MINUTES

MONTANA HOUSE OF REPRESENTATIVES
59th LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES

Call to Order: By **VICE CHAIRMAN TOM FACEY**, on February 2, 2005 at 3:00 P.M., in Room 472 Capitol.

ROLL CALL

Members Present:
Rep. Arlene Becker, Chairman (D)
Rep. Tom Facey, Vice Chairman (D)
Rep. Don Roberts, Vice Chairman (R)
Rep. Mary Caferro (D)
Rep. Emelie Eaton (D)
Rep. Gordon R. Hendrick (R)
Rep. Teresa K. Henry (D)
Rep. Dave McAlpin (D)
Rep. Tom McGillvray (R)
Rep. Mike Milburn (R)
Rep. Art Noonan (D)
Rep. Ron Stoker (R)
Rep. Pat Wagman (R)
Rep. Bill Warden (R)
Rep. Jonathan Windy Boy (D)

Members Excused: Rep. William J. Jones (R)

Members Absent: None.

Staff Present: Susan Fox, Legislative Branch
Mary Gay Wells, Committee Secretary

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

Committee Business Summary:
Hearing & Date Posted: HB 395, 1/27/2005
Executive Action: HB 24, Do Pass As Amended
HB 25, Do Pass As Amended
HB 26, Do Pass As Amended
HB 31, Tabled; HB 59, Tabled
HB 217, Tabled; HB 289, Tabled

HEARING ON HB 395

Sponsor: **REP. ARLENE BECKER, HD 52, BILLINGS**

Opening Statement by Sponsor:

REP. ARLENE BECKER opened the hearing on **HB 395** which would revise responsibility for the cost of examination and detention of a person with a mental disorder. The bill was requested by county commissioners across the state. Pre-commitment costs are detention, examination and treatment while the person waits to be committed to a mental health facility like Warm Springs or another mental health center. Currently, the pre-commitment costs are the responsibility of the county of the residence of the person who is being committed. HB 395 would change the responsibility first to the person's insurance carrier, next to a public assistance program (if they qualified), then if they are not committed, the county would pick up that cost. If they are ultimately committed, the state would pick up that cost. REP. BECKER felt that this was a fairness issue. However, if the state would pick up those costs, the counties would be able to put more money into their local efforts on mental illness and commitment. REP. BECKER handed in testimony from Dale Bickell, CPA, Chief Financial Officer, Missoula County Board of County Commissioners.
EXHIBIT(huh26a01)
{Tape: 1; Side: A; Approx. Time Counter: 0 - 4}

Proponents' Testimony:

Bill Kennedy, Yellowstone County Commissioner, President of the Montana Association of Counties, stated that this was not a new issue but needed to be addressed. The bill would help local governments. The costs for pre-commitments are borne by the county until commitment takes place. Different programs have been cut in local communities and the number of people needing services goes up. In Yellowstone County, pre-commitment costs for 2002 were $182,588; in 2003, $231,334; and in 2004, $222,982. A night of evaluation at Deaconess Hospital is approximately $1,000. Most evaluations take about five to seven days. Pre-commitment costs are from $5,000 to $7,000. There are transportation costs as well. Private insurance companies, Medicaid and the state could help off-set some of these costs. The counties would be the payer of last resort. There have been discussions about emergency care centers. When funding is cut for drop-in centers such as the Hub in Yellowstone County, the only game in town is through the evaluation process. County jails are becoming hotels for people with mental illness. Counties are in a crisis. The counties want to work in

partnership with the State of Montana. He handed in testimony from Leslie Halligan, Missoula County Attorney.
EXHIBIT(huh26a02)
{Tape: 1; Side: A; Approx. Time Counter: 4 - 11.4}

Doug Kaercher, Hill County Commissioner, told the committee that Hill County had budgeted $24,500. Last year they spent about $5,000. This year they have already spent $24,288. They are just a little over half way through their year. They have little or no control over how the courts deal with respondents. Their county does not have enough money to deal with these costs.
{Tape: 1; Side: A; Approx. Time Counter: 11.4 - 13.3}

Mike McGinly, Beaverhead County Commissioner, supported the bill. Budgeting for mental health commitment is tough to do. Three years ago they budgeted $12,500. In 2003 the budget doubled to $24,000 and last year they went over $40,000. It just keeps jumping up. They need help because their options are not pleasant. It ends up being the jail house or sending them down the road.
{Tape: 1; Side: A; Approx. Time Counter: 13.3 - 15.1}

