

HOUSE BILL 950

Introduced by Brooke, et al.

2/19	Introduced
2/19	Referred to Human Services & Aging
2/20	First Reading
2/21	Fiscal Note Requested
2/25	Fiscal Note Received
2/26	Fiscal Note Printed
3/06	Hearing
3/13	Committee Report--Bill Passed as Amended
3/16	2nd Reading Passed
3/16	Taken from Engrossing and Rereferred to Appropriations
3/21	Hearing
3/23	Tabled in Committee

1 HOUSE BILL NO. 950
 2 INTRODUCED BY Leslie Becker Wyatt, Pundt, Medema,
 3 Goodman, Stea, J. Brown, Bradley,
 4 Spivey FOR AN ACT ENTITLED: "AN ACT ESTABLISHING STATE
 5 POLICY TO GUIDE STATE GOVERNMENT ACTIONS IN RELATION TO
 6 CHILDREN AND FAMILIES; CREATING THE HEALTHY START PROGRAM;
 7 IMPOSING A BIRTH CERTIFICATE FILING FEE; ESTABLISHING
 8 LEGISLATIVE OVERSIGHT; APPROPRIATING MONEY; AMENDING
 9 SECTIONS 50-15-103 AND 50-15-201, MCA; AND PROVIDING AN
 10 EFFECTIVE DATE."

11
 12 WHEREAS, the family is the basic institution in society
 13 through which our children's sense of well-being and
 14 self-esteem is developed and nurtured; and

15 WHEREAS, a sense of well-being and self-esteem is
 16 essential to a healthy, productive, and independent life
 17 during adulthood; and

18 WHEREAS, since all of society benefits when families
 19 function well, it is in society's best interest to ensure
 20 that public policies and programs support and strengthen
 21 family life; and

22 WHEREAS, in fiscal year 1989, 3,961 Montana children and
 23 youth were removed from their families and placed in foster
 24 homes, group homes, residential treatment facilities,
 25 psychiatric hospitals, and state youth correctional

1 facilities, costing taxpayers \$21.27 million; and

2 WHEREAS, traditionally, most public resources have been
 3 focused toward families after breakup has already occurred;
 4 and

5 WHEREAS, because of the high level of expenditures
 6 required to provide out-of-home placement, many experts now
 7 question whether public revenue spent for room, board, and
 8 related costs might be more wisely spent providing services
 9 specifically needed to enable a family to continue
 10 functioning as a family; and

11 WHEREAS, when it is possible to do so without
 12 endangering the child, it is considered better practice to
 13 leave the family intact and provide the services needed to
 14 bring about change; and

15 WHEREAS, growing up in their own families is in the best
 16 interest of the vast majority of children; and

17 WHEREAS, mounting evidence demonstrates that efforts
 18 made to support and strengthen vulnerable families at a
 19 point before a crisis occurs can substantially contribute to
 20 family health and stability and prevent future long-term
 21 governmental costs; and

22 WHEREAS, an effective service system for children and
 23 families should include a range of services aimed at
 24 strengthening and supporting families, rather than focusing
 25 only on families when they have developed severe problems or

1 are in crisis; and

2 WHEREAS, in combination, early intervention and family
3 support services, along with more specialized services for
4 families experiencing problems, can strengthen parents'
5 capacities to care for their own children and increase the
6 likelihood of maintaining children in their own homes; and

7 WHEREAS, since, even with a reformed service system for
8 families, some parents will not be available, or able, to
9 protect or care adequately for their children, a range of
10 out-of-home services should be available for these children
11 and their families; and

12 WHEREAS, over the years, a wide variety of programs,
13 services, and helping professions has developed to assist
14 families with different needs; and

15 WHEREAS, helping profession specialization has tended to
16 further fragment service delivery, to set up professional
17 walls between service workers, and to create a variety of
18 separate program eligibility criteria and funding streams
19 for services that are not integrated with one another; and

20 WHEREAS, families often do not fit into specific service
21 categories because needs often are multiple and
22 interdependent; and

23 WHEREAS, research shows marked similarities in families
24 and children involved in the child welfare, juvenile
25 justice, and child mental health systems in that they often

1 respond to and need the same type of services, but access to
2 services may be restricted because of the limitations of the
3 system that they enter; and

