

**SENATE JOURNAL
57TH LEGISLATURE
SEVENTEENTH LEGISLATIVE DAY**

Helena, Montana
January 22, 2001

Senate Chambers
State Capitol

Senate convened at 1:00 p.m. President Beck presiding. Invocation by Reverend Keith Johnson. Pledge of Allegiance to the Flag.

Roll Call. All members present except Senator Mohl, excused. Quorum present.

Mr. President: We, your committee on Bills and Journal, having examined the daily journal for the eleventh legislative day, find the same to be correct.

Miller, Chairman

REPORTS OF STANDING COMMITTEES

BILLS AND JOURNAL (Miller, Chairman): 1/22/2001
Correctly printed: SB 11, SB 105, SB 152, SB 175, SB 182, SB 185, SB 203, SB 214, SB 228, SB 287, SB 288, SJR 8, SR 3, SR 4, SR 5, SR 6, SR 7, SR 8, SR 9, SR 10, SR 11, SR 12, SR 13, SR 14.
Correctly engrossed: SB 51, SB 60, SB 123, SB 205.
Delivered to the Secretary of State at 10:03 a.m., January 22, 2001: SR 2.

AGRICULTURE, LIVESTOCK AND IRRIGATION (Holden, Chairman): 1/22/2001
SB 42, introduced bill, be amended as follows:

1. Page 7, line 12.

Strike: "Upper Red Rock Lake"

Insert: "Upper Red Rock Lake"

Strike: "**3467**"

Insert: "3467"

2. Page 7, line 14.

Strike: "Tuck Slough South"

Insert: "Tuck Slough South"

Strike: "**29 63**"

Insert: "29 63"

3. Page 7, line 15.

Strike: "Tuck Slough North"

Insert: "Tuck Slough North"

Strike: "**103 200**"

Insert: "103 200"

4. Page 8, line 18.

Strike: "6612.5"

Insert: "6607.5"

And, as amended, do pass. Report adopted.

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SB 143, do pass. Report adopted.

LEGISLATIVE ADMINISTRATION (Grimes, Chairman):

1/22/2001

MR. PRESIDENT:

We, your committee on Legislative Administration recommend that employment of the following attaches of the Senate be terminated as of 5:00 p.m., Saturday, January 20, 2001:

| <u>TITLE</u> | <u>NAME</u> |
|--------------|----------------------------------|
| Pages: | Heather Ainslie, Lavina, MT |
| | Jacque Colwell, Joliet, MT |
| | Adrean Dills, Billings, MT |
| | Bryan Knudsvig, Helena, MT |
| | Richard Miltenberger, Clancy, MT |
| | Sally Page, Glasgow, MT |
| | Jericho Peterson, Harlem, MT |
| | Talitha Seymour, Joliet, MT |

and recommend that the following attaches of the Senate be employed as of 8:00 a.m., Monday, January 22, 2001:

| <u>TITLE</u> | <u>NAME</u> |
|--------------|-------------------------------------|
| Pages: | Nicholas Weisert, Belgrade, MT |
| | Mariah Leushcen, Thompson Falls, MT |
| | Rebecca Conn, Hall, MT |
| | Jill Hanson, Whitehall, MT |
| | Anthony Cox, Missoula, MT |
| | Ross Beausoleil, Warm Springs, MT |
| | Mandy Nemitz, Cascade, MT |

Report Adopted.

PUBLIC HEALTH, WELFARE AND SAFETY (Bishop, Chairman):

1/22/2001

SB 34, introduced bill, be amended as follows:

1. Title, line 6 through line 7.

Strike: "CLARIFYING" on line 6 through "AUTHORITY;" on line 7

2. Title, line 11.

Strike: "2-18-103,"

3. Title, line 12.

Strike: "90-7-203,"

4. Page 1, lines 27 through 30.

Following: "personnel"

Strike: "1"

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Following: "90-7-203"

Strike: remainder of line 27 through "director" on line 30

5. Page 2, line 2 through line 29.

Strike: section 2 in its entirety

Renumber: subsequent sections

6. Page 10, line 23 through line 26.

Strike: section 11 in its entirety

Renumber: subsequent sections

And, as amended, do pass. Report adopted.

SB 88, do pass. Report adopted.

1/20/2001

SB 108, do pass. Report adopted.