Jerome Kolar, Judith Basin County Commissioner, stood in support of HB 395. Judith Basin is finding out how expensive the current law is. He related a story of one of their residents. The individual was hospitalized for 10 days. With other costs included, Judith Basin received a bill for $29,000. About a year later, the same individual was diagnosed with cancer. The doctors agreed the person was a candidate for Warm Springs. Because of other underlying medical problems, Warm Springs denied admittance. After the fact, they found out that was not true. The patient has just now been admitted to Warm Springs and the county figures the cost is going to be $50,000. This is not good for a small county.
{Tape: 1; Side: A; Approx. Time Counter: 15.1 - 19.3}

Elaine Mann, Broadwater County Commissioner, informed the committee that after St. Peter closed their psychiatric ward, Broadwater County, having no hospital, puts these people in jail. They have transportation costs for transporting them to their court dates and their evaluations. Their law enforcement covers both and they have only one deputy. The problem is more than just the dollars. She urged a do pass.
{Tape: 1; Side: A; Approx. Time Counter: 19.3 - 20.8}

Carl Seilstad, Fergus County Commissioner, concurred with the previous commissioners and supported the bill.

Jani McCall, Deaconess Billings Clinic (DBC), stood in strong support of the bill. She gave statistics on how much the county is spending on mental illness. For the current fiscal year, they had budgeted 6,206 days for adult care. At the end of December, 4,089 days had already been used. This is just half of the fiscal year. DBC funds over $14 million in charity care and their bad debts are overwhelming.
{Tape: 1; Side: A; Approx. Time Counter: 20.8 - 24.4}

Leo Gallagher, Lewis & Clark County Attorney and Montana County Attorneys Association, said that HB 395 is important because it clearly defines who will pay for pre-commitment costs. No one wants to pay so there is a perpetual dance between insurance companies, Medicare, Medicaid, counties, etc. The system is broken. Montana has a statewide problem on treating mentally ill people. The people who are caught up in this dilemma are the ones who need treatment. Many of these people have a co-occurring diagnosis. The larger counties may not feel the cost as much; but they do get hit harder because they have services available for those from smaller counties.
{Tape: 1; Side: A; Approx. Time Counter: 24.4 - 30}

Mary Phippen, Montana Association of Clerks of District Court, said they were well aware of the increased pre-commitment costs to local government. They urged support of the bill.

Bob Ross, Director, South Central Montana Community Medical Center, Billings and on behalf of Frank Lane, Executive Director, Eastern Montana Medical Center, Miles City, explained that between the two Centers, they provide mental health services to 27 counties. An important issue is why the costs are going up and where are the people coming from. At least 50% of the new admissions at the state hospital have no treatment history in Montana. Half of the people seen in emergency rooms have no prior treatment history. These people are either new to the county or passing through. A person passing through a county, who is picked up, becomes the obligation of that county. Counties on the freeways see more of these people. Without a state policy, they do not know what to do with these uninsured, unfunded new people. He urged support for the bill.
{Tape: 1; Side: B; Approx. Time Counter: 0 - 3}

Opponents' Testimony:

Joyce DeCunzo, Administrator, Addiction and Mental Disorders Division, DPHHS, stated that it is difficult to rise in opposition. On the point of a policy question, there are, currently in law, two groups responsible: one is the county for all pre-commitment costs; the other is the state through the

state hospital in Warm Springs. She suggested this partnership be kept in place. As for the fiscal note on the bill, the state would be required to pay out just over $2.2 million in general funds over the biennium. That figure may not be correct because costs cannot be computed from the counties. Admissions to the state hospital are topping their cap already. Fifty-eight percent of the people, who go there, go on court-ordered detention or emergency detention. The average length of stay is 4.4 days. These people are brought to the hospital and taken back for their commitment hearing. Forty percent of those people never return to the state hospital. If there is no county participation, she was very concerned about increases in admissions to the state hospital. The state hospital has many days when they are already over their licensed capacity of 175. ***{Tape: 1; Side: B; Approx. Time Counter: 3 - 9.7}***

Anita Roessmann, Attorney, Montana Advocacy Program, opposed the bill even though she acknowledged the hardship on the smaller counties. She was advocating for the patients. In 1991, the department paid for a report by an out-of-state expert from Wisconsin who heads their Elder and Disabilities Services Division. Ms. Roessmann had spoken to her and asked for a summary of the report. The lady said they had told Montana in 1991 they needed to develop a crisis center intervention system if they were to have integrated community services for mental health. She further said that the counties should not be taken out of the equation because they would not have the incentive to manage these costs and find solutions to their problem. Bearing the risk of high cost care is the best way to manage that cost. Ms. Roessmann advocated that patients remain in their communities because while they are gone, their pets, belongings, house or apartment, job, relationships, and their support system is more shredded when they come out of the state hospital. They experience the trauma of inferior treatment. When transported to and from the state hospital, they are handcuffed. She felt that the state hospital had become an admissions/discharge facility. The number of intakes and discharges has quadrupled.

