **HB 591 provides legal protection to the Quality Improvement portion of the data**
- **Original patient records are still discoverable**

# TRAUMA SYSTEMS SAVE LIVES!!

# HOUSE BILL 591

## AN OUTLINE OF TESTIMONY

### TRAUMA SYSTEM FUNDING:

- ✓ **Trauma is a costly public health problem**
- ✓ **Direct medical costs of trauma exceed $40 million per year**
- ✓ **Assessment on motor vehicle registration**
  - **$.90 the first year**
  - **$1.20 the second year**
- ✓ **Why motor vehicle registration?**
  - **Nearly 50% of trauma deaths are motor-vehicle related**
  - **Many of serious trauma injuries**
- ✓ **Grant-in-aid program to ambulance services, quick response units and medical facilities**
  - **More than 50% of funds for this purpose**
  - **Matching funds required**
  - **Help bring up to standards**
  - **Help with education and equipment**
- ✓ **State trauma system coordination and assistance**
  - **Training and technical assistance**
  - **Data collection and quality improvement**
  - **Prevention**
  - **Trauma nurse coordinator & clerical person**

**TRAUMA SYSTEMS SAVE LIVES!!**

EXHIBIT 8
DATE 3/21/95
HB 591

EXHIBIT 9E
DATE 3/21/95
HB 591

HOUSE OF REPRESENTATIVES

HOUSE TAXATION COMMITTEE

WITNESS STATEMENT

PLEASE PRINT

NAME NELS D. SANDOAL BILL NO. 591

ADDRESS 317 N. 2ND, LIVINGSTON DATE 03/21/95

WHOM DO YOU REPRESENT? CRITICAL ILLNESS AND TRAUMA FOUNDATION INC.

SUPPORT ✓ OPPOSE _____ AMEND _____

COMMENTS: SEE ATTACHED TESTIMONY

HR:1993
CS15

# A MONTANA TRAUMA SYSTEM - A NECESSITY, NOT A LUXURY
## TESTIMONY IN SUPPORT OF HB 591

Nels D. Sanddal, President and CEO
Critical Illness and Trauma Foundation, Inc.
301 West First Avenue, P.O. Box 1249
Big Timber MT 59011

My colleagues' testimony has painted a very clear picture. Trauma is a major public health problem in Montana. Trauma claims more lives for Montanans between the age of 1 and 44 than all other causes of death combined. Trauma is a costly health care issue both in terms of direct medical costs and the ongoing erosion of Montana's taxable income base. What makes this tragedy even more devastating is that so many of these deaths could be averted with a state-wide trauma system.

During the past few years, Montana's health care professionals have dedicated countless thousands of hours of time; a wealth of creative energy; and a portion of their limited personal and institutional resources to the planning and early implementation of a voluntary, state-wide trauma system. As is clearly demonstrated by the research on preventable trauma mortality, Montana's health care providers are willing to critically and objectively analyze current shortcomings in an effort to improve future responses. They have done so because research has proven that a trauma system can save many lives.

House Bill 591 provides the framework for the planning, implementation, provider input and ongoing improvement of a comprehensive and integrated system of trauma care. It establishes a voluntary structure that is data-driven and where problems can be discussed and improvements made without undue concerns about legal repercussions. It provides the resources necessary for coordination, professional education and technical assistance. Based on needs identified by front-line care providers, it also provides for grant support to local areas for equipment, training and other needs.

We desperately need the state and regional coordination, education, technical assistance and legal safeguards that the proposed Montana Trauma System provides. This is not a top-heavy bureaucratic program. Having worked for several years as a state employee I am well aware of the shortcomings of over-regulation. The Montana Trauma System is a streamlined and voluntary system which has been carefully planned by the medical community to best care for injured friends, neighbors and loved ones in their hour of greatest need.

Based on my 20 years of experience in attempting to improve outcomes for trauma patients as a volunteer EMT, elected association officer, state health official and foundation executive, and on behalf of the Critical Illness and Trauma Foundation, I urge your strong support of HB 591. Each of my colleagues assembled here, as well as hundreds more who can not be with us today, have all had a part in planning the Montana Trauma System. We now need your support and help to make the Montana Trauma System a reality and to prevent the daily recurrence of Montana's needless tragedy... the unnecessary death of our youth.

