

MINUTES

MONTANA SENATE 59th LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By **CHAIRMAN BRENT R. CROMLEY**, on February 18, 2005 at 3:20 P.M., in Room 317 Capitol.

ROLL CALL

Members Present:

Sen. Brent R. Cromley, Chairman (D)
Sen. John Cobb (R)
Sen. John Esp (R)
Sen. Duane Grimes (R)
Sen. Lynda Moss (D)
Sen. Jerry O'Neil (R)
Sen. Trudi Schmidt (D)
Sen. Dan Weinberg (D)
Sen. Carol Williams (D)

Members Excused: None.

Members Absent: None.

Staff Present: David Niss, Legislative Branch
Rita Tenneson, Committee Secretary

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

Committee Business Summary:

Hearing & Date Posted: SB 448, 2/14/2005; SB 467,
2/14/2005; SB 499, 2/16/2005; SJ
28, 2/17/2005; SB 479, 2/15/2005
Executive Action: SB 467; SJ 28; SB 479; SB 440
SB 448; SB 499

HEARING ON SB 448

Opening Statement by Sponsor:

SEN. JERRY BLACK (R), SD 14, opened the hearing on **SB 448**, Revise emergency medical technician laws.

SEN. BLACK told the Committee this bill is extremely important across rural and north central Montana. He gave the Committee an amendment for the bill. It clarifies an issue within emergency hospitals around Montana. It allows EMTs to work in hospitals within the scope of practice. The intent of the bill is not to replace nurses, but to assist nurses when required. This would allow EMTs to work in emergency situations where a nurse is not available.

EXHIBIT (phs40a01)

Proponents' Testimony:

Bob Olsen, Montana Hospital Association presented the Committee with testimony in favor of **SB 448**.

EXHIBIT (phs40a02)

Dr. James Upchurch, read his testimony and gave the Committee an emergency medical technicians fact sheet.

EXHIBIT (phs40a03)

Sally Buckles, President of the Montana Emergency Medical Services Association, read her testimony in favor of the bill.

EXHIBIT (phs40a04)

Dr. Craig Moore, emergency department physician, Missoula, read his testimony in favor of the bill

EXHIBIT (phs40a05)

Jani McCall, Deaconess Billings Clinic, with 2900 employees, spoke in favor of the bill, saying it is important to include EMTs in emergency rooms. There are often situations where the staff need their assistance.

Lisa Lackner, registered nurse for 28 years, working as an emergency and a flight nurse, agrees that EMTs and paramedics are an important part of emergency room backup assistance. EMTs perform advanced airway patent, extricate accident victims from

their vehicles, and perform emergency assistance until the person arrives at the hospital but, when they go through the doors of the ER, the real problem begins. They play an important role in emergency care and licensure is important.

Todd Harwell, Bureau Chief, Chronic Disease Prevention and Health Promotion Bureau, Department of Public Health and Human Services (DPHHS), read his testimony in favor of the bill.

[EXHIBIT](#) (phs40a06)

Kenneth Downs, Great Falls Emergency Services, read a prepared statement in favor of the bill.

[EXHIBIT](#) (phs40a07)

John Flink, Montana Hospital Association, rose in favor of the bill. He read a letter from **Harry Bold, CEO, Big Sandy Medical Center, Big Sandy,** in favor of the bill.

[EXHIBIT](#) (phs40a08)

Kate Rude, Great Falls Emergency Service, read a prepared statement in support.

[EXHIBIT](#) (phs40a09)

Opponents' Testimony:

REP. EVE FRANKLIN, HD 24, GREAT FALLS, told the Committee patient care will suffer. The current EMT statute covers acute care in the field. Once a patient is in a hospital situation, this changes. They cannot replace the specialized care of physicians, radiology techs, etc. Nothing in the law limits EMTs to perform. They do everything to get the patient to the hospital. This is what they are trained to do.

REP. FRANKLIN, presented the Committee with a letter from **Steven Douglas Rice, Pastor, First Lutheran Church,** in opposition.

