

MINUTES

**MONTANA SENATE
53rd LEGISLATURE - REGULAR SESSION**

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By Senator Dorothy Eck, Chair, on January 8, 1993, at 1:00 pm.

ROLL CALL

Members Present:

Sen. Dorothy Eck, Chair (D)
Sen. Eve Franklin, Vice Chair (D)
Sen. Chris Christiaens (D)
Sen. Tom Hager (R)
Sen. Terry Klampe (D)
Sen. Kenneth Mesaros (R)
Sen. David Rye (R)
Sen. Tom Towe (D)

Members Excused: none.

Members Absent: none

Staff Present: Susan Fox, Legislative Council
Laura Turman, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: SB 34, SB 45, SB 7
Executive Action: none.

Announcement:

Sen. Eck, Chair turned the chairmanship over to Sen. Eve Franklin for the hearing on SB 34.

HEARING ON SB 34

Opening Statement by Sponsor:

Sen. Dorothy Eck, Bozeman, said SB 34 is one of several bills coming from the Interim Committee on Children and Families. Sen. Eck discussed the history of legislation and committees dealing with children's issues beginning with the Department of Family Services. Groups including the regional advisory council for children began to focus on the importance of prevention, for instance identifying at-risk families as well as children. Sen. Eck and Rep. Royal Johnson both had legislation during the last

legislative session that addressed the need for coordinating programs for children with multi-agency needs. Royal Johnson's bill made it possible for local groups to maintain and share information while keeping confidentiality requirements. SB 34 creates an inter-agency coordinating council for state prevention programs and services. Members of this council would include the director Family Services, the Attorney General, the director of the Department of Social Services, Public Instruction, the presiding officer of the Childrens Trust Fund, and two people appointed by the governor. Members could also be added to the board. The functions would involve planning and designing programs, studying funding options, and decategorization. (Exhibit #1)

Proponents' Testimony:

Jean Kemmis, Montana Council for Families provided written testimony. (Exhibit #2)

Christine Mangiantini, consultant, said it is important that SB 34 includes the Office of Public Instruction. She has been working with the National Business Round Table, a non-profit organization composed of the top 200 chief executive officers in the United States. They have a national education agenda, and their report has found that teachers must first get beyond social problems before they can get to educating children. Business ultimately pays for this because healthy families are needed to achieve maximum usage in the work force which is ultimately competitiveness. She supports SB 34, and supports private sector involvement.

Fred Fisher, Board of Crime Control, says SB 34 is one of several pieces of legislation that lay the ground work for a state wide policy supporting prevention in Montana. SB 18 establishes the Montana Family Policy Act which provides guiding principles for prevention activities with the goal of strengthening children and families. SB 34 adds a critical element in the creation for a prevention policy for the state of Montana, providing a mechanism for looking at family problems as problems that affect communities because it requires agency heads, elected officials, and the private sector to come together to develop a policy that supports all prevention activity. 6 million federal dollars come to Montana for the use of alcohol and drug prevention activities, and it seemed probable that the agencies represented in SB 34 could share the responsibility of utilizing some of these federal funds for this council. He offered amendments. (Exhibit #3)

Judith Carlson, Montana Chapter of the National Association of Social Workers said attention from the Legislature really helps to get high level attention in the policy making field. She told a story about an abusive family where a judge ruled that the children be removed from the home, and she had to do it. This difficult task leads her, and other social workers, to say that

whatever can be done in the way of prevention of this kind of situation should be done.

Hank Hudson, Director of the Department of Family Services said when communities turn to the state for assistance regarding prevention issues, it is important that the state respond to communities coordinated manner.

Nancy Coopersmit, Office of Public Instruction, said Superintendent Nancy Keenan strongly supports SB 34, and they are proud to be part of the proposed coordinating council. Sustained, integrated services can be provided to children and families through this council.

Judith Gedrose, Department of Health and Environmental Sciences, provided written testimony. (Exhibit #4)

Harley Warner, Montana Association of Churches, said the Association believes in strengthening families, and this coordinating council will help strengthen families.

Darryl Bruno, Administrator for the Alcohol and Drug Abuse Division of the Department of Corrections and Human Services, provided written testimony. (Exhibit #5)

Beth Baker, Department of Justice, said one of Attorney General Joe Mazurek's campaign priorities was to strengthen the Department of Justice's commitment to youth issues. The Attorney General's office welcomes the opportunity to work through this coordinating council to work with other agencies on prevention issues. They support the amendments offered by the Board of Crime Control.

Bud Solmonsson, provided written testimony. (Exhibit #6)

Kirk A. Astroth, Extension Specialist, 4-H Youth Development, Montana State University, provided written testimony. (Exhibit #7)

Sharon Hoff, Director, Montana Catholic Conference, said the U.S. Catholic Bishops wrote a document called "Putting Children and Family First" which calls on people who care about society to strengthen the family. She rises in support of SB 34.

Jeana-marie Fiumefreddo, student, University of Montana, provided written testimony. (Exhibit #8)

Rodney Fulton, Early Child Project, Montana State University, said surface-level aid being offered by the Early Child Project is essential, but lasting positive impacts require concurrent collaboration at the state level. Bureaucratic regulations are cumbersome so legislative mandated collaboration is needed for effective and efficient services to Montanans.

Bill Levine, Center for Adolescent Development, a non-profit organization which provides prevention-based services to teens, said SB 34 will save money because prevention saves money in the long run.

Dan Anderson, Administrator of the Mental Health Division, Department of Corrections and Human Services, provided summaries of community mental health programs currently going on for children and families in Montana. (Exhibit #9)

Paulette Kohman, Executive Director Montana Council for Maternal and Child Help, said that the Children's Alliance was unable to clearly organize the agencies described in the Montana Children's Agenda for 1993. (Exhibit #10) Two years were spent trying to organize agencies for the document. She said inter-agency coordination is very important.

Opponents' Testimony:

None.

Questions From Committee Members and Responses:

Sen. Towe asked Sen. Eck about funding. Sen. Eck said there wouldn't be a major appropriation requirement, and this subject could be dealt with when executive action was taken.

Sen. Towe asked why the Board of Crime Control's participation on the coordinating agency had been taken out of SB 34. Sen. Eck said it was because the Attorney General's office was added, and it was assumed that the Board of Crime Control is the part of the Attorney General's office that deals with prevention. She suggested that as an amendment, and this part of SB 34 was left open so that the Governor could appoint people to serve on this council.

Sen. Mesaros asked Sen. Eck if this committee would replace any already existing coordinating committees. Sen. Eck said she didn't think so. It may replace the ad hoc Prevention Caucus, which could become a part of this.

Closing by Sponsor:

Sen. Eck said she appreciates the testimony given, and that SB 34 is significant at both the state and local levels.

HEARING ON SB 45

Opening Statement by Sponsor:

Sen. Tom Keating, said SB 45 is an act providing for the

licensing and regulation of crematoriums, crematory operators and technicians. The Sunrise process was instituted by the legislature during the last legislative session for the licensing of morticians and funeral service directors. SB 45 comes out of the Sunrise licensing application process. Sen. Keating offered an amendment. (Exhibit #11)

Proponents' Testimony:

Guy Miser, member, Board of Morticians, provided written testimony. (Exhibit #12)

Bonnie Tippy, Executive Director of the Montana Funeral Directors Association, highlighted parts of SB 45. (Exhibit #13) For example, who is an authorizing agent, licensing the crematory and the crematory operator (page 8), the authorizing agent must let the crematory operator know to the best of his knowledge if there is an implant in the body such as a pace maker (page 10, sub 3, section 7), rules for simultaneous cremation of two or more entities (page 7, sub 7), and length of time the cremains will be held by the funeral home (page 13, sub 2, line 2). She told the Committee it was not the intent of the funeral directors to exempt themselves from liability. She also said the authorizing agent was the only person who could sue the crematory or crematory operator. She said SB 45 is really about the responsibility of crematory operators and the people who want to use crematories.

Opponents' Testimony:

Russell Hill, representing the Montana Trial Lawyers provided written testimony. (Exhibit #14) He said the Montana Trial Lawyers have no objections to establishing uniform standards of conduct, but they question the need for special protection from liability.

Questions From Committee Members and Responses:

Sen. Hager asked about the case of power of attorney being granted to one of the children as opposed to the majority of adult children referred to in SB 45. Sen. Towe said that the power of attorney immediately ceases upon the death of the individual, so SB 45 would not be affected.

