

## MINUTES

### MONTANA SENATE 55th LEGISLATURE - REGULAR SESSION

#### COMMITTEE ON PUBLIC HEALTH, WELFARE, & SAFETY

Call to Order: By CHAIRMAN STEVE BENEDICT, on March 17, 1997, at 3:07 PM, in Room 410.

#### ROLL CALL

##### Members Present:

Sen. Steve Benedict, Chairman (R)  
Sen. James H. "Jim" Burnett, Vice Chairman (R)  
Sen. Larry L. Baer (R)  
Sen. Chris Christiaens (D)  
Sen. Bob DePratu (R)  
Sen. Dorothy Eck (D)  
Sen. Sharon Estrada (R)  
Sen. Eve Franklin (D)  
Sen. Fred Thomas (R)

Members Excused: None

Members Absent: None

Staff Present: Susan Fox, Legislative Services Division  
Karlolyn Simpson, Committee Secretary

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

##### Committee Business Summary:

Hearing(s) & Date(s) Posted: HB 333, HB 538, HB 129, 3/7/97  
Executive Action: SJR 16, HB 412, HB 333, HB 538

#### HEARING ON HB 333

Sponsor: REP. LOREN SOFT, HD 12, Billings

Proponents: John Melcher, Attorney, Department of Health  
Christina Litchfield, Msla City-County Health Dept.  
Steve Yeakel, MT Council Maternal and Child Health  
Mike McGrath, L & C County Attorney  
Betty Waddell, MT Assn. Churches  
Robert Runkel, Office Public Instruction  
Russell Hill, MT Trial Lawyers Assn.

Opponents: None

**Opening Statement by Sponsor:**

REP. LOREN SOFT, HD 12, Billings, said the rationale for HB 33 is, an infant in the U.S. dies every 14 minutes. Even after years of increased government funding for all kinds of programs including prenatal outreach, sex education, school-based health clinics, Medicare programs for women, infants, and children, the United States has one of the highest infant mortality rates in the world. HB 333 establishes a policy for the development of community review teams composed of local community professionals to pool their cumulative expertise to promote the health, welfare and safety of unborn children, infants, and children.

Montana ranks 14th in the nation for child death rates. There are an average of 87 fetal deaths per year, after 20 weeks gestation, more than 80 deaths per days of children aged birth to one year. And Montana's violent youth deaths, mostly adolescents, ranks 11th highest in the nation. Montana has the 5th highest teenage suicide rate in the United States.

Questions to be asked are: how many fetal, infant, and child deaths are preventable and what can be done to prevent these deaths, what are the main causes of these deaths, and what kind intervention could reduce child and infant deaths in Montana. HB 333 would establish a policy to create voluntary community-based review teams whose purpose would be to review existing records or documentation from sources such as death certificates, medical examiner reports, emergency room reports, juvenile court records, sheriff department records, EMS records, and child protection records. The purpose of the review would be to determine the underlying causes of infant and child deaths, identify the risks, what could be done to prevent them, and work with local agencies for intervention. (EXHIBIT 1)

The House committee had several questions: confidentiality issue in the use of official records, who would approve the team members, why is this bill needed, and why a team can't be formed and do this now. The bill has been amended to take care of these concerns. Without this bill, these volunteer review teams could not have access to all the necessary information and reports.

**Proponents' Testimony:**

John Melcher, Attorney, Department of Public Health and Human Services, reviewed the provisions of the bill.

Section 1, access to information provision. Amendments to the law have been created to allow for access to health care and criminal justice information by mortality review teams.

Section 3, makeup of the team provisions. There is a new provision that sets out who is to be on the team, how the team gets started.

Section 4, confidentiality of the material collected by the mortality review team.

Section 5, prohibits disclosure of information by team members.

Section 7, amends the criminal justice information act.

Section 8, amendment to the health care information act.