[EXHIBIT](#) (phs40a10)

Jean Ballantyne, registered nurse and educator, read testimony in opposition.

[EXHIBIT](#) (phs40a11)

Jane Scharff, RN, read testimony in opposition.

[EXHIBIT](#)(phs40a12)

REP. TERESA HENRY, HD 96, MISSOULA, opposed the bill and read testimony from **Barbara Landrum, RN, Barrett Hospital and Health Care, Dillon**, in opposition.

[EXHIBIT](#)(phs40a13)

Deanna Babb, RN, Montana State University College of Nursing, read testimony in opposition.

[EXHIBIT](#)(phs40a14)

Kim Powell, RN, certified emergency nurse, read testimony in opposition. She included a handout with definitions of emergency medical responder, emergency medical technician, paramedic, and advanced practice paramedic.

[EXHIBIT](#)(phs40a15)

John Dea, RN, read testimony in opposition.

[EXHIBIT](#)(phs40a16)

Doug Neil, Montana State Firearms Association and Council of Firefighters rose in opposition and said firefighters are not EMTs and, in the emergency room, EMTs are not nurses.

SEN. CAROLYN SQUIRES, SD 48, MISSOULA, said, if a member of her family was rushed to the emergency room, she would want their care in the hands of a professional. Hospitals could use licensed practical nurses in the emergency rooms.

REP. CYNTHIA HINER, HD 85, DEER LODGE, stood in strong opposition to **SB 448**.

Jeanette Melvin, registered nurse, said 12% of the patients arriving by ambulance were not patients who needed emergency care. She said this does not serve the need for EMTs in the emergency department.

[EXHIBIT](#)(phs40a17)

Sharon Haworth, did not support **SB 448**. She felt this was a major change in policy.

Informational Testimony: None.

Questions from Committee Members and Responses:

SEN. ESP asked **Ms. Haworth** about the change from emergency to medical on line 29. **Ms. Haworth** told him there were two major issues in the bill. Changing from emergency to medical care changes a whole scope. The language that goes into the hospital setting is another major issue. **SEN. ESP** asked **REP. FRANKLIN** if they limited practice outside the door for EMTs, would she see a place for them in the care. **REP. FRANKLIN** told him there is a place for EMTs. What they do now is come in, stabilize and deliver the patient to the higher level of care. **SEN. ESP** referred the question to **Mr. Dea** who told him with these duties EMTs function well. Their job is pre-hospital care. The care changes in the emergency room where different types of care are available. There is a difference with what goes on in the field and in the emergency room.

SEN. ESP asked **SEN. BLACK**, regarding testimony of concerns where the practice should stop, would he have amendments addressing those concerns. **SEN. BLACK** didn't.

SEN. WEINBERG asked **Mr. Dea** what the relative training was for nurses and EMTs. **Mr. Dea** told him a paramedic, the highest level of an EMT, has approximately 2000 hours of didactic and clinical experience combined. A registered nurse has four years of didactic and clinical experience. He also had in-flight training.

SEN. WILLIAMS asked **Ms. Haworth** about the issue in Missoula and whether this was more about financial concerns or health issues. **Ms. Haworth** said it was hard to comment as she hasn't been involved.

SEN. O'NEIL asked **Ms. Melvin** for a copy of the study she talked about.

SEN. MOSS asked **Mr. Melby** to comment on the liability and how it would affect hospitals. **Mr. Melby** didn't see any shift. EMTs would would work under the same insurance policy.

SEN. SCHMIDT asked **Ms. Melvin** to comment on **SEN. MOSS's** question. **Ms. Melvin** said they are covered under the hospital's insurance. She thought the issue would be with the liability where a skilled person is taking the position of a professional person.