Chairman Eck asked about the definition of "pre-need". Carol Grell, legal council for the Board of Morticians said definitions being discussed are already contained in the Board of Morticians statute. "Pre-need" is one of those definitions.

Sen. Rye asked Guy Miser how ashes are identified. Mr. Miser said there are metal tags with identification numbers with the cremains when they are removed from the retort.

Sen. Rye asked if it was possible to murder someone by cremation. Guy Miser said there is a Montana that all remains must be cleared through the County Coroner before cremation can take place.

Sen. Rye asked if morticians and funeral directors were trying to absolve themselves from potential liability. Bonnie Tippy said that was never the intent, but when there are no laws there are a lot of lawsuits. When legislation is clear on rules, then lawsuits are avoided.

Sen. Christiaens asked about the disposition of indigent or unidentified bodies, and cremation as a way of disposing of these individuals inexpensively rather than a funeral. Guy Miser said crematory operator must get permission from legal authorities to dispose unidentified bodies. He was unaware of costs.

Sen. Christiaens said Section 6 Line 6 of SB 45 it appears that they would not be able to cremate unidentified remains. Mary Lou Garrett, Administrator, Montana Board of Morticians, said counties regulate the fees, and the coroner or county commissioner is responsible for disposition of an unidentified body, they sign as the authorizing agent. It must be a county official, and this is already set up in county ordinances.

Sen. Towe asked Bonnie Tippy about taking out the provision making it a misdemeanor not to mark or identify a casket or container correctly. Ms. Tippy said that was not the intent. Mary Lou Garrett the Board of Morticians provisions on identification cover this, and this would be handled as other misdemeanors would be.

Sen. Towe asked Mary Lou Garrett about fire proof construction regulations being taken out of the SB 45. Ms. Garrett said existing county fire codes cover mortuaries and crematories.

Sen. Towe asked why cremators should be immune to liability when disposing of cremated remains. He said the amendment offered by the Board of Morticians was confusing, and why is the authorizing agent the only person who can sue a crematory. He asked why special laws regarding liability were needed. Carol Grell said each section of the limitation of liability deals with different areas that often occurs in crematoriums. If the guidelines are correctly followed, the crematory operators are protected.

Chairman Eck suggested that Sen. Towe meet with Board of Mortician's attorney for further clarification.

Sen. Towe asked if the Board of Morticians was determined to have a provision dealing with the limitation of liability in SB 45. Carol Grell said it could be amended.

Sen. Mesaros asked Guy Miser if it was true that fifty percent of remains proceed to cremation. Guy Miser said it was true.

Closing by Sponsor: Sen. Keating said that Sen. Towe and the Board of Morticians could work out an agreement and closed the hearing on SB 45.

HEARING ON 7

Opening Statement:

Chairman Eck reopened the hearing on SB 7 because none of the proponents were at the first hearing on Jan. 6, 1993.

Proponents' Testimony:

David Cunningham, CEO of the Rimrock Foundation and member of the Billings Homeless Coalition provided written testimony. (Exhibit #15)

Opponents' Testimony:

none.

Questions From Committee Members and Responses:

Sen. Klampe asked David Cunningham about the proposed amendment to allow groups like the Rimrock Foundation to go into the second section of SB 7 making it one of the three groups chosen from to serve on the board.

Sen. Franklin said the amendment would make them one of the optional groups to serve the board, not one of the mandated groups to serve on the board. Mr. Cunningham said that would be fine, as long as there was a way coalitions such as the Coalition for the Homeless could have input in Mental Health Board's allocation of funds.

Chairman Eck asked if Mr. Cunningham had appeared in front of the Mental Health Board to ask for support from them. Mr. Cunningham said they hadn't. He understood that the make up of the Board was mandated.

Sen. Towe said that mental health boards are appointed by county commissioners. Sen. Towe asked Mr. Cunningham if it an option to be appointed to the board. Mr. Cunningham said it was possible.

Sen. Towe asked if Mr. Cunningham was at the Committee hearing as a member of the Rimrock Foundation or the Billings Coalition for the Homeless. Mr. Cunningham said he represented both.

Sen. Towe asked if the Rimrock Foundation had taken a position on SB 7. Mr. Cunningham said yes, they support the bill.

Sen. Towe said competition between the Mental Health Center and the Rimrock Foundation, the position the Rimrock Foundation has taken might be taken incorrectly by the Mental Health Board. Mr. Cunningham said that there were 18 other agencies involved, and he didn't think the Rimrock Foundation would be the first group asked to serve of the board. He said there must be a better way to deliver services to the homeless.

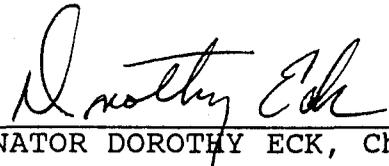
Chairman Eck said the first step would be to go the board meetings to tell them of the problems of the Billings Coalition of the Homeless, and they have not done that. She would like to know if the Mental Health Board is open to questions raised by those who do not serve on it. Mr. Cunningham said he could have an answer to that question shortly.

Chairman Eck said she would like to enter letters supporting SB 7 to the record. (Exhibit #16)

Sen. Towe asked David Cunningham if he could speak for the Coalition of the Homeless that they would support the amendment making them part of the optional members to the board. Mr. Cunningham said yes.

ADJOURNMENT

Adjournment: Chairman Eck adjourned the hearing at 2:45 pm.



SENATOR DOROTHY ECK, Chair



LAURA TURMAN, Secretary

DE/LT

SENATE HEALTH & HUMAN SERVICES
COMMITTEE
FILE NO. 1
DATE 1-8-93
BILL NO. SB 34

STRENGTHENING SERVICES FOR CHILDREN AND FAMILIES IN MONTANA

November 1992

A Report to the 53rd Legislature

Published by



Montana Legislative Council

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The original is stored at the Historical Society at 225 North Roberts Street,
Helena, MT 59620-1201. The phone number is 444-2694.

#2
SENATE BILL 34: AN ACT CREATING AN INTERAGENCY COORDINATING COUNCIL FOR STATE PREVENTION PROGRAMS SB 34

Testimony of Jeanne Kemmis, Montana Council for Families,
728-9449

As Senator Eck mentioned, the interim Subcommittee on Children and Families was charged with studying, among other issues, methods of interagency coordination of programs.

The interim Subcommittee reports from its study that "[s]ignificant research links child abuse and neglect and juvenile delinquency with a host of other family and community problems, including substance abuse, teenage pregnancy and school dropout rates."

It says that "Montana's limited and fragmented prevention resources have all too often produced random, small-scale, and short-lived prevention programming that may not represent the best that can be accomplished with available resources."

As part of its study, last spring the Subcommittee hosted a policy development forum for state and local government officials, nonprofit representatives and community leaders. Participants at the forum expressed a strong desire to expand and improve prevention activities in this state.

Discussion leader Dr. Charles Bruner, policy associate with the National Conference of State Legislatures' Children, Youth and Families Program, summed up the work of the conference by saying a "vision for fundamental reorientation on serving children and families was very well articulated [by forum participants]; the group saw the need for a broadly inclusive interfacing human service system."

Speaking from his experience as an Iowa State senator, Bruner talked about research conducted in his state focused on female heads of AFDC households. Their profiles, he said, showed the presence of multiple risks to success for their whole families, such as generational child and spouse abuse, alcoholism, and the lack of educational attainment.

These people love their children, he said, and have hopes for their families, but they have real needs for comprehensive management of the stresses in their lives. These needs cross into many public service areas. We need to collaborate, he said, if we are to achieve the broadest goals for these families.

Bruner suggested there needs to be a top-down and a bottom-up commitment -- in the form of concrete agreements worked out among agencies -- to collaborate over time to do things better. Workshop participants felt that with interagency collaboration at the state level, local communities could be

given responsibility for designing the specific mechanisms they feel will work best for families in their areas.

After analyzing efforts to reform children's services nationwide, the Education and Human Services Consortium reports -- in two invaluable documents -- that most states initiate reform by first establishing an interagency group of some sort - it can be a task force, commission, or council -- but it is a group through which state policymakers direct agencies to plan together to address child and family needs.

The recently released Montana Children's Agenda endorses creation of the Coordinating Council. You will find that recommendation on page 1 of the agenda, under a subtitle: Working Smarter: Setting Goals, Coordinating Efforts, and Improving Management.

