

MINUTES

**MONTANA SENATE
58th LEGISLATURE - REGULAR SESSION**

COMMITTEE ON BUSINESS AND LABOR

Call to Order: By **CHAIRMAN DALE MAHLUM**, on March 18, 2003 at 9 A.M., in Room 422 Capitol.

ROLL CALL

Members Present:

Sen. Dale Mahlum, Chairman (R)
Sen. Mike Sprague, Vice Chairman (R)
Sen. Sherm Anderson (R)
Sen. Vicki Cocchiarella (D)
Sen. Kelly Gebhardt (R)
Sen. Ken (Kim) Hansen (D)
Sen. Sam Kitzenberg (R)
Sen. Glenn Roush (D)
Sen. Don Ryan (D)
Sen. Carolyn Squires (D)

Members Excused: Sen. Bob Keenan (R)
Sen. Fred Thomas (R)

Members Absent: None.

Staff Present: Sherrie Handel, Committee Secretary
Eddy McClure, Legislative Branch

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

HEARING ON HB 312

Sponsor: REPRESENTATIVE MONICA LINDEEN

Proponents: Bob Vogel, Montana School Boards Association
(MTSBA)

Opponents: NONE

Informational Witnesses: NONE

Opening Statement by Sponsor:

REPRESENTATIVE MONICA LINDEEN, HD 7, Huntley, said this bill adds amateur athletic officials to the list exempt from the unemployment insurance law. These officials are independent contractors who work for schools, local recreation departments, etc., on an as needed basis. She said last session they were exempted from workers' compensation and this is an extension of that.

Proponents' Testimony:

Bob Vogel, Montana School Boards Association, rose in support of the bill.

Questions from Committee Members and Responses:

No questions were posed by Committee members on this bill.

Closing by Sponsor:

REPRESENTATIVE MONICA LINDEEN closed.

{Tape: 1; Side: A; Counter: 3.6}

HEARING ON HB 130

Sponsor: REPRESENTATIVE DAVE LEWIS

Proponents: John Morrison, State Auditor and Commissioner of Insurance
Betty Beverly, MT Senior Citizen's Association
Donald Miller, Supervisor, Patient Accounts, St. Patrick's Hospital
Mary Williams, Capital City Task Force for AARP
Bob Olsen, MHA
Mike Foster, Three Sisters of Charities Hospitals in Montana
Pat Melby, Montana Medical Association
Jani McCall, Billings Clinic
Claudia Clifford, State Auditor's Office

Opponents: Tanya Ask, Blue Cross Blue Shield of Montana
Frank Cote, Health Insurance Assoc of America
Denise Pizzini, New West Health Services
Greg Van Horssen, State Farm
Randy Nelson, Mountain West Farm Bureau Insurance Co.
Jacqueline Lenmark, American Council of Life Insurers
Stan Kaleczyc, Burlington Northern Sante Fe
Aiden Myhre, Montana Chamber of Commerce
Jon Metropoulos, National Association of Independent Insurers & Farmers Insurance Group
Tom Clinch, MT School Services
Roger McGlenn, Independent Insurance Agents Association of Montana
Don Allen, Montana Association of Insurance & Financial Providers
Bob Worthington, MMIA
Harold Blattie, Montana Assoc. of Counties

Informational Witnesses: Mike Halligan, Washington Corporation
Allen Hall, Employee Benefit Management Services in Billings

Opening Statement by Sponsor:

REPRESENTATIVE DAVE LEWIS, HD 55, Helena, said this is a prompt pay bill for insurance claims. He said this bill is to try and help small businesses to get paid in a more prompt manner. He said what he wanted originally was to take care of people who had small body shops and windshield repair, etc. He passed out an

amendment **EXHIBIT (bus57a01)**. He stated this law would bring them into consistency with other states.

Proponents' Testimony:

John Morrison, State Auditor and Commissioner of Insurance, turned in testimony in favor of **HB 130 EXHIBIT (bus57a02)**. He discussed the bill and passed out some proposed amendments **EXHIBIT (bus57a03)**. He passed out two letters of support from the National Assoc. of Insurance Commissioners and the University of Montana Law School **EXHIBIT (bus57a04)** and **EXHIBIT (bus57a05)**. He also passed out prompt pay statutes and regulations after the hearing **EXHIBIT (bus57a21)**.