Closing by Sponsor:

SEN. BLACK said this legislation is important to rural hospitals. EMTs are performing without licensure and as volunteers. There is a shortage of nurses in these communities and this can be an issue of saving lives. EMTs are dedicated people who have gone through training. EMTs can't replace nurses hospitals don't have. There is a shortage of nurses, you can see that in the help wanted ads. The bill addresses the main concerns so the Board of Medical Examiners can assess this. If he had a situation where he was sent to a rural hospital, he would be grateful an EMT was present to help with that concern.

HEARING ON SB 467

Opening Statement by Sponsor:

SEN. JOHN ESP (R), SD 31, opened the hearing on **SB 467**, High deductible health savings account option for state employees.

SEN. ESP said he would like to dispose of the bill without a hearing. He had written testimony for support from **Connie Welsh, Chief of the Employee Benefits Bureau, Department of Administration**, which is in the following exhibit.

EXHIBIT(phs40a18)

Also attached, as an exhibit, is **SEN. ESP'S** written request for disposal of **SB 467**.

EXHIBIT(phs40a19)

EXECUTIVE ACTION ON SB 467

Motion/Vote: **SEN. ESP** moved that **SB 467** BE TABLED. Motion carried unanimously by voice vote.

HEARING ON SB 499

Opening Statement by Sponsor:

SEN. BOB KEENAN (R), SD 5, opened the hearing on **SB 499**, Revise public mental health system laws.

SEN. KEENAN said this is a new mental health system for Montanans by Montanans. The purpose of the bill is to fulfill promises of last session. It enhances crisis response. He said they have done wonders in the past five years in the mental health fields. He said last session the law codified SAAs. They are regional organizations that are risk-bearing. SAAs are still in the early stages of development. They are still seen as a viable role in the mental health system. The county government has plans for anything that might happen, but they don't have a mental health plan. He said the bill provides mental health services closest to home. On January 31st, Larry, a friend of his, was in crisis and was 200 miles from home. He had stopped taking his meds and was afraid to present himself for fear of being locked up. He had no help and no guidance in this and was in a very serious situation. This bill will help people in Montana who suffer from mental illness.

Proponents' Testimony:

Mignon Waterman, said one thing the bill does is clean up what a SAA is and she feels this is important. This has a good partnership with the department. Another important part of the bill is in section 3, the county support plan. They need a plan for hospital health centers on how to respond to crisis. She urged the Committee's support to move the system forward.

Joyce DeCunzo, Administrator, Addictive and Mental Health, DPHHS, said the State should have a role in establishing a crisis response system State-wide which is consistent. Some counties have plans and some do not.

Bob Olsen, Montana Hospital Association, (MHA), told the Committee section 2 is the key issue. People with mental disease should have a safe place to go and not end up in jail. People with alcohol and mental health problems have nobody there to take care of them. The second part of the bill pertains to hospitals. In the emergency room, there is no one to deal with the neurosis of mental health. The mental health center may respond, but not in all cases. The State must do something different and better for these people.

Bonnie Adee, Mental Health Ombudsman, affirmed this is an issue that comes to her office. She liked the parts of the bill specifying a partnership between the State and county to solve the problems. She liked involving the SAAs in monitoring. She said parts of the bill which are not liked can be fixed, but direction needs to be given to what the role of the State and the role of the county is.

Jani McCall, Deaconess Billings Clinic, was in strong support of the bill.

Dr. Gary Mihelish, National Alliance of the Mentally Ill, supported the legislation saying there is no crisis care for these mental health people. He supports the service area concept. There is not enough money for mental health. A change is needed, the system is ineffective and does not include recovery at this time. There needs to be collaboration between police, county attorneys, hospitals, counties, etc., to make the system work.

Anita Roessman, Attorney, said cleaning up the language that doesn't work is a good idea. She gave an amendment to the staff where crisis service language should be written into the law. Solving local crisis needs has to be local and not just a department issue. With the current crisis response system, somebody comes to your house, puts you in cuffs and drives you through the State to a center. She said we shouldn't leave the million dollars on the table to disappear. She urged support.