Ms. Roessmann listed some needs for Montana: (1) a crisis intervention system that builds on itself and is a local system, (2) a good system of target and case management so there can be intervention before a crisis, (3) crisis lines like 911, (4) mobile crisis intervention capacity--Montana had this before managed care and lost it when managed care came in, and (5) acute crisis services and short term stabilization services. The fiscal note is high and does not address any of the above issues. Many commitment petitions are dismissed. This bill will induce

the counties to have people committed because the state will pay for the pre-commitment costs. This is bad public policy.
{Tape: 1; Side: B; Approx. Time Counter: 9.7 - 17.5}

Bonnie Adee, Mental Health Ombudsman, Governor's Office, concurred with Ms. DeCunzo. She did not believe the bill would take care of the problem.
{Tape: 1; Side: B; Approx. Time Counter: 17.5 - 18.7}

Informational Testimony: None

Questions from Committee Members and Responses:

REP. ART NOONAN inquired if any money saved by the counties had been earmarked to provide some of these services. **REP. BECKER** replied that was not in the bill.

REP. NOONAN asked if an amendment of this nature could be put into the bill. **REP. BECKER** replied that would be good. She wanted to inform the committee that the counties give the state $1 million a year to provide a Medicaid match for mental health services.
{Tape: 1; Side: B; Approx. Time Counter: 18.7 - 20.5}

REP. NOONAN inquired about the treatment patients received at the state hospital. **Ms. Roessmann** did not have any facts but had heard numerous times that approximately 55% of new admissions had not been seen by anyone in the state.

REP. MARY CAFERRO was surprised to learn that the counties spend so much money on mental health and asked if these pre-commitment costs were court ordered or from emergency rooms. **Mr. Gallagher** explained the procedure that Lewis and Clark County follows.
{Tape: 1; Side: B; Approx. Time Counter: 20.5 - 28.2}

REP. CAFERRO asked what services would be covered under HB 395. **Ms. DeCunzo** explained that the services, as she understood them, would be the initial medical and mental evaluations. The state would pick up those costs if the person was committed to Warm Springs.
{Tape: 1; Side: B; Approx. Time Counter: 26 - 30}

VICE CHAIRMAN FACEY inquired of Ms. Adee if there was another bill that might help in addressing this problem. **Ms. Adee** responded there are other bills that take pieces of this issue, but she did not believe there was a comprehensive bill coming.
{Tape: 2; Side: A; Approx. Time Counter: 0 - 1}

REP. BILL WARDEN asked Commissioner Kennedy if the bill would lead the counties to commit patients to the state hospital. **Commissioner Kennedy** felt that this has been the thought of many people. He went on the say that in Billings they had a drop-in center called The Hub. They had anywhere from 35-65 clients per day. There were counselors and it was a very secure place. The cost for this program was $5-$7 per day. It kept people in case management on their meds, out of the emergency rooms and out of the state hospital. Unfortunately, when funds get low, the programs that are the most cost effective and the cheapest are dropped. The problem is a lack of money. The county commissioners would like to work with the state. He thought HB 395 was a good bill.
{Tape: 2; Side: A; Approx. Time Counter: 1 - 6.7}

REP. TERESA HENRY understood the fact that many patients had no prior record of treatment and wondered if part of the problem was that no facilities were available to them. **Ms. Roessmann** felt that was probably a correct assessment. One of the problems is that there is no one single point of entry into mental health services. People don't know where to turn so problems fester. Her vision for Montana would be to have a reasonably accessible crisis facility for each community. Clients could then be pointed in the right direction to receive help.
{Tape: 2; Side: A; Approx. Time Counter: 6.7 - 10.6}

REP. JONATHAN WINDY BOY questioned the length of time for pre-commitment evaluations. **Commissioner Kennedy** answered that times vary and counties get caught off guard by the exorbitant costs.

