

BUSINESS REPORT

**MONTANA HOUSE OF REPRESENTATIVES
61st LEGISLATURE - REGULAR SESSION**

HOUSE HUMAN SERVICES COMMITTEE

Date: Friday, February 13, 2009
Place: Capitol

Time: 3:00 pm
Room: 152

BILLS and RESOLUTIONS HEARD:

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

HB 292

HB 454 _____

HJ 11 _____

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):

HB 325 tie _____

HB 265 tie _____

COMMENTS:

Arlene Becker

REP. Arlene Becker, Chairman

HOUSE OF REPRESENTATIVES
Roll Call
HUMAN SERVICES COMMITTEE

DATE: 2/13/09

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

HOUSE OF REPRESENTATIVES
Roll Call Vote
HUMAN SERVICES COMMITTEE

DATE 2-13-09 BILL NO HB 325 MOTION NO. _____

MOTION: _____
Do Pass as twice Amended

NAME	AYE	NO	If Proxy Vote, check here & include signed Proxy Form with minutes
Rep. Mary Caferro	/		
Rep. Pat Ingraham		/	
Rep. Bill Beck		/	
Rep. Julie French	/		
Rep. Timothy Furey	/		
Rep. David Howard		/	
Rep. Chuck Hunter	/		
Rep. Dave McAlpin	/		
Rep. Michael More		/	
Rep. Pat Noonan	/		
Rep. Ken Peterson		/	
Rep. Cary Smith		/	
Rep. Diane Sands	/		
Rep. Ron Stoker		/	
Rep. Jeffery Welborn		/	
Rep. Arlene Becker	/		

HOUSE OF REPRESENTATIVES
Roll Call Vote
HUMAN SERVICES COMMITTEE

DATE 2-13-09 BILL NO ^{HB} 265 MOTION NO. _____
 MOTION: _____

DO

<u>NAME</u>	<u>AYE</u>	<u>NO</u>	If Proxy Vote, check here & include signed Proxy Form with minutes
Rep. Mary Caferro	/		
Rep. Pat Ingraham		/	
Rep. Bill Beck		/	
Rep. Julie French	/		
Rep. Timothy Furey	/		
Rep. David Howard		/	
Rep. Chuck Hunter	/		
Rep. Dave McAlpin	/		
Rep. Michael More		/	
Rep. Pat Noonan	/		
Rep. Ken Peterson		/	
Rep. Cary Smith	7 /		
Rep. Diane Sands	4	/	
Rep. Ron Stoker		/	/
Rep. Jeffery Welborn		/	
Rep. Arlene Becker	/		

Tie

**Montana House of Representatives
Visitors Register**

HUMAN SERVICES COMMITTEE

Date 2/13/09

Bill No. HB 292

Sponsor(s) Rep. Henry

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

Name and Address	Representing	Support	Oppose	Inf.
Pat Judge	MNA	X		
LINDA STILL	AMPHO	✓		
Stuart Diggel	MT Pharmacy Association	✓ in amendment		
Ameel GROMOLSEZ	BILLINGS CLINIC	X		
Erin MacLean	MT Medical Assoc	✓ in amendment		
Cindy [unclear]	MPHA	✓		
Mike Anderson	AMPHO	X		
Stacey Aderson	PHAT	X		

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

Additional Document *Sanella Baglivo*

Rm 193

MISSOULA
COUNTY

Missoula City-County Health Department
 Infectious Diseases
 301 W. Alder
 Missoula MT 59802-4123



February 11, 2009

Honorable Arlene Becker, Chairman
 House Human Services Committee
 Montana House of Representatives
 PO Box 200400
 Helena, MT 59620-0400

RE: House Bill 292- Expedited partner care for STD

Dear Chariman Becker and members of the House Human Services Committee,

I am writing to offer resounding support of HB292, Expedited partner care for STD (Sexually Transmitted Diseases), sponsored by Representative Theresa Henry of Missoula.