Kurt Chisholm, NAMI, Montana, said there is no availability of assistance to citizens with mental illness in the State. There are 173 - 190 Montana citizens who take their lives every year. He said we should develop some kind of mental health assistance dealing with these types of crisis.

Jeff Folsom, Disabilities Services around the State of Montana, strongly urged passage of the bill. He said it is an important piece of legislation to help the Department. There are tremendous problems coordinating Montana health services which only emphasizes the need to have a plan. This gives an opportunity for the department to have some guidelines.

SEN. STEVE GALLUS, SD 37, BUTTE, had just attended a funeral this afternoon for a crisis victim. He hoped the legislation wouldn't get caught up in politics.

Opponents' Testimony:

Leo Gallagher, County Attorney, Lewis and Clark County, said he supports the concept of the bill but it needs fixing, especially in the funding. There should be a plan in each county. He said there is a failure of the counties in addressing the plan. Lewis and Clark County has a plan for jail diversions. He said programs cost money and how do we fund these programs. He said, what is a community - is Augusta a community or is it Helena that is the community. This wasn't clear to him. Without adequate State funding, the counties may want to partner with the State

but the department can walk away from it, the way the bill is written. In order to fund the program, they have to work with a licensed health center. He said not to kill the bill in its entirety, but there needs to be State involvement.

Donald Harr, Montana Psychiatric Association, said section 1, paragraph 7 has serious concern about crisis assessment under supervision. The training is wide open. The person should be trained in the mental health field or it defeats the purpose. He agrees with the bill except for the few areas. Section 2 is an excellent concept. Section 3, paragraph 2 refers to temporary safe environment in the community. He didn't know if it was the immediate community or what. A predominate concern in 53-21-1001 definition #22 of the term, community health center to license center - is that licensed mental health center only. On licensed mental health centers, you should be able to take on the same responsibilities. He commended **SEN. KEENAN** on the bill and said, with changes, the bill could be workable.

Doug Kaercher, Hill County Health and Human Services Committee, believes in the crisis center but, after they are established within each county, who will fund them. They have no more dollars to put into this program. They would encourage a study on this bill.

Art Kleinanan said he has been on the Mental Health Board 23 years. They don't have SAAs in his county. He understands the need to have a plan but it has to be something they can work with.

Dr. Noel Drury, a full time psychiatrist in Kalispell, works with crisis patients. The SAA crisis part of the bill is supporting 110 veterans from the Vietnam War and 300 severely mentally ill people. He gets calls every fourth night with people in crisis. He has worked with the Mental Health Center, a comprehensive center in Kalispell. He said a trained person should be doing intervention. This person needs intensive training. They require the person have a masters level of training. People need continual health care. Community hospitals face problems with mental health care, as well. He suggested looking at amendments to enhance the bill.

Gordon Morris, Director, Montana Association of Counties (MACo), said MACo has been involved in section 2 and 3 of the bill for many years. He had problems with the language pertaining to diversion of people and with saying the sheriff shall require screening. Jail diversion and crisis intervention were problems. This would require a crisis center in every county in Montana. Crisis intervention and jail diversion are two different issues.

He had no idea where this funding was coming from. He said if they could show him where the dollars are coming from, they will come back and support the bill.

Mike Anderson, Hill County Commissioner, asked to be on record as opposing the bill.

Carl Eilstad asked to be on record in opposition.

Lloyd Berg, County Commissioner, said a mental health center was important but did not think the counties could afford it.

Ken Weber, would like to see the mental health centers become a reality but questioned the funding. He hoped the bill could be made to work in some way.

Informational Testimony: None.

Questions from Committee Members and Responses:

SEN. ESP asked **Ms. DeCunzo** if they had been working on the response services. She said, as she read the bill, they have plans for all kinds of emergency situations. **SEN. ESP** asked her as we look forward to changing licensing and responsibility of the State with care, did she envision contracting with the State. **Mrs. DeCunzo** answered, yes. Licensed mental health centers will be eligible providers for the services. **SEN. ESP** said to provide center services, we need an entity to contract. He asked if the department have enough flexibility for funding for these services. **Ms. DeCunzo** said there is flexibility to do that type of service within the budget but she hasn't heard of any services that are a profit maker. She said everyone sees it is a difficult system to keep up with.