The introduction says that "[w]ith its network of different public and private agencies, divisions, task forces and employees, Montana is rich in potential resources for children. But we cannot work efficiently toward common goals without shared understanding of problems, common goal setting and coordination of our efforts. These proposals share the common thread of improving the way we work together in improving Montana's climate for children."

The interim Subcommittee recommended creation of an Interagency Coordinating Council for Prevention and proposes through Senate Bill 34, at section 1, subsection (2)(a) that the council be charged with developing "through interagency planning efforts a comprehensive and coordinated prevention program delivery system."

The Montana Council for Families encourages your support for this measure as an essential first step toward reinventing this state's approach to the problems of children and families.

STATE OF MONTANA
DEPARTMENT OF JUSTICE
BOARD OF CRIME CONTROL

SENATE HEALTH & WELFARE

EXHIBIT NO. 3

DATE 1-8-93

BILL NO. SB 34

Marc Racicot
Attorney General



303 North Roberts
Helena, MT 59620
Tel. (406) 444-3604
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MEMORANDUM

DATE: January 5, 1993
TO: Senator Dorothy Eck
FROM: Fred Fisher
RE: SB 34

I have been asked by Jeanne Kemmis of the Montana Council for Families to submit the enclosed suggested amendments to SB 34. These suggestions are a result of a meeting she and I had with Mike Lavin and Judy Browning on December 11, 1992 at Representative Royal Johnson's request. Since the bill requires a commitment from the Governor's office, Representative Johnson felt it necessary to ensure that the Governor supported the measure.

I also want to make you aware of another development that may be problematic for SB 34. Judy Browning has indicated that there is simply no room in the Governor's office budget for the provision of staff and budgetary services for the interagency council. If this provision is left in the bill, we will not have the Governor's support. With this in mind, it seems that we need to find another way to provide staffing and clerical support. As a suggestion, I have been working with Jeanne Kemmis and other public and private prevention groups to look into the possibility of providing this support by combining some discretionary grant funds from the Board of Crime Control, 4-H University Extension, and the Alcohol and Drug Abuse Division. You will note that I have suggested an amendment to the final section of the bill that may be more palatable to the Governor's office.

I am at your disposal to discuss the rationale behind any of the enclosed suggested amendments. You or your staff may call me at 444-2056. Thank you.

Suggested Amendments to SB 34

=== SENATE BILL NO. 34 INTRODUCED BY ECK BY REQUEST OF THE JOINT INTERIM SUBCOMMITTEE ON CHILDREN AND FAMILIES
A BILL FOR AN ACT ENTITLED: "AN ACT CREATING AN INTERAGENCY COORDINATING COUNCIL FOR STATE PREVENTION PROGRAMS AND SERVICES FOR CHILDREN AND FAMILIES IN MONTANA; DESIGNATING THE MEMBERSHIP AND DUTIES OF THE COORDINATING COUNCIL; ~~PROVIDING FOR PREPARATION OF A COORDINATED BIENNIAL BUDGET FOR FUNDING STATE PREVENTION PROGRAMS;~~ REQUIRING COOPERATION WITH ANY STANDING OR INTERIM LEGISLATIVE COMMITTEE THAT IS ASSIGNED TO STUDY PREVENTION PROGRAMS OR OTHER STATE PROGRAMS AND POLICIES RELATED TO CHILDREN AND FAMILIES; AND PROVIDING AN EFFECTIVE DATE."

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

NEW SECTION. Section 1. **Interagency coordinating council for state prevention programs.** (1) There is an interagency coordinating council for state prevention programs consisting of the following ~~nine~~ ten members:

- (a) the director of the department of family services provided for in 2-15-2401;
- (b) the director of the department of health and environmental sciences provided for in 2-15-2101;
- (c) the director of the department of corrections and human services provided for in 2-15-2301;
- (d) the attorney general ~~or, as a designee, the administrator of the board of crime control~~ provided for in ~~2-15-2006~~ 2-15-501;
- (e) the director of the department of social and rehabilitation services provided for in 2-15-2201;
- (f) the superintendent of public instruction provided for in 2-15-701;
- (g) the presiding officer of the Montana children's trust fund board; and
- (h) two persons appointed by the governor who have experiences related to the private or nonprofit provision of prevention programs and services: ; and

(i) the administrator of the board of crime control provided for in 2-15-2006;

(2) The coordinating council shall perform the following duties:

(a) develop through interagency planning efforts a comprehensive and coordinated prevention program delivery system that will strengthen the healthy development, well-being, and safety of children, families, individuals, and communities;

(b) develop appropriate interagency prevention programs and services that address the problems of at-risk children and families and that can be provided in a flexible manner to meet the needs of those children and families;

(c) study various financing options for prevention programs and services; ~~including but not limited to pooling of agency funding and decategorization of funding sources, in order to maximize private, local, state, and federal sources of revenue for existing and expanded services;~~

(d) ensure that a balanced and comprehensive range of prevention services is available to children and families with specific or multiagency needs; and

1-8-93
SB-34

(e) assist in development of cooperative partnerships among state agencies and community-based public and private providers of prevention programs, ~~and~~

~~(f) prepare a coordinated biennial budget document on funding of prevention programs for use by the governor and the legislature in the budget planning process.~~

(3) The coordinating council shall cooperate with and report to any standing or interim legislative committee that is assigned to study the policies and funding for prevention programs or other state programs and policies related to children and families.

(4) The coordinating council must be compensated, reimbursed, and otherwise governed by the provisions of 2-15-122.

(5) (5) The coordinating council is attached for administrative purposes only to the governor's office, which ~~shall provide~~ may assist in developing the provision of staff and budgetary, administrative, and clerical services to the council as the council or its presiding officer requests.

NEW SECTION. Section 2. **Effective date.** [This act] is effective July 1, 1993.

-End-

*Dept. of Health & Environmental Sciences
Preventive Health Services Bureau*

EXHIBIT NO

4

DATE

1-8-93

BILL NO

SB 34

TESTIMONY REGARDING SENATE BILL 34
INTRODUCED BY SENATOR ECK

Senate Public Health Committee

January 8, 1993

Chairman Eck and members of the committee, I am Judith Gedrose, Chief of the Preventive Health Services Bureau of the Department of Health and Environmental Sciences.

Public Health is a collection of diverse programs but the unifying theme has always been prevention. DHES is committed to prevention.

- * Health education teaches healthy life-styles which prevent chronic disease
- * Communicable disease control prevents further spread from identified cases
- * Low birth-weight prevention ensures babies are born with all systems ready to function optimally
- * Clean water and air prevent both communicable and chronic diseases

Even when primary prevention fails, secondary prevention is important.

- * Babies with cleft palates need to have special feeding methods to prevent malnutrition until the clefts are repaired
 - * Pregnant women living where nitrates in water are elevated, need to consume another source of water and give their newborns water from another source to prevent anemia
 - * People with diabetes can prevent lower limb amputation with diligent podiatric care
- Creation of an interagency coordinating council for state prevention programs would be very beneficial to the whole prevention effort.

The Montana Food and Nutrition Council created in the last legislative session is similar and has proven very beneficial.

The bottom line is "prevention saves treatment dollars". AIDS is a preventable disease. The life-time cost of one case is now \$102,000. Tuberculosis is a preventable disease. The average cost of one case is \$15,000. Cardio-vascular disease, stroke, smoking related disease, environmentally caused diseases are all preventable. An investment in prevention is a sound investment.

SYNOPSIS OF PREVENTION ACTIVITIES AT DHES

AIDS PROGRAM Services/contractual support education, monitoring, counseling, testing and treatment.

STD Prevention/intervention services and contractual support in sexually transmitted diseases.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION Prevention of unnecessary illness, disability and death through projects in health promotion and education, nutrition, dental health and behavioral risk surveillance.

COMMUNICABLE DISEASE CONTROL AND EPIDEMIOLOGY Legislatively mandated services in the prevention and control of contagious diseases.

MONTANA COOPERATIVE CENTER FOR HEALTH INFORMATION
Comprehensive cooperative interagency center for health data collection and health policy analysis.

IMMUNIZATION Disease surveillance and outbreak control, enforcement of school/daycare immunization standards, and vaccine to public clinics for the control of vaccine preventable diseases.

FAMILY/MATERNAL & CHILD HEALTH BUREAU Consultation/guidance to public health departments and schools, provides prevention services such as well child care and immunizations.

FAMILY PLANNING Services to prevent unplanned pregnancies and promote sexual health.

CHILDREN'S SPECIAL HEALTH SERVICES Referral, case management and payment of services for special needs children and their families to prevent or alleviate disabling conditions.