**Christina Litchfield, Public Health Nurse, Missoula City-County Health Department,** testified in support of HB 333. (EXHIBITS 2-7)

**Steve Yeakel, Montana Council Maternal and Child Health,** said this bill is one of the best ways to improve public health. There needs to be a mechanism to bring teams together to save the lives of children.

**Mike McGrath, Lewis & Clark County Attorney, President, County Attorney's Association,** said county attorneys will be participating with these local team and they support HB 333.

**Betty Waddell, Montana Association of Churches,** said they support HB 333 because of their concern about children, the high death infant mortality rate, and high juvenile suicide rate in Montana.

**Robert Runkel, Office Public Instruction,** said child and youth deaths, and especially violent youth deaths are too common in Montana, and they affects families, communities, and schools. This bill will give schools an opportunity for a greater understanding of the causes of deaths and methods of preventing deaths.

**Russell Hill, Montana Trial Lawyers Association,** said this amended version of the bill is better than the original and they support the amended bill. They have had concerns about the expanded access to confidential information by the review teams. Referring to page 1, line 24, he said there is an inconsistency where a patient or his representative has no control over the release of information and doesn't require the health care provider to release that information. (EXHIBIT 8)

**Opponents' Testimony:** None

**Questions From Committee Members and Responses:**

**SENATOR CHRIS CHRISTIAENS** asked what the age limit will be and the age range of mortality the team will study.

**REP. SOFT** said it will start after 20 weeks gestation, or whatever the current law is.

**SENATOR CHRISTIAENS** asked what the upper age limit will be.

**Christina Litchfield** said that is something the local teams will determine and probably will be up to 19 years of age.

**SENATOR CHRISTIAENS** said he had a letter from John Conner, Assistant Attorney General, that talks about suspicious criminal in nature and unable to be prosecuted because of lack of evidence resulting from inadequate initial review procedure. He asked how this will fit into the bill and how would that information bring about a prosecution.

**REP. SOFT** said this will not bring about prosecution but just to determine the cause of the death. The purpose of the team is to find out why the child died and determine if it was preventable.

**SENATOR CHRISTIAENS** asked how it would work with Indian reservations because those are sovereign nations.

**REP. SOFT** referred the question to **Christina Litchfield**.

**Christina Litchfield** said mortality review teams are already in place on some of the reservations.

**SENATOR CHRISTIAENS** asked if the reservation review teams can be combined with county teams or will they stand alone.

**Christina Litchfield** said she didn't know and is concerned because the law may be different for them.

**SENATOR CHRISTIAENS** referred to Section 9, coordination of services under the MIAMI project, and said since it is not in place in all counties and how will it work.

**Ann Gilkey, Staff Attorney, Department of Health,** deferred to **Christian Litchfield**.

**Christina Litchfield** said there are at least 20 MIAMI sites in Montana and it would be logical if counties wanted to start review teams, they would have the support of the MIAMI program.

**SENATOR JIM BURNETT**, referring to the need for confidentiality, said the Department has all the chips and the family has nothing, and has no way to combat what the Department has. In the many communications he has received, the Department does not release any information to families.

**Christina Litchfield** said the teams would not ask the families for permission to do a mortality review. The purpose of this bill is not to place blame on anybody but just try to determine the cause of death and whether it could have been prevented and how.

**SENATOR EVE FRANKLIN** asked if there are any review teams in place now and about the parameters of the team.

**John Melcher** deferred the question to **Christina Litchfield**. She said Missoula had a pilot team, looked at death certificates from 20 weeks gestation through 19 years of age, and tried to determine how the team might work. Great Falls has a fetal and infant team, are interested in expanding to age six, and have limited parameters as to what they can do. Bozeman has a fetal and infant team, and the Yellowstone team is hoping to review deaths up to 19 years. Each community teams have different parameters, but will review all infant deaths. At this point, none of the teams have the authority to share information.

**SENATOR SHARON ESTRADA** asked what the MIAMI project is.

**Steve Yeakel** said it is one of the greatest acronyms in the history of Montana State government. It stands for Montana's Initiative for the Abatement of Mortality in Infants.