SEN. ESP asked **Mr. Folsom** about the definition, on page 2, referring to assessment with a trained person and what that meant to him. **Mr. Folsom** said that is the first person who does the screening and, in rural areas, that may be the sheriff. It would be a trained person, not a licensed person.

SEN. MOSS asked **SEN. KEENAN** about the fiscal note for the bill. She applauded him for his work in Montana. She asked about the comments from the counties regarding fiscal impact. **SEN. KEENAN** said the word program on page five is current language. He is trying to find the million dollars to put into the bill. He said they talked about an additional million dollars to cover the new facilities. The fiscal note hasn't shown up. He was getting the bill going and they are still working on the funding.

SEN. WEINBERG told **SEN. KEENAN** there seems to be a disconnect between him and the counties. He asked him to describe how he coordinated with the counties and came up with this concept.

SEN. KEENAN said it was introduced as a community bill. Crisis response and intervention has been a very important issue.

SEN. O'NEIL asked **SEN. KEENAN**, if the crisis respondent was a trained person at 911. **SEN. KEENAN** answered that a bill is coming through the process putting in a 211 emergency number that would apply to this. The trained person is under supervision. They are having law enforcement trained in some way to identify a person in a mental health crisis.

SEN. SCHMIDT asked **Mr. Drury** about page 2, line 3, the crisis assessment and what that meant to him. **Mr. Drury's** concerns were that the trained person is someone in law enforcement or a fireman. There are a lot of things that enter into this. The patient may have a neurological disorder, be a diabetic, a victim of domestic violence, social illness, etc. There are many different layers. A person just can't go to a few workshops and provide someone, or their family, with a complete evaluation.

Closing by Sponsor:

SEN. KEENAN was surprised the counties objected to the bill. He said this was the crux of the problem. He said this is a message on what has to be done. He said everyone talks about being consumer orientated toward people in crisis. If the Committee chooses not to move forward with the bill, it is O.K. He said the counties have made it clear today they have not complied with the law. He asked the Committee to pass the bill for the Larrys who need help. He thanked the Committee for allowing him to have this hearing.

HEARING ON SJ 28

Opening Statement by Sponsor:

SEN. CAROLYN SQUIRES (D), SD 48, opened the hearing on **SJ 28**, Pain management resolution.

SEN. SQUIRES told the Committee 50 million people have pain. This Resolution heightens awareness of pain management. She handed the Committee written testimony and a pain assessment scale.

EXHIBIT (phs40a20)

EXHIBIT (phs40a21)

Proponents' Testimony:

Christen Nei, American Cancer Society, told the Committee 50 - 70% of cancer patients have uncontrolled pain despite the fact they are on medication. She gave the Committee a handout showing cancer facts in Montana.

EXHIBIT (phs40a22)

Closing by Sponsor:

SEN. SQUIRES closed saying she hoped the Committee would pass her legislation.

EXECUTIVE ACTION ON SJ 28

Motion/Vote: **SEN. COBB** moved that SJ 28 DO PASS. Motion carried unanimously by voice vote.

HEARING ON SB 479

Opening Statement by Sponsor:

SEN. GREG LIND (D), SD 50, opened the hearing on **SB 479**, Direct billing for pathology services.

SEN. LIND said this bill speaks to unethical situations regarding pathology services contrary to the American Medical Association's rules of ethics. He gave the Committee a report regarding this.

EXHIBIT (phs40a23)

Proponents' Testimony:

Michael Brown, a Billings pathologist, read his testimony in favor of the bill.

EXHIBIT (phs40a24)

Dr. Bruce Britton, read his testimony in favor of the bill.

EXHIBIT (phs40a25)

Pat Melby, Montana Medical Association, in favor, saying this includes the pathologists who perform and the physicians who do the double billing. This has an effect on Medicare and Medicaid and he recognizes this is a problem.