WIC Nutrition services/education for healthy pregnancies and growth and development of children birth to age five.

PERINATAL PROGRAM Local MIAMI projects and statewide consultation to promote optimal birth outcomes and reduce infant mortality.

CHILD NUTRITION Nutrition/education for children and adults in day care agencies.

TESTIMONY ON SENATE BILL 34
DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES
ALCOHOL AND DRUG ABUSE DIVISION

It is our understanding the intent of this bill to provide for closer cooperation and coordination across departments involved in providing alcohol and drug abuse prevention and other prevention services. This would be accomplished by developing an advisory council comprised of Department heads and elected officials.

As the Division Administrator for the Alcohol and Drug Abuse Division (ADAD) of the Department of Corrections and Human Services, I think this is an important step. I appreciate the hard work and good thinking which led the Joint Interim Committee on Children and Families to propose this legislation. We at ADAD certainly see a need for more coordination among the various agencies involved in prevention.

It has long been one of the goals of ADAD to find ways to more closely work with other state agencies, and with private non-profits, in developing effective prevention programming. The prevention coordinating council is a good way to bring this about. Our understanding is that part of the charge to this council would be to develop a long range prevention strategy, based on the best available research.

Nationally, what we in the alcohol and other drug abuse field are learning through research is that the most effective approaches are broadly based and require a concerted effort on the part of every segment of a community. In turn, those community efforts require a carefully thought out system of informational and organizational supports at the state level. Important to this comprehensive approach, research is demonstrating there is common ground AOD prevention, child abuse prevention, teen pregnancy, drop-out, and juvenile delinquency. Simply put, narrowly focused single issue approaches have limited effect. New approaches to prevention will not be piecemeal, focusing on single issues. What is needed are broadly based, comprehensive approaches designed to meet the developmental needs of each age group being targeted. This in turn means there is a need for a carefully thought out, multi-disciplinary approach.

Currently in Montana, three agencies spend close to 4.5 million dollars on AOD prevention. There are efforts at joint programming, there is no unified plan or policy. This 4.5 million dollar figure, mostly federal dollars, does not include spending on other prevention programs which are either specifically health or youth related including juvenile delinquency, and teen pregnancy. Simply given the net effect of AOD abuse in terms of productivity, and the consequences for our young adults, we would be remiss in not developing a well thought-out state program.

Certainly one concern this prevention coordinating council can address is fragmentation and inefficient provision of prevention programming. Currently there is nothing which encourages local agencies and non-profits to work closely together in developing programming, developing support services and providing training. What this means is that a good grant writer can help start any number of programs which appear on paper to meet community needs, but which are not solidly grounded in the community.

What this also means is that in the absence of a well designed training system, basic courses are repeated time and time again. New information which would benefit communities is slow in reaching these communities. Further, organizational skills, which are the backbone of effective programs, are undeveloped. This promotes ineffective management of programming resources.

Another serious problem is the absence of coordination at the Federal level, both between agencies and with states. For example, there were eight active grants funded by the Center for Substance Abuse Prevention (CSAP) in Montana in Federal fiscal year 1992. This accounts for 2.1 million dollars. In many cases, this money is being well spent. Unfortunately, there are cases where these funds support programs which have little effect in on going community efforts. In some cases, the federally funded programs are actually disruptive to community efforts. Certainly, 2.1 million dollars spent in a concerted fashion would go a long way to providing effective and efficient prevention programming for all of Montana's children. Speaking with a concerted voice to both Federal agencies and the Montana delegation, this coordinating council could effect positive changes in the development and implementation of federal prevention policy.

One final thought, given the age group in Montana's University system, the research and educational resources available, and the presence of 4-H in every Montana county, there might be real advantages to finding a role for the University system in the coordinating council. Also, while we generally think of prevention in specifically human service terms, you might want to consider the relation of highway traffic safety, Hunter safety and the youth conservation corps in Fish, Wildlife, and Parks, and even bicycle safety in the Office of Public Instruction. After all, after you say no to drugs you have to say yes to something else. We do young Montanans a disservice by not taking seriously their efforts to become responsible, capable young adults with our support. We do not just want to prevent self destructive outcomes, we want to support healthy, responsible life choices.

Submitted:

Darryl L. Bruno
Administrator
Alcohol and Drug Abuse Division

TESTIMONY FOR SENATE BILL 34

EXHIBIT NO. 6DATE 1-8-93BILL NO SB 34

BY

S. BUD SOLMONSSON

My name is Bud Solmonsson, I live at 12 North Howie Street in Helena. I am representing myself as an individual and am on annual leave time from my State Job.

-I have worked in the youth services business for over 20 years and I am the previous executive director for Montana Council for Families, a statewide private non-profit child abuse prevention organization.

-I am one of the original people, of many, who helped push this prevention movement in Montana and have been active with the Montana Prevention Assistance Team and the Montana State Prevention Caucus since their conception.

-I have lived and worked for state government in several states and have had an opportunity to pull out a "yard stick" in which to measure Montana's strengths and weaknesses.

-First let me tell you my perception of the weaknesses: I went to an American Indian Workshop a few years ago regarding their problem of how each Tribe and each Reservation did not know what the other one was doing in reference to what kinds of community services were being provided, and to who. They felt that this was a problem. In other words, the left hand didn't know what the right hand was doing. But they were aware of this problem and they wanted to deal with it. They wanted to "streamline" their efforts, not duplicate services and funding, and be a more effective service provider. I had to laugh a moment, not at them....because they

Page 2

were ahead of us. Yes, I could see that Montana State Government had the same problem. Not only do our different individual agencies not know if they are providing services to members of the same family, they also do not know who those other agencies are that may be involved.

-Further, with the above mentioned problem we are talking about service as a treatment, or a response AFTER the problem has occurred....an even then, we are not doing a good job. We are outdated, somewhat dysfunctional, and duplicating many of our services. We are loosing and wasting money. We need a change in our delivery of services. We need to think PREVENTION.

-Now for the strengths: Montana is a great state. People care. The people I mentioned who helped initiate the Prevention Assistance Team (with nearly 100 members statewide) and the Montana State Prevention Caucus did all of this on their own initiative. Why? Because they are students, homemakers, professionals, and directors who care; who know what needs to be done. Montana has some advantages that other states do not have. The Montana State Government, the Administration, the Legislators are all visible and very accessible in this state. We have a bill before you that is the vehicle for this positive change, Senate Bill 34.

-When you make a dish, and somehow the result is that it doesn't taste right, what do you do? You change the menu!

-It's time to change the menu of our services for children, youth and families. It's time to prevent problems and unhealthy conditions when we can, and minimize those problems that we can't.

J. [unclear] [unclear] [unclear] [unclear] [unclear]



TESTIMONY TO THE MONTANA SENATE COMMITTEE
ON PUBLIC HEALTH
REGARDING SENATE BILL 34
(SPONSORED BY SEN. DOROTHY ECK)

--Given by--

Kirk A. Astroth
Extension Specialist
4-H Youth Development
Montana State University

SENATE HEALTH & WELFARE
EXHIBIT NO. 7
DATE 1-8-93
BILL NO. SB 34

Good afternoon and thank you for this opportunity to share my thoughts about Senate Bill 34 that proposes to create an interagency council to coordinate state prevention services and programs for children and families in Montana. My name is Kirk A. Astroth and I am a MSU Extension Specialist with the Montana 4-H State Office located in Bozeman. 4-H is the largest, informal youth serving organization in the state involving over 27,000 youth in a variety of educational programs aimed at developing life skills. 4-H is a prevention organization because it believes in and teaches young people how to develop the personal attributes that will enhance their well-being.

MSU Extension, in particular Montana 4-H, is especially interested in this bill because we have been active participants from the beginning in state level discussions about the need for such coordination of prevention efforts underway by a multitude of state agencies, non-profit organizations, and other family and youth-serving organizations in Montana. MSU Extension, through the 4-H division, has been a founding member of the Montana Prevention Assistance Team and is committed to the goals and purposes of this group. We all have a stake in improving the well-being of Montana children and families.

In my remarks today, I would like to use the image of a boat as a metaphor for the situation in which we find ourselves. This image also works well for the solution proposed by Senate Bill 34.

