

NORTH DAKOTA LEGISLATIVE COUNCIL

Minutes of the

INSURANCE AND HEALTH CARE COMMITTEE

Monday, September 14, 1998
Roughrider Room, State Capitol
Bismarck, North Dakota

Senator Karen K. Krebsbach, Chairman, called the meeting to order at 9:00 a.m.

Members present: Senators Karen K. Krebsbach, Judy L. DeMers, Jerry Klein; Representatives Michael Brandenburg, Thomas T. Brusegaard, Mike Callahan, Ron Carlisle, David Drovdal, Kenneth Kroeplin, Wanda Rose, John M. Warner

Members absent: Representatives Al Carlson, Pam Gulleason, Alice Olson, Clara Sue Price

Others present: See attached appendix

It was moved by Senator DeMers, seconded by Senator Klein, and carried on a voice vote that the minutes of the July 1, 1998, meeting be approved as distributed.

Chairman Krebsbach welcomed the members of the junior class of occupational therapy from the University of Mary attending the committee meeting.

ANNUAL REPORT - PARTNERSHIP FOR LONG-TERM CARE PROGRAM

Chairman Krebsbach called on Ms. Beth Allen, Life and Health Analyst, Insurance Department, to present the annual report on the progress of the partnership for long-term care program. Ms. Allen provided written material regarding the history of the partnership for long-term care programs in the country, a copy of which is on file in the Legislative Council office.

Ms. Allen said the status of the partnership for long-term care program has not changed since she reported to the committee on October 22, 1997. Although in 1993 the Legislative Assembly enacted North Dakota Century Code (NDCC) Chapter 26.1-45.1 regarding the partnership for long-term care program, federal legislation has prevented this program from ever being implemented.

In response to a question from Senator DeMers, Ms. Allen said the Commissioner of Insurance initially thought amendments would be made to the federal legislation prohibiting implementation of the partnership for long-term care program; however, the amendments have not been successful and the program has not been implemented. Ms. Allen said she is not sure what the commissioner's thoughts are regarding whether NDCC Chapter 26.1-45.1 should be repealed.

It was moved by Senator DeMers, seconded by Representative Warner, and carried on a voice vote that Legislative Council staff be requested to prepare a bill draft repealing NDCC Chapter 26.1-45.1 regarding the partnership for long-term care program.

Chairman Krebsbach called on committee counsel to present the first version of a bill draft relating to the repeal of Chapter 26.1-45.1 regarding the partnership for long-term care program. Committee counsel said the bill draft would repeal Chapter 26.1-45.1 without amending other portions of the North Dakota Century Code.

It was moved by Senator DeMers, seconded by Representative Callahan, and carried on a roll call vote that the bill draft relating to the repeal of the law regarding the partnership for long-term care program be approved and recommended to the Legislative Council. Senators Krebsbach and DeMers and Representatives Brusegaard, Callahan, Carlisle, and Rose voted "aye." Senator Klein and Representatives Brandenburg, Drovdal, Kroeplin, and Warner voted "nay."

EFFECTS OF MANAGED CARE ON RURAL NORTH DAKOTA STUDY

Chairman Krebsbach asked the committee whether any committee action is required regarding managed care. Senator DeMers said managed care is a concern of the North Dakota Legislative Assembly; however, there is no need to take action at this time.

STATUS OF THE CHILDREN'S HEALTH INSURANCE PROGRAM STATE PLAN

Chairman Krebsbach called on Mr. Sheldon Wolf, Assistant Director, Medical Services, Department of Human Services, for comments regarding the status of the children's health insurance program state plan. Mr. Wolf said the state plan for Phase 1 of the children's health insurance program was submitted for approval. He said the federal government has 90 days to approve the plan or request additional information, and federal approval is anticipated by October 1, 1998. He said Phase 2 of the children's health insurance program state plan, called the

Healthy Steps program, will provide health benefits to children outside the Medicaid program. Governor Schafer's office, he said, is in the process of forming a committee that will review options and make recommendations for Phase 2 of the program. Mr. Wolf provided written testimony, a copy of which is on file in the Legislative Council office.

In response to a question from Senator Krebsbach, Mr. Wolf said the Governor's committee is tentatively scheduled to meet next week. Mr. Wolf said he is not sure of the committee membership but will report back to the committee with membership information.

In response to a question from Representative Carlisle, Mr. Wolf said general funds will likely be used for Phase 2 of the state plan.