4 WHEREAS, state and local policymakers increasingly are
5 examining entire state systems for serving troubled children
6 and families and are developing a more comprehensive
7 approach to the multifaceted problems they face; and

8 WHEREAS, since just as families nurture and sustain
9 their members, healthy communities do the same for their
10 member children and families, and since family services
11 should be rooted in local communities and reflect their
12 needs, characteristics, and resources, services should be
13 provided as close as possible to the home community of the
14 child or family and families should be fully involved in the
15 planning and delivery of those services; and

16 WHEREAS, promoting family well-being and assuring
17 children's safety must be the concern of all community
18 sectors.

19

20 STATEMENT OF INTENT

21 A statement of intent is required for this bill because
22 [section 3] requires that rules be adopted to establish
23 details of the healthy start program. The legislature
24 intends that the rules define a program based upon the
25 healthy start model developed by the state of Hawaii.

1
2 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

3 NEW SECTION. **Section 1.** Short title. [Sections 1
4 through 4] may be cited as the Montana Family Policy Act.

5 NEW SECTION. **Section 2.** Policy and guiding principles.

6 (1) It is the policy of the state of Montana to support and
7 preserve the family as the single most powerful influence
8 for ensuring the healthy social development and mental and
9 physical well-being of Montana's children.

10 (2) The following principles must guide the actions of
11 state government, state agencies, and agents of the state
12 that serve children and families:

13 (a) Family support and preservation must be guiding
14 philosophies when the state, a state agency, or agent of the
15 state plans or implements services for children or families.
16 The state shall promote the establishment of a range of
17 services to children and families, including these
18 components:

19 (i) supporting families for healthy development: a
20 community network providing a range of family support
21 services, activities, and programs designed to promote
22 family well-being with services including prenatal care,
23 parenting education, parent aides, and visiting nurses;
24 early childhood screening and developmental services; child
25 care; and family recreation;

1 (ii) assisting vulnerable families before crises emerge:
2 specialized services to strengthen and preserve families
3 experiencing problems before they become acute, through
4 early intervention and family support services, such as
5 respite care, health and mental health services, and
6 home-based rehabilitation services linked to services in
7 subsection (2)(a)(i);

8 (iii) protecting and caring for children in crisis:
9 intensive services to protect children who have suffered or
10 are at risk of suffering serious harm from child abuse and
11 neglect, care for children at risk of out-of-home placement
12 for emotional disturbances or behavior problems, and family
13 support services to ensure that reasonable efforts are made
14 to safely maintain children in their own homes or provide
15 care or permanency for children who are removed from their
16 families. These services include family-based services to
17 avoid removal and to provide out-of-home care, reunification
18 services, adoption services, and long-term substitute care.

19 (b) To maximize resources and establish a range of
20 services driven by the needs of families rather than by a
21 predetermined array of categorical services, the state,
22 state agencies, and agents of the state shall work toward a
23 system of comprehensive and coordinated services to children
24 and families through joint agency planning, joint financing,
25 joint service delivery, common intake and assessment, and

1 other arrangements that promote more effective support for
2 families.

3 (c) Needed services to children and families should be
4 provided as close as possible to the home community. The
5 state, state agencies, and agents of the state shall
6 encourage community planning and collaboration. State
7 agencies shall cooperate to support collaborative programs.

8 (d) The state encourages all sectors of society to
9 participate in building community capacity to meet the needs
10 of children and families.

11 (3) The family policy objectives described in this
12 section are intended to guide the state's efforts to provide
13 services to children and families and do not affect
14 interpretation of separate statutes governing determination
15 of when risk to a child warrants removal from the family
16 home and do not compel a specified level of services.

17 NEW SECTION. Section 3. Healthy start program. (1)
18 There is a healthy start pilot program in the department of
19 family services the goals of which are to provide for early
20 identification, intervention, and family support services to
21 prevent child abuse and neglect and enhance parent
22 functioning and child development.

23 (2) The department of family services shall adopt rules
24 establishing program details to accomplish community-based
25 screening, voluntary home visits to high-risk families,

1 planning and coordination of services to families, parent
2 skill building, child assessment and screening, and data
3 collection for program evaluation.