While the image of a boat may not seem congruent in a land-locked state like Montana,

we have all certainly heard of government referred to as "the ship of state." These days, it's tempting for some to maintain that this ship is sinking. I don't think so. But I do think what once was a great caravel has been broken apart, sawed up, and reconstructed as many small rowboats--or dinghies. Each is rowing in its own direction, but in the rough waters of the present day, the crews are in peril. In addition, the children and families back home may perish in the storm as well.

We all recognize that families need to work together to survive and thrive in this ever-changing world. But so do the systems that serve them. Fragmented families don't need fragmented services. During the 1970's, people talked a lot about integrated services for children, youth and families, but not much ever happened. Today, budget problems and the record of 20 years of failure have convinced many of us that everybody's got a piece of the problem and a piece of the solution. But we won't find it by rowing our own small boat through the same old waters and with the same old maps.

Our efforts must begin to be coordinated, collaborative, comprehensive and preventative in nature. We've got to collect all the small rowboats from the far-flung directions they've travelled and re-integrate them into a powerful naval vessel. We've got to re-build our ship of state and get it going in one direction. In fact, we've got to learn how to steer more and row less. Through steering, we become proactive and learn how to prevent the ship of state from being shipwrecked. If we continue to think of our job as rowing, we'll only continue to react to problems that we can't see no matter how large our looking glass.

Why is a "prevention" approach--as opposed to remediation or treatment--so important as a front line strategy?

As Blumenkrantz pointed out in his recent book, Fulfilling the Promise of Children's Services (1992), as a society, we seem more able to respond to being clubbed over the head by a

problem than to seeing the problem coming. Which is to say that we don't respond very well. Responses are born of critical incidents, from crises that cannot be ignored. Oil spills, riots, toxic waste all get our attention and scream for a response.

Mere containment of a crisis is spoken of as "prevention." Use of the term prevention in this way--to define a mopping-up operation--shifts the definition from proaction to reaction.

As a result, "prevention" becomes popularized to mean a mere response to a problem. What is thought of as prevention, though, is really an intervention. It's after the fact--trying to plug a gash in the hull after you've already taken on too much ballast and you've begun sinking.

Prevention--as we mean it here--is directed toward the underlying causes of social problems like alcohol abuse, child abuse and neglect, suicide, delinquency, dropping out, unwed pregnancy, impaired and drunken driving and others. Prevention involves enhancing the environments and building resiliency and strength in the population before problems become manifest and serious. Prevention asks the question: "What is missing from the experience of people, especially from young people's development, that should inoculate them against such social problems as alcohol and drug abuse?"

As Lisbeth Shorr observes in her book, Within Our Reach: Breaking the Cycle of Disadvantage (1988), what a tragic paradox that public confidence in the ability to do anything to enhance youth potential has hit bottom just when our knowledge of what to do has reached an all-time high. Research is pretty clear about what works--and coordinated, flexible service delivery is a key element. Although some gaps remain in our research understanding of some of society's critical issues, the biggest gap may be in developing the strategies through which we can deliver what we know.

Coordination and unified efforts at the state level would begin to provide a model for more unified and coordinated efforts at local levels. If we undertake this bold initiative proposed

by the Joint Interim Subcommittee on Children and Families, we can begin to create environments that could help communities and families provide opportunities for positive youth development. If we don't implement this strategy, we'll continue to row our separate small boats in our own directions, continuing the fragmented services and organizational turf battles which leave Montanans bewildered and struggling to understand how to access a confusing array of services.

This kind of interagency council of department heads, key administrators, and children's advocates can provide a first important step toward the elimination of duplicative services at both the state and local level. By developing a coordinated approach to program delivery, the council can also begin to study innovative ways to refinance prevention programs and services that will be driven by those in need rather than by bureaucratic rules and operating procedures.

What's even more exciting is that we can effect this kind of change without new funding from local, state, or federal sources. The promise of this strategy is that we can succeed simply by redeploying existing funds rather than calling for new ones. Pooled resources create common dollars for common goals. In the words of Osborne and Gaebler who wrote Reinventing Government, this approach ensures that the public sector "steers more and rows less." Integrated services coordinated by an interagency council will only happen if we're all steering in the same direction.

Finally, let me close with another observation from Lisbeth Schorr: "We can do what needs to be done at a price we can afford. Prevention is a bargain compared to the current cost of our failures."

Thank you for the time to share these thoughts with your committee. I urge you to move this bill forward and launch the ship of state on a new voyage that will bring together members of a crew who can improve prevention services in Montana. (January 8, 1993)

Mr. Chairman and members of the committee, I am Jeana-marie Fiumefreddo, a student at the University of Montana.

I stated in a previous committee hearing, that there were several reasons why my family can be classified as high risk for child abuse. Both my husband, John, and I were raised in abusive homes.

During the year after our daughter, Jessica, was born, John was earning about \$600 per month at a minimum wage job, and I was attending Missoula Vo-Tech. We were living well below the poverty line.

Our economic situations, and my inability to handle it, led to increased levels of stress in our family. Our marriage deteriorated. John and I had sworn not to repeat the abuse we had experienced as children, but one swat on the diaper led to another. Pretty soon Jessica was being swatted for the smallest infractions.

We sought out help but were told we did not qualify. Later that winter, an arctic storm hit Montana. As a result of the extreme cold, the battery in our car froze and cracked, making it useless. It would cost \$65.00 to replace it, and we didn't have that kind of money. John was unable to get to work and was fired from his job.

We became eligible for AFDC, but that did not cover our living expenses. Over the next year, we spent tremendous amounts of time and energy trying to find other sources of help.

Since John lost his job, we have been involved with AFDC, Food Stamps, Medicaid, HRDC's LEAPP program, Options, the University of Montana, Job Quest, WIC, Head Start, the Missoula Food Bank, Vocational Rehabilitation, and I am seeing a psychologist who has helped me work through much of my childhood trauma.

It is unfortunate that many families have similar stories. We had to be in extreme crisis before we could get any help. And the resources I managed to discover did not coordinate with each other.

My husband recently found a new job, and I will graduate from college in December. If there had been coordination between agencies and a prevention posture taken by this state before or during the precipitating crisis of losing our car, the State could have saved a large sum of money. By being involved right away, we possibly could have cut the years of services needed in half.

We could have survived with supportive services. We could have continued working, I would have gotten the mental health services and parenting skills to provide a nurturing home to Jessica. And most importantly, Jessica would have been saved

FY 93 Prevention Related Community Mental Health Consultation & Education Activities

SENATE HEALTH & WELFARE
EXHIBIT NO. 9
DATE 1-8-93
BILL NO. SB 34

REGION I (Eastern Montana)

MILES CITY

- Child Protection Team
(prevents further abuse)
(education/public speaking)
- Domestic violence and Child Abuse Task Force
(community education)
- Education regarding child sexual abuse
(How to report offender)
(How to survive sexual abuse)

GLENDIVE

- Child Protection Team
- Inter agency Sex Abuse Team
(Education on understanding the violence cycle)

BROADUS

- Child Protection Team

FORSYTH

- Child Protection Team
- Forsyth school system
(Training school staff to identify
and provide help to ED youth)

JORDAN

- Child Protection Team

MALTA

- Child Protection Team

REGION-WIDE

- Provides education to DFS, county youth probation,
schools, and public and private agencies dealing with
youth services

REGION II (Northcentral Montana)

GREAT FALLS

- Child Protection Team
- Sex Abuse Task Force
(community education)

CHINOOK

- Interagency Networking Committee for
Children's Agencies
- Work with elementary Guidance Counselors

REGION III (Southcentral Montana)

HARDIN

- Child Protection Team
- Local health fair
(Distribute information regarding mental illness)

RED LODGE

- Education to the public on parenting skills
for high risk families
- Child Protection Team

LEWISTOWN }
HARLOWTON }
STANFORD }
WINNETT }

- Presentations to schools
- Child Protection Teams
- Conducts active parenting courses

ROUNDUP }
RYEGATE }

- Child Protection Team
- Education on child abuse to all Kindergarten
through 3rd grade students.
- Public education/newspaper articles on child abuse

COLUMBUS }
BIG TIMBER }

- Child Protection Team
- Presentations to service clubs and other
organizations on emotional disturbance in youth

BILLINGS }

- Community presentations/newspaper articles re-
garding emotional disturbance in youth.
- Contacts with local pediatricians to discuss early
intervention and prevention issues.
- Participates on a newly formed interagency
committee
(Focus is on area children and families)

REGION IV (Southwestern Montana)

REGION WIDE

- **All outpatient offices conduct parenting skills training**

REGION V (Western Montana)