{Tape: 1; Side: A; Counter: 25.9}

Betty Beverly, MT Senior Citizen's Association, said in February of last year they lost their home to a fire. She said two years prior to that they lost their garage to a fire. She said the claim for her garage was settled within three months and they were rebuilding. She said they contacted Western State's Insurance and an adjustor came out after their home burned. She said they had to buy clothes in February, they had to decide where to live and list all the things they had lost, etc. for the insurance company. She said it took until October 31st to settle this claim, which was over 6 months.

Donald Miller, Supervisor of Patient Accounts for St. Patrick Hospital, turned in testimony in favor of **HB 130 EXHIBIT (bus57a06)**

{Tape: 1; Side: B; Counter: 6.5}

Mary Williams, Capital City Task Force for AARP, turned in testimony on behalf of Pat Callbeck Harper, AARP. **EXHIBIT (bus57a07)**

Bob Olsen, MHA, said medical providers have spent the last two years discussing health care costs as they continue to see them rise, premiums are going up and people are losing insurance. He said this bill is an attempt to change the way business is done and to reduce cost. He said they are not asking insurance companies to pay bills that they don't owe, and it is not their intention to keep insurance companies from having the time to judicate those claims and make sure the person is covered and the service and payment amount is appropriate. He said all of their accounts receivable they finance. He said if they can reduce the amount that they have invested in non-earning assets there would be lower costs, etc.

Mike Foster, Three Sisters of Charities Hospitals in Montana, said there are often times delay in the payment of legitimate claims. He said hospitals are going through tough times and this bill will allow the hospitals to get this money in a timely manner. He said there is flexibility built into section 2 for the insurance companies and this bill is a fairness issue. He turned in a letter of support from St. Vincent Healthcare.

EXHIBIT (bus57a08)

Pat Melby, Montana Medical Association, said Montana has had a prompt pay law for many years but never had any enforcement of it. He urged the committee to keep the amendments that were suggested by the State Auditor's Office.

Jani McCall, Billings Clinic, said they would like consumer piece of mind and this would help the health care industry as far as cash flow goes, etc. She said they are in support of the amendments from the Auditor's Office.

Claudia Clifford, State Auditor's Office, handed out a letter of support from Brenda Weist. **EXHIBIT (bus57a09)**

{Tape: 1; Side: B; Counter: 15.1}

Opponents' Testimony:

Tanya Ask, Blue Cross Blue Shield of Montana, turned in testimony in opposition of **HB 130.** **EXHIBIT (bus57a10)** She said the amendments that the Auditor's Office proposed does clear up some of their concerns but page 2, lines 20-24, is a concern. She said if they have to pay interest on a mistake that they have made and they do it voluntarily, they would be admitting to an unfair trade practice.

{Tape: 1; Side: B; Counter: 21.5}

Frank Cote, Health Insurance Assoc of America, discussed their claim forms. He said section 1, subsection 2 of the bill could literally mean that a cocktail napkin could now be used. He used the example of a claim form that came into an insurance company and it was a prescription pad that was used to prescribe a hot tub and that person bought the hot tub and filed the claim. He said the claim was denied and it became a complaint in the State Auditor's Office. He said between his company and Blue Cross/Blue Shield they process over 3 Million claims and when there are only 114 complaints in the Auditors office this is nothing. He used the example of an in-patient facility in Butte that submitted a \$100,000 in-patient claim for a person that had been there for four months and the insurance company had no idea they were in that facility. He said this could create problems for insurance companies when they are renewing policies, etc. He said they also have rules that if the claim is submitted six months after service the claim is denied. He discussed a survey from HIAA on Claims and Payment Processes. **EXHIBIT (bus57a11)**

Denise Pizzini, New West Health Services, said it was mentioned that the health care industry is in crisis with cash flow, etc. and she does not deny that. However, she felt the crisis would not be fixed by unreasonably placing a burden for cash flow for hospitals on health care payers. She said there should be the determination that claims are not being processed or that delay tactics are happening before they make the decision that a statute is needed to make payers pay claims more quickly. She explained the claims that New West had processed in 2001 and 2002. She stated that claims frequently take longer than 30 days to process because additional information is required to determine coverage, medical necessity, appropriateness of care, and other reviews to determine liability for a claim. She said this is a good idea so that they make sure they are only paying claims that they are liable for. She felt that the current comp. pay bill needed to be looked at closely. She said the current comp. pay statute requires a finding by the department and it needs to be of misconduct by an insurer before they have violated the statute. She said this bill could lead to more litigation in the area of unreasonable and reasonableness. She said 95 percent of their claims are paid within 30 days and this is not a way to try and fix health care issues, etc.