**SENATOR DOROTHY ECK** asked **REP. SOFT** how he sees the team's taking action to encourage a prevention program.

**REP. SOFT** deferred to **Christina Litchfield**, who said a community told her because many car accidents were happening in a particular location, they recommended installing a stop light or stop sign at that location. Teams would identify areas of risk and address those specifically.

**SENATOR ECK** said the lack of pre-natal care is one of the biggest predictors of infant mortality and asked if the team will address that issue.

**Christina Litchfield** said Missoula has been learned from reviewing infant mortality, that moms are accessing prenatal care in the first trimester and following through with prenatal care, so they are not as concerned as before MIAMI started. Each community decides what their problem area is.

**SENATOR DePRATU** asked if there are specific needs for funding.

**Christina Litchfield** said no because the bill places the responsibility on the Department to get these teams started, they would have to give the public health nurse or administrator a little bit of time to get the teams started.

**CHAIRMAN BENEDICT** asked if there is a possible future time when volunteers are not there and there will be a request to the Legislature for funding.

**Christina Litchfield** said a lot of teams have been established around the country since 1978 and, so far, there has been no problem getting volunteers.

**SENATOR FRANKLIN** asked about the confidentiality issue, how the team would access information, and if the documents include names.

**Christina Litchfield** said protocol has been developed and a registrar will be on the team. The team will have access to information on records but it is not recommended the team have copies of the records.

**Closing by Sponsor:**

**REP. LOREN SOFT** said these infant mortality teams may be able to answer some questions, identify a pattern of childhood deaths, and distinguish between accidents, parental negligence and abuse.

{Tape: 1; Side: B; Approx. Time Count: 3:51 PM}

HEARING ON HB 129

Sponsor: REP. LOREN SOFT, HD 12, Billings

Proponents: Hank Hudson, Department of Health  
Gloria Hermanson, MT Psychological Assn.  
Bob Torres, MT Chapter Social Workers  
Betty Waddell, MT Assn. Churches  
Allen Cranford, Christian Science Church of MT

Opponents: None

Opening Statement by Sponsor:

REP. LOREN SOFT, HD 12, Billings, said HB 129 clarifies the definition of abuse and neglect, clarifies emotional abuse, clarifies procedures for notifying parents of an investigation.

Section 1, subsection 2: clarifies a court may not order supervised visitation in divorce cases where the Department is not involved because no child issues are involved.

Page 3, section 3: adult who resides in the same home where a child resides, such as step parent or other live-in adult who may be charged with abuse.

Page 3, line 28, subsection 7: emotional abuse must be evidenced by identifiable and substantial impairment of the child. This holds the Department and the workers more accountable to proving emotional abuse.

Page 4, line 10: harm to a child is not always direct and open, such as a child exposed to sexual abuse in the home by an older sibling, drugs, or pornography. This tells parents they are accountable for their children's well-being and safety.

Page 4, line 25-30: clarifies to the Department of Health what types of injuries that constitute abuse. There is always that fine line between spanking and abuse. In Montana it is still legal to spank a child and it is not described as abuse in the statutes. Gross abuse is the issue.

Page 8, line 8-24: procedures the Department must go through in a child abuse investigation.

Page 8, line 26: interviewing the parent or guardian regarding the abuse or neglect of the child.

Page 10: confidentiality of records, including adoption agencies who perform home investigations.

Page 9: how records are handled, the destruction of unfounded allegations of abuse or neglect. This is controversial and is posing a problem for police and sheriff departments.

Page 12-14: definition of criteria for termination of parental rights.

Page 15: provides for approving a family member for child care because it is important for children to stay within the family, if at all possible, but is only applicable when the child is placed by the Department.