Thank you for your attention and for your support of HB 591.

EXHIBIT 10
DATE 3/21/95
HB 591

21 March 1995

Mr. Chairman,

My name is Paul Donaldson, and I have been a board certified Family Physician practicing in Helena for the past 18 years. I would like to speak today in support of House Bill 591, Montana's Trauma System Legislation. I would like to address the Physician education component of this system.

One year ago I took the Advanced Trauma Life Support course for physicians in Bozeman to update my trauma skills. This course is supported by this legislation. I found this course to be rigorous, challenging, well organized, and a whole new approach to the management of trauma (compared to the trauma education I received in medical school 20 years ago). ~~Prior to this course I had no idea how outdated my trauma management skills were.~~ I am quite certain that haven taken this course, I will be better able to help my future trauma patients, and I will be a more useful component of our state's trauma support system.

Remainder of course fees paid by participant

Considering how much has changed in trauma management in the past several years , and that the average age of Montanas physicians is 42 (only a couple of years younger than I), I suspect that most of my collegues need this education as much as I did.

I would urge your support of this legislation to help your physicians keep up to date to better serve you.

Thank you.

EXHIBIT 11
DATE 3/21/95
HB 591

TESTIMONY OF TIM BERGSTROM

HOUSE BILL 591

The Montana State Firemens' Association is in strong support of House Bill 591.

An effective statewide trauma system is truly in the best interest of all Montanans.

Calls for emergency medical assistance have taken over as the most predominant calls for fire department assistance in Montana's municipalities.

Where fire fighters formerly responded on an occasional fire and performed business inspections to insure safety of the public, their roll has changed significantly.

We now respond with great frequency to victims of assault, suicide attempts, gunshot wounds, stab wounds, heart attacks, strokes, and vehicular accidents.

As a result, fire fighters have aggressively upgraded their emergency medical skills. EMT's are the norm in Montana fire departments, and many have enrolled in paramedic programs; while others have already been certified as paramedics.

You've heard the benefits of a statewide trauma system; how such a system will certainly aid in saving more lives.

I'd like to give the committee some figures from 1994 that were provided by five of Montana's major cities relative to the frequency of emergency medical calls for fire department assistance.

| | | |
|---|---|---|
| Missoula - | 3,211 total calls | |
| | 1,884 were EMS | 59% |
| Bozeman - | 842 total calls | |
| | 500 were EMS | 60% |
| Gt Falls - | 3,541 total calls | |
| | 2,377 were EMS | 67% |
| Helena - | 1,769 total calls | |
| | 1,210 were EMS | 68% |
| Billings - | 5,959 total calls | |
| | 4,237 were EMS | 71% |

I think these figures demonstrate the need for a statewide trauma system.

We support the creation of a statewide Trauma Council as provided for in the bill, and would take an active part in the Council's efforts to identify critical issues in the application of a statewide trauma plan.

Fire fighters can be a major participant in "prevention" related trauma education as well, and look forward to participation in a trauma system that will enhance the

EXHIBIT 13
DATE 3/21/95
HB 591

Billings Gazette
3-20-95

# Attacking trauma's death toll

## Montana needs coordination to improve injury care

MONTANA TRAUMA CARE has been compared to a crapshoot.

How well a seriously injured patient is cared for may depend a lot on where he is when injured, the time of day and who among Montana's thinly-stretched rural medical providers is available then.

The gambling analogy comes from doctors, nurses and other emergency medical services providers in the system. For nearly three years, a statewide trauma task force, working with the Emergency Medical Services Bureau in Helena has been looking at care and where it can break down. The task force recommendations have produced HB 591, introduced by Rep. Bill Wiseman, R-Great Falls, and co-sponsored by 10 other legislators from both parties and all over the state.

Injury is the leading cause of death for Montanans ages 1 to 44, and motor vehicle wrecks are the leading cause of trauma, claiming 200 lives in Montana last year.

Recent scientific studies have shown that a trauma system can save lives and reduce disability from injury in rural and urban areas. A study of Montana trauma cases concluded that one in four deaths from traumatic injury could have been prevented with optimum care.