{Tape: 2; Side: A; Counter: 5.7}

Greg Van Horssen, State Farm, said this bill is a vast expansion on the law to the prompt pay issue and applies to property, casualty, life insurance, etc. He said it would require an insurance company to pay any claims made within 60 days or suffer the threat of 18 percent interest, administrative action and litigation. He said this creates an immediate conflict for the

insurance company as often times these claims are complicated. He said an insurance company will pay only those claims that are legitimate and they investigate all claims to make sure the amount is accurate, etc. He said the insurance company also would represent the insurer against any claims that are based upon a fraudulent, inflated or unnecessary claim. He said this bill would inhibit the insurance's ability to thoroughly investigate questionable claims, etc. He said companies may pay claims to avoid the fines and penalties and then they lose the right to defend the insurer, etc. He felt that investigation on claims is important and fair for the insurer.

Randy Nelson, Mountain West Farm Bureau Insurance Co., said there are many claims that the property and casualty companies get that are not legitimate. He said this legislation will prohibit the property and casualty industry from doing the work that it needs to sort out what claims should be paid and what should not. He turned in a report of verdicts from district court.

EXHIBIT (bus57a12)

He said these fraudulent findings took almost a year and this is a problem that goes on all the time. He said there are many people who find ways to file fraudulent claims and the insurance company needs the time to find those claims. He discussed some examples of previous claims and problems that they have had.

{Tape: 2; Side: A; Counter: 19.6}

Jacqueline Lenmark, American Council of Life Insurers, said she is also speaking on behalf of Sue Weingartner, Alliance of American Insurers. She passed out some highlighted statutes pertaining to her testimony, **EXHIBIT (bus57a13)**

EXHIBIT (bus57a14) EXHIBIT (bus57a15) She said this bill has a sweeping change in the law that will have a detrimental effect on the property, casualty and life insurance industry. She said it is amazing that the hospitals stand in such strong support of this because they insure the slips and falls that happen in their lobbies, etc. She said they also insure their medical malpractice claims and this bill will inhibit the defense of those claims. She said it appears that there has been an attempt to exclude worker's compensation from this bill and she felt that had not been done. She discussed page 1, line 29. She said they have researched other states and none of them have enacted legislation this way. She discussed how much their company has paid out in claims. She also discussed the percentages of the total claims that had not been paid in a timely manner for life insurance, property and casualty. She passed out some amendments that they would prefer for the bill. **EXHIBIT (bus57a16)**

Stan Kaleczyc, Burlington Northern Sante Fe, rose in opposition of the bill.

Aiden Myhre, Montana Chamber of Commerce, said they represent the business side of this and feel it is a fairness issue.

Jon Metropoulos, National Assoc. of Independent Insurers and Farmers Insurance Group, said few bills get stronger opposition for discipline and said this bill should be tabled.

Tom Clinch, MT School Services, turned in testimony in opposition to HB 130. **EXHIBIT (bus57a17)**

Roger McGlenn, Independent Insurance Agents Assoc. of Montana, passed out two letter of opposition to HB 130. **EXHIBIT (bus57a18)**
EXHIBIT (bus57a19)

Don Allen, Montana Association of Insurance and Financial Providers, rose in opposition.

Bob Worthington, MMIA, said this bill is bad business for the state.

Harold Blattie, Montana Assoc. of Counties, felt this bill would affect counties and rose in opposition.

{Tape: 2; Side: B; Counter: 0.2}

Informational Witnesses:

Mike Halligan, Washington Corporation, said they have concern with the federal employers liability act. He said all of their health benefit programs include wellness programs that are part of the collective bargaining agreements. He said there are time frames established in those wellness programs and he did not know how that would be dealt with in the prompt pay statutes. He said the investigatory protocols for health related issues or a life insurance claim or property claims are vastly different. He felt maybe this should be an interim study.

Allen Hall, Employee Benefit Management Services in Billings, said they are a third party administrator of health care claims. He said self-funded plans under employee retirement income security act of 1974 already have a prompt pay provision. He offered an amendment that would eliminate third party administrators. **EXHIBIT (bus57a20)**

Questions from Committee Members and Responses:

SENATOR KELLY GEBHARDT asked what a clean claim is. **Mr. Miller** said it comes under the Medicare law and doesn't require additional investigation for third party liability, etc.