4 (3) The department of family services shall contract
5 with or purchase services from private child- and
6 family-serving organizations for operation of the pilot
7 program.

8 (4) The legislature encourages units of the Montana
9 university system to provide technical assistance to the
10 department of family services in designing the pilot program
11 and to participate in evaluation of the pilot program.

12 NEW SECTION. Section 4. Legislative oversight
13 committee. (1) (a) There is a family support services
14 oversight committee composed of 12 members, appointed as
15 follows:

16 (i) six members of the house of representatives, not
17 more than three of whom may be from one political party,
18 appointed by the speaker; and

19 (ii) six members of the senate, not more than three of
20 whom may be from one political party, appointed by the
21 committee on committees.

22 (b) In case of a vacancy, a replacement must be
23 selected in the manner of the original appointment.

24 (2) The oversight committee shall:

25 (a) examine public and private programs, services, and

1 plans for children and families for the purpose of
 2 identifying duplications, inefficiencies, and unmet needs
 3 and of evaluating the effectiveness of those programs,
 4 services, and plans;

5 (b) review federal, state, local, and private funds
 6 used and available to the state for programs and services
 7 for children and families; and

8 (c) apply to the national conference of state
 9 legislatures for staffing assistance.

10 (3) An agency providing services or funding for a
 11 program or activity for children and families shall provide
 12 assistance and information upon request of the oversight
 13 committee.

14 (4) The oversight committee may request staff
 15 assistance from the legislative council, which may be
 16 provided within limits established by the council, given
 17 other priorities and responsibilities.

18 (5) Members are entitled to salary and expenses as
 19 provided in 5-2-302.

20 **Section 5.** Section 50-15-103, MCA, is amended to read:

21 ***50-15-103. Duties of department.** The department shall:

22 (1) divide the state into registration districts and
 23 change districts as necessary;

24 (2) gather, record, use, and preserve vital statistics;

25 (3) enforce rules adopted by the department for

1 gathering, recording, using, and preserving vital
 2 statistics;

3 (4) give instructions and prescribe forms for
 4 gathering, recording, preserving, and using vital
 5 statistics; and

6 (5) collect and deposit with the state treasurer the
 7 fee prescribed in 50-15-201."

8 **Section 6.** Section 50-15-201, MCA, is amended to read:

9 **"50-15-201. Birth certificate to be filed -- fee. (1)**
 10 **Within the time prescribed by the department, a birth**
 11 **certificate shall be filed with the local registrar of the**
 12 **district in which the birth occurred by:**

13 ~~(1)~~(a) the physician, midwife, or other legally
 14 authorized person if the birth is attended;

15 ~~(2)~~(b) one of the parents if the birth is unattended.

16 (2) Unless the registered birth is exempt under this
 17 section, the registrar shall collect a fee of \$25 at the
 18 time of filing. The fee must be forwarded as directed by the
 19 department for deposit in the state special revenue account
 20 to the credit of the department of family services. A filing
 21 is exempt from the fee imposed by this section if the birth
 22 of the child who is the subject of the certificate was
 23 covered by the medicaid program established in Title 53,
 24 chapter 6, part 1."

25 NEW SECTION. Section 7. Appropriation. There is

LC 0250/01

1 appropriated \$25,000 from the general fund to the
2 legislative council for the biennium ending June 30, 1993,
3 to support the activities of the family support services
4 oversight committee established in [section 4].

5 NEW SECTION. **Section 8.** Effective date. [Sections 4,
6 7, and this section] are effective July 1, 1991.

-End-

STATE OF MONTANA - FISCAL NOTE
Form BD-15

In compliance with a written request, there is hereby submitted a Fiscal Note for HB0950, as introduced.

DESCRIPTION OF PROPOSED LEGISLATION:

A bill for an act entitled: "An act establishing state policy to guide state government actions in relation to children and families; creating the healthy start program; imposing a birth certificate filing fee; establishing legislative oversight; appropriating money; amending sections 50-15-103 and 50-15-201, MCA; and providing an effective date."