1/20/2001

SB 135, introduced bill, be amended as follows:

1. Title, line 7.

Strike: "PROVIDING" through "GENERAL;"

2. Page 1, line 26 through line 27.

Following: "The" on line 26

Strike: remainder of line 26 through "the" on line 27

Following: "ombudsman" on line 27

Insert: "may retain counsel for legal support"

And, as amended, do pass. Report adopted.

SB 194, introduced bill, be amended as follows:

1/22/1001

1. Title, line 5.

Strike: "THOSE"

Insert: "CRITICAL ACCESS"

2. Title, line 7.

Strike: "SECTION"

Insert: "SECTIONS 7-34-2201, 33-36-103, 39-71-704,"

Following: "50-5-101,"

Insert: "AND 50-6-401,"

3. Page 1, line 9.

Insert: "**Section 1.** Section 7-34-2201, MCA, is amended to read:

"7-34-2201. Erection and management of county health care facilities -- definition -- provision of health care services. (1) The board of county commissioners has jurisdiction and power, under the limitations and restrictions prescribed by law, to erect, furnish, equip, expand, improve, and maintain health care facilities and to provide health care services in those facilities as permitted by law.

(2) The board of county commissioners of a county that has or may acquire title to a site and building or buildings suitable for county health care purposes has jurisdiction and power, under the limitations and restrictions

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prescribed by law, to erect, furnish, equip, expand, improve, maintain, and operate the building or buildings for health care purposes as provided by this section.

(3) As used in parts 21 and 23 through 25 and this part, unless the context clearly requires otherwise, the term "health care facility" means a hospital, a medical assistance facility, a critical access hospital, a hospice, an end-stage renal dialysis facility, an outpatient center for surgical services, an outpatient center for primary care, a rehabilitation facility, a long-term care facility, or an adult day-care center, as defined in 50-5-101, a public health center, as defined in 7-34-2102, or any combination and related medical facilities, including offices for physicians or other health care professionals providing outpatient, rehabilitative, emergency, nursing, or preventive care.""

Insert: "Section 2. Section 33-36-103, MCA, is amended to read:

"33-36-103. Definitions. As used in this chapter, the following definitions apply:

(1) "Closed plan" means a managed care plan that requires covered persons to use only participating providers under the terms of the managed care plan.

(2) "Combination plan" means an open plan with a closed component.

(3) "Covered benefits" means those health care services to which a covered person is entitled under the terms of a health benefit plan.

(4) "Covered person" means a policyholder, subscriber, or enrollee or other individual participating in a health benefit plan.

(5) "Department" means the department of public health and human services established in 2-15-2201.

(6) "Emergency medical condition" means a condition manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in any of the following:

(a) the covered person's health would be in serious jeopardy;

(b) the covered person's bodily functions would be seriously impaired; or

(c) a bodily organ or part would be seriously damaged.

(7) "Emergency services" means health care items and services furnished or required to evaluate and treat an emergency medical condition.

(8) "Facility" means an institution providing health care services or a health care setting, including but not limited to a hospital, medical assistance facility, or critical access hospital, as defined in 50-5-101, or other licensed inpatient center, an ambulatory surgical or treatment center, a skilled nursing center, a residential treatment center, a diagnostic, laboratory, or an imaging center, or a rehabilitation or other therapeutic health setting.

(9) "Health benefit plan" means a policy, contract, certificate, or agreement entered into, offered, or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services.

(10) "Health care professional" means a physician or other health care practitioner licensed, accredited, or certified pursuant to the laws of this state to perform specified health care services consistent with state law.

(11) "Health care provider" or "provider" means a health care professional or a facility.

(12) "Health care services" means services for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease.

(13) "Health carrier" means an entity subject to the insurance laws and rules of this state that contracts, offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including a disability insurer, health maintenance organization, or health service corporation or another entity providing a health benefit plan.

(14) "Intermediary" means a person authorized to negotiate, execute, and be a party to a contract between a health carrier and a provider or between a health carrier and a network.

(15) "Managed care plan" means a health benefit plan that either requires or creates incentives, including financial incentives, for a covered person to use health care providers managed, owned, under contract with, or employed by a health carrier, but not preferred provider organizations or other provider networks operated in a fee-for-service indemnity environment.

(16) "Medically necessary" means services, medicines, or supplies that are necessary and appropriate for the

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diagnosis or treatment of a covered person's illness, injury, or medical condition according to accepted standards of medical practice and that are not provided only as a convenience.