Representatives Brusegaard and Warner expressed concern regarding how the asset tests for the children's health insurance program would affect applicants, especially farmers.

In response to a question from Representative Brandenburg, Mr. Wolf said under Phase 1 of the children's health insurance program, it is expected that an additional 300 children each month will be eligible for Medicaid benefits.

In response to a question from Senator DeMers, Mr. Wolf said although Phase 1 is essentially an expansion of the existing Medicaid program, Phase 2 is expected to include an expanded insurance program for children.

PUBLIC HEALTH STRATEGIC PLANNING STUDY

Chairman Krebsbach called on committee counsel to present the second version of the bill draft regarding consolidation of the public health law. Committee counsel said the only difference between Version 1 and Version 2 is that the amendments made to NDCC Section 23-01-04.2 are slightly different. She said the State Health Officer requested that Section 23-01-04.2 retain the original legislative intent language providing "it is the intent of the legislative assembly that the state department of health adopt rules defining appropriate administration charges for vaccine provided by the department to physicians, private clinics, and hospitals."

Chairman Krebsbach called on Mr. Murray Sagsveen, State Health Officer, State Department of Health, for comments regarding the second version of the bill draft. Mr. Sagsveen said the bill draft does not change the substance of the law regarding public health but instead puts the substance of existing law under one chapter instead of four chapters. He said he supports the bill draft because it makes it easier to determine what the powers and duties are of each type of public health unit and district.

Chairman Krebsbach called on Representative Rose to present the first version of a bill draft relating to consolidation and unification of the public health

law. Representative Rose said she is sponsoring this bill draft at the request of the State Department of Health. She requested that the committee adopt the bill draft as a Legislative Council bill draft.

Chairman Krebsbach called on Mr. Sagsveen for comments regarding Representative Rose's bill draft. Mr. Sagsveen said the bill draft substantively changes existing law in order to streamline and unify law regarding local public health units and districts. The history of public health units, he said, goes back to before 1889, and the law relating to health districts was enacted in 1943. He distinguished the differences between public health districts and public health units.

Mr. Sagsveen said the main features of the bill draft are that the bill draft provides all land in the state must be in a public health unit. He said this is a substantive change from existing law and four counties in North Dakota are not currently in public health districts or public health units. Under Representative Rose's bill draft, he said, the State Health Officer is authorized to define the core functions of public health units and public health districts, and the State Department of Health is directed to advise the boards of health instead of supervise the boards of health as required under current law. Another difference under Representative Rose's bill draft, he said, is that detailed specifications for the membership of a board of health are eliminated.

Mr. Sagsveen said additional features of Representative Rose's bill draft are that the State Health Officer is no longer required to approve the formation of a health district's health plan and is no longer involved in the merger or expansion of a health district. He said Representative Rose's bill draft goes a step further than the committee's bill draft in consolidating the laws relating to public health unit boards of health. He provided written testimony, a copy of which is on file in the Legislative Council office.

In response to a question from Senator DeMers, Mr. Sagsveen said he understands the committee's concern that this is the first time the committee has seen the bill draft; however, the issue of timing as it relates to working with all of the public health administrators was such that the bill draft just became available for presentation to the committee.

In response to a question from Representative Warner, Mr. Sagsveen said some of the issues under Representative Rose's bill draft which are specific to rural communities include the availability of a licensed physician within a public health unit and the possibility of allowing advanced practice nurses to fill public health unit positions previously occupied by licensed physicians.

In response to a question from Representative Brusegaard, Mr. Sagsveen said if the law provides that a local health officer shall be a licensed physician, a board of health would be required to

appoint a local health officer who is a licensed physician.

Senator DeMers said under both public health bill drafts the duties of a local health officer are not necessarily consistent with the duties of the licensed physician, but she said it is very important to have a licensed physician advise a board of health.

In response to a question from Senator Krebsbach, Mr. Sagsveen said it is possible to amend Representative Rose's bill draft so the requirements of a local health officer mirror the requirements of the State Health Officer.

In response to a question from Representative Brandenburg, Mr. Sagsveen said Representative Rose's bill draft would require the four counties not currently in public health units to either join a public health district or create their own public health units. He said the four counties have not been consulted with regard to this change, but the change would have a fiscal impact, and he does plan on meeting with the four counties.

In response to a question from Senator Krebsbach, Mr. Sagsveen said it would be a good idea to delay implementation of the statewide public health unit requirement.

In response to a question from Representative Drovdal, Mr. Sagsveen said in the four counties that are not in public health units, some public health services are provided by neighboring public health units.