REGION WIDE

- **Education services to child protection teams, schools, Juvenile Court workers, and other children's services providers.**

COMMUNITY MENTAL HEALTH SERVICES TO CHILDREN/ADOLESCENTS - FY 92 - ALL FUNDING SOURCES

AGES 0-17 HOURS OF SERVICE	REGION I	REGION II	REGION III	REGION IV	REGION V	FRIENDS TO YOUTH - MSLA	TOTAL
	Miles City	Great Falls	Billings	Helena	Missoula		
INDIVIDUAL THERAPY	4,157	3,826	3,002	2,636	2,962		16,583
FAMILY COLLATERAL	272	390	0	181	198		1,041
GROUP THERAPY	143	2,282	1,989	3,309	2,067		9,790
FAMILY THERAPY	272	739	862	534	812		3,219
DAY TREATMENT		24,901	13,738	13,332	13,448		65,419
TOTAL HOURS OF SERVICE	4,844	32,137	19,591	19,992	19,487		96,052
TOTAL EXPENDITURES	\$349,425	\$541,452	\$443,815	\$580,666	\$506,588	\$135,813	\$2,557,760
UNDUPLICATED NUMBER OF CLIENTS	682	572	397	641	586	210	3,088

CHILDREN AND ADOLESCENT DAY TREATMENT	
Great Falls	
Billings	
Helena	
Missoula	

SPECIAL EDUCATION/MENTAL HEALTH JOINT SERVICES			
Glasgow	Livingston	Missoula	
Great Falls	Anaconda	Flathead County	
Billings	Butte	Hamilton	
Helena	Bozeman		

NOTE: Funding sources include Medicaid, insurance, County contributions, private pay, DCHS, and other agency contracts.

1-8-93
SB-34

SENATE HEALTH & WELFARE
BILL NO. 10
DATE 1-8-93
BILL NO. SB 34



MONTANA CHILDREN'S AGENDA 1993

The original is stored at the Historical Society at 225 North Roberts Street, Helena, MT 59620-1201. The phone number is 444-2694.



A comprehensive legislative agenda compiled by the Montana Children's Alliance to promote the health and well-being of Montana's children.

**Montana Council for
Maternal and Child Health**
Agenda for the Next Generation
1993-1994

STATE HEALTH & WELFARE
BILL NO. 10
DATE 1-8-93
BILL NO. SB 34

Introduction

The Montana Council for Maternal and Child Health is a non-profit membership organization. Our sustaining members are listed below. We are, for the most part, health care professionals and non-profit organizations and institutions who have come together with a vision for the Next Generation of Montanans: a generation growing to maturity with the ability to contribute abundantly to our state, our nation and our world.

We hope you share our vision. To achieve it will require an investment in Montana's future: her children. We must invest our "infrastructure" of health care, social services and schools, to support those children as they grow, and in Montana's families, making sure they have the resources they need to care for their children in today's complex world.

This biennial Legislative Agenda is the result of statewide input from hundreds of Montanans, refined and prioritized in a consensus process by representatives of each of our sustaining members. It consists of two parts. The first is the Council's Platform Issues, four major legislative initiatives we present as a basic foundation of cost-effective, community-based preventive programs in maternal and child health, and a funding source for "seed money" and additional programs. The second is a list of Consensus Positions, issues on which MCMCH has taken a position by membership consensus; we will support these positions individually as the session progresses.

Our Invitation

If you are a legislator, please let us know how you feel about these issues. We will be seeking your support in the session, but we also appreciate thoughtful concerns and expressions of opposition; the foundation of good public policy is open communication.

If you are a citizen interested in any of these issues, we extend the same invitation to you. You are welcome to join MCMCH as an individual member and participate in our grassroots lobbying campaign, or share information and resources - it's a two way street.

If you are a lobbyist, or represent another organization, feel free to rely on this document in your related campaigns. MCMCH works with many other organizations in an extended network of shared concern and vision for the Next Generation.

For more information contact
MCMCH Executive Director/Lobbyist:
Paulette Kohman
443-1674

Montana Council for Maternal & Child Health
54 N. Last Chance Gulch
Helena, MT 59601-4122
443-1674



Platform Issues

Expand the MIAMI Project to Unserved Counties: Save Lives and Money

MIAMI (Montana's Initiative for Abatement of Mortality in Infants) is an interdisciplinary approach to reducing infant mortality. Local MIAMI projects provide comprehensive case management services to women at risk for poor pregnancy outcome, utilizing nurses, social workers and nutritionists. Projects presently provide services to 1600 high risk pregnant women per year. A statewide public education program, "Baby Your Baby" reaches out to pregnant women who may be in need of help, and an infant mortality review project has begun to examine some of the 120 infant deaths which occur in Montana each year.

In its 10 project counties, MIAMI (Montana's Initiative for the Abatement of Mortality in Infants), has been a clear success. Although MIAMI projects work with the highest risk pregnancies, the low birthweight rate for MIAMI clients has been reduced to that of the general population. Infant mortality rates in most MIAMI counties are also lower than the state average, and have decreased over time. Based on low birthweight reductions alone, the MIAMI project has already saved the state hundreds of thousands of dollars over the cost of the entire project to date. A calculation of cost savings for FY 1992 follows:

FY 1992 COST:

	\$ 170,489	General Fund
+	\$ 63,900	MCH Block Grant Funds
+	\$ 57,776	Medicaid Targeted Case Management (paid directly to local MIAMI projects: 16,177 GF + 41,599 Federal)
+	\$ 136,632	(approximate county contributions, grants, etc)
=	\$ 428,797	TOTAL COST
=	\$ 186,666	General Fund

FY 1992 Savings from Low Birthweight Reduction:

	3.15 %	(MIAMI births "saved" from low birthweight: 9.23% [1986 pre-project low birthweight rate] - 6.08% [1992 MIAMI Project rate])
x	1600	(pregnant women served) =
=	50.4	fewer low birthweight babies
x	\$35,675	(average cost of low birthweight, birth to discharge) =
=	\$1,783,750	Total Savings
x	92%	(percentage of MIAMI clients who are on Medicaid) =
=	\$1,641,050	Medicaid savings
x	28%	(state general fund portion of Medicaid costs) =
=	\$ 459,494	GF Savings

FY 1992 Net Savings over Cost:

Total:	\$ 1,641,050 -	\$ 428,797 =	\$ 1,122,253	Net Medicaid Savings
GF:	\$ 459,494 -	\$ 186,666 =	\$ 272,828	Net GF Savings (\$ 170 per client)

Proposed Expansion of MIAMI Project:

We propose that MIAMI be expanded to bring these savings of both life and money to counties without MIAMI projects, especially in eastern Montana, to serve 1200 more pregnant women each year, and to add social work technical assistance at the state level, while continuing to support Baby Your Baby and Infant Mortality Review. The cost of expansion is based on a cost per client of \$140.

Expansion Budget, FY 1994-95:

Establish New Eastern Montana Sites and		
Expand Existing Sites to Unserved Counties:	\$ 168,000	
Continued Support of "Baby Your Baby":	15,000	(Federal Match may double this)
Enhancement of Infant Mortality Review:	25,000	(increased data entry and analysis)
Add State Social Worker:	56,590	(includes travel, equipment, etc.)
	FY 94: \$ 264,590	(annual addition to existing GF)
	FY 95: \$ 264,590	



Platform Issues

Expand Medicaid Eligibility for Pregnant Women and Children

Montana's Medicaid program currently covers pregnant women and children through age 6 at 133% of the federal poverty level (FPL) and children through age 9 at 100% of the FPL. Children age 10 through age 19 are covered at only 52% of the FPL. Federal regulation allows states to expand eligibility for pregnant women to 185% of the FPL and for older children to 100% of the FPL.

A 1991 study of Montana health care consumers showed that 142,000 Montanans are uninsured. Over 50,000 of the uninsured, or more than one out of three are children. A study of low income consumers revealed that 39% have had to wait for health care till they have paid off a previous bill, and 64% have left an injury or illness untreated because they could not afford care. While the cost of prenatal care and uncomplicated childbirth has now risen to \$ 6,000, one out of every 7 pregnant women lacks health insurance and is currently ineligible for Medicaid.

Pregnant Women and Infants:

Raising the eligibility level to 185% of poverty will allow 1320 of Montana's 1800 uninsured pregnant women access to Medicaid, enabling the "working poor" to get prenatal and newborn care.