ASSUMPTIONS:

Department of Family Services:

1. DFS does not currently have single programs directed exclusively at family preservation.

Department of Health & Environmental Sciences:

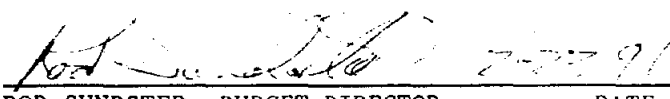
2. Current system of birth registration will remain unchanged.
3. Local registrars will receipt filing fee and send to the Department of Health and Environmental Sciences.
4. Estimate of non-exempt births to be registered is 8,331 in FY92 and 8,103 in FY93. Revenue at \$25 per non-exempt birth is estimated to be \$208,275 in FY92 and \$202,575 in FY93.

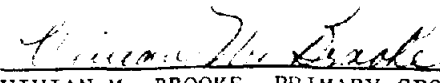
Legislative Council:

5. The Family Support Services Oversight Committee will operate as a statutory committee.
6. The committee will meet eight times each interim to execute its responsibilities.
7. Staffing for the committee will be provided by the Legislative Council, within existing responsibilities.
8. Committee members will be compensated and reimbursed as provided in 5-2-302, MCA.

FISCAL IMPACT:

see next page


ROD SUNDSTED, BUDGET DIRECTOR DATE
Office of Budget and Program Planning

 2/26/91
VIVIAN M. BROOKE, PRIMARY SPONSOR DATE

Fiscal Note for HB0950, as introduced

HB 950

Fiscal Note Request, HB0950, as introduced
 Form BD-15
 Page 2

FISCAL IMPACT:

Department of Family Services:

	FY '92			FY '93		
	<u>Current Law</u>	<u>Proposed Law</u>	<u>Difference</u>	<u>Current Law</u>	<u>Proposed Law</u>	<u>Difference</u>
<u>Expenditures:</u>						
Contracted Services	0	208,275	208,275	0	202,575	202,575
<u>Funding:</u>						
Birth Registration Fee (02)	0	208,275	208,275	0	202,575	202,575

Legislative Council:

Expenditures:

Personal Services	0	4,395	4,395	0	4,395	4,395
Operating Expenses	0	8,105	8,105	0	8,105	8,105
Total	0	12,500	12,500	0	12,500	12,500
<u>Funding:</u>						
General Fund		12,500	12,500		12,500	12,500

Department of Health & Environmental Sciences:

Revenues:

Birth Registration Fee (02)	0	208,275	208,275	0	202,575	202,575
General Fund Impact			(12,500)			(12,500)

HB 950

APPROVED BY COMM. ON
HUMAN SERVICES AND AGING

HOUSE BILL NO. 950

INTRODUCED BY BROOKE, BECKER, WYATT, RUSSELL, MESSMORE,
ECK, COCCHIARELLA, HANSEN, J. BROWN, STRIZICH, S. RICE,
STICKNEY, BRADLEY

A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING STATE
POLICY TO GUIDE STATE GOVERNMENT ACTIONS IN RELATION TO
CHILDREN AND FAMILIES; ~~CREATING THE HEALTHY--START--PROGRAM;~~
~~IMPOSING--A--BIRTH--CERTIFICATE--FILING--FEE;~~ ESTABLISHING A
LEGISLATIVE OVERSIGHT STUDY COMMITTEE AND REQUIRING A REPORT
TO THE LEGISLATURE; APPROPRIATING MONEY; ~~AMENDING--SECTIONS~~
~~50-15-103--AND--50-15-2017--MCA;~~ AND PROVIDING AN EFFECTIVE
DATE AND A TERMINATION DATE."

WHEREAS, the family is the basic institution in society
through which our children's sense of well-being and
self-esteem is developed and nurtured; and

WHEREAS, a sense of well-being and self-esteem is
essential to a healthy, productive, and independent life
during adulthood; and

WHEREAS, since all of society benefits when families
function well, it is in society's best interest to ensure
that public policies and programs support and strengthen
family life; and

WHEREAS, in fiscal year 1989, 3,961 Montana children and

youth were removed from their families and placed in foster
homes, group homes, residential treatment facilities,
psychiatric hospitals, and state youth correctional
facilities, costing taxpayers \$21.27 million; and

WHEREAS, traditionally, most public resources have been
focused toward families after breakup has already occurred;
and

WHEREAS, because of the high level of expenditures
required to provide out-of-home placement, many experts now
question whether public revenue spent for room, board, and
related costs might be more wisely spent providing services
specifically needed to enable a family to continue
functioning as a family; and