In response to a question from Senator DeMers, Mr. Mike Mullen, Policy Analyst, State Department of Health, said Representative Rose's bill draft maintains existing law that requires health officers be licensed physicians. Ms. Lisa Clute, First District Health Unit, said as far as the law relating to public health applies to her public health unit, she supports keeping a licensed physician as the local health officer because the local health officer is the liaison between the public health unit and the hospitals in the community. She said she supports the idea of requiring a health care provider who is not necessarily a licensed physician or a dentist to be a member of a board of health.

In response to a question from Senator Krebsbach, Ms. Clute said under current law the local health officer is not necessarily the licensed physician on the board. She said she prefers that the board of health include a licensed physician and that the local health officer be required to be a licensed medical provider in the community.

In response to a question from Representative Warner, Ms. Clute said a statute would need to define the term "licensed health care provider."

In response to a question from Senator Krebsbach regarding which public health bill draft she supports, Ms. Clute said she has not had time to perform an indepth review of Representative Rose's bill draft, but she supports the ideas behind both bill drafts.

Chairman Krebsbach called on Mr. David Peske, North Dakota Medical Association, for comments

regarding the two public health bill drafts. Mr. Peske said he did not have an opportunity to review Representative Rose's bill draft until today, and the North Dakota Medical Association does not have an official position on either of the bill drafts.

In response to a question from Senator DeMers, Mr. Mullen said that under Representative Rose's bill draft the local health officer is no longer required to be the secretary of the board of health and is no longer required to be a member of the board of health, although the local health officer is required to keep a record of the local health officer's official acts and is required to advise the board of health.

Representative Carlisle said the committee's final report should convey Senator DeMers' and Representative Brandenburg's concerns that this is the first time the committee has had an opportunity to view Representative Rose's bill draft.

It was moved by Representative Carlisle and seconded by Representative Brusegaard that the committee's bill draft relating to the consolidation of public health law be approved and recommended to the Legislative Council.

It was moved by Senator DeMers and seconded by Representative Brusegaard that on page 2, line 9, the word "supervise" be replaced with "advise." Mr. Sagsveen said he supports Senator DeMers' proposed amendment. The motion carried on a voice vote.

It was moved by Senator DeMers and seconded by Representative Drovdal that the committee's bill draft relating to consolidation of public health law be amended so the language on page 1, lines 13-16, is identical to the corresponding language in Representative Rose's bill. Mr. Sagsveen said he supports Senator DeMers' proposed amendment. The motion carried on a voice vote.

Senator Klein said he does not think it is necessary to forward to the Legislative Council two bill drafts on public health. He said he supports forwarding Representative Rose's bill draft.

Senator DeMers said she agrees with Senator Klein; however, there has not been time for public comment on Representative Rose's bill draft.

In response to a question from Senator Klein, Mr. Sagsveen said he agrees the provision in Representative Rose's bill draft requiring all counties to be in public health units should be effective in 2001.

Representative Carlisle withdrew his motion to approve and recommend the committee's bill draft relating to consolidation of the public health units to the Legislative Council.

Representative Drovdal said he supports forwarding both bill drafts to the Legislative Council because it is likely the bill draft that only consolidates the public health law will pass during the legislative session, whereas the bill draft initiated by Representative Rose may meet some resistance and not pass.

It was moved by Representative Drovdal that the committee's bill draft relating to consolidation of public health law be approved and recommended to the Legislative Council. The motion failed for lack of a second.

Senator DeMers said because there was no public hearing on Representative Rose's bill draft, the committee should schedule another meeting to address the bill draft.

It was moved by Senator Klein and seconded by Representative Callahan that Representative Rose's bill draft relating to consolidation and unification of public health law be adopted as a committee bill and be approved and recommended to the Legislative Council.

Senator Klein said this allows for fine-tuning during the legislative session.

It was moved by Representative Brusegaard, seconded by Representative Drovdal, and carried on a voice vote that the bill draft relating to consolidation and unification of the public health law be amended on page 2, line 13, to provide all of the state must be in a public health unit by January 1, 2001.

It was moved by Senator DeMers, seconded by Representative Drovdal, and carried on a voice vote that the bill draft relating to consolidation and unification of the public health law be amended by removing the definition of "local government" and replacing that terminology with "city" or "county."

Senator DeMers said she will vote no on the motion to forward the bill draft relating to consolidation and unification of the public health law, even though she supports consolidation and unification. She said the committee has not finished its charge regarding public health, and the committee should allow for more public comment.