As the Infectious Disease Specialist for the Missoula City-County Health Department, I work with individuals who have been diagnosed with many infectious conditions, including sexually transmitted diseases (STDs). My role in following up on an STD report is to assure that the patient's recent sexual partners are also tested and/or treated with antibiotics. As simple as it may seem, to be tested or treated for an infection, it is disappointingly common for a patient to be treated for an infection, only to be re-infected because their current partner did not receive timely treatment. House Bill 292 would greatly increase the likelihood of stopping the spread of an STD's by assuring that one's current sexual partner receives antibiotics at the same time as the infected client.

In 2008, there were 362 reports of Infectious diseases reported to the Missoula City-County Health Department, ranging from food borne illnesses and Whooping Cough, to Giardia and Tuberculosis. Of those 362 case reports, 80% were for Chlamydia and Gonorrhea! That means that 284 cases of sexually transmitted diseases were passed from one person to the next because the chain of infection wasn't broken. We receive on average one STD case report for each working day of the year. During this week alone, two individuals were diagnosed with Chlamydia who had been diagnosed and properly treated in recent months, but had been re-infected by an untreated partner.

HB 292 would allow the diagnosing provider to supply a prescription for appropriate antibiotics to their client, and at the same time provide a prescription for their client's current partner, to take as well. I strongly encourage you to support this bill, and invite you to contact me if you have any questions or concerns.

I gratefully appreciate all your hard work,

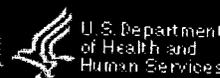
Brigid O'Connor RN PHN

Brigid O'Connor RN PHN
 Infectious Disease Specialist
 Missoula City-County Health Department
 (406)258-3896

Additional Document



U.S. Food and Drug Administration

[FDA Home Page](#) | [Search FDA Site](#) | [FDA A-Z Index](#) | [Contact FDA](#)

FDA Statement

FOR IMMEDIATE RELEASEStatement
February 9, 2009**Media Inquiries:**

Michael Herndon, 301-796-4673

Consumer Inquiries:

888-INFO-FDA

Regulatory Meeting with Manufacturers and Users of Bisphenol A-containing Materials

On Jan. 30, 2009, the U.S. Food and Drug Administration and Health Canada's Health Products and Food Branch hosted a meeting of representatives of U.S. and Canadian manufacturers and users of food packaging materials containing bisphenol A (BPA) to discuss what is being done to help minimize the levels of the chemical in food. The meeting was also part of FDA's efforts to assist industry in its voluntary BPA reduction efforts.

The meeting provided a forum for:

- Updating the industry on the FDA's and Health Canada's current activities and planned research to further assess the exposure to BPA and manage any potential risks from the chemical.
- Describing manufacturers' research activities, their work to refine packaging manufacturing practices to minimize migration of BPA into food, and recent marketplace developments.
- Dialogue by the participants about further information from regulated industry stakeholders that would be helpful to the FDA and Health Canada in updating and refining their BPA risk assessments.
- Dialogue about the different uses of BPA in food contact applications and the variation in availability of fully functional and evaluated alternative substances.
- Discussion of the expectation that, because of availability of alternative products, polycarbonate baby bottles could cease to be a substantial component of the North American market in the future.

With regard to BPA generally, based on all available evidence, the consensus of regulatory agencies in the United States, Canada, Europe, and Japan is that the current levels of exposure to BPA through food packaging do not pose an immediate health risk to the general population, including infants and young children.

Health Canada's Health Products and Food Branch has concluded that current dietary exposure to BPA through food packaging uses is not expected to pose a health risk to the general population, including newborns and infants. However, using a precautionary approach, the Government of Canada has taken steps to reduce exposure to BPA for infants and young children.

The FDA is currently preparing a detailed response to the October 2008 review by the FDA Science Board of the agency's draft assessment of the safety of BPA for use in food contact applications. The draft assessment focused on the concerns for developmental toxicity identified in recent assessments of BPA, including those of the National Toxicology Program

HB454



INTERNATIONAL FORMULA COUNCIL

1100 Johnson Ferry Road, Suite 300 ■ Atlanta, GA 30342
(404) 252-3663 ■ Fax (404) 252-0774 ■ E-mail: info@infantformula.org ■ www.infantformula.org