Budget Estimate:

FY 94: \$7,920,000 (\$2,217,600 General Fund; \$ 5,702,400 Federal Medicaid Match)

FY 95: \$7,920,000 (\$2,217,600 General Fund; \$ 5,702,400 Federal Medicaid Match)

Children:

Raising the eligibility level from 52% to 100% of the FPL will provide coverage of an additional 7844 of Montana's 50,000 uninsured children.

Cost Estimate:

FY94: \$12,040,635 (\$3,371,378 General Fund; \$ 8,669,257 Federal Medicaid Match)

FY95 \$12,040,635 (\$3,371,378 General Fund; \$ 8,669,257 Federal Medicaid Match)

Risk Identification and Home Visiting for new Families:

Montana's rate of reported child abuse and neglect cases has been increasing by 6% each year, and the annual budget for state intervention has doubled over the past 5 years. Early identification and intensive home visiting programs for high risk families have been effective in preventing child abuse and neglect, and a host of other problems in children's later development. Local home visiting by public health and private non-profit agencies in Montana, but are inadequately funded.

We propose a pilot project, similar to Hawaii's successful "Healthy Start" project to demonstrate and evaluate the effectiveness of early, intensive community-based prevention programs in Montana communities.

Cost Estimate:

FY 93 \$150,000 General Fund

FY 94 \$150,000 General Fund

Fund Health Care Enhancements by Increasing Tobacco Tax

Tobacco use accounts for a significant portion of Montana's health care costs. We propose that Montana recognize this relationship by (1) targeting excise taxes on tobacco to fund public health care costs, and (2) Increasing the tax on tobacco products by the equivalent of \$.25 per pack of cigarettes to more realistically offset their cost to society. Apart from providing an ongoing fund to support necessary public health services, this combination would also educate the taxed consumer about the hidden costs of tobacco use.

Cost Estimate:

Raising the tobacco tax by \$.25 per pack of cigarettes is estimated to produce annual revenues of \$14,000,000 per year.



MCMCH Consensus Positions

- Immunization: Enhanced Funding for Measles vaccine, Outreach, Community Nursing Services
- Teen Pregnancy: Establish a prevention policy
- Teen Pregnancy: Community Health Educator in DHES Family Planning Program
- Family Planning: Maintain current funding level
- Children's Mental Health: Ensure adequate, appropriate funding
- AFDC: Restore to at least prior level @ 42% of Poverty
- Universal Access to Affordable Health Care
- Statewide Genetics Program: Maintain funding
- CPS-related child care: Maintain adequate funding level
- Child Death Investigation: Establish Statewide Project
- Fetal Alcohol Syndrome & Fetal Alcohol Effect: Education and Outreach funded by Beverage alcohol tax increase
- Tobacco Sales to Minors: Restrict to meet Federal requirements
- Comprehensive Health Education in Schools: Establish policy
- Recruitment of Primary Care Providers in underserved areas
- Physician Training: Establish Rural Montana residency project
- Domestic Violence Protection: Maintain current funding level
- Interagency Prevention Coordinating Council: Establish Council
- Family Resource Centers in Schools: Establish policy & funding
- Housing: Improve stock of decent, low cost housing
- Uniform Data Exchange: Establish policies as needed for comprehensive "child wellbeing" data collection

MCMCH Sustaining Members & Representatives

Mt. Chapter, American Academy of Pediatrics: Jerry Eichner, Great Falls, 454-2171; Dennis McCarthy, Butte, 723-4337
Mt. Section, American College of Ob/Gyn: John Browne, Missoula, 728-8170; VanKirke Nelson, Kalispell, 752-5260
Healthy Mothers, Healthy Babies, Mt. Coalition: Karen Northey, Helena, 442-6950; Michael Cucciardi, Helena, 449-8611
March of Dimes, Big Sky Chapter: Jim Reynolds, Helena, 444-7530; Betty Hidalgo, Great Falls, 454-2171
Montana Academy of Family Physicians: Judy McDonald, Missoula, 721-1850; Laura Bennett, Helena, 442-0120
Shodair Children's Hospital: Jack Casey, Helena, 444-7501; Karen Cooper, Helena, 444-7561
Community Medical Center, MCH Services: Linda Opie, Missoula, 728-4100
Montana Deaconess Medical Center, MCH Services: Gretchen Fitzgerald, Great Falls, 761-1200
St. Vincent Hospital and Health Center, Women's Health Services: Kathy Toney, 657-7372



Amendment to Senate Bill 45

Proposed by the Montana Funeral Directors Association

1. Page 14, line 23.

Following: "agent."

Insert: "However, a crematory, crematory operator, or crematory technician who intentionally, recklessly, or negligently removes, releases, disposes of, withholds, or mutilates human remains or cremated remains or prevents the proper cremation of human remains is liable to the authorizing agent."

SENATE HEALTH & WELFARE

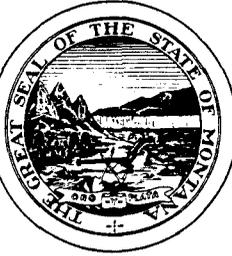
EXHIBIT NO. 11

DATE 1-8-93

BILL NO. SB 45

BOARD OF MORTICIANS
DEPARTMENT OF COMMERCE

SENATE HEALTH & WELFARE
EXHIBIT NO. 12
DATE 1-8-93
BILL NO. SB 45
ARCADE BUILDING
111 N. JACKSON



STATE OF MONTANA

(406) 444-5433

HELENA, MONTANA 59620-0407

DATE: January 8, 1993

TO: Senate Public Health Committee

FROM: Guy Miser, Board of Morticians

RE: S.B. 45

A handwritten signature in black ink, appearing to read "Guy Miser".

There are many considerations that must be taken into account when a Crematory is entrusted with the disposition of human remains. The identification of the deceased, the holding of the remains for cremation, the cremation process, and the processing, packing and disposition of the cremated remains are items of concern not only to the crematory, but also to the consuming public. High standards must be employed during all phases of the cremation process.

Disposition by cremation in the state of Montana, as of today, is taking place almost 50% or more of the time. Considering that this choice of disposition is almost the the same as ground burial, one would expect this growing industry to be under some form of guidelines to protect the public. The initial reason this legislation was proposed was to create regulations for enforcement of proper cremation procedures to protect the public health, safety and welfare. Therefore, uniform procedures should be developed in order to maintain the professionalism and public trust expected from those involved in this vital service.

It is the object of the Board to ensure that all of the procedure reflect those high standards and serve as a guide for those professionals charged with the sacred trust of the disposition of the human body by cremation, within the realm of law and dignity.

There is currently no regulation of crematories in the state. They are not inspected for sanitary requirements, identification of bodies is not required, record keeping is not mandated. With licensure, the public will be assured that there will be dignity in service, that the cremated remains they receive are the right person, and that persons operating or working in a crematory will follow the highest standards and ethics possible.

In closing, common sense dictates the necessity of this legislation to be enacted. I have also enclosed a newspaper article that appeared in newspapers around the state last summer. This article refers to an incident that happened in Flathead county during the past year. I am not including this article to show what the lack of regulations can mean, but to inform this Committee that the Board of Morticians intended to propose this legislation as far back as June, 1991, not a reaction to an incident, as this article implies. It was at this time that the board realized the need for crematory licensure, but the board wanted to fully investigate the need, compare other states legislation, and then propose comprehensive legislation to better serve the citizens of our state.

Crematorium rules sought

State Board of Morticians calls for licensing, regulations

HELENA (AP) — Criminal charges filed against a Kalispell mortician over his operation of a crematorium have prompted a request that such facilities be licensed and regulated by the state.

The proposal from the state Board of Morticians is one of four changes in state licensing programs recently submitted to the Legislative Audit Committee for review. The panel will decide whether to recommend any changes to the 1993 Legislature.

Crematoriums will be discussed by the committee at its Oct. 19 meeting, along with a proposal for licensing of clinical lab workers.

At its November meeting, the committee will consider changes in regulation of denturists and a request for licensing of property managers.

The crematorium proposal was developed after Kalispell mortician Dixon B. Rice was charged in May with six counts of theft connected with Weatherford Funeral Home.

Among other things, Rice is charged with giving a family the cremated ashes that were not those of a deceased relative as the family was led to believe. Rice also was accused of charging families for cremating deceased relatives in caskets when the coffins were actually returned to his inventory.

That case has made the public very aware of problems that can occur in crematory operations, the Morticians Board said in its application.

In 1990, there were 2,288 cremations performed in Montana. The state has 13 crematoriums, but they are not inspected for sanitation, identification of bodies is not required and record keeping is not mandated, the board said.