Mr. Sagsveen said he will consult with the North Dakota Medical Association to get the association's position on the public health bill drafts.

It was moved by Representative Callahan, seconded by Senator DeMers, and carried on a voice vote that the bill draft relating to consolidation and unification of the public health law be amended to clarify the language on page 11, line 3.

Representative Drovdal said the fact that the committee is adding several amendments to the consolidation and unification of the public health law bill draft adds support to Senator DeMers' concerns. He said if the Insurance and Health Care Committee does not forward to the Legislative Council either of the public health bill drafts, the State Department of Health can pursue the bill drafts as agency bill drafts during the legislative session.

Representative Warner said he has no objections to forwarding the bill drafts and no objection to meeting again to review the bill drafts.

Senator Klein withdrew his motion to approve and recommend to the Legislative Council the bill draft relating to consolidation and unification of the public health law.

It was moved by Senator Klein, seconded by Representative Warner, and carried on a voice vote that the committee adopt the bill draft relating to consolidation and unification of the public health law as a committee bill draft.

The committee requested that Legislative Council staff draft three new versions of the bill draft relating to consolidation and unification of the public health law. One bill draft should implement the amendments proposed by the committee. One bill draft should implement the changes recommended by the committee and amend NDCC Section 23-35-05 to mirror the language regarding the requirements of the State Health Officer. One bill draft should implement the amendments recommended by the committee and provide that the local hearing officer be a licensed medical service provider.

EMERGENCY MEDICAL SERVICES STUDY

Chairman Krebsbach called on committee counsel to present the first version of a bill draft relating to a prudent layperson standard for ambulance service reimbursement. Committee counsel said under the bill draft any insurance company that provides prehospital emergency medical services benefits must provide prehospital emergency medical services benefits in the case of an emergency medical condition. She said an emergency medical condition is defined as "a medical condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layman, who possesses an average knowledge of health and medicine, could reasonably expect the absence of medical attention to result in placing the person's health in jeopardy, serious impairment of a bodily function, or serious dysfunction of any body part." The bill draft, she said, would not require insurance coverage in excess of policy aggregate limits and would not prevent an insurance company from imposing deductibles, coinsurance, or other cost sharing for prehospital emergency medical services.

In response to a question from Senator DeMers, committee counsel said the language regarding severe pain can be changed to clarify that severe pain is not a requirement of an emergency medical condition. She said the use of the words "prudent layman" instead of "prudent layperson" is consistent with Legislative Council form and style; however, this language can be changed at the request of the committee.

In response to a question from Senator DeMers, committee counsel said it is her understanding that federal law dictates ambulance reimbursement for Medicare and Medicaid. Mr. Tim Wiedrich, Director,

Emergency Health Services, State Department of Health, said it is his understanding federal law dictates prehospital service reimbursement for Medicare and Medicaid. Mr. Sagsveen said he will consult with a representative of the Department of Human Services regarding which law dictates prehospital services for Medicaid.

Chairman Krebsbach called on Mr. Mark Haugen, Past President, North Dakota Emergency Medical Services Association, for comments regarding the prudent layperson bill draft. Mr. Haugen said he is concerned with the use of the term "sudden onset" in the bill draft because historically Midwesterners try to tough it out and only use prehospital emergency medical services as a last resort.

It was moved by Senator DeMers, seconded by Representative Rose, and carried on a voice vote that the bill draft relating to the prudent layman standard for prehospital emergency services be amended by removing the requirement of sudden onset, clarify the requirement for severe pain, and replace the word "layman" with "layperson."

It was moved by Senator DeMers, seconded by Representative Drovdal, and carried on a roll call vote that the bill draft, as amended, relating to a prudent layman standard for prehospital emergency medical services reimbursement be approved and recommended to the Legislative Council. Senators Krebsbach, DeMers, and Klein and Representatives Brandenburg, Brusegaard, Callahan, Carlisle, Drovdal, Kroepin, Rose, and Warner voted "aye." No negative votes were cast.

Chairman Krebsbach called on committee counsel to present the first version of a bill draft relating to appropriation of moneys for fixed costs of ambulance services. Committee counsel said Section 2 of the bill draft appropriates \$3.8 million of general fund moneys to the State Department of Health for the purpose of defraying expenses of prehospital emergency medical services for the biennium beginning July 1, 1999, and ending June 30, 2001. She said NDCC Section 23-27-04.2 is amended under the bill draft to accommodate distribution of the appropriated moneys. The amendments to this section, she said, are primarily form and style changes and a substantive change is made by requiring that the formula created for distributing equipment matching funds include consideration of prehospital emergency medical services expenses that are not dependent on ambulance response volume.