(17) "Network" means the group of participating providers that provides health care services to a managed care plan.

(18) "Open plan" means a managed care plan other than a closed plan that provides incentives, including financial incentives, for covered persons to use participating providers under the terms of the managed care plan.

(19) "Participating provider" means a provider who, under a contract with a health carrier or with the health carrier's contractor, subcontractor, or intermediary, has agreed to provide health care services to covered persons with an expectation of receiving payment, other than coinsurance, copayments, or deductibles, directly or indirectly from the health carrier.

(20) "Primary care professional" means a participating health care professional designated by the health carrier to supervise, coordinate, or provide initial care or continuing care to a covered person and who may be required by the health carrier to initiate a referral for specialty care and to maintain supervision of health care services rendered to the covered person.

(21) "Quality assessment" means the measurement and evaluation of the quality and outcomes of medical care provided to individuals, groups, or populations.

(22) "Quality assurance" means quality assessment and quality improvement.

(23) "Quality improvement" means an effort to improve the processes and outcomes related to the provision of health care services within a health plan.""

Insert: "Section 3. Section 39-71-704, MCA, is amended to read:

"39-71-704. Payment of medical, hospital, and related services -- fee schedules and hospital rates -- fee limitation. (1) In addition to the compensation provided under this chapter and as an additional benefit separate and apart from compensation benefits actually provided, the following must be furnished:

(a) After the happening of a compensable injury and subject to other provisions of this chapter, the insurer shall furnish reasonable primary medical services for conditions resulting from the injury for those periods as the nature of the injury or the process of recovery requires.

(b) The insurer shall furnish secondary medical services only upon a clear demonstration of cost-effectiveness of the services in returning the injured worker to actual employment.

(c) The insurer shall replace or repair prescription eyeglasses, prescription contact lenses, prescription hearing aids, and dentures that are damaged or lost as a result of an injury, as defined in 39-71-119, arising out of and in the course of employment.

(d) The insurer shall reimburse a worker for reasonable travel expenses incurred in travel to a medical provider for treatment of an injury only if the travel is incurred at the request of the insurer. Reimbursement must be at the rates allowed for reimbursement of travel by state employees.

(e) Except for the repair or replacement of a prosthesis furnished as a result of an industrial injury, the benefits provided for in this section terminate when they are not used for a period of 60 consecutive months.

(f) Notwithstanding subsection (1)(a), the insurer may not be required to furnish, after the worker has achieved medical stability, palliative or maintenance care except:

(i) when provided to a worker who has been determined to be permanently totally disabled and for whom it is medically necessary to monitor administration of prescription medication to maintain the worker in a medically stationary condition;

(ii) when necessary to monitor the status of a prosthetic device; or

(iii) when the worker's treating physician believes that the care that would otherwise not be compensable under subsection (1)(f) is appropriate to enable the worker to continue current employment or that there is a clear probability of returning the worker to employment. A dispute regarding the compensability of palliative or maintenance care is considered a dispute over which, after mediation pursuant to department rule, the workers' compensation court has jurisdiction.

(g) Notwithstanding any other provisions of this chapter, the department, by rule and upon the advice of the

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professional licensing boards of practitioners affected by the rule, may exclude from compensability any medical treatment that the department finds to be unscientific, unproved, outmoded, or experimental.

(2) The department shall annually establish a schedule of fees for medical services not provided at a hospital that are necessary for the treatment of injured workers. Charges submitted by providers must be the usual and customary charges for nonworkers' compensation patients. The department may require insurers to submit information to be used in establishing the schedule.

(3) (a) The department shall establish rates for hospital services necessary for the treatment of injured workers.

(b) Except as provided in subsection (3)(g), rates for services provided at a hospital must be the greater of:

(i) 69% of the hospital's January 1, 1997, usual and customary charges; or

(ii) the discount factor established by the department that was in effect on June 30, 1997, for the hospital. The discount factor for a hospital formed by the merger of two or more existing hospitals is computed by using the weighted average of the discount factors in effect at the time of the merger.

(c) Except as provided in subsection (3)(g), beginning July 1, 1998, the department shall adjust hospital discount factors so that the rate of payment does not exceed the annual percentage increase in the state's average weekly wage, as defined in 39-71-116.