WRITTEN TESTIMONY OF THE INTERNATIONAL FORMULA COUNCIL

BEFORE THE COMMITTEE ON HUMAN SERVICES
MONTANA STATE HOUSE

REGARDING HB 454

AN ACT PROHIBITING THE MANUFACTURE, DISTRIBUTION, AND SALE OF CERTAIN PRODUCTS THAT CONTAIN BISPHENOL A; DEFINING TERMS; REQUIRING NOTIFICATION; REQUIRING A MANUFACTURER TO RECALL AND REIMBURSE RETAILERS OR PURCHASERS FOR PROHIBITED PRODUCTS SOLD OR DISTRIBUTED ON OR AFTER JULY 1, 2010; ESTABLISHING CIVIL PENALTIES; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE.

FEBRUARY 13, 2009

The International Formula Council (IFC) appreciates the opportunity to present testimony on HB 454. The IFC is an association of manufacturers and marketers of formulated nutrition products, e.g., infant formulas and adult nutritionals, whose members are predominantly based in North America.

The IFC respectfully opposes HB 454, specifically the provisions that would prohibit manufacturers of infant formula containers from offering for sale in the state of Montana products that contain bisphenol-A (BPA) at a level above 0.5 parts per billion. We believe the currently available scientific evidence does not justify such a prohibition. Moreover, because few viable alternatives currently exist, if enacted, HB 454 would drastically reduce the availability of infant formula for the thousands of Montana families who safely feed their babies infant formula.

No government agency anywhere in the world has banned BPA in food packaging, and the World Health Organization (WHO) has found no basis to issue health warnings about BPA. The limit of 0.5 parts per billion established in HB 454 represents an effective ban. The U.S. Food and Drug Administration (FDA), the U.S. Environmental Protection Agency, the Canadian government, the European Food Safety Authority, the Japanese National Institute for Advanced Industrial Science and Technology and others have consistently stated there is no health risk associated with the trace amounts of BPA that potentially can be detected in infant formula. (*Statements by these agencies are listed at the end of these comments.*) Additionally, the WHO has found no basis to issue health warnings about BPA.

The primary focus of the IFC and its member companies is and will always remain the health and welfare of infants and children around the world. The product we manufacture, infant formula, is the most highly regulated food in the world and continues to be the only safe, nutritious and recommended alternative to breast milk.

* IFC members are Abbott Nutrition; Mead Johnson Nutritionals; Nestlé Infant Nutrition; and Wyeth Nutrition.

The infant formula industry takes all potential safety issues very seriously, and we support science-based efforts to produce infant formula products of the highest possible quality. When new information becomes available on substances like BPA, we support bringing that information forward through the accepted process of scientific peer review, regulatory review and evaluation. In the meantime, we remain committed to working in collaboration with government and regulatory authorities to protect the health and safety of infants worldwide. As part of this commitment—and in response to changing customer and consumer preferences—we stand ready to adopt suitable alternatives if feasible for our members and if they meet or exceed the benefits of current food packaging materials.

While the scientific evidence continues to support the safety of BPA, the infant formula industry is partnering with our food packaging suppliers to minimize trace levels of BPA that may be contained in current packaging, by changing our manufacturing and filling processes to bring BPA exposure and migration levels down to the lowest levels possible. Simultaneously, we are working with the packaging industry as well as the FDA and the Canadian government to aggressively research and identify possible alternatives to current packaging.

Each of these steps takes time. Switching to alternative packaging is not a simple process and could take several years. Just as packaging suppliers must work with regulators to identify, certify and make commercially available alternatives to the current epoxy-lined metal cans, our industry must also go through a number of steps to ensure that any new packaging materials continue to provide at least the same level of quality and safety provided by our current packaging.

Today's infant formula packaging provides critical protection to maintain the quality of both the container and the product for a given period of time (known as shelf life) that has been well established over years of testing. Specifically, the current epoxy liners in metal infant formula cans protect the product from the metal can and from other environmental factors, such as light and temperature. These protections are critical in preventing corrosion or environmental contamination, as well as ensuring nutrient stability, product quality and aesthetic features such as flavor and aroma – throughout the product's shelf life. The FDA requires that all of these factors must be accounted for before a manufacturer can utilize an alternative package. And although we would like to speed up the process, it is important to note that shelf life testing is a process that may require a number of years to fully complete.