SEN. GEBHARDT asked about the 18 percent and would the bill be more pleasing if it was reduced to 12 percent, etc. **Mr. Van Horssen** said no, this bill still renders them unable to fully investigate, etc. **SEN. GEBHARDT** wondered if 45 days would be more acceptable than 30 days. **Mr. Van Horssen** said the law in Montana already requires insurance companies to pay bills promptly. He said to create strict time frames would not help the problems that this bill causes.

SENATOR SHERM ANDERSON asked about the new federal law dealing with health care. **Mr. Morrison** said he is familiar with it and there are new regulations that are more stringent than what they are proposing here, but this bill is consistent with federal law.

SEN. ANDERSON asked if there would be any need to include health care providers in this bill. **Mr. Morrison** felt it was critical that they address all insurance claims and how they are handled.

SEN. ANDERSON asked if the number of claims that they receive complaints on is very small compared to the overall picture of all claims. **Mr. Morrison** said yes it is small percentage of all the claims that are handled, but the great percentage of the claims are handled according to all the provisions in the insurance code. He said some people have a complaint or problem with their insurance company, but they don't file a written complaint with the State Auditor's Office.

SEN. ANDERSON asked with the amount of complaints that they have received are they historically mostly from one insurer or is it from a multitude of insurers etc. **Rosanne Grandy, State Auditor's Office**, said there is not one specific company that they have had a tremendous amount of problems with. She said there are a couple of companies that are worse than others but for the most part it is spread out. **SEN. ANDERSON** asked if there are more in one group or the other such as life insurance, etc. **Ms. Grandy** said she only broke it out into the two groups with one being life and health where there were 114 and the other was property and casualty with 160.

SENATOR VICKI COCCHIARELLA asked how many of those complaints are legitimate. **Ms. Grandy** said she would have to go through and count them.

SENATOR GLENN ROUSH said there was a lot of testimony about fraudulent claims, etc. and would this bill allow a company to investigate a claim outside the 30 and 60 days. **Mr. Morrison**

said this bill does not require insurance companies to pay claims in 60 days. He said it requires them to send a note to the claimant saying why they can't pay the claim. He said it does not force any company to pay a claim that they already have to pay but says that they cannot unreasonably delay. He said if the committee sees fit, he felt this bill could be limited to first party and not third party.

SENATOR KEN HANSEN asked about the bad faith law. **Mr. Nelson** said the property casualty insurance in this state faces the strictest extra contractual liability laws of any state in the nation. He said where a claim is reasonably cleared in liability; the insurance company has an obligation to promptly pay the fair and equitable value of that claim. He said the insurance company must identify its reasons for denying a claim or any part of it and under which portion of the policy in which they are doing so. He said if it fails to, they might be subjected to an entirely separate lawsuit including a claim for punitive damages. He said in addition to the bad faith law if in a claim the claimant believes that the insurance company immediately owes the medical bills they can file a declaratory action. He felt there are horrible constitutional problems and due process problems with that.

SEN. HANSEN asked about the bad faith law. **Mr. Morrison** said the unfair claims settlement practice act is a model act that exists in one form or another in every state in America. He said a majority of the states also provide private bad faith actions based upon the unfair claims settlement act. He said Montana has a third party bad faith cause of action. He said if an insurer has a reasonable basis in fact or law for denying the claim that is a complete defense.

{Tape: 2; Side: B; Counter: 22.6}

SENATOR DON RYAN said clinics are having more of a problem getting paid by Medicaid in a timely manner than with the other providers and is this happening in other hospitals. **Mr. Foster** said he did not know for sure. **Mr. Miller** said they have not found that they are delaying the payment, but it is low.

SEN. RYAN asked about the comp. payments in this state. **Ms. Lenmark** said 33-18-201 is model language that has been enacted in most states and many states do authorize third party lawsuits for bad faith against insurance companies. She said third party is the person who gets sued if the insurance company does not pay. She said they are the only state in the nation that has that cause of action in statute. She said a person cannot just sue on one act of bad faith.

SEN. RYAN asked the Insurance Commissioner to respond. **Mr. Morrison** said the bad faith issues that are being talked about have nothing to do with this bill. He said section 242 is the statutory bad faith section and the insurance code applies to section 201. **SEN. RYAN** said if someone fell on the ice on his property and they were going to sue him would they have to pay within 30 days. **Mr. Morrison** said no that claim would not have to be paid but the insurer would have to write for more information, etc. and at the end of 60 days they would have to say that they were not prepared to pay and state why. **SEN. RYAN** asked what is the avenue for a denied claim. **Mr. Morrison** said there is language already in place that says if they are going to deny a claim it has to be reasonable.