**Proponents' Testimony:**

**Hank Hudson, Administrator, Child and Family Services, Department of Health,** said this bill clarifies the definitions and reduces the confusion of what constitutes physical and emotional abuse, to help the public, the courts, and the Department to understand the limitations. The responsibility for the well-being of children is expanded to include other adults living in the home of the child because many of their clients live with someone to whom they are not married. Referring to page 8, line 22, "it appears" has been replaced with "reasonable cause to suspect," which is a better description of criteria for abuse or neglect. They have expanded the privilege to release confidential information in adoption proceedings to help reduce the time children spend in foster care. A lot of the changes are a result of legislators who have held the Department's feet to the fire to review and change the policies, and these changes they were convinced to make must be reflected in the codes.

**Gloria Hermanson, Montana Psychological Association,** said they support HB 129.

**Bob Torres, Montana Chapter of National Association of Social Workers,** said they support HB 129 and clarifying the criteria for what social workers are supposed to do. Social workers are involved in defining that physical abuse goes beyond spanking.

**Betty Waddell, Montana Association of Churches,** said they support HB 129 because children must be protected against all forms of neglect, cruelty and exploitation and they support legislation that will protect children. The number of reported child abuse cases probably amounts to only one-fifth of actual child abuse incidences.

**Allen Cranford, Christian Science Churches in Montana,** said he was not speaking for or against HB 129, but instead asking the committee to consider an amendment that would restore the legal protections to the practice of their religion in the care of their children. (EXHIBIT 9)

**Opponents' Testimony:** None

**Questions From Committee Members and Responses:**

**SENATOR CHRISTIAENS** asked about emotional abuse and what is the statute of limitations.

**Ann Gilkey, Department of Health,** said the statute of limitations traditionally applies to criminal prosecutions. These sections of law are in the civil code, which means people are not prosecuted for emotional abuse under these statutes. Under criminal codes it may be called child endangerment, but not being a prosecutor is not sure of the term, but is not aware of anyone being prosecuted for emotional abuse. In the civil arena, the parent is put on a treatment plan to become a better parent so they are not abusing the child, emotionally or physically.

**SENATOR CHRISTIAENS** asked if the Department could do the same thing with emotional abuse.

**Ann Gilkey** said yes, and under existing law there is mental injury (page 4, lines 22-23) but now changed to emotional abuse and making the Department more accountable to prove the identifiable impairment.

**SENATOR CHRISTIAENS** said he has worked in adult corrections and, looking at SB 48, which changes the youth correction act, and under HB 129, it seems possible family assessments could be done.

**Ann Gilkey** said that is true to a degree but juvenile corrections is another area of law. If the family assessment finds a parent has emotionally abused the child from the time of birth until they end up in an assessment center, she hopes they would be working with the parents and not just blaming the child.

**SENATOR CHRISTIAENS** referred to page 9, saying records are destroyed after 30 days, and under SB 48, if a child does not get into more trouble, at age 18 those records are destroyed. Yet, testimony says the majority of those records are not, then asked how will this destruction be accomplished.

**Ann Gilkey** said a bill in the last legislature required the Department to destroy all records of unfounded investigations after 20 days. The new electronic data system purges unfounded records every 30 days.

**SENATOR CHRISTIAENS** asked if the Christian Science amendment is adopted, how many other places in law will need to be changed.

**Ann Gilkey** said a bill in the 1993 legislature dealt with that portion of the law and this bill is a compromise, but the Christian Scientists still didn't like it even though it was toned down. If there is not abuse or neglect, but a child is at eminent risk of dying because lack of traditional medical treatment, the judge could order traditional treatment.

**SENATOR JIM BURNETT** asked when a case worker asks for a TIA (Temporary Investigative Authority), are they under oath?

**Ann Gilkey** said they sign a report to the court, not officially under oath, but the County Attorney submits an affidavit with it.

**SENATOR BURNETT** said he has documentation where a case worker admitted he didn't know what he was doing, and had assumed but did not have facts.

**Ann Gilkey** said in this bill, they tried to address these concerns and be more accountable by narrowing the definitions.

**SENATOR BURNETT** asked what happens when a case worker goes to court and doesn't tell the truth.



Ann Gilkey said if they lied in court they are guilty of perjury.