REP. WINDY BOY asked what happens when a patient is high on meth and taken to the hospital. **Ms. Adee** explained the procedure.
{Tape: 2; Side: A; Approx. Time Counter: 10.6 - 15.2}

REP. WINDY BOY continued in his questioning and asked for Mr. Ross to comment. **Mr. Ross** provided some information concerning the patient from Judith Gap who had serious medical problems that delayed the process of the mental and physical evaluations. He felt the biggest problem was not enough secure beds. Secure, locked beds are missing as an alternative to the state hospital. Until this is addressed, these other issues will continue to be a problem.
{Tape: 2; Side: A; Approx. Time Counter: 15.2 - 17}

REP. ART NOONAN understood the problem and felt that the money was being spent in the wrong place. He offered a proposal to help the problem and asked for Mr. Ross' opinion. **Mr. Ross** spoke for the less populated counties. Secure beds in every community is not a possibility. He would hope for inter-county

cooperation and would ultimately pool resources for a facility or crisis center. Transportation is costly and this might alleviate those problems.
{Tape: 2; Side: A; Approx. Time Counter: 17 - 20.1}

REP. NOONAN followed up the same line of questioning with Ms. DeCunzo. **Ms. DeCunzo** explained that crisis stabilization centers are not in the budget requests. She would like to see a subcommittee develop some centers for communities. They would work with counties and cities to jointly fund these crisis stabilization centers. She did not want HB 395 to go forward and believed if her plan became a reality, the counties would save on transportation costs. She explained that at the state hospital, they cannot charge Medicaid for anyone between the ages of 21 and 65. This is a federal issue. However, in a local crisis center, under 16 beds, they would not have the same designation. The counties would have to put up a match of 30% but would not bear the full cost.
{Tape: 2; Side: A; Approx. Time Counter: 20.1 - 25.1}

REP. DON ROBERTS asked if mentally ill patients have insurance and how much would fall back on the county. **Commissioner Kennedy** said those statistics are hard to come by. The county pays the costs but does not look to see if the person has insurance or if they are eligible for Medicaid. He thought that about 25% of those at the state hospital do not have any type of insurance.
{Tape: 2; Side: A; Approx. Time Counter: 25.1 - 30}

REP. ROBERTS inquired what kinds of services would be offered by DPHHS. **Ms. DeCunzo** said they have been working with the Department of Corrections concerning services. She explained where their funding comes from and the parameters for eligibility.
{Tape: 2; Side: A; Approx. Time Counter: 30 - 32}

REP. RON STOKER informed the committee that he had gone through HB 2 after the last session. It broke down all the line items, etc. Health and Human Services takes 37% of the general fund. With Medicaid, etc. DPHHS works with a total of $3.2 billion. The legislature needs to look at the whole picture and decide what the best way is to spend this tremendous amount of money.
{Tape: 2; Side: B; Approx. Time Counter: 0 - 2.1}

VICE CHAIRMAN FACEY asked which communities provide secure beds and what caused this loss of secure beds over the past ten years. **Mr. Ross** said Deaconess Hospital in Billings and St. Pat's in Missoula have secure beds. There are some in Flathead County and some at Benefis in Great Falls. Most hospitals have a big, black

hole in their finances with in-patient psychiatric care because so many people are uninsured.
{Tape: 2; Side: B; Approx. Time Counter: 2.1 - 3.4}

VICE CHAIRMAN FACEY asked that if the state should be the single payer for mental health along with multiple providers such as community mental health centers, nonprofit mental health providers, etc., would that be the best way to go. **Ms. Adee** agreed that would create a one-stop, no wrong-door policy. It was an idea that would be worth looking into.
{Tape: 2; Side: B; Approx. Time Counter: 3.4 - 4.1}

Closing by Sponsor:

The sponsor closed.

EXECUTIVE ACTION ON HB 24

Motion: REP. FACEY moved that HB 24 DO PASS.

Motion: REP. FACEY moved that HB 24 BE AMENDED.
EXHIBIT(huh26a03)

Discussion:

REP. FACEY explained that it would change the effective date to July 1, 2005.

Vote: Motion carried unanimously by voice vote 16-0. REP. JONES voted by proxy.

Motion: REP. ROBERTS moved that HB 24 BE AMENDED.
EXHIBIT(huh26a04)

Discussion:

REP. HENRY asked REP. ROBERTS if he wanted "step-child" added to HB 24. **REP. ROBERTS** said that it made no difference to him.

Vote: Motion carried unanimously by voice vote 16-0. REP. JONES voted by proxy.