WHEREAS, when it is possible to do so without
endangering the child, it is considered better practice to
leave the family intact and provide the services needed to
bring about change; and

WHEREAS, growing up in their own families is in the best
interest of the vast majority of children; and

WHEREAS, mounting evidence demonstrates that efforts
made to support and strengthen vulnerable families at a
point before a crisis occurs can substantially contribute to
family health and stability and prevent future long-term
governmental costs; and

WHEREAS, an effective service system for children and



1 families should include a range of services aimed at
 2 strengthening and supporting families, rather than focusing
 3 only on families when they have developed severe problems or
 4 are in crisis; and

5 WHEREAS, in combination, early intervention and family
 6 support services, along with more specialized services for
 7 families experiencing problems, can strengthen parents'
 8 capacities to care for their own children and increase the
 9 likelihood of maintaining children in their own homes; and

10 WHEREAS, since, even with a reformed service system for
 11 families, some parents will not be available, or able, to
 12 protect or care adequately for their children, a range of
 13 out-of-home services should be available for these children
 14 and their families; and

15 WHEREAS, over the years, a wide variety of programs,
 16 services, and helping professions has developed to assist
 17 families with different needs; and

18 WHEREAS, helping profession specialization has tended to
 19 further fragment service delivery, to set up professional
 20 walls between service workers, and to create a variety of
 21 separate program eligibility criteria and funding streams
 22 for services that are not integrated with one another; and

23 WHEREAS, families often do not fit into specific service
 24 categories because needs often are multiple and
 25 interdependent; and

1 WHEREAS, research shows marked similarities in families
 2 and children involved in the child welfare, juvenile
 3 justice, and child mental health systems in that they often
 4 respond to and need the same type of services, but access to
 5 services may be restricted because of the limitations of the
 6 system that they enter; and

7 WHEREAS, state and local policymakers increasingly are
 8 examining entire state systems for serving troubled children
 9 and families and are developing a more comprehensive
 10 approach to the multifaceted problems they face; and

11 WHEREAS, since just as families nurture and sustain
 12 their members, healthy communities do the same for their
 13 member children and families, and since family services
 14 should be rooted in local communities and reflect their
 15 needs, characteristics, and resources, services should be
 16 provided as close as possible to the home community of the
 17 child or family and families should be fully involved in the
 18 planning and delivery of those services; and

19 WHEREAS, promoting family well-being and assuring
 20 children's safety must be the concern of all community
 21 sectors.

22 **STATEMENT-OF-INTENT**

23 A-statement-of-intent-is-required-for-this-bill--because
 24 {section--3}--requires--that--rules--be-adopted-to-establish
 25

~~1 details--of--the--healthy--start--program;--The--legislature
2 intends--that--the--rules--define--a--program--based--upon--the
3 healthy--start--model--developed--by--the--state--of--Hawaii;~~

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

6 NEW SECTION. **Section 1.** Short title. [Sections 1
7 through--4 AND 2] may be cited as the Montana Family Policy
8 Act.

9 NEW SECTION. **Section 2.** Policy and guiding principles.

10 (1) It is the policy of the state of Montana to support and
11 preserve the family as the single most powerful influence
12 for ensuring the healthy social development and mental and
13 physical well-being of Montana's children.

14 (2) The following principles must guide the actions of
15 state government, state agencies, and agents of the state
16 that serve children and families:

17 (a) Family support and preservation must be guiding
18 philosophies when the state, a state agency, or agent of the
19 state plans or implements services for children or families.
20 The state shall promote the establishment of a range of
21 services to children and families, including these
22 components:

23 (i) supporting families for healthy development: a
24 community network providing a range of family support
25 services, activities, and programs designed to promote

1 family well-being with services including prenatal care,
2 parenting education, parent aides, and visiting nurses;
3 early childhood screening and developmental services; child
4 care; and family recreation;

5 (ii) assisting vulnerable families before crises emerge:
6 specialized services to strengthen and preserve families
7 experiencing problems before they become acute, through
8 early intervention and family support services, such as
9 respite care, health and mental health services, and
10 home-based rehabilitation services linked to services in
11 subsection (2)(a)(i);

12 (iii) protecting and caring for children in crisis:
13 intensive services to protect children who have suffered or
14 are at risk of suffering serious harm from child abuse and
15 neglect, care for children at risk of out-of-home placement
16 for emotional disturbances or behavior problems, and family
17 support services to ensure that reasonable efforts are made
18 to safely maintain children in their own homes or provide
19 care or permanency for children who are removed from their
20 families. These services include family-based services to
21 avoid removal and to provide out-of-home care, reunification
22 services, adoption services, and long-term substitute care.