Once a package is found to be viable, the process doesn't stop there. Commercialization of new packaging materials means infant formula manufacturers must modify their production lines in a variety of ways - exactly those modifications may occur will depend on individual manufacturing processes. However, it is safe to say all manufacturers would have to make some form of change. Any packaging alternatives will be subject to ongoing safety and quality evaluations as required by law (i.e., the Infant Formula Act).

In addition to minimizing potential BPA migration into infant formula products and seeking suitable alternatives to current packaging, we have encouraged the FDA and the Canadian government to explore establishing (1) a uniform safe level of BPA in infant formula products and (2) a validated testing method for BPA, and they are addressing these issues. The public remains concerned and confused about this issue largely because of conflicting reports about studies assessing the safety of BPA. As noted, we support efforts to identify an available alternative to BPA-containing packaging. However, in the interim, a clearly defined safety level and testing method would provide important information to the public that current packaging is safe – and is in accordance with limits set by national and international regulatory agencies while suitable alternative packaging is being developed.

A 2010 ban on children's products, such as infant formulas, containing BPA as proposed by HB 454 would result in a reduction in the number and forms of infant formula products available to consumers. IFC members agree with the Canadian Health Minister that the benefits of continuing to make canned liquid formulas available, while working to minimize exposure to BPA, would serve the best interests of public health and consumers. In the meantime, interested parties should allow the FDA to complete its review before any further action is taken.

In summary, consistent with current scientific consensus on the safety of BPA, and to preserve Montana parents and caregivers' infant feeding options, we urge this Committee to defer further action on HB 454. If enacted, this bill may unnecessarily restrict the choice of infant formulas currently available to Montana infants and moms. There are well established national and international processes in place for evaluating the safety of products and substances such as BPA. We urge the Committee to allow the scientific and regulatory review process to be completed before taking action on this bill. On behalf of the International Formula Council, we appreciate the opportunity to present testimony today.

Statements by regulatory agencies supporting the safety of BPA:

- In its press release following the October 31, 2008 FDA Science Board meeting, the FDA stated "the present consensus among regulatory agencies in the United States, Canada, Europe and Japan is that current levels of exposure to BPA through food packaging do not pose an immediate health risk to the general population, including infants."ⁱ
- In August 2008, Health Canada's Bureau of Chemical Safety, Food Directorate, Health Products and Food Branch reported "Based on the overall weight of evidence, Health Canada's Food Directorate has concluded that the current dietary exposure to BPA through food packaging uses is not expected to pose a health risk to the general population, including newborns and young children."ⁱⁱ
- In April 2008, at the press event announcing the results of its draft assessment on BPA, Canadian Health Minister Tony Clement stated "the nutritional benefits of canned infant formula far outweigh the potential risks of exposure to BPA."ⁱⁱⁱ Stating its interest in being prudent, the government of Canada is proposing to reduce BPA exposure in infants and newborns by developing stringent migration targets for BPA in infant formula cans and working with industry to develop alternative food packaging.
- After considering previous conclusions and reviewing the current scientific literature, the U.S. National Toxicology Program's Board of Scientific Counselors stated in June 2008 it had lowered its concern from "some" to "minimal" for fetuses, infants, and children with regard to the effects of BPA on the mammary gland and an earlier age for puberty in females.^{iv}
- In July 2008, an EFSA Panel reaffirmed its own 2006 risk assessment of BPA and its effects on humans, particularly infants and children. The Panel upheld its earlier assessment, which concluded that infants would need to consume hundreds of times the amount of BPA found in canned food to approach any safety concerns. The Panel stated "newborns are similarly able to metabolise and eliminate BPA at doses below 1 milligram per kilogram of body weight per day. This implies that newborns could effectively clear BPA at levels far in excess of the TDI of 0.05 mg/kg bw set by the Panel and therefore its 2006 risk assessment remains valid."^v
- The World Health Organization has found no basis to issue health warnings about BPA.^{vi}