SEN. ROUSH said once the claim is paid to the client is the liability issue for the insurance company taken care of. **Mr. Morrison** said that is a legal question that this bill does not reach. He said there are other laws that deal with those issues.

SENATOR MIKE SPRAGUE said they have been discussing auto, health, and worker's comp. etc. and he felt each have a different remedy. He felt this bill is trying to deal with delay and he wondered how many people bring their complaints to a legal standpoint. **Mr. Morrison** said this bill does not cover worker's comp. He said a small percentage of people go ahead and contact the insurance company and even a smaller number file a lawsuit against the insurance company. He said a small number of claims are mishandled and a small number do go to litigation. **SEN. SPRAGUE** asked what is the remedy for fraud on a claim, etc. **Mr. Morrison** said fraud does happen and they have policies to prosecute and the remedies are criminal because they don't have the money for the insurance company to recover. He said in this bill if the insurance company feels insurance fraud is happening that is one of the reasons that they can state why they are not paying the claim. **SEN. SPRAGUE** asked if a hospital cannot deny a person medical care. **Mr. Morrison** said that is true, but there is also a federal bill that is called non-dumping responsibilities in hospitals. **SEN. SPRAGUE** asked if a hospital treats someone and if there is no insurance is the hospital with out that money. **Mr. Morrison** said that is correct.

SEN. SPRAGUE said if there was \$100 Million of uninsured medical treatment how much is there still on the books of those people who have insurance but are waiting to get paid, etc. **Mr. Miller** said he did not have statistics on that because they don't receive anything back from the insurance company that says it is being disputed, etc. **SEN. SPRAGUE** asked how much is on their

books that is in the gray area of being litigated, disputed, etc. **Mr. Miller** felt it was around 5 percent.

{Tape: 3; Side: A; Counter: 10.4}

SEN. RYAN asked if there is public information on the companies that have complaints against them, etc. **Mr. Morrison** said that information is available on the consumer information source website. He said that information has been there since 2001 and it tells a consumer how many complaints have been filed, etc.

Closing by Sponsor:

REP. LEWIS closed.

HEARING ON HB 182

Sponsor: REPRESENTATIVE ALLEN ROME

Proponents: Mark Simonich, Department of Commerce

Opponents: NONE

Informational Witnesses: Kevin Braun, Department of Labor and Industry

Opening Statement by Sponsor:

REPRESENTATIVE ALLEN ROME, HD 56, Garrison, said this is a clean up bill for the Department of Commerce when it was reorganized in 2001. He discussed the changes in the bill.

{Tape: 3; Side: A; Counter: 17.4}

Proponents' Testimony:

Mark Simonich, Department of Commerce, said last session the Department of Commerce was reorganized and a few items were missed and this bill takes care of that. He explained each section of the bill.

{Tape: 3; Side: A; Counter: 24.7}

Informational Witnesses:

Kevin Braun, Department of Labor and Industry, said if the committee had any questions they would be happy to answer them.

Questions from Committee Members and Responses:

Closing by Sponsor:

REP. ROME closed on **HB 182**.

EXECUTIVE ACTION ON HB 182

Motion/Vote: **SENATOR CAROLYN SQUIRES** moved that **HB 182** be concurred in. Motion carried 9-0.

EXECUTIVE ACTION ON SB 385

Motion: **SEN. KEN HANSEN** moved **SB 385 DO PASS**.

Motion: **SEN. MIKE SPRAGUE** moved the amendments for **SB 385**, (**SB038501.aem**).

Discussion:

Andy Poole, Department of Commerce, explained the amendments.

SEN. SPRAGUE asked why is it 70 percent. **Mr. Poole** said 70 percent was in the original bill.

SENATOR SAM KITZENBERG asked if they could sit on their money or does it have to be distributed. **Mr. Poole** said the tax credit is not available to the investors until an investment is made.

Andy Poole continued to explain the amendments, (**SB038501.aem**).

{Tape: 3; Side: B; Counter: 10.5}

Eddy McClure, Legislative Staff, explained amendment 14 and said the word revenue should be inserted in place of profits. **Andy Poole** said this change has to do with the original bill where 70 percent of the profits needed to come from outside of the state. He said they suggested 70 percent of the sales or revenue.

SEN. KITZENBERG asked if they feel comfortable with this bill. **Mr. Poole** stated that these amendments clear up many of concerns that they had. **SEN. KITZENBERG** said he likes the concept of the

bill but is afraid of being ripped off and he would like a recap of the bill.