Dennis McSweeney, practice manager for a Helena pathology group, read his testimony in favor of the bill.

EXHIBIT (phs40a26)

Jeffrey K. Smith, MD, President, Montana Society of Pathologists, submitted written testimony in favor.

EXHIBIT (phs40a27)

Ben Blend, MD, pathologist, Bozeman Deaconess Hospital, with written testimony in favor.

EXHIBIT (phs40a28)

Opponents' Testimony: None.

Informational Testimony: None.

Questions from Committee Members and Responses:

SEN. O'NEIL asked **SEN. LIND** if it would be fair to only allow hospitals to do the lab work. **SEN. LIND** said this bill prohibits one physician from billing a lab in which he or she has an interest. They are trying to eliminate a middleman. Some physicians own their own labs. This bill doesn't allow them to bill their own lab and then bill the patient at a mark up. It does allow them to bill other physicians who have work done in their lab.

Closing by Sponsor:

SEN LIND, in closing, said when the physician, who does the biopsy, sends it out of State at a discount, then bills the patient with a mark-up, it is contrary to the MMA's ethics. This physician is marking up their bill.

EXECUTIVE ACTION ON SB 479

Motion/Vote: **SEN. GRIMES** moved that SB 479 DO PASS. Motion carried unanimously by voice vote.

EXECUTIVE ACTION ON SB 440

This is **SEN. HARRINGTON'S** bill for licensing specialty hospitals.

Motion: SEN. MOSS moved that SB 440 DO PASS.

Motion/Vote: SEN. ESP moved that AMENDMENT SB 044002.adn DO PASS. Motion carried unanimously by voice vote.

EXHIBIT (phs40a29)

Motion/Vote: SEN. MOSS moved that SB 440 DO PASS AS AMENDED. Motion carried 7-2 by voice vote with SEN. COBB and SEN. O'NEIL voting no.

EXECUTIVE ACTION ON SB 448

Motion: SEN. ESP moved that SB 448 DO PASS.

Discussion: SEN. ESP presented an amendment to clarify that the total practice cannot exceed its own scope of practice outside the door of the hospital. This extends the scope of practice to the emergency room.

SEN. O'NEIL said the EMT could give a transfusion in the ambulance. Could he give a transfusion inside the emergency room. SEN. ESP said it was an allowable. Under the stop of practice outside the emergency room, he could not.

Mr. Niss said the amendment was on page 1, lines 28 and 29. On line 28 put "and" before protocols, and delete after protocols "and the scope of practice". On line 29, after the period insert the rules may not expand the rules of practice but may allow the application of those practices in the hospital."

SEN. WILLIAMS expressed concern about the stop of practice and the nurses' association. She wanted to hear their comments on narrowing the practice. Mrs. Haworth told her right now an EMT can be employed as an emergency technician. Under the job description they believe this is adequate, but there are some changes in what that technician can do.

SEN. ESP said the concern expressed in the hearing was whether the Board had the ability to rule. One of the concerns was that their responsibility could be greater. It is hard to understand. The amendment makes it clear they can't expand the EMT's services over someone who has the same classification

SEN. GRIMES thought that was what they wanted to do. SEN. ESP said they want to keep the same practice.

SEN. SCHMIDT asked someone from the nursing group to respond.

Kim Powell said this was for emergency patients only. We are talking about a very small population. She asked them to keep in mind that the proposal is not for them to practice medicine. They can do a lot of things now without a license.

SEN. O'NEIL thought the amendment will make it more complicated. He said we should pass the bill and let the Board make the rules.

Motion/Vote: **SEN. ESP** moved to **AMEND SB 448 TO CLARIFY THE TOTAL PRACTICE CANNOT EXCEED THE SCOPE OF ITS OWN PRACTICE OUTSIDE THE DOOR OF THE HOSPITAL.** Motion carried 5 to 4 by roll call vote with **SEN. SCHMIDT, SEN. COBB, SEN. O'NEIL** and **SEN. WILLIAMS** voting no.