The EMS professionals and the sponsors of HB 591 aren't seeking high technology. They aren't planning to put a trauma surgeon in every small hospital. Instead, the system would allow providers to coordinate care and make the best use of the resources we have. Cost-effective education would be available for updating skills of rural ambulance volunteers as well as hospital trauma teams. A key component would be review of trauma cases for lessons that could be learned and shared. Each health care facility could be part of the system and would have a voice in the system.

If the plan would save lives and has geographically diverse, bipartisan support, it would seem a popular measure for the Legislature to approve. But there's still the matter of paying for it. HB 591 includes a funding proposal: a 90-cent assessment for every vehicle registered in 1996 and $1.20 per vehicle in 1997. The proceeds, about $800,000, would be used mostly for grants to local health care providers. Two state employees would be hired.

Funding a trauma system with a motor vehicle fee is logical; most serious trauma results from traffic wrecks. Think of the $1.20 as an insurance policy, improving the odds that you and your loved ones will get good care. We believe it will be money well spent.

HB 591 is scheduled for a hearing at 8 a.m. Tuesday before the House Taxation Committee.

READERS' VOICE

# Montana Emergency Medical Services Association

P.O. Box 236
Roy, MT 59471
(800) 247-2369

EXHIBIT 13
DATE 3/21/95
HB 591

DATE: March 20, 1995

TO: House Taxation Committee
Chase Hibbard, Chair
Committee Members

SUBJECT: Testimony Concerning HB591, Statewide Trauma Care System

The Montana Emergency Medical Services Association Inc. (MEMSA) is the professional organization of pre-hospital care providers in our state. The majority of our members are associated with rural volunteer emergency medical service (EMS) entities. MEMSA members reside in over 40 of Montana's counties.

The effects of a statewide trauma care system will be improved education, communications, coordination and cooperation for all members of the patient care team. The end result being that fewer of our friends and neighbors will die as a result of trauma and the effects of the trauma will be mitigated for those who are injured.

Montana, being a rural, sparsely populated state, depends on volunteer emergency medical services organizations to assure that EMS is available when needed. These organizations strive to provide high quality and efficient service for their friends, neighbors, and others with very limited resources. The grants in aid program is not intended and will not alleviate the shortage of resources. It will however provide assistance in areas where data demonstrates a direct effect on patient outcome is possible.

At the 1994 meeting of the MEMSA membership a resolution in support of the statewide trauma system was introduced and endorsed by a large majority of the members. (Attached)

MEMSA strongly supports this bill and urges you as a committee to give it a "DO PASS" recommendation.

Sincerely;

John Gervais
President

MONTANA EMS SYSTEM
EMERGENCY MEDICAL SERVICES

# RESOLUTION ON TRAUMA SYSTEM AND TRAUMA SYSTEM LEGISLATION

Whereas, trauma is the leading cause of death and disability in children and young adults; and

Whereas, trauma is a significant problem in the state of Montana; and

Whereas, other areas have demonstrated that an organized system for trauma care will reduce death and disability; and

Whereas, reducing death and disability from trauma will reduce medical costs; and

Whereas, the Montana Trauma System Plan will provide for input and representation by pre-hospital care providers; and

Whereas, data collection will provide information on how prevention and care of trauma patients can be improved; and

Whereas, communications between all levels of care providers will be improved by the trauma system; and

Whereas, a trauma system will promote and/or provide specialized training for all providers; and

Whereas, a systematic approach to trauma care will improve consistency of care and operations; and

Whereas, the trauma system will provide limited funding to improve trauma prevention and care at all levels; and

Whereas, an objective of the Montana Emergency Medical Services Association is to reduce trauma and promote quality care; and

Now, therefore, the Montana Emergency Medical Services Association hereby resolves to support the Montana Trauma System Plan and legislation designed to implement the plan.

