BUSINESS REPORT

MONTANA HOUSE OF REPRESENTATIVES
61st LEGISLATURE - REGULAR SESSION

HOUSE HUMAN SERVICES COMMITTEE

Date: Friday, January 16, 2009 **Time:** 3:00 pm
Place: Capitol **Room:** 152

BILLS and RESOLUTIONS HEARD:
Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Add Postponed (PP) when appropriate:

HB 29, HB 96

EXECUTIVE ACTION TAKEN:
Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Enter P(pass) F(failed) DPAA (do pass as amended) BC(be concurred in) BCAA (be concurred in as amended):

HB70 P
HB72 P
HB106 P

COMMENTS:

Arlene Becker
REP. Arlene Becker, Chairman

HOUSE OF REPRESENTATIVES
Roll Call
HUMAN SERVICES COMMITTEE

DATE: 1/16/09

NAME	PRESENT	ABSENT/ EXCUSED
Rep. Mary Caferro	X	
Rep. Pat Ingraham	X	
Rep. David Howard	X	
Rep. Julie French	X	
Rep. Timothy Furey	X	
Rep. Ken Peterson	X	
Rep. Michael More	X	
Rep. Chuck Hunter	X	
Rep. Dave McAlpin	X	
Rep. Jeffery Welborn	X	
Rep. Cary Smith	X	
Rep. Diane Sands	X	
Rep. Pat Noonan		X
Rep. Ron Stoker	X	
Rep. Bill Beck	X	
Rep. Arlene Becker	X	

HOUSE STANDING COMMITTEE REPORT

Mr. Speaker:

We, your committee on **Human Services** recommend that **House Bill 106** (first reading copy – white) **do pass**.

Signed: Rep. Arlene Becker
Representative Arlene Becker, Chair

- END -

Committee Vote:
Yes 16, No 0
Fiscal Note Required __

HB0106001SC.hjd

HOUSE STANDING COMMITTEE REPORT

January 19, 2009

Mr. Speaker:

We, your committee on **Human Services** recommend that **House Bill 70** (first reading copy – white) **do pass**.

Signed: Rep Arlene Becker
Representative Arlene Becker, Chair

- END -

Committee Vote:
Yes 16, No 0
Fiscal Note Required __

HB0070001SC.hjd

HOUSE STANDING COMMITTEE REPORT

January 19, 2009

Mr. Speaker:

We, your committee on **Human Services** recommend that **House Bill 72** (first reading copy – white) **do pass**.

Signed: Arlene Becker
Representative Arlene Becker, Chair

- END -

Committee Vote:
Yes 16, No 0
Fiscal Note Required __

HB0072001SC.hjd

AUTHORIZED
COMMITTEE PROXY

I request to be excused from the Human Services

Committee because of other commitments. I desire to leave my proxy vote with:

Vice Chairwoman Caferro

Indicate Bill number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

BILL/AMENDMENT	AYE	NO	BILL/AMENDMENT	AYE	NO
#70	+				
#106	+				
#72	+				

Rep. HD 73 (Signature)

Date 1-16-09

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Montana House of Representatives
Visitors Register

HUMAN SERVICES COMMITTEE **Date** 1/16/09

Bill No. HB 29 **Sponsor(s)** Rep Julie French

PLEASE PRINT **PLEASE PRINT** **PLEASE PRINT**

Name and Address	Representing	Support	Oppose	Inf.
Linda Stoll	Area Agencies			
[illegible]	[illegible]	✓		
Del Lonnquist	AARP	✓		
[illegible]	AARP	✓		
Gaurer Northcutt	NICLS	✓		
Mark Sanders	Scudene	✓		
Shyla Patera	NCILS	✓		
Kim Guab	NCILS	✓		
Nickie Fee	"	✓		
Tom Osborn	NCILS	✓		
Maryellen Davis		✓		
James Nichols				
Dick Turner	MDT			✓
Mike Boushman	MDT			
Carl Peil				✓
Jane Hamman	AAA Mountain West	✓		
Jim Helgesen	Great Falls Transit / MTA	✓		
Lyn Hellegaard	Missoula Rawlins TMA MT Transit Assoc	✓		

Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.

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Montana House of Representatives
Visitors Register

HUMAN SERVICES COMMITTEE **Date** 1/16/09

Bill No. HB 96 **Sponsor(s)** Rep. Hamilton

PLEASE PRINT **PLEASE PRINT** **PLEASE PRINT**

Name and Address	Representing	Support	Oppose	Inf.
James Aichlman DMD	MT Dental Assoc	X		
Erin MacLean	MT Medical Association	✓		
Sylvia Moore	OCHE	✓		
~~[illegible]~~				
Jane Hammen	MCMCH	✓		
Chelsea Fagen	MT Chamber of Commerce	✓		
Greg Van Horssen	MT Dental Hygienists	✓		
Mary Beth [illegible]	Montana Primary Care Assoc	✓		
Marge Jerome	MT Primary Care Assoc	✓		

Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.

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County Ambulance Survey

County	Participate in Ambulance Service	Mill Levy or Cash Contribution	A[illegible] ife Support Ba[illegible] Life Support	Paid Staff # FTE's	# of Calls per Year
Gallatin County	No				
Ravalli County	No				
Beaverhead County	No				
Sanders County	Yes & No	2 mills-dispersed to 4 ambulances		No-all volunteer	
Cascade County	No				
Lewis&Clark County	No				
Granite County	Yes	2.98 mills-dispersed to 2 ambulances	BLS	No	
Flathead County	Yes	3 mills & % Service Fee	ALS,BLS	Yes	
Stillwater County	No				
Madison County	No				
Butte-Silver Bow Co	Yes-Contract Private	General Fund	ALS		
Sweet Grass County	Yes ALS Basic rate: $688; ALS Mileage: $11/mi; Specialty Care: $1344	Mill Levy % Service Fee BLS Basic rate: $476; BLS Mileage: $11/mi	ALS	No-all volunteer	300-312
Wibaux County	Yes Basic rate: $375; Mileage: $10/mi; Oxygen: $25/half hr; Supplies: $25	Mill Levy % Service Fee	BLS	No	38
Blaine County	Yes BLS-Base Rate: $200; Mileage: $3.50-5.00/mi; Oxygen: $10/half hr	Mill Levy % Service Fee ALS-Base Rate: $250	ALS,BLS	3PT	275
Prairie County	Yes Basic rate: $350; Mileage: $6.50/mi	1 mill & % Service Fee	ALS	1FT & volunteers	80-100
Liberty County	Yes Basic rate: $300; Mileage: $6.50-8.50/mi	Mill Levy % Service Fee	BLS	2PT, plus volunteers	130
Garfield County	Yes Startup Fee: $350; Mileage: $3/mi	Mill Levy % Service Fee	BLS	No-all volunteer	60
Glacier County	Yes BLS-Basic rate: $498; Mileage: $10/mi; Supplies: $45	Mill Levy % Service Fee ALS-Basic Rate: $798; Mileage: $10.40/mi	Both	4 FT - 3 PT	700
Park County	Yes BLS Basic Rate: $595; Mileage: $12/mi; Oxygen: $30/half hr; Specialty Care: $1680; Treat & Release: $250	Mill Levy % Service Fee ALS1 Basic Rate: $725; ALS2 Basic Rate: $995	BLS,ALS1,ALS2	14 FT, plus volunteers	1350
Meagher County	Yes BLS Base Rate: $280; Mileage: $7.50/mi	Mill Levy % Service Fee	BLS	All volunteer	168

From Jamie Doggett
20 counties responding

Additional Documents