Motion/Vote: **SEN. GRIMES** moved that **SB 448 BE AMENDED WITH SB044801.ADN.** Motion carried unanimously by voice vote.

EXHIBIT (phs40a30)

Motion: **SEN. ESP** moved that **SB 448 DO PASS AS AMENDED.**

Discussion: **SEN. WEINBERG** had concerns about the EMTs doing things in the hospitals they should not be doing. He said they are practicing without a license. With training comes sensitivity. He said if these people want to be nurses, they can go back to school and become nurses. He said when going to an emergency room and having a choice, he would choose someone with more training.

SEN. ESP said he had e-mail from both sides. Many hospitals with an OR has had to have a RN there. The EMT would have to wait for orders from a doctor.

SEN. CROMLEY was concerned with section 1 expanding the scope of care from emergency care to emergency room.

SEN. O'NEIL said we are willing to tax for more drugs and public health benefits. We have a way to keep costs from rising and provide some services by letting a person work who is already there. Now we are not in support. We have a volunteer who goes through 1000 hours of training. They volunteer for years without pay, now we are afraid to pay them. We are running out of EMTs. We need to entice more people to get into this.

SEN. WILLIAMS thought **SEN. O'NEIL** overstated the training. She thought it was only 45 hours. She had just been to the emergency

room as a patient. She said we can cut, but this would not be quality health care.

SEN. GRIMES said it goes to the Board who is going to oversee the work being done in those capacities. He said it will be a reduced quality of care. The issue is continuity of care, going to the best of care when doctors or nurses meet EMTs at the door. He's been in rural hospitals. They are staffed pretty thin. He is assuming they need a little more flexibility until someone takes over for them.

Motion/Vote: **SEN. ESP** moved that SB 448 DO PASS AS AMENDED. Motion failed 3-6 by roll call vote with **SEN. ESP**, **SEN. GRIMES**, and **SEN. O'NEIL** voting aye.

Motion/Vote: **SEN. CROMLEY** moved that SB 448 BE TABLED AND THE VOTE REVERSED. Motion passed 6-3 with **SEN. ESP**, **SEN. GRIMES**, and **SEN. O'NEIL** voting no.

EXECUTIVE ACTION ON SB 499

Motion: **SEN. ESP** moved that SB 499 DO PASS.

Motion/Vote: **SEN. ESP** moved TO AMEND SB 299 ON PAGE 4 LINE 30 AFTER "SHALL" INSERT "IS SUBJECT TO AVAILABLE ASSOCIATION." Motion carried unanimously.

The committee reviewed amendments from **SEN. KEENAN** referring to first respondent, screening and assessment. **SEN. CROMLEY** said they should have a handle on who does the assessment. **SEN. ESP** said the definition of a professional person is on the bottom of page 3. **SEN. CROMLEY** said it is a trained person now. The amendment would put a burden on the county. **SEN. ESP** said he would rather have a professional person than a trained person.

SEN. SCHMIDT read the amendment as "Crisis screening" to mean a trained person under the clinical supervision or direction of a mental health professional following a screening by a first respondent that suggests that"

Motion/Vote: **SEN. ESP** moved that SB 499 BE AMENDED WITH **SEN. SCHMIDT'S** SUGGESTION. Motion carried 8-1 by voice vote with **SEN. CROMLEY** voting no.

Motion: **SEN. ESP** moved that SB 449 BE AMENDED WITH SB049901.ASB.

EXHIBIT (phs40a31)

Discussion: SEN. O'NEIL thought this could be done without the legislature funding it. They already have most of this. He said a lot is just definitions. He wanted to segregate paragraph 7 of the amendment.

Substitute Motion/Vote: SEN. O'NEIL made a substitute motion that HB 449 BE AMENDED WITH SB044901.ASB PARAGRAPHS 3-6. Substitute motion carried unanimously by voice vote.