ⁱ FDA Statement on Release of Bisphenol A (BPA) Subcommittee Report. <http://www.fda.gov/bbs/topics/NEWS/2008/NEW01908.html>

ⁱⁱ Health Canada. *Health Risk Assessment of Bisphenol A from Food Packaging Applications*, August 2008 http://www.hc-sc.gc.ca/fn-an/securit/packag-embal/bpa/bpa_hra-ers-eng.php

ⁱⁱⁱ Canadian Health Minister's remarks on Bisphenol A. April 18, 2008. http://www.hc-sc.gc.ca/ahc-asc/minist/speeches-discours/2008_04_18_e.html

^{iv} Advisory board lowers level of concern over certain bisphenol A effects. *Food Chemical News Daily*. June 17, 2008.

^v European Food Safety Authority. Toxicokinetics of Bisphenol A: Scientific Opinion of the Panel on Food Additives, Flavourings, Processing aids and Materials in Contact with Food (AFC). *The EFSA Journal*. 2008; 759: 1-10. http://www.efsa.eu.int/cs/BlobServer/Scientific_Opinion/afc_ej759_bpa_%20toxicokinetics_op_en.pdf?ssbinary=true

^{vi} Grocery Manufacturers Association. Bisphenol A: A Guide for Consumers, Policymakers and the Media. http://www.gma-brands.com/publications/SciPol_Bisphenol.pdf



February 12, 2009

The Honorable Arlene Becker
Chair, House Human Services Committee
Montana House of Representatives
P.O. Box 200400
Helena, MT 59620-0400

RE: House Bill 454 (Barrett) - Oppose

Dear Chair Becker:

On behalf of the Grocery Manufacturers Association (GMA)¹, I am writing to respectfully register our opposition to House Bill 454 sponsored by Representative Barrett, which would ban the use of bisphenol A (BPA) in a variety of products and their packaging that are designed or intended for consumption by children, as defined.

BPA has been used in combination with other substances in the production of certain plastics and resins for more than 40 years. Some examples are polycarbonate, a clear, rigid, light-weight plastic used for beverage bottles, and protective epoxy coatings that line the inside of food and drink cans and the tops of jar lids. These protective coatings help maintain the safety and quality of canned foods and beverages by preventing the contents from reacting with the metal that forms the can.

The U.S. Food & Drug Administration (FDA), the European Food Safety Authority (EFSA) and the World Health Organization (WHO) have all evaluated and approved the safety of BPA. BPA is approved by FDA for use in food contact applications, and for more than 40 years it has played an essential part in food preservation. In addition to the WHO and the EFSA, several other prominent international bodies have also agreed with FDA regarding the safety of BPA. These include the Health and Consumer Protection Directorate of the European Commission; the European Chemical Bureau of the European Union; the European Scientific Panel on Food Additives, Flavorings, Processing Aids, and Materials in Contact with Food; and the Japanese National Institute of Advanced Industrial Science and Technology. GMA is confident that the risk-analysis approach utilized by national and international regulatory agencies around the world to evaluate the risk associated with BPA exposure is scientifically sound and appropriate.

Extensive studies have also looked at the potential for BPA to migrate from can coatings and food containers into various kinds of foods under various conditions. After careful review of available data, and using conservative estimates of dietary exposures based on migration into food under

¹ The Grocery Manufacturers Association (GMA) represents the world's leading food, beverage and consumer products companies. The association promotes sound public policy, champions initiatives that increase productivity and growth and helps to protect the safety and security of the food supply through scientific excellence. The GMA board of directors is comprised chief executive officers from the Association's member companies. The \$2.1 trillion food, beverage and consumer packaged goods industry employs 14 million workers, and contributes over \$1 trillion in added value to the nation's economy.

GROCERY MANUFACTURERS ASSOCIATION



NORTH AMERICAN METAL PACKAGING ALLIANCE, INC.
1203 19th Street NW, Suite 300 • Washington, DC 20036-2401 • 866-522-0950 • www.metal-pack.org

**Testimony of Dr. John M. Rost
On behalf of the
North American Metal Packaging Alliance, Inc.
On
House Bill No. 454
Before the House Human Services Committee
February 13, 2009**

I am Dr. John Rost. I am here today representing the North American Metal Packaging Alliance, Inc. (NAMPA). I am pleased to be able to testify here today.