(d) The department may establish a fee schedule for hospital outpatient services rendered on or after July 1, 1998. The fee schedule must, in the aggregate, provide for fees that are equal to the statewide average discount factors paid to hospitals to provide the same or equivalent procedure to workers' compensation hospital outpatients.

(e) The discount factors established by the department pursuant to this subsection (3) may not be less than medicaid reimbursement rates.

(f) For services available in Montana, insurers are not required to pay facilities located outside Montana rates that are greater than those allowed for services delivered in Montana.

(g) For a hospital licensed as a medical assistance facility or a critical access hospital pursuant to Title 50, chapter 5, the rate for services is the hospital's usual and customary charge. Fees paid to a hospital licensed as a medical assistance facility are not subject to the limitation provided in subsection (4).

(4) The percentage increase in medical costs payable under this chapter may not exceed the annual percentage increase in the state's average weekly wage, as defined in 39-71-116.

(5) Payment pursuant to reimbursement agreements between managed care organizations or preferred provider organizations and insurers is not bound by the provisions of this section.

(6) Disputes between an insurer and a medical service provider regarding the amount of a fee for medical services must be resolved by a hearing before the department upon written application of a party to the dispute.

(7) (a) After the initial visit, the worker is responsible for 20%, but not to exceed \$10, of the cost of each subsequent visit to a medical service provider for treatment relating to a compensable injury or occupational disease, unless the visit is to a medical service provider in a managed care organization as requested by the insurer or is a visit to a preferred provider as requested by the insurer.

(b) After the initial visit, the worker is responsible for \$25 of the cost of each subsequent visit to a hospital emergency department for treatment relating to a compensable injury or occupational disease.

(c) "Visit", as used in subsections (7)(a) and (7)(b), means each time that the worker obtains services relating to a compensable injury or occupational disease from:

(i) a treating physician;

(ii) a physical therapist;

(iii) a psychologist; or

(iv) hospital outpatient services available in a nonhospital setting.

(d) A worker is not responsible for the cost of a subsequent visit pursuant to subsection (7)(a) if the visit is an examination requested by an insurer pursuant to 39-71-605.""

Renumber: subsequent sections

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4. Page 3, line 2.

Strike: the second "hospital"

Insert: "facility"

Following: "rural area"

Insert: ", as defined in 42 U.S.C. 1395ww(d)(2)(D),"

5. Page 3, line 3.

Strike: "2"

Insert: "5"

6. Page 7.

Following: line 7

Insert: "(49) "Swing bed" means a bed approved pursuant to 42 U.S.C. 1395tt to be used to provide either acute care or extended skilled nursing care to a patient."

7. Page 7, line 10.

Strike: the second "hospital"

Insert: "facility"

8. Page 7, line 12.

Strike: "hospital"

Insert: "facility"

9. Page 7, line 15.

Strike: "hospital"

Insert: "facility"

10. Page 7, line 18.

Strike: "hospital"

Insert: "facility"

11. Page 7, line 19.

Strike: "hospital"

Insert: "facility"

12. Page 7, line 20.

Following: "inpatient beds"

Insert: ", of which no more than 15 are used for acute care at any one time,"

13. Page 7, line 24.

Strike: "1395i-4(c)(2)(B)(v)"

Insert: "1395x(aa)(2)(I)"

14. Page 7, line 25.

Following: "section"

Insert: ", including the following:

(a) standards for determining whether the facility qualifies as a necessary provider pursuant to subsection (1)(a)(ii);

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- (b) standards for determining whether the 24-hour emergency care provided is necessary to ensure that the area served by the facility has adequate access to emergency care services; and
- (c) procedures for applying for and receiving designation as a critical access hospital"

15. Page 7.

Following: line 25

Insert: "Section 6. Section 50-6-401, MCA, is amended to read:

"50-6-401. Definitions. As used in this part, unless the context clearly requires otherwise, the following definitions apply:

(1) "Department" means the department of public health and human services provided for in Title 2, chapter 15, part 22.

(2) "Emergency medical service" means an emergency medical service as defined by 50-6-302.

(3) "Health care facility" or "facility" means a hospital, critical access hospital, or medical assistance facility as defined in 50-5-101.

(4) "Hospital trauma register" means patient-specific trauma data that is maintained by a health care facility, in a format prescribed by department rule, and that has the primary purpose of facilitating peer review and quality improvement at the health care facility.