Motion/Vote: SEN. ESP moved that SB 499 BE AMENDED WITH SB049902.ASB. Motion carried unanimously by voice vote.

EXHIBIT(phs40a32)

The committee reviewed an amendment from **Anita Roessman, Central Service Authority**. This amendment defines service areas to collaborate with the system the department will oversight. SEN. ESP thought it was a good amendment.

EXHIBIT(phs40a33)

Motion/Vote: SEN. SCHMIDT moved that HB 499 BE AMENDED WITH THE SUGGESTION FROM CENTRAL SERVICE AUTHORITY. Motion carried unanimously by voice vote.

Motion: SEN. ESP moved that SB 499 DO PASS AS AMENDED.

Discussion: SEN. ESP commented that this is a first step in a process that may work or may fail and asked **Gordon Morris** to respond. **Mr. Morris** said he would work on this and he would have fifty days. This will keep people in their communities where they can be treated and will provide needed services. The bill may come back in forty days looking different. He asked the Committee to support it.

SEN. CROMLEY was uncomfortable with the hearing and the time element. He would like to have some sense of confidence in the bill.

SEN. WILLIAMS said they stepped out on faith and she was not sure. She thought the bill was imperative and sensed urgency in **SEN. KEENAN'S** voice.

SEN. WEINBERG expressed disappointment with the bill and had problems with line 2. He agreed with the issues and has spent a lot of time talking about mental health issues. These kinds of services are real but he thought there are problems with the

bill. He was concerned with MACo and not sure SAAs were involved with writing the bill. He wasn't sure the SAAs had a voice and it gives them a message that, when it is convenient we give them a voice and, when it is not, we don't give them a voice. He would like to work with **SEN. KEENAN** and give the SAAs a voice.

SEN. ESP told **SEN. WEINBERG** several people had lost family members due to mental health problems and told him the reason for the bill is for the folks that could have been here and are not. We are here for his niece and her kids who now don't have a family and Curt Chisholm's family and son.

SEN. SCHMIDT was also concerned that the SAAs weren't involved. She had the same concerns as **SEN. ESP** and was hearing the pleas of people who are in the center. She wanted to say to **SEN. KEENAN** it has nothing to do with his name being on the bill. She simply has concerns about the bill.

SEN. MOSS couldn't support the bill as she thought it should have been worked out before it came to the Committee. However, she said it is critical to our State. There is an opportunity to use this to bring people together to address these issues and work with our cities and small towns to arrive at a solution. She said we have the expertise to work together.

SEN. GRIMES was amazed at the conversation. He said this was something nobody wanted and we brought it together. The SAA's are now a bureaucratic force setting the policy. He said we are the policy making body here. Counties have to come up with fiscal terms.

Motion: **SEN. O'NEIL** moved that SB 499 BE AMENDED BY STRIKING EVERYTHING FROM PAGE 4, LINE 29, TO THE END OF THE BILL.

Discussion: **SEN. O'NEIL** explained that the purpose is it takes the expenses away and it keeps the bill alive by letting it go to the House.

SEN. ESP opposed the amendment.

SEN. WILLIAMS said this is a very difficult bill and she respected the people who came forward with it. She admitted she surprisingly agreed with **SEN. O'NEIL**.

Vote: Motion carried 8-1 with **SEN. GRIMES** voting no.

Motion/Vote: **SEN. ESP** moved that SB 499 DO PASS AS AMENDED.
Motion carried unanimously by voice vote.

Mary Dalton, DPHHS, provided information requested by **SEN. WEINBERG**, regarding percentage comparisons for Medicare and Medicaid patients between specialty and regular hospitals included in following exhibit.

EXHIBIT(phs40a34)

Due to a problem with the recorder, there are no tapes available for this hearing.

ADJOURNMENT

Adjournment: 9:10 P.M.

SEN. BRENT R. CROMLEY, Chairman

RITA TENNESON, Secretary

BC/rt

Additional Exhibits:

EXHIBIT ([phs40aad0.PDF](#))