In response to a question from Representative Carlisle, Mr. Derek Hanson, President, North Dakota Emergency Medical Services Association, said the \$3.8 million requested is necessary. He said any increase in funding is better than no increase in funding; however, any amount less than \$3.8 million will result in unmet emergency medical services unit needs.

In response to a question from Representative Brandenburg regarding the billing assistance pilot program, Mr. Sagsveen said the State Department of Health is pursuing the pilot program. However, he said, it has come to the department's attention that the Medicare data the department was using may have been overstated. He said the department is attempting to obtain data that more accurately reflects the amount of North Dakota ambulance service Medicare claims that have been rejected. Mr. Sagsveen provided written testimony, a copy of which is on file in the Legislative Council office.

In response to a question from Senator Klein regarding how the appropriated moneys will filter down to a local ambulance unit such as Fessenden, Mr. Hanson said the North Dakota Emergency Medical Services Association has historically worked with the State Department of Health in establishing the formula and criteria for distributing grant moneys. He said the association will continue to work with the department and agrees that relevant factors include the number of runs an ambulance service makes, the overhead the ambulance service has, and distance traveled by an ambulance service.

In response to a question from Senator Krebsbach, Mr. Hanson said funding is required for equipment and training. He said training loses its effectiveness without the appropriate equipment and vice versa.

In response to a question from Senator DeMers, Mr. Hanson said under the bill draft, funding would probably be available for urban and rural ambulance units.

In response to a question from Senator Klein, Mr. Hanson said that under the bill draft the issue of whether for-profit and nonprofit ambulance services will be eligible for grant moneys depends on the guidelines established by the State Department of Health. Mr. Wiedrich said no concrete work has been done on the equipment matching fund formula; therefore, it is hard to give a firm answer regarding whom would be eligible for the moneys. He said it is possible that grant moneys would be available to for-profit and nonprofit ambulance units. He said the department worked with the North Dakota Emergency Medical Services Association in establishing the current formula for training grants and will probably do the same to establish a formula for equipment matching funds.

In response to a question from Representative Brandenburg, Mr. Wiedrich said he is not sure whether in light of the billing assistance pilot program all of the \$3.8 million is still needed. He said the savings under the pilot program are unknown, especially because it is possible the Medicaid figures were overstated.

In response to a question from Senator DeMers, Mr. Wiedrich said the pilot program will approach all appropriate debtors. He said whether it includes

billing individuals depends on whether an ambulance service has accepted assignment of the bill from Medicaid.

In response to a question from Representative Drovdal, Mr. Wiedrich said he is not sure whether requiring an ambulance service to maximize the allowable mill levy before being eligible for equipment and training funding will be helpful. He said the feedback from the emergency medical services community has been that with a five-mill cap more sources of volunteer funding drop out than are picked up maximizing the use of the mill levy. Perhaps, he said, raising the mill levy to 10 mills will help; however, he has the impression the communities receive less negative feedback when funding comes from the state level instead of the county level. Mr. Hanson said he is not sure whether increasing the mill levy or requiring ambulance services to maximize the mill levy will be supported by the ambulance units.

Representative Kroeplin said the property tax in counties is already overburdened.

In response to a question from Representative Callahan, Mr. Hanson said under existing law, once the training grant formula was established, applications were distributed to ambulance services and training money was distributed. He said under the bill draft a new formula would be required for equipment matching funds. Mr. Wiedrich said under current law the legislative intent is to fund training first and then equipment. Because there is never enough money to establish an equipment grant formula, he said, no formula for distributing equipment matching fund grant moneys exists.

In response to a question from Senator Klein, Mr. Haugen said the appropriation under the bill draft will be split up--approximately two-thirds for training education and one-third for equipment. Mr. Wiedrich said approximately \$2 million will be used for training, \$1 million will be used for equipment, and \$.8 million will be used for implementation of the five-year emergency medical services plan.

Representative Callahan said he wants a strenuous formula for equipment grant moneys. He said competition should be high in order to get money for equipment. He recognizes the process for distribution of money is in place, although the formula and criteria are not in place.