EXHIBIT 14
DATE 3/21/95
HB 591

VEHICLE INFORMATION:

| TYP | YR | MAKE | MODL | STYL | COLOR | VIN |
|---|---|---|---|---|---|---|
| PC | 94 | DODG | INT | 4D | GRN | 1B3ED46T2RF146429 |

EXP DATE 10/31/94 TITLE NO W741096
PLATE NO BUYACAR FLT TYPE PE TAB NO R676582
FUEL TYPE 1 EQUIP NO UNLADEN WGT 03181 TON 000

MONTANA AUTO DEALERS ASSOC
510 N SANDERS
HELENA MT 59601

FEE INFORMATION:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 02 | NEWUSE | $ | 280.51 | 12 | REGFEE | $ | 5.00 | 13 | LICFEE | $ | 10.00 |
| 16 | TTLCO | $ | 1.50 | 17 | JUNK | $ | 0.50 | 18 | WEED | $ | 1.50 |
| 19 | HPFUND | $ | 0.25 | 24 | JNKTTL | $ | 1.50 | 29 | COPE | $ | 5.00 |
| 32 | TTLST | $ | 3.50 | 34 | PERENW | $ | 5.00 | 42 | SYSFEE | $ | 1.00 |
| 38 | PETRAN | $ | 5.00 | | | | | | | | |

COUNTY INFORMATION:

| | | | |
|---|---|---|---|
| TRAD VAL 18700.55 | CO 05 SCHL 1 | FO1 | PRORATE 12/12 |
| MRKT VAL | MILL 418.160 FCC 4101 | | TREAS DEP 04 |
| TAX VAL | ASSD DATE 11/09/93 | | ASSD BY |

UNLAWFUL TO OPERATE VEH W/OUT VALID VEH LIABILITY INSURANCE POLICY, CERTIFICATE OF SELF-INSURANCE, OR POSTED INDEMNITY BOND, AS REQUIRED BY 61-6-301, UNLESS EXEMPT BY 61-6-303.

BY REGISTERING THIS VEHICLE THE APPLICANT ACKNOWLEDGES HAVING KNOWLEDGE OF THE FMCSR AND FHMR, IF APPLICABLE.

CK#3707

ASSESSMENT INFORMATION:
MARKET VAL:_____ TAXABLE VAL:_____ TRADE VAL:_____
MILL LEVY:_____ COUNTY TAX:_____ FACTORY PRICE:_____
DATE VALUED:_____ VALUED BY:_____ OPID 0504

STATE $ 303.76 COUNTY $ 16.50 TOTAL AMT $ 320.26
ORIGINAL - OWNER FILE/1 COPY - OWNER

EXHIBIT 15
DATE 3-21-95
HB 591

Amendments to House Bill No. 591
First Reading Copy

Requested by Rep. Wiseman
For the Committee on Taxation

Prepared by David S. Niss
March 10, 1995

1. Title, line 12.
Strike: "PROVIDING AN APPROPRIATION;"

EXHIBIT 16
DATE 3/21/95
SB 161

# ABATE OF MONTANA

• AMERICAN BIKERS AIMING TOWARD EDUCATION •

TO: HOUSE TAXATION COMMITTEE

FROM: JILL Z. SMITH-MCGUIRE
A.B.A.T.E OF MONTANA LOBBYIST

DATE: 3/21/95

RE: SB-161

Mr Chairman, members of the Committee, Good Morning. For the Record my name is Jill Z. Smith-McGuire. I am a volunteer Lobbyist for ABATE of Montana. ABATE is American Bikers Aiming Toward Education, and what we are is a non-profit organization dedicated to the promotion of motorcycle safety. We currently have approximately 1100 members statewide. I speak for those members today.

The motorcycle is the last Recreational vehicle in Montana still licensed on the assessment system, rather than a flat fee. We believe that the fee for registrations is severely overstated in most cases for a "recreational vehicle," that is generally ridden only about 3 or 4 months a year. I have provided you with a list of other flat fee vehicles that I received from Legislative Council during the drafting of this bill.

We tried to be fair and equitable to all classes of motorcycles, by using a combination of the engine size and the model year. This allows the system to be more specific, rather than lump all motorcycles together in one class. IE: In The State of Maine, all motorcycles are $18.00, and all mopeds $6.00.

I, personally own a car, a truck, and a motorcycle.

My car is a 1977 Pinto and it costs me $25.75 to license it for a year.

The Truck is a 1984 4-wheel Drive Ford, and it costs me $77.00 to license it for a year.