SENATOR BURNETT said many of these families are destitute and can't afford to go to court, while the Department has unlimited resources of the County Attorney that doesn't cost them anything. He said there is no equal footing.

{Tape: 2; Side: A; Approx. Time Count: 4:36 PM}

Closing by Sponsor:

REP. LOREN SOFT said he was aware there had been problems and, before agreeing to carry this bill, he wanted information about how the field workers are supervised, making sure training is provided, and the Department supervises workers closely. Since 1993 through 1994, 11 staff members were terminated for improper functioning of their duties.

Close hearing at 4:37 PM, reconvene at 4:49 PM.

HEARING ON HB 538

Sponsor: REP. BOB KEENAN, HD 75, Big Fork

Proponents: Susan Good, HEAL MT

REP. BRUCE SIMON, HD 18, Billings

Nancy Ellery, Department of Health

Opponents: None

Opening Statement by Sponsor:

REP. BOB KEENAN, HD 75, Big Fork, said HB 538 creates a pilot program to establish medical savings accounts for AFDC, now TANF Medicaid eligible children and adults. It is a voluntary program and will involve 1,000 to 5,000 people who will be randomly selected for participation on a random state-wide basis. This will take the third payer out of the process and give the ownership of health care funds to Medicaid participants. Using Federal and State funds, up to \$1,700.00 would be provided for each adult in a Medical Savings Account (MSA) and \$900.00 per child. Then, the State will buy an insurance policy which will be used when that MSA money is used up. The insurance will cost \$167.83 per month for an adult, and \$87.58 for each child. Projected state-wide savings will be \$10.5 million per year. The fiscal note was of concern in the House because there is a possibility that parents could avoid getting medical care for their children, hoping to save money. The incentive is, 90 days after they go off Medicaid, they get to keep 20% of the balance in their account.

Proponents' Testimony:

Susan Good, HEAL Montana, said they had envisioned this program in 1994. People going off Medicaid would be able to have a good training ground, and good incentive to become more prudent consumers of medical care. This would allow TANF recipients to be

eligible for medical savings accounts. She gave a possible scenario of a divorced mother of two with a medical savings account and events that could follow. She said this is a pilot project and would need to go through a waiver process to the federal government because this is a new program.

**REP. BRUCE SIMON, HD 18, Billings,** said he carried that bill in the last legislative session to set up medical savings accounts. **(EXHIBIT 10)** Each Medicaid adult presently costs about \$1,700.00. The bulk of the money going to the medical savings account is to pay the deductible of the insurance policy which will be a high deductible policy to take care of anything above a certain level, which is the amount put into the medical savings account. The recipient will not have to pay any money out of their own pocket. To administer the account, there will be a \$6.00 initial enrollment fee plus \$2.00 per month. If the participant spends all the money in the savings account, they won't get anything back. If there is anything left in the account, the participant will receive a portion and the State will get the remainder. There is a concern that parents will deny their children's health care so they can get the unused money, but a study has shown that will not happen. It will be necessary to educate these individuals that they don't have to go to the emergency room for health care because it's more expensive than going to the doctor's office. The medical savings account won't work for everyone on Medicaid but will work for young people with children. These people need to learn to make responsible health care decisions.

**Nancy Ellery, Administrator, Health Policy and Services Division, Department of Public Health and Human Services,** said they support HB 538 but she had concerns because of the population they are dealing with. Medicaid recipients have less disposable income and tend to be sicker. This program will only apply to AFDC and not SSI, elderly, or the nursing home population, but there must get a research and demonstration waiver from HCVA (health care financing administration) to prove to the federal government there will be a saving from the program and it won't decrease health care access or quality. This program should be an option for the Medicaid population and education is important to these individuals. They are proposing an amendment to clarify that this pilot project does not include mental health services. Instead of putting the money into the account on a fiscal year basis, it would be deposited into the account on a monthly basis because Medicaid eligibility is from month-to-month and can change. **(EXHIBIT 11)**

Opponents' Testimony: None

Questions From Committee Members and Responses:

**SENATOR CHRIS CHRISTIAENS** said the biggest issue is up front education because poor people don't know how to access medical care without going to the emergency room. There is nothing in the

bill about education and asked how education about medical savings accounts could be done.