Motion/Vote: REP. ROBERTS moved that HB 24 DO PASS AS AMENDED. Motion carried unanimously by roll call vote 16-0. REP. JONES voted by proxy.
{Tape: 2; Side: B; Approx. Time Counter: 4.1 - 8.5}

EXECUTIVE ACTION ON HB 59

Motion/Vote: REP. FACEY moved that HB 59 BE TABLED. Motion carried unanimously by voice vote 16-0. REP. JONES voted by proxy.

EXECUTIVE ACTION ON HB 217

Motion/Vote: REP. FACEY moved that HB 217 BE TABLED. Motion carried unanimously by voice vote 16-0. REP. JONES voted by proxy.
{Tape: 2; Side: B; Approx. Time Counter: 8.5 - 14.8}

EXECUTIVE ACTION ON HB 25

Motion: REP. ROBERTS moved that HB 25 DO PASS.

Motion: REP. FACEY moved that HB 25 BE AMENDED.
EXHIBIT(huh26a05)

Discussion:

REP. FACEY explained the effective date was changed to July 1, 2005.

Vote: Motion carried unanimously by voice vote 16-0. REP. JONES voted by proxy.

Motion/Vote: REP. ROBERTS moved that HB 25 DO PASS AS AMENDED. Motion carried unanimously by voice vote 16-0. REP. JONES voted by proxy.
{Tape: 2; Side: B; Approx. Time Counter: 14.8 - 17.1}

EXECUTIVE ACTION ON HB 26

Motion: REP. ROBERTS moved that HB 26 DO PASS.

Motion: REP. WINDY BOY moved that HB 26 BE AMENDED.
EXHIBIT(huh26a06)

Discussion:

Mr. Al Smith explained the amendment. Current practices are to continue. Hospitals will require independent health care providers to have their own insurance.

Vote: Motion carried unanimously by voice vote 16-0. REP. JONES voted by proxy.

Motion: REP. FACEY moved that HB 26 BE AMENDED. EXHIBIT(huh26a07)

Discussion:

REP. FACEY explained that it changed the effective date to July 1, 2005.

Vote: Motion carried unanimously by voice vote 16-0. REP. JONES voted by proxy.

Motion/Vote: REP. ROBERTS moved that HB 26 DO PASS AS AMENDED. Motion carried unanimously by voice vote 16-0. REP. JONES voted by proxy.
{Tape: 2; Side: B; Approx. Time Counter: 17.1 - 21.4}

EXECUTIVE ACTION ON HB 64

Motion: REP. ROBERTS moved that HB 64 DO PASS.

Discussion:

Ms. Susan Fox, Legislative Staffer explained about "health care provider" being inserted in another part of the bill. There had been some confusing information at the hearing. She defined the terms of "health care provider" and "physician" that are used by a medical legal panel.

Mr. Pat Melby explained that the definition used for "health care provider," as defined in 27-6-103, involves anyone who goes before a medical legal panel. He knew of no medical malpractice cases against APRN's or CRNA's. They usually practice under the supervision of a physician. Concerning Page 1, Lines 24 and 26, "physician" was used deliberately because a podiatrist could testify against a physician without Subsection 2. Under

Subsection 3 at the bottom of the page, "dentist" would be a specialist and only a dentist could testify against a specialist. ***{Tape: 2; Side: B; Approx. Time Counter: 21.4 - 30.4}***

Motion/Vote: REP. FACEY moved that HB 64 BE AMENDED. Motion carried unanimously by voice vote 16-0. REP. JONES voted by proxy.
EXHIBIT(huh26a08)

Motion: REP. ROBERTS moved that HB 64 BE AMENDED.
EXHIBIT(huh26a09)

Discussion:

REP. ROBERTS asked Mr. Melby if the physicians and lawyers were in agreement with the amendment. **Mr. Melby** replied that they were but they needed clarification on Numbers 4 and 5. He felt a rewording was necessary.

Ms. Fox reworded the amendment and explained the new language to the committee. There was discussion about whether the new language helped in clarifying the amendments. Clarification was not forthcoming.

REP. ROBERTS recommended to the committee that they wait till Ms. Fox had time to craft the official amendment. HB 64 was put on hold till 2-4-05.
{Tape: 3; Side: A; Approx. Time Counter: 0 - 6.5}

EXECUTIVE ACTION ON HB 31

Motion: REP. ROBERTS moved that HB 31 DO PASS.