**Schedules for fees in lieu of taxes for different recreational vehicles**

| | | |
|---|---|---|
| Snowmobiles: | less than 4 years old | $22 |
| | all others | $15 |
| Personal Watercraft (jet skis): | | |
| | less than 4 years old | $22 |
| | all others | $15 |
| Off-Highway vehicles: | | |
| | less than 3 years old | $19 |
| | all others | $ 9 |
| Motor Homes: | less than 2 years old | $250 |
| | 2 - 3 years old | $230 |
| | 3 - 4 years old | $195 |
| | 4 - 5 years old | $150 |
| | 5 - 6 years old | $125 |
| | 6 - 7 years old | $100 |
| | 7 - 8 years old | $ 75 |
| | 8 years and older | $ 65 |
| Travel Trailers: | | |
| | less than 3 years old | $60 |
| | all others | $22.50 |
| Campers: | less than 3 years old | $52.50 |
| | all others | $22.50 |
| Boats: | combination of age and length | |

Fax Transmittal Memo | # of Pages /

| | |
|---|---|
| To: Jill McGuire | From: Connie Erickson |
| Co.: | Co.: |
| Dept.: | Phone #444-3064 |
| Fax #449-7602 | Fax #444-3036 |

RCFX14

EXHIBIT 17
DATE 3/21/95
HB SB 161

House Taxation Committee
March 21, 1995

TESTIMONY IN FAVOR OF SB 161
Dal Smilie

Motorcycles in Montana are primarily a recreational vehicle that can only be used for a portion of the year. Usually about three months. Treating these vehicles the same as full year transportation vehicles for tax purposes creates an inequity. Other recreational vehicles like motor homes, travel trailers and campers pay a fee rather than the assessement and tax that full year vehicles pay.

We have a 1991 four door Honda station wagon and a 1991 K100RS BMW motorcycle. The property tax on the station wagon was $150, the tax on the motorcycle was $145.80. That is a four year old 1000 cc motorcycle with 68,000 miles on it.

The station wagon is used twelve months, the motorcycle is limited due to weather. Virtually 100% of Montana motorcycle owners are also paying taxes on a four wheel form of transportation.

The Motorcycle Industry Council's Motorcycle Statistical Annual says there were 19,151 on-highway registered motorcycles in Montana in 1993. About 30% were 600cc or smaller. Almost half are over 750 cc. The estimated economic value of the Montana motorcycle retail marketplace is $65,710,000. The average on-highway rider is 35 and married.

Lessening the ultra high taxation of the most popular class of on-highway motorcycles should stimulate sales and create a larger tax base. Any remaining loss of income for schools or counties can more than be recovered by the reduction in cost of eliminating County superintendants if that Renew Government bill passes.

Passing this bill is fair. It would put the fair amount of tax on this type of vehicle which is very easy on the roads and parking and is only a part time vehicle. Owners are already paying taxes on other full time four wheel transportation.

EXHIBIT 18
DATE 3/21/95
SB 138

Amendments to Senate Bill No. 138
Third Reading Copy

Requested by DOR
For the Committee on Taxation

Prepared by DOR and Lee Heiman
March 20, 1995

Department of Revenue explanation: Amendments to clarify the valuation of land that is between 20 and 160 acres in size but that does not qualify as agricultural land. The amendments provide that land which is between 20 and 160 acres in size and that does not qualify as agricultural land will be uniformly valued at the average grade of grazing land and that the value is not phased-in. The changes are effective on passage and approval, effective retroactively to the beginning of the 1995 tax year. The title is conformed to reflect the amendments. The amendments do not affect the original intent of SB 138.

1. Title, line 5.
Following: "ACT"
Insert: "REVISING THE TAXATION OF CERTAIN LAND BY"
Strike: "TAXATION"
Insert: "CLASSIFICATION"

2. Title, line 6.
Following: "AGRICULTURAL"
Insert: "AND CLARIFYING THE VALUATION OF LAND DESCRIBED IN SECTION 15-6-133(1)(C), MCA"

3. Title, line 7.
Following: "SECTIONS"
Insert: "15-6-133,"
Strike: "AND"
Following: "15-7-206"
Insert: ", AND 15-7-221"
Following: "PROVIDING AN"
Insert: "IMMEDIATE EFFECTIVE DATE,"
Strike: "DATE"
Insert: "DATES,"

4. Page 5, line 12.
Insert: "**Section 4.** Section 15-6-133, MCA, is amended to read:
"**15-6-133. Class three property -- description -- taxable percentage.** (1) Class three property includes:
(a) agricultural land as defined in 15-7-202;
(b) nonproductive patented mining claims outside the limits of an incorporated city or town held by an owner for the ultimate purpose of developing the mineral interests on the property. For the purposes of this subsection (1)(b), the following provisions apply:
(i) The claim may not include any property that is used for residential purposes, recreational purposes as described in 70-16-301, or commercial purposes as defined in 15-1-101 or any

property the surface of which is being used for other than mining purposes or has a separate and independent value for other purposes.