**Nancy Ellery** said they are going to have to spend a lot of time developing material to educate these people. There is some concern the healthy individuals will be attracted to the MSA. To get around that, individuals will be randomly selected to participate from the AFDC population.

**SENATOR CHRISTIAENS** said the current cost for each adult is about \$1,600.00 and asked how much will be going into the account each month, and whether it's one-twelfth of \$1,023.00.

**Susan Good** said that would be deposited into the medical savings account and premiums would be paid under a catastrophic health insurance policy at the same time.

**SENATOR CHRISTIAENS** said the amount will be the medical savings account deposit, administrative cost, and health insurance premiums, and asked if the recipient will see that on some voucher.

**Susan Good** said will be part of the RFP so they would know there is money accruing in their account and their insurance premiums had been paid.

**SENATOR CHRISTIAENS** asked about the deductible for the insurance portion.

**Susan Good** said that will be developed by the RFP and those numbers will be similar. One group who administers MSAs sends out educational materials, which are included in the administrative costs.

**SENATOR CHRISTIAENS** asked how difficult it will be to get a waiver.

**Nancy Ellery** said they have had some preliminary conversations with HCFA but it will probably be difficult because no other state has tried this approach. The issues raised are, if mostly healthy people come in to this project, there will be no savings shown, and while the client is using the account, there will be no claims data.

**SENATOR DOROTHY ECK** said the cost per child under Medicaid was \$400.00 to \$500.00 and under this medical savings account program, the cost per child will be \$900.00 and asked if that won't be difficult for HCFA to accept that.

**Nancy Ellery** said these figures are the average cost per recipient and all ages of children are figured into the average, but on a state-wide basis, it did work out to be about \$900.00.

**SENATOR ECK** asked where the figure of \$500.00 per month per child on Medicaid come from.

**Nancy Ellery** said that is based on the total eligible children, not the total recipients. The health care costs for younger children are higher than for older children.

**SENATOR ECK** said she would think the eligible would not use the service and want to sign up.

**Nancy Ellery** said this to get an average cost per recipient. The concern is some people that don't use the service are going to want to sign up and this pilot program will answer some questions.

**SENATOR ECK** asked about buying the Blue Cross policy for children.

**Nancy Ellery** said Blue Cross and Blue Shield has a new product that is just for kids and the premiums are reasonable.

**SENATOR LARRY BAER** asked about the fiscal note and why it is not signed. On the back page there is negativity and innuendo all over it, and is he to assume this reborn Department has changed its tune on all of these negative opinions.

**REP. BOB KEENAN** said he didn't understand the question. The fiscal note was not signed because it was handed to him at the hearing. Referring to the negativity on the back page, he said it was Dave Lewis's interpretation.

**CHAIRMAN BENEDICT** asked if the bill was amended in the House to restrict itself to TANF.

**Nancy Ellery** said the intent was always to just deal with the TANF population.

**SENATOR CHRISTIAENS** asked what will happen when the injunction is filed regarding the mental health managed care contract.

**Nancy Ellery** said she has not kept on the mental health managed care. If there's an injunction, and mental health does not go into the managed care contract, then it will be made part of the MSA pilot.

Closing by Sponsor:

**REP. BOB KEENAN** made no further remarks in closing.

{Tape: 2; Side: B; Approx. Time Count: 5:31 PM}

EXECUTIVE ACTION ON SJR 16

Motion: **SENATOR CHRIS CHRISTIAENS** moved SJR 16 DO PASS. The motion CARRIED UNANIMOUSLY.

EXECUTIVE ACTION ON HB 412

Motion: SENATOR LARRY BAER moved HB 412 BE CONCURRED IN. The motion CARRIED UNANIMOUSLY.