Discussion:

CHAIRMAN ARLENE BECKER asked if the money for HB 31 was in the Governor's budget or HB 2. **REP. ROBERTS** replied that it was not in the Governor's budget. The Governor is interested in HB 31 and SEN. JOHN COBB is looking into funding for HB 31. The bill should go to Appropriations from the committee. REP. ROSIE BUZZAS is also interested in putting HB 31 into the budget.

CHAIRMAN BECKER inquired if it was possible to pull money from other agencies in DPHHS. **REP. ROBERTS** told the committee there

were several ways that had been discussed to fund the proposed bill.

REP. FACEY said he approved HB 31 but was not thrilled with the fiscal note. He stated that if HB 31 is passed out of committee, with no appropriation, the Governor's Office would have to figure out how to implement the program with existing staff. He would support the bill if the Governor's Office takes it over.
{Tape: 3; Side: A; Approx. Time Counter: 6.5 - 10.9}

REP. BILL WARDEN stated that his understanding was the bill would go to Appropriations Committee. He would vote for the bill.

REP. MARY CAFERRO commented that, in the title of the bill on Lines 7, 8, 9, and 10, it says, "replacing the Inter-agency Coordinating Council." She wanted to know what that meant. **REP. ROBERTS** explained there is a crime control board that has 18 members and the Drug Commissioner would be assigned to that board.

CHAIRMAN BECKER asked Ms. Fox to comment on this. **Ms. Fox** explained the Commissioner would become a member of the Board of Crime Control. The Inter-agency Coordinating Council for prevention is often called the ICC. A statutory board was made up of 18-20 agencies, mostly directors, but it has been an unfunded mandate with no authority. ICC has begged for donations from the agencies that are represented. This bill was intended to replace the ICC.

REP. ART NOONAN addressed the bill. He agreed with the proposed bill and with REP. FACEY's comments. He would rather make a suggestion to the agencies that they work together. He did not want to send the bill out of committee with no funding.
{Tape: 3; Side: A; Approx. Time Counter: 10.9 - 16.7}

REP. FACEY was not in favor of the bill with the fiscal note.

REP. ROBERTS reiterated the need for a policy which included a Commissioner and the coordination of agencies involved in the meth problem. This bill came out of an interim committee and funding should not be a problem.

REP. WARDEN expressed his views. He could not vote for the bill because he felt it was not fiscally responsible.
{Tape: 3; Side: A; Approx. Time Counter: 16.7 - 21.2}

Vote: Motion failed 7-9 by roll call vote with REPS. BECKER, CAFERRO, HENDRICK, MCGILLVRAY, MILBURN, ROBERTS and WINDY BOY voting aye.

Motion/Vote: REP. MCGILLVRAY moved that HB 31 BE TABLED AND THE VOTE REVERSED. HB 31 was tabled with a vote of 9-7 with REPS. BECKER, CAFERRO, HENDRICK, MCGILLVRAY, MILBURN, ROBERTS AND WINDY BOY voting no.
{Tape: 3; Side: A; Approx. Time Counter: 21.2 - 28.5}

EXECUTIVE ACTION ON HB 289

Motion: REP. WINDY BOY moved that HB 289 DO PASS.

Discussion:

REP. MCALPIN felt that HB 289 was a punitive bill and he was not in favor of it.

REP. EATON concurred with REP. MCALPIN.

CHAIRMAN BECKER said that REP. GLASER was trying to take money from the wrong place. The money could not be taken from I-149. She appreciated the purpose of the bill. I-146 was the settlement money and she understood that the prevention and stabilization count would no longer exist and some of that money would be going back for the purpose of I-146. She hoped there would be more money for treatment.

CHAIRMAN BECKER informed the committee that DPHHS released information that the Governor's budget is proposing an increase in funding for a comprehensive tobacco prevention program for Montana by approximately $6.5 million per year. This funding would come from the Master Settlement Agreement (MSA) as outlined in I-146. Thirty-two percent of MSA funds would be used for comprehensive tobacco prevention.

Motion/Vote: REP. ROBERTS moved that HB 289 BE TABLED. Motion carried 14-2 by voice vote with REPS. STOKER and WINDY BOY voting no. REP. JONES voted aye by proxy.
{Tape: 3; Side: A; Approx. Time Counter: 28.5 - 31}

ADJOURNMENT

Adjournment: 5:55 P.M.

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REP. ARLENE BECKER, Chairman

_____
MARY GAY WELLS, Secretary

AB/mw

Additional Exhibits:

EXHIBIT(huh26aad0.PDF)