(ii) Improvements to the property that would not disqualify the parcel are taxed as otherwise provided in this title, including that portion of the land upon which the improvements are located and that is reasonably required for the use of the improvements.

(iii) Nonproductive patented mining claim property must be valued as if the land were devoted to agricultural grazing use.

(c) parcels of land of 20 acres or more but less than 160 acres under one ownership that are not eligible for valuation, assessment, and taxation as agricultural land under 15-7-202(1). The land may not be devoted to a commercial or industrial purpose.

(2) Class three property is taxed at the taxable percentage rate applicable to class four property, as provided in 15-6-134(2)(a).

(3) The land described in subsection (1)(c) is valued at the productive capacity value of grazing land, at ~~a production level set by the department~~ the average grade of grazing land, and the taxable value is computed by multiplying the value by seven times the taxable rate for agricultural land."

**Section 5.** Section 15-7-221, MCA, is amended to read:

"**15-7-221. Phasein of the taxable value of agricultural land.** The increase or decrease in taxable value of agricultural land resulting from the change in the method of determining productive capacity value under 15-7-201 must be phased in beginning January 1, 1994, as follows:

(1) For the year beginning January 1, 1994, and ending December 31, 1994, the taxable value of agricultural land in each land use and production category must increase or decrease from the December 31, 1993, value by 25% of the difference between the product of the productive capacity value of agricultural land for 1994 determined under 15-7-201 times the class three tax rate and the taxable value of agricultural land as of December 31, 1993.

(2) For the year beginning January 1, 1995, and ending December 31, 1995, the taxable value of agricultural land in each land use and production category must increase or decrease from the December 31, 1993, value by 50% of the difference between the product of the productive capacity value of agricultural land for 1994 determined under 15-7-201 times the class three tax rate and the taxable value of agricultural land as of December 31, 1993.

(3) For the year beginning January 1, 1996, and ending December 31, 1996, the taxable value of agricultural land in each land use and production category must increase or decrease from the December 31, 1993, value by 75% of the difference between the product of the productive capacity value of agricultural land for 1994 determined under 15-7-201 times the class three tax rate and the taxable value of agricultural land as of December 31, 1993.

(4) Beginning January 1, 1997, the taxable value of agricultural land in each land use and production category is equal to 100% of the productive capacity value of agricultural land determined under 15-7-201 times the class three tax rate.

(5) This section does not apply to land described in 15-6-133(1)(c)."

Renumber: subsequent sections

5. Page 5, line 20.
Strike: "[This act] applies"
Insert: "(1) [Sections 1 through 3] apply"

6. Page 5.
Following: line 21
Insert: "(2) [Sections 4 and 5] apply retroactively, within the meaning of 1-2-109, to tax years beginning after December 31, 1994.

NEW SECTION. **Section 8. Effective date.** [This act] is effective on passage and approval."

HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Taxation COMMITTEE BILL NO. HB 589

DATE 3/21/95 SPONSOR(S) Rep. Grady

**PLEASE PRINT PLEASE PRINT PLEASE PRINT**

| NAME AND ADDRESS | REPRESENTING | BILL | OPPOSE | SUPPORT |
|---|---|---|---|---|
| DAVID HARTNETT | HELENA ELKS #193 | 589 | | ✓ |
| RAY BOE | ✓ ✓ ✓ | | | ✓ |
| Maureen Knutson | — — — | | | — |
| Curt Rhoden | ✓ ✓ ✓ | | | ✓ |
| Don Judd | — — — | | | — |
| Sidney Wittenberg | — — ✓ | | | ✓ |
| Francis Koplowski | — ✓ ✓ | | | ✓ |
| Arthur M McLaren | ✓ — — | | | ✓ |
| ~~THOMAS A LOFFTUS~~ | ~~MT ELKS DIST~~ ASSN | | | |
| Robert N. Hurd M.D. | Montana Committee on Trauma | 591 | | ✓ |
| Robert F. Goettel | Helena Elks | 589 | | ✓ |
| Jack Henderson | Helena | 589 | | ✓ |
| | | | | |