SENATOR DOROTHY ECK will carry the bill.

EXECUTIVE ACTION ON HB 333

Discussion: SENATOR CHRIS CHRISTIAENS said he is concerned the age parameters in this bill are too broad.

SENATOR SHARON ESTRADA said when she first heard that age 19 would be the upper limit for the community mortality review teams she was troubled, but then thinking about it, age 19 does make sense because fatal injuries from auto accidents, motorcycle accidents, bicycle accidents tend to occur in the 18 to 19-age group.

Motion: SENATOR CHRISTIAENS moved HB 333 BE CONCURRED IN.

Discussion: SENATOR FRED THOMAS said regarding the age element, there was a young man, in his community, 17-18 years of age who committed suicide. If this review team was put together in his area, they probably would look at this case.

SENATOR ESTRADA said another problem with the upper age group is drugs and drug abuse that is more common at the older age level.

CHAIRMAN BENEDICT said another problem is communicable diseases in this age group.

SENATOR CHRISTIAENS said if this program is going to be done, he would like it to be meaningful and the counties share the information state wide. There's nothing in this bill that says counties will share information developed. We already know some of these things, but it's a coordination issue and would like a pilot project that has good results and good statistics that are usable and meaningful. But, if it's too broad, it's doomed to fail.

SENATOR BOB DePRATU agreed the upper age should be 18 years because of all the societal changes and to see the trends in families, changes in attitudes toward drugs, and communicable diseases, and probably need that period to develop something meaningful.

SENATOR ESTRADA agreed with SENATOR DePRATU and said this program isn't going to cost anything and it is probably needed.

SENATOR ECK said it is a voluntary program but if the legislature decides to do this, then the Department of Health should help to set it up. At present, information is collected and shared in the public health sector.

**CHAIRMAN BENEDICT** agreed, saying the individuals seemed to be intent and will probably work out the problems.

**SENATOR EVE FRANKLIN** said **Christina Litchfield** said protocol has been developed and parameters set.

**SENATOR THOMAS** said **REP. SOFT** asked him to carry this bill. It will encourage communities to set up these review teams but this needs to be in law so the committee can get the data about the deaths which they need.

**SENATOR CHRISTIAENS** said this could be a better bill. There is no mention of what will be done on Indian reservations and he would like to see something that ties in with Indian health services. He would like to see something to encourage their involvement because of the infant mortality and high suicide rate on the reservations. It talks specifically about MIAMI which still is in only 20 plus sites in a 56 county area, and thinks this program should be expanded.

**SENATOR ECK** said there is a need for more information.

**SENATOR FRANKLIN** said information is collected then what to do with it and suggested coordinating with the state epidemiologist.

**CHAIRMAN BENEDICT** said the whole thrust of the bill is voluntary and when restrictions are put in, it places barriers to the effort. This bill just allows the process to begin and then see where it goes.

**SENATOR THOMAS** referred to page 1, lines 2 and 3, saying the focus is to encourage local communities to do this.

**SENATOR ESTRADA** said this is one of the few bills that has come through, that is voluntary, has no fiscal note and it is good for the youth.

**SENATOR CHRISTIAENS** said he would like to have something in the bill that specifically includes Native Americans because there is distrust. In Glacier county, Indians will be included in the community group. He then withdrew his BE CONCURRED IN motion for HB 333.

#### EXECUTIVE ACTION ON HB 538

Motion: **SENATOR THOMAS** moved HB 538 BE CONCURRED IN.

Motion/Vote: **SENATOR THOMAS** moved the AMENDMENTS to HB 538 DO PASS. The motion CARRIED UNANIMOUSLY.

Motion/Vote: **SENATOR THOMAS** moved HB 538 BE CONCURRED IN AS AMENDED. The motion CARRIED UNANIMOUSLY.

ADJOURNMENT

Adjournment: 5:48 pm



SEN. STEVE BENEDICT, Chairman



KAROLYN SIMPSON, Secretary

SB/ks