23 (b) To maximize resources and establish a range of
24 services driven by the needs of families rather than by a
25 predetermined array of categorical services, the state,

1 state agencies, and agents of the state shall work toward a
 2 system of comprehensive and coordinated services to children
 3 and families through joint agency planning, joint financing,
 4 joint service delivery, common intake and assessment, and
 5 other arrangements that promote more effective support for
 6 families.

7 (c) Needed services to children and families should be
 8 provided as close as possible to the home community. The
 9 state, state agencies, and agents of the state shall
 10 encourage community planning and collaboration. State
 11 agencies shall cooperate to support collaborative programs.

12 (d) The state encourages all sectors of society to
 13 participate in building community capacity to meet the needs
 14 of children and families.

15 (3) The family policy objectives described in this
 16 section are intended to guide the state's efforts to provide
 17 services to children and families and do not affect
 18 interpretation of separate statutes governing determination
 19 of when risk to a child warrants removal from the family
 20 home and do not compel a specified level of services.

21 ~~NEW SECTION. Section 3. Healthy start program. (1)~~
 22 ~~There is a healthy start pilot program in the department of~~
 23 ~~family services the goals of which are to provide for early~~
 24 ~~identification, intervention, and family support services to~~
 25 ~~prevent child abuse and neglect and enhance parent~~

1 functioning and child development.

2 ~~(2) The department of family services shall adopt rules~~
 3 ~~establishing program details to accomplish community-based~~
 4 ~~screening, voluntary home visits to high-risk families,~~
 5 ~~planning and coordination of services to families, parent~~
 6 ~~skill building, child assessment and screening, and data~~
 7 ~~collection for program evaluation.~~

8 ~~(3) The department of family services shall contract~~
 9 ~~with or purchase services from private child and~~
 10 ~~family serving organizations for operation of the pilot~~
 11 ~~program.~~

12 ~~(4) The legislature encourages units of the Montana~~
 13 ~~university system to provide technical assistance to the~~
 14 ~~department of family services in designing the pilot program~~
 15 ~~and to participate in evaluation of the pilot program.~~

16 NEW SECTION. Section 3. Legislative Oversight STUDY
 17 committee. (1) (a) There is a family support services
 18 oversight STUDY committee composed of ~~12~~ NINE members,
 19 appointed as follows:

20 (i) ~~six~~ FOUR members of the house of representatives,
 21 not more than ~~three~~ TWO of whom may be from one political
 22 party, appointed by the speaker; and

23 (ii) ~~six~~ FOUR members of the senate, not more than ~~three~~
 24 TWO of whom may be from one political party, appointed by
 25 the committee on committees; AND

1 (III) A REPRESENTATIVE OF THE GOVERNOR'S OFFICE,
 2 APPOINTED BY THE GOVERNOR, WHO IS A MEMBER OF THE GOVERNOR'S
 3 STAFF OR AN AGENCY HEAD OR HIS DESIGNEE AND WHO IS CONCERNED
 4 WITH AND KNOWLEDGEABLE IN THE ISSUES TO BE STUDIED BY THE
 5 COMMITTEE. THE MEMBER APPOINTED BY THE GOVERNOR IS A
 6 NONVOTING MEMBER.

7 (b) In case of a vacancy, a replacement must be
 8 selected in the manner of the original appointment.