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HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Taxation COMMITTEE BILL NO. HB 591

DATE 3/21 SPONSOR(S) Rep. Wiseman

**PLEASE PRINT PLEASE PRINT PLEASE PRINT**

| NAME AND ADDRESS | REPRESENTING | BILL | OPPOSE | SUPPORT |
|---|---|---|---|---|
| Sharon Diezinger | Mt Nurses Assoc | 591 | | ✓ |
| Gary Haigh | MT EMS Assoc | 591 | | ✓ |
| John Gervais | mt. Ems Assoc. | 591 | | ✓ |
| Susan O'Leary | Montana Trauma Nurses | 591 | | ✓ |
| Carole Kellogg | | 591 | | ✓ |
| Hugh Kellogg | | 591 | | ✓ |
| Robert Diezinger | | 591 | | ✓ |
| Sylvia Reynolds MD | MT Committee on Trauma | 591 | | ✓ |
| John Middleton MD | MT Comm. on Trauma | 591 | | ✓ |
| Drew Dawson | Dept Health | 591 | | ✓ |
| Paul Donaldson | | 591 | | ✓ |
| Jim DeTienne | Dept Health | | | ✓ |
| James D. Loftus | MT Fire Dist Assn | 591 | | ✓ |

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| | | | |
|---|---|---|---|
| Robert N. Hunt, M.D. | Mt. Committee on Trauma | 591 | ✓ |
| Helo U Siddal | C I T Foundation | 591 | ✓ |

HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

TAXATION COMMITTEE BILL NO. HB591

DATE 21 MAR 95 SPONSOR(S) Rep Wiseman

**PLEASE PRINT PLEASE PRINT PLEASE PRINT**

| NAME AND ADDRESS | REPRESENTING | BILL | OPPOSE | SUPPORT |
|---|---|---|---|---|
| ART BICSAK BOX 1831 GF 59403 | CASCADE COUNTY EMS COUNCIL | | | ✓ |
| Steven Shapiro | MT Nurses Ass | 591 | | ✓ |
| Tim BERGSTROM | MT State Firemens' Assoc | 591 | | ✓ |
| Steve Turkiewicz | Mt. Auto Dealers Assn | 591 | ✓ | |
| Steve Yealal | MT Council for Maternal & Child Health | 591 | | ✓ |
| [signature] | Mt Med. Assn | 591 | | ✓ |
| Bob Olsen | MT Hospital Assoc. | 591 | | ✓ |
| Jill Z Smith - McGuire | ABATE of Mt | 161 | | ✓ |
| Carla McDonell | ABATE OF MT | 161 | | ✓ |
| RN McLean | ABATE OF MT | 161 | | ✓ |
| Jennie Nemec | St. Peter's Community Hosp. | 591 | | ✓ |
| Tom Ebzery | St Vincent Hospital & Health Care | 591 | | ✓ |
| CHRIS BAILEY | ABATE OF HELENA | 161 | | ✓ |

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Alice Hansen MLC+ ✓

HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Taxation COMMITTEE BILL NO. SB 161

DATE 3/21/95 SPONSOR(S) Sen. Stang

**PLEASE PRINT** **PLEASE PRINT** **PLEASE PRIN**

| NAME AND ADDRESS | REPRESENTING | BILL | OPPOSE | SUPPORT |
|---|---|---|---|---|
| DAL Smilie | AMA | SB161 | | ✓ |
| Douglas Bristow | | SB161 | | ✓ |
| Joe Michaletz | Montana BMW Riders | SB161 | | ✓ |
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HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Taxation COMMITTEE BILL NO. HJR 28

DATE 2/21/95 SPONSOR(S) Rep. Swanson

**PLEASE PRINT PLEASE PRINT PLEASE PRINT**

| NAME AND ADDRESS | REPRESENTING | BILL | OPPOSE | SUPPORT |
|---|---|---|---|---|
| MARK Simonich | DNRC | HJR 28 | | X |
| Jeff Barber | NPRC | HJR 28 | | X |
| Janet Ellis | MT Audubon | HJR 28 | | X |
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