(5) "Quality improvement" means the process of defining trauma care system performance standards, collecting data against which the standards may be applied, using the data to determine compliance with the standards, and using the data and compliance information in a nonpunitive manner, including peer review, that will continuously improve performance and facilitate compliance with the standards.

(6) "State trauma register" means trauma data relating to a specific patient or health care facility that is maintained by the department in an electronic format and that has the primary purpose of facilitating peer review and quality improvement for a health care facility or a trauma care system.

(7) "Trauma" means a severe, abrupt injury to the human body that is caused by mechanical, environmental, thermal, or other physical force.

(8) "Trauma care committee" means the trauma care committee created in 2-15-2216.

(9) "Trauma care system" means a state or regional system for the prevention of trauma and the provision of optimal medical care to trauma victims that includes both provision of appropriate health care services and provision of emergency medical care, equipment, and personnel for effective and coordinated prehospital, hospital, interhospital, and rehabilitative care for trauma patients.

(10) "Trauma facility" means a health care facility designated by the department pursuant to 50-6-410 as providing a specialized program in trauma care with appropriately trained personnel, equipment, and other facility resources that are specifically organized to provide optimal care to a trauma patient at the facility.

(11) "Trauma region" means a geographic area, designated by department rule pursuant to 50-6-402, within which trauma services are coordinated and evaluated through a regional trauma care system.""

Renumber: subsequent section

16. Page 7, lines 27 and 29.

Strike: "2"

Insert: "5"

17. Page 8, line 3.

Strike: "2(2) and 3"

Insert: "5(2) and 7"

And, as amended, do pass. Report adopted.

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STATE ADMINISTRATION (Hargrove, Chairman): 1/22/2001
SB 236, do pass. Report adopted.

MESSAGES FROM THE OTHER HOUSE

House bills passed and transmitted to the Senate for concurrence: 1/20/2001

HB 18, introduced by Somerville
HB 50, introduced by Juneau
HB 75, introduced by E. Clark
HB 91, introduced by Golie
HB 97, introduced by Lewis
HB 103, introduced by Olson
HB 134, introduced by Facey
HB 145, introduced by Dale
HB 160, introduced by Andersen
HB 220, introduced by Lawson

FIRST READING AND COMMITMENT OF BILLS

The following Senate bills were introduced, read first time, and referred to committees:

SB 289, introduced by Tester, Callahan, Doherty, Ekegren, Franklin, Galvin-Halcro, Golie, Hargrove, Lee, Mangan, McKenney, Ripley, Roush, Ryan, Schmidt, J. Tropila, Whitaker, referred to State Administration.
SB 290, introduced by Franklin, referred to Public Health, Welfare and Safety.
SB 291, introduced by Nelson, Bales, Barrett, Crismore, Dale, Fuchs, Hedges, Kitzenberg, Ripley, Smith, Tash, Waitschies, referred to Fish and Game.
SB 292, introduced by Sprague, referred to Business and Labor.

The following House bills were introduced, read first time, and referred to committees:

HB 18, introduced by Somerville (by request of the Revenue and Taxation Interim Committee), referred to Highways and Transportation.
HB 50, introduced by Juneau (by request of the Department of Commerce), referred to Public Health, Welfare and Safety.
HB 75, introduced by E. Clark, referred to Highways and Transportation.
HB 91, introduced by Golie (by request of the Office of Public Instruction), referred to State Administration.
HB 97, introduced by Lewis (by request of the Teachers' Retirement Board), referred to State Administration.
HB 103, introduced by Olson (by request of the Office of Public Instruction), referred to Education and Cultural Resources.
HB 134, introduced by Facey (by request of the Office of Public Instruction), referred to Education and Cultural Resources.
HB 145, introduced by Dale (by request of the Department of Commerce), referred to Business and Labor.
HB 160, introduced by Andersen (by request of the Office of Public Instruction), referred to Education and Cultural Resources.
HB 164, introduced by Olson (by request of the Office of Public Instruction), referred to Education and Cultural Resources.

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HB 180, introduced by Callahan, Gillan, Laszloffy, Mangan, Matthews, Whitaker, referred to Public Health, Welfare and Safety.

HB 220, introduced by Lawson, referred to Business and Labor.

HB 235, introduced by R. Brown (by request of the Secretary of State), referred to Business and Labor.