SEN. SPRAGUE felt that revenue needed to be defined because he didn't know if it was gross revenue, net revenue, or gross proceeds, etc. **Ms. McClure** commented that it was in the bill under the definitions and amendment #4 covers part of that. **Mr. Poole** felt that it still needed to be defined so that is was clear. He commented on amendment #8.

SEN. ANDERSON asked if the amendments address all of the technical notes. **Mr. Poole** felt that they resolve all of the issues that they had.

SEN. ROUSH asked if the department still has rulemaking authority to go beyond some of the language, etc. **Mr. Poole** said the department is not given rulemaking authority with what is given in this bill. **SEN. ROUSH** said his concern is with the tax credit and how they will shift that money in a business transaction outside of Montana and be able to utilize that tax credit. **Mr. Poole** said there is language in the bill with requirements and what they are supposed to do and he felt it was covered in amendment #14, page 3. **SEN. ROUSH** said they are talking about some big money and is two years long enough. **Mr. Poole** said that is consistent with rules and regulations that after a major transaction has taken place the SCC requires a two-year holding period but it could be longer.

SEN. SPRAGUE said the two-year cyclical of the legislature needs to be taken into consideration. He said the Department of Revenue and the Department of Commerce has oversight. He said rulemaking can kill a bill and he felt they should try this for two years and see what it does.

SEN. KITZENBERG said cons tend to breed amongst venture capital companies and he felt they needed to be cautious and perhaps a gray bill needed to be done and another fiscal note first.

CHAIRMAN DALE MAHLUM said they would have a new copy of the bill and a fiscal note when they pass this bill out of the committee.

SEN. ANDERSON asked if they were comfortable with the primary business sector. **Mr. Poole** said yes, he said they don't have a problem with the 70 percent but it is a little different from existing statute. **SEN. ANDERSON** asked if the purpose of that is to try and bring in revenue from outside the state. **Mr. Poole** said it is measured by the revenues that come from outside the state but it is also important to make sure that those companies

are able to bring in this revenue and be able to define which companies qualify for these tax revenues, etc.

Vote: Motion carried 9-0 on the amendments.

Motion: SEN. MIKE SPRAGUE moved SB 385 DO PASS AS AMENDMED.
Motion carried 7-2 with SEN. ANDERSON AND KITZENBERG voting no.

EXECUTIVE ACTION ON HB 179

Motion: SEN. COCCHIARELLA moved HB 179 BE CONCURRED IN.

Motion: SEN. COCCHIARELLA moved the amendments for HB 179,
(HB017901.aem).

Discussion:

Frank Cote, Health Insurance Assoc. of America, discussed the amendments (HB017901.aem).

Vote: Motion carried 8-0 on the amendments.

{Tape: 4; Side: A; Counter: 2.1}

Motion/Vote: SEN. COCCHIARELLA moved HB 179 BE CONCURRED IN AS AMENDED. Motion carried 8-0.

EXECUTIVE ACTION ON HB 169

Discussion:

Ms. McClure discussed the amendments (HB016901.aem)

Motion: SEN. COCCHIARELLA moved HB 169 BE CONCURRED IN.

Motion/Vote: SEN. SPRAGUE moved the amendments for HB 169,
(HB016901.aem). Motion carried 9-0.

Motion/Vote: SEN. COCCHIARELLA moved HB 169 BE CONCURRED IN AS AMENDED. Motion carried 9-0.

EXECUTIVE ACTION ON HB 145

Motion: SEN. SPRAGUE moved HB 145 BE CONCURRED IN.

Discussion:

Tanya Ask, Blue Cross Blue Shield of Montana, discussed the amendments. (HB016901.aem)

Motion: SEN. COCCHIARELLA moved the amendments for HB 145, (HB014501.aem) .

Discussion:

Eddy McClure commented on the coordination language between **HB 145** and **HB 169**.

Vote: Motion carried 9-0 on the amendments.

Motion/Vote: SEN. GEBHARDT moved that HB 145 BE CONCURRED IN AS AMENDED. Motion carried 9-0.

EXECUTIVE ACTION ON HB 312

Motion/Vote: SEN. COCCHIARELLA moved HB 312 BE CONCURRED IN. Motion carried 9-0.

ADJOURNMENT

Adjournment: 12:15 P.M.

SEN. DALE MAHLUM, Chairman

SHERRIE HANDEL, Secretary

DM/SH

EXHIBIT (bus57aad)