Mr. Sagsveen said it appears the appropriation under this bill draft is in addition to any moneys the department is requesting under its budget. He said last biennium the department received \$470,000 for emergency medical services, and this year the department is requesting \$550,000 plus supplemental funding, which totals up to \$1 million being requested for this biennium.

Representative Carlisle commended the department for increasing the funds requested for emergency medical services.

In response to a question from Representative Brusegaard, Mr. Sagsveen said the moneys requested by the department for the upcoming biennium would be used for emergency medical services training.

It was moved by Representative Rose and seconded by Representative Warner that the bill draft relating to appropriating moneys for emergency medical services be approved and recommended to the Legislative Council.

Representative Drovdal said he is concerned the bill draft does not include specific criteria for the formula for distributing the equipment moneys and the grant program is not clear.

Senator Klein said he needs to understand the equipment grant formula in more detail.

Senator DeMers said she is comfortable with the parameters set out in the bill draft and wonders whether the committee is looking for the actual amounts each ambulance service will actually receive under the bill draft. She said the 50 percent match requirement is a safeguard.

Representative Carlisle said the bill draft will need to go through the appropriations standing committee during the legislative session, and the department would be required to justify the moneys requested.

The motion carried on a roll call vote. Senators Krebsbach, DeMers, and Klein and Representatives Brandenburg, Brusegaard, Callahan, Carlisle, Drovdal, Kroeplin, Rose, and Warner voted "aye." No negative votes were cast.

Chairman Krebsbach called on Representative Rose to present the first version of a bill draft relating to increasing the mill levy limitation for county and rural ambulance services.

In response to a question by Representative Carlisle, Mr. Hanson said if the North Dakota Emergency Medical Services Association was certain the \$3.8 million appropriations bill would pass, this mill levy bill draft would not be necessary; however, just in case the appropriations bill does not pass, this mill levy bill draft is a good safety net.

In response to a question from Senator Krebsbach regarding whether the bill draft will result in any county actually increasing a mill levy beyond five mills, Mr. Hanson said it is possible some counties will increase the mill levy. He said surveys completed by legislators indicate legislators are concerned about raising property taxes.

Representative Drovdal said on page 1, line 14, of the bill draft, it might be more appropriate to refer to the county commission instead of the board of directors.

In response to a question from Representative Brandenburg, Mr. Hanson said the North Dakota Emergency Medical Services Association has not sought input from the League of Counties regarding this bill draft.

Representative Warner said because emergency medical services is a matter of mobility, it is more appropriate to use general fund moneys instead of property tax moneys.

It was moved by Representative Rose, seconded by Senator DeMers, and carried on a roll call vote that the committee adopt the bill draft relating to increasing the mill levy limitation for county and rural ambulance services as a committee bill, and that this motion be laid on the table. Senators Krebsbach, DeMers, and Klein and Representatives Brandenburg, Brusegaard, Callahan, Carlisle, Drovdal, Kroeplin, and Rose voted "aye." Representative Warner voted "nay."

HAIL SUPPRESSION STUDY

It was moved by Representative Drovdal and seconded by Representative Warner that the bill draft relating to a hail suppression pilot program for the western two-thirds of the state be approved and recommended to the Legislative Council.

Representative Drovdal said the bill draft will require an appropriation of \$2.4 million for the next biennium.

In response to a question from Representative Kroeplin regarding why Representative Drovdal is not advocating recommending to the Legislative Council the bill draft for a hail suppression pilot program for the entire state, Representative Drovdal said the most important thing is to pass one of the three hail suppression pilot program bill drafts. He said one reason he is supporting the pilot program for the

western two-thirds of the state is that the eastern portion of the state may be opposed to the pilot program due to the increased rainfall that may result from hail suppression.

Representative Brusegaard said he opposes the hail suppression bill drafts. He said existing law already allows counties to provide hail suppression services.

It was moved by Representative Kroeplin, seconded by Senator DeMers, and carried on a roll call vote that the bill draft, as amended to reflect a \$3.1 million appropriation, relating to a hail suppression pilot program for the entire state be approved and recommended to the Legislative Council. Senators DeMers and Klein and Representatives Callahan, Drovdal, Kroeplin, Rose, and Warner voted "aye." Senator Krebsbach and Representatives Brandenburg, Brusegaard, and Carlisle voted "nay."

Chairman Krebsbach announced the next meeting of the Insurance and Health Care Committee is tentatively scheduled for October 22, 1998. No further business appearing, Chairman Krebsbach adjourned the meeting at 4:50 p.m.

Jennifer S. N. Clark
Committee Counsel

ATTACH:1