**SECOND READING OF BILLS
(COMMITTEE OF THE WHOLE)**

Senator Thomas moved the Senate resolve itself into a Committee of the Whole for consideration of business on second reading. Motion carried. Senator Cocchiarella in the chair.

Mr. President: We, your Committee of the Whole, having had under consideration business on second reading, recommend as follows:

SB 60 - Senator McCarthy moved SB 60 do pass. Motion carried as follows:

Yeas: Berry, Bishop, Bohlinger, Christiaens, Cobb, Cocchiarella, Cole, Crismore, DePratu, Doherty, Ellingson, Ellis, Franklin, Glaser, Grimes, Grosfield, Halligan, Harrington, Jergeson, Kitzenberg, Mahlum, McCarthy, McNutt, Nelson, Pease, Roush, Ryan, Shea, Stapleton, Stonington, Tash, Tester, Thomas, Toole, Waterman, Mr. President.

Total 36

Nays: Butcher, Ekegren, Elliott, Hargrove, Holden, Johnson, Keenan, Miller, O'Neil, Sprague, Taylor, Wells, Zook.

Total 13

Absent or not voting: None.

Total 0

Excused: Mohl.

Total 1

SB 123 - Senator Bohlinger moved SB 123, **requiring a 2/3 vote**, do pass. Motion received the following vote:

Yeas: Bishop, Bohlinger, Christiaens, Cole, Doherty, Ekegren, Ellingson, Grimes, Harrington, Jergeson, Johnson, Keenan, Kitzenberg, McCarthy, Miller, Nelson, Pease, Roush, Ryan, Shea, Sprague, Stonington, Tash, Taylor, Thomas, Toole, Waterman, Mr. President.

Total 28

Nays: Berry, Butcher, Cobb, Cocchiarella, Crismore, DePratu, Elliott, Ellis, Franklin, Glaser, Grosfield, Halligan, Hargrove, Holden, Mahlum, McNutt, O'Neil, Stapleton, Tester, Wells, Zook.

Total 21

Absent or not voting: None.

Total 0

Excused: Mohl.

Total 1

SB 150 - Senator Hargrove moved SB 150 do pass. Motion carried unanimously.

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SB 153 - Senator O'Neil moved SB 153 do pass. Motion carried as follows:

Yeas: Berry, Bishop, Bohlinger, Butcher, Christiaens, Cobb, Cocchiarella, Cole, Crismore, DePratu, Doherty, Ekegren, Ellingson, Elliott, Ellis, Franklin, Glaser, Grimes, Grosfield, Halligan, Hargrove, Harrington, Holden, Jergeson, Johnson, Keenan, Kitzenberg, Mahlum, McCarthy, McNutt, Miller, Nelson, O'Neil, Pease, Roush, Ryan, Shea, Sprague, Stapleton, Stonington, Tash, Taylor, Thomas, Toole, Waterman, Wells, Zook, Mr. President.

Total 48

Nays: Tester.

Total 1

Absent or not voting: None.

Total 0

Excused: Mohl.

Total 1

SB 180 - Senator Beck moved SB 180 do pass. Motion carried as follows:

Yeas: Berry, Bishop, Bohlinger, Butcher, Cobb, Cocchiarella, Cole, Crismore, DePratu, Ekegren, Ellis, Glaser, Grimes, Grosfield, Halligan, Hargrove, Keenan, Kitzenberg, Mahlum, McNutt, Miller, Nelson, O'Neil, Shea, Sprague, Stapleton, Tash, Taylor, Thomas, Wells, Zook, Mr. President.

Total 32

Nays: Christiaens, Doherty, Ellingson, Elliott, Franklin, Harrington, Holden, Jergeson, Johnson, McCarthy, Pease, Roush, Ryan, Stonington, Tester, Toole, Waterman.

Total 17

Absent or not voting: None.

Total 0

Excused: Mohl.

Total 1

SB 182 - Senator Cobb moved SB 182 do pass. Motion carried unanimously.

Senator Thomas moved the committee rise and report. Motion carried. Committee arose. Senate resumed. President Beck in the chair. Chairman Cocchiarella moved the Committee of the Whole report be adopted. Report adopted unanimously.

Senator Elliott excused at this time.