NAMPA is a not-for-profit corporation committed to the safety of metal packaging and metal packaged foods. For over 50 years, epoxy coatings have been used safely in metal food packaging. Bisphenol A (BPA) is a critical component in the manufacture of epoxy coatings. The combination of toughness, adhesion, formability, resistance to a wide range of chemistries found in food and beverage products, and the ability to sustain the high temperatures required for sterilization make these the coatings of choice, as they have been for decades, with performance that is unsurpassed.

The use of epoxy coatings in metal packaging is the most effective way to protect the food product. Metal cans ensure food safety by enabling high temperature sterilization that eliminates the dangers of food poisoning from microbial contaminants. Metal cans are essential for bringing nutritious, wholesome foods to people throughout the world because they dramatically increase shelf-life and decrease food waste due to product expiration. Moreover, no other food packaging performs as well in situations such as disaster response, homeland security, or famine relief.

Any legislation that has the ultimate effect of banning or limiting the use of BPA-based epoxy coatings ignores the scientific evaluations conducted by regulatory agencies around the world and will have serious unintended consequences that compromise public health. The use of epoxy-based coatings has been determined to be safe by numerous science-based regulatory agencies, including Health Canada, the U.S. Food and Drug Administration (FDA), and the European Food Safety Authority, as well as national health agencies in the United Kingdom, Germany, and Japan.

The simple fact is there is no readily available, suitable alternative to BPA-based can coatings that meets the essential safety and performance requirements for the broadest spectrum of foods now packaged in metal containers. Commercial application of alternatives in development even today remains years away from market implementation. Restrictions on the use of epoxy coatings for metal packaged foods will have unintended consequences beyond compromising

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The North American Metal Packaging Alliance, Inc. is an organization whose objectives are to support risk-based regulations in North America; influence regulation in other geographies, provide customers with needed information regarding well-founded technologies, and advocate risk-based decision-making in technology decisions.

February 13, 2009

Members of the House Human Services Committee,

The Montana Chamber would like to go on record in strong opposition to HB 454, which proposes a standard of 0.5 parts per billion for bisphenol A (BPA) in liquid, food and beverage containers threatens the nutrition of infants and young children without demonstrating a public health benefit.

Because epoxy linings derived from BPA, which act as barriers to contamination, are used in almost all food containers, prohibiting trace elements at such low levels could effectively ban all "liquid, food or beverages" designed for infants or children who are three years of age or younger that is sold in a can, jar or other container with BPA. Even many containers that are considered "BPA free" would be banned under this standard, due to the use of BPA in freshness seals, container lids and on the outside of containers that do not come into contact with food.

This ban would apply to "liquids, food and beverages" sold in metal and plastic containers, as well as glass containers with metal lids. These include all infant formulas, baby food, and canned and jarred fruits, vegetables, pastas, juices, soups, meats and other products.

The proposed standard of 0.5 ppb for BPA in liquid, food and beverage containers as outlined in HB 454 is arbitrary and inconsistent with the weight of evidence accepted by the international scientific community regarding the safety of BPA in food packaging. Despite the fact that there is almost no credible evidence regarding the effects of BPA, thousands of Montana business would be negatively impacted by HB 454, including grocery retailers, drug stores, hardware stores, food distributors, and more.

We believe the proper regulatory avenue for such an idea is the US Food and Drug Administration (FDA), which is responsible for regulating the safety of food products. As recently as February 9, 2009 both the US FDA and Health Canada reiterated that, "With regard to BPA generally, based on all available evidence, the consensus of regulatory agencies in the United States, Canada, Europe, and Japan is that the current levels of exposure to BPA through food packaging do not pose an immediate health risk to the general population, including infants and young children."

Due to the number of bills being heard in committee as Transmittal approaches, I regret that I am able to deliver these thoughts in person. Thank you for considering our thoughts on these important matters. Please oppose HB 454.

Respectfully Yours,



Jon Bennion
Montana Chamber of Commerce
406-442-2405, ext. 104
jon@montanachamber.com