9 (2) The oversight STUDY committee shall:

10 (a) examine public and private programs, services, and
 11 plans for children and families for the purpose of
 12 identifying duplications, inefficiencies, and unmet needs
 13 and of evaluating the effectiveness of those programs,
 14 services, and plans;

15 (b) review federal, state, local, and private funds
 16 used and available to the state for programs and services
 17 for children and families; and

18 (c) apply to the national conference of state
 19 legislatures for staffing assistance;

20 (D) STUDY THE HEALTHY START PROGRAM IN HAWAII,
 21 INCLUDING THE LAWS, ADMINISTRATIVE RULES, AND ADMINISTRATIVE
 22 POLICIES USED TO IMPLEMENT THAT PROGRAM IN HAWAII;

23 (E) STUDY METHODS OF INTERAGENCY COORDINATION OF
 24 PROGRAMS AND SERVICES FOR FAMILIES AND CHILDREN; AND

25 (F) REPORT THE RESULTS OF ITS STUDY, INCLUDING

1 RECOMMENDATIONS FOR IMPLEMENTATION OF THE POLICY AND GUIDING
 2 PRINCIPLES EXPRESSED IN [SECTION 2] AND ANY PROPOSED
 3 LEGISLATION, CHANGES IN ADMINISTRATIVE RULES, OR CHANGES IN
 4 ADMINISTRATIVE PRACTICES NECESSARY TO IMPLEMENT THOSE
 5 RECOMMENDATIONS, IN A WRITTEN REPORT TO THE 53RD LEGISLATURE
 6 NO LATER THAN NOVEMBER 30, 1992. THE COMMITTEE SHALL ALSO
 7 PROVIDE COPIES OF ITS REPORT TO THE GOVERNOR AND APPROPRIATE
 8 STATE AGENCIES.

9 (3) An agency providing services or funding for a
 10 program or activity for children and families shall provide
 11 assistance and information upon request of the oversight
 12 STUDY committee.

13 (4) THE COMMITTEE MAY APPLY FOR AND ACCEPT FUNDS FROM
 14 ANY FEDERAL, PRIVATE, OR OTHER SOURCE TO ASSIST THE
 15 COMMITTEE IN CARRYING OUT ITS FUNCTION.

16 ~~(4)~~(5) The oversight STUDY committee may request staff
 17 assistance from the legislative council, which may be
 18 provided within limits established by the council, given
 19 other priorities and responsibilities.

20 ~~(5)~~(6) Members LEGISLATIVE MEMBERS are entitled to
 21 salary and expenses as provided in 5-2-302.

22 ~~Section-5:--Section-50-15-103,--MEA,--is-amended-to-read:~~
 23 ~~"50-15-103,--Duties-of-department.--The-department-shall:~~
 24 ~~{i}--divide-the-state-into--registration--districts--and~~
 25 ~~change-districts-as-necessary;"~~

1 (2) gather, record, use, and preserve vital statistics;

2 (3) enforce rules adopted by the department for

3 gathering, recording, using, and preserving vital

4 statistics;

5 (4) give instructions and prescribe forms for

6 gathering, recording, preserving, and using vital

7 statistics; and

8 (5) collect and deposit with the state treasurer the

9 fee prescribed in 50-15-201.

10 Section 6, Section 50-15-201, MCA, is amended to read:

11 "50-15-201. Birth certificate to be filed --- fee. (1)

12 Within the time prescribed by the department, a birth

13 certificate shall be filed with the local registrar of the

14 district in which the birth occurred by:

15 (1)(a) the physician, midwife, or other legally

16 authorized person if the birth is attended;

17 (2)(b) one of the parents if the birth is unattended.

18 (2) Unless the registered birth is exempt under this

19 section, the registrar shall collect a fee of \$25 at the

20 time of filing. The fee must be forwarded as directed by the

21 department for deposit in the state special revenue account

22 to the credit of the department of family services. A filing

23 is exempt from the fee imposed by this section if the birth

24 of the child who is the subject of the certificate was

25 covered by the medicaid program established in Title 53.

1 ~~chapter 67 part 17~~

2 NEW SECTION. SECTION 4. TERMINATION. [SECTION 3]

3 TERMINATES JANUARY 6, 1993.

4 NEW SECTION. Section 5. Appropriation. There is

5 appropriated \$25,000 from the general fund to the

6 legislative council for the biennium ending June 30, 1993,

7 to support the activities of the family support services

8 oversight STUDY committee established in [section 4 3].

9 NEW SECTION. Section 6. Effective date. [Sections 4_3,

10 7 5, and this section] are effective July 1, 1991.

-End-