THIRD READING OF BILLS

The following bills having been read three several times, title and history agreed to, were disposed of in the following manner:

SB 11 passed as follows:

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Yeas: Berry, Bishop, Bohlinger, Butcher, Christiaens, Cobb, Cocchiarella, Cole, Crismore, DePratu, Doherty, Ekegren, Ellingson, Ellis, Franklin, Glaser, Grimes, Grosfield, Halligan, Hargrove, Harrington, Holden, Jergeson, Keenan, Kitzenberg, Mahlum, McCarthy, McNutt, Miller, Nelson, O'Neil, Pease, Roush, Ryan, Shea, Sprague, Stapleton, Stonington, Tash, Taylor, Tester, Thomas, Toole, Waterman, Wells, Zook, Mr. President.
Total 47

Nays: Johnson.
Total 1

Absent or not voting: None.
Total 0

Excused: Elliott, Mohl.
Total 2

Senator Elliott present at this time.

SB 105 passed as follows:

Yeas: Berry, Bishop, Bohlinger, Butcher, Christiaens, Cobb, Cocchiarella, Cole, Crismore, DePratu, Doherty, Ekegren, Ellingson, Elliott, Ellis, Franklin, Glaser, Grimes, Grosfield, Halligan, Hargrove, Harrington, Holden, Jergeson, Johnson, Keenan, Kitzenberg, Mahlum, McCarthy, McNutt, Nelson, O'Neil, Pease, Roush, Ryan, Shea, Sprague, Stapleton, Stonington, Tash, Taylor, Tester, Thomas, Toole, Waterman, Wells, Zook, Mr. President.
Total 48

Nays: Miller.
Total 1

Absent or not voting: None.
Total 0

Excused: Mohl.
Total 1

SB 152 passed as follows:

Yeas: Berry, Bishop, Bohlinger, Butcher, Christiaens, Cobb, Cocchiarella, Cole, Crismore, DePratu, Doherty, Ekegren, Ellingson, Elliott, Ellis, Franklin, Glaser, Grimes, Grosfield, Halligan, Hargrove, Harrington, Holden, Jergeson, Johnson, Keenan, Kitzenberg, Mahlum, McCarthy, McNutt, Miller, Nelson, O'Neil, Pease, Roush, Ryan, Shea, Sprague, Stapleton, Stonington, Tash, Taylor, Tester, Thomas, Toole, Waterman, Wells, Zook, Mr. President.
Total 49

Nays: None.
Total 0

Absent or not voting: None.
Total 0

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Excused: Mohl.
Total 1

SB 175 passed as follows:

Yeas: Berry, Bishop, Bohlinger, Butcher, Christiaens, Cobb, Cocchiarella, Cole, Crismore, DePratu, Doherty, Ekegren, Ellingson, Elliott, Ellis, Franklin, Glaser, Grimes, Grosfield, Halligan, Hargrove, Harrington, Holden, Jergeson, Johnson, Keenan, Kitzenberg, Mahlum, McCarthy, McNutt, Miller, Nelson, O'Neil, Pease, Roush, Ryan, Shea, Sprague, Stapleton, Stonington, Tash, Taylor, Tester, Thomas, Toole, Waterman, Wells, Zook, Mr. President.
Total 49

Nays: None.
Total 0

Absent or not voting: None.
Total 0

Excused: Mohl.
Total 1

SB 203 passed as follows:

Yeas: Berry, Bishop, Bohlinger, Butcher, Christiaens, Cobb, Cocchiarella, Cole, Crismore, DePratu, Doherty, Ekegren, Ellingson, Elliott, Ellis, Franklin, Glaser, Grimes, Grosfield, Halligan, Hargrove, Harrington, Holden, Jergeson, Johnson, Keenan, Kitzenberg, Mahlum, McCarthy, McNutt, Miller, Nelson, O'Neil, Pease, Roush, Ryan, Shea, Sprague, Stapleton, Stonington, Tash, Taylor, Tester, Thomas, Toole, Waterman, Wells, Zook, Mr. President.
Total 49

Nays: None.
Total 0

Absent or not voting: None.
Total 0

Excused: Mohl.
Total 1

ANNOUNCEMENTS

Committee meetings were announced by committee chairmen.

Majority Leader Thomas moved that the Senate adjourn until 1:00 p.m., Tuesday, January 23, 2001. Motion carried.

Senate adjourned at 2:54 p.m.

ROSANA SKELTON
Secretary of Senate

TOM BECK
President of the Senate