"With licensure, the public will be assured that there will be dignity in service, that the remains they receive are for the right person, and that persons operating or working in a crematory will be trained and made aware of the danger of communicable diseases," the application said.

Regulation of crematoriums would have handled by the five-member Board of Morticians.

The change in regulation of denturists comes from the profession's state association. It wants control of

“With licensure, the public will be assured that there will be dignity in service...”

—State Board of Morticians
request to audit committee

denturists to be transferred from the Board of Dentistry to the Alternative Health Care Board.

The request reflects a continuing feud between dentists and denturists that dates to 1984 when passage of a ballot measure legalized dentistry in Montana.

In their proposal, the denturists said they want out from under the control of dentists who have always seen the younger profession as competition.

The Board of Dentistry is trying to create a monopoly by suggesting regulation changes "removing the freedom of choice given to the public under the provisions of the original referendum," the denturists said.

"It would also seem that the goal of the Board of Dentistry is to put the denturists out of business and return the field of dentures to pre-referendum days."

The denturists cite a board proposal that would require a patient be referred to a dentist before being fitted for a partial denture.

This is the second time the Board of Realty Regulation has requested licensing of property managers. The board wants to ensure adequate education of property managers in such areas as privacy, landlord-tenant laws, fair housing and bookkeeping.

The board estimates Montana has 250 property managers.

Education and proper training is the goal of request for state regulation of an estimated 900 lab workers in the state.

"The failure to perform clinical laboratory tests correctly with sufficient accuracy and precision could result in the mis-diagnosis or improper treatment of patients," the proposal said.

SENATE HEALTH & WELFARE
EXHIBIT 13
DATE 1-8-93
BILL NO SB 45

1 "2-15-1853. Board of morticians funeral service. (1)
2 There is a board of morticians funeral service.

3 (2) The board consists of five members appointed by the
4 governor with the consent of the senate. Four Three members
5 shall must be licensed morticians. One member shall must be
6 a representative of the public who is not engaged in the
7 practice of mortuary science or funeral directing. One
8 member must be a licensed crematory operator or crematory
9 technician or a mortician who is engaged in a crematory
10 operation.

11 (3) Board members shall serve staggered 5-year terms.
12 (4) The board is allocated to the department for
13 administrative purposes only as prescribed in 2-15-121."

14 **Section 3.** Section 37-19-101, MCA, is amended to read:
15 "37-19-101. Definitions. Unless the context requires
16 otherwise, in this chapter, the following definitions apply:

17 (1) "Authorizing agent" means a person legally entitled
18 to order the cremation of human remains. An authorizing
19 agent is, in order of preference:

- 20 (a) a spouse;
- 21 (b) an adult child; A MAJORITY OF ADULT CHILDREN;
- 22 (c) a parent;
- 23 (d) a close relative of the deceased; or
- 24 (e) in the absence of a person listed in subsections
- 25 (1)(a) through (1)(d), a personal representative, a public

1 administrator, the deceased through a preneed authorization,
2 or others as designated by board rule.

3 (1)(2) "Board" means the board of morticians funeral
4 service provided for in 2-15-1853.

5 (3) "Closed container" means a container in which
6 cremated remains can be placed and enclosed in a manner that
7 prevents leakage or spillage of cremated remains or entrance
8 of foreign material.

9 (4) "Cremated remains" means all human remains
10 recovered after the completion of the cremation, including
11 pulverization that leaves only bone fragments reduced to
12 unidentifiable dimensions.

13 (5) "Cremation" means the technical process, using
14 heat, that reduces human remains to bone fragments. The
15 reduction takes place through heat and evaporation.

16 (6) "Cremation chamber" means the enclosed space within
17 which the cremation process takes place. Cremation chambers
18 of crematoriums licensed by this chapter must be used
19 exclusively for the cremation of human remains.

20 (7) "Cremation container" means the container in which
21 the human remains are placed in the cremation chamber for a
22 cremation. A cremation container must meet substantially all
23 of the following standards:

- 24 (a) be composed of readily combustible materials
- 25 suitable for cremation;

Montana Trial Lawyers ASSOCIATION

Directors:

Wade Dahood
Director Emeritus
Monte D. Beck
Thomas J. Beers
Michael D. Cok
Michael W. Cotter
Earl J. Englund
Robert S. Fain, Jr.
Victor R. Halverson
Gene R. Jarussi
Peter M. Meloy
John M. Morrison
Gregory S. Munro
David R. Paoli
Paul M. Warren
Michael E. Wheat

Executive Office
#1 Last Chance Gulch
Helena, Montana 59601
Tel: 443-3124

SENATE HEALTH & WELFARE

EXHIBIT NO. # 14

DATE 1-8-93

BILL NO. SB 45

January 8, 1993

Officers:

Thomas J. Beers
President
Monte D. Beck
President-Elect
Gregory S. Munro
Vice President
Michael E. Wheat
Secretary-Treasurer
William A. Rossbach
Governor
Paul M. Warren
Governor

Sen. Dorothy Eck, Chair
Senate Public Health, Welfare
and Safety Committee
Room 410, State Capitol
Helena, MT 59620

RE: SB 45

Madame Chair, Members of the Committee:

The Montana Trial Lawyers Association opposes Senate Bill 45 as written, which limits the liability of crematoriums, crematory operators, and crematory technicians for negligence and even gross or malicious negligence. MTLA believes that compliance with licensing and regulation provisions will provide not just ample but also demonstrable protection against liability without the blanket immunity provided by several provisions of SB 45. For example, signed cremation authorization forms will provide any crematorium, crematory operator, or crematory technician powerful evidence that they have performed properly. Moreover, MTLA believes that liability--often more effectively than administrative discipline--promotes compliance with applicable laws, regulations, and industry standards.

Several provisions of SB 45 concern MTLA:

1. Section 6(1) prohibits a crematory from cremating human remains until it receives a cremation authorization. There is no corresponding requirement that the cremation comply with the cremation authorization.
2. Section 7(3) subjects the "authorizing agent," usually a close family member, to liability--presumably to the crematory--for failing to remove "hazardous implants" prior to cremation.
3. Section 7(7) immunizes even gross or malicious negligence.
4. Section 8(1) refers to the "disposition" of cremated remains, an important term throughout this bill but one which is never defined. Subsection

(2) imposes responsibility for "disposition" of cremated remains on the authorizing agent, apparently even when a crematorium, crematory operator, or crematory technician improperly disposes of remains.

5. Section 8(3) apparently allows a crematorium, crematory operator, or crematory technician to unilaterally place the cremated remains of family members in a common container.

6. Section 9(2) immunizes a crematory, crematory operator, or crematory technician who receives a signed authorization form even if they do not comply with that form and even if their negligence is gross or malicious.

7. Section 9(3) applies an absolute "finders-keepers" rule to crematory operators and crematory technicians.

8. Section 9(6) completely immunizes the person in possession of cremated remains from all liability upon disposing of those remains, regardless of any actions preceding that disposition and regardless of whether the disposition was in accordance with the authorization form or other applicable laws.

9. Section 10(3) completely immunizes a crematory, crematory operator, or crematory technician from all liability for cremating and disposing of remains in accordance with a pre-need authorization form, even though the preceding subsection contemplates that an authorizing agent can issue additional or conflicting instructions after executing the pre-need authorization form.

MTLA appreciates the opportunity to review and comment on SB 45. If I can provide additional information or assistance, please contact me.

Respectfully,

A handwritten signature in black ink that reads "Russell B. Hill". The signature is written in a cursive style with a large initial "R" and "H".

Russell B. Hill
Executive Director

RIMROCK FOUNDATION®

Leading Quality Addiction Treatment in the Northern Rockies

SENATE HEALTH & WELFARE

EXHIBIT NO. 15

DATE 1-8-93

BILL NO. SB 7

January 4, 1993

To: Members of the Senate Public Health Committee
From: Billings Coalition for the Homeless
Re: Senate Bill 7

We are members of the Coalition for the Homeless in Billings, Montana. We represent the many agencies both public and private, which serve the growing numbers of the homeless mentally ill. We testified before the Governor's Committee on the Role of Montana State Hospital about the need that exists for organizations like ours to have direct input into the expenditure of mental health dollars and subsequent community based programs which are established to serve this population group. It has been our experience that the regional mental health centers both in Billings and also state-wide are not coordinating adequately with the community agencies which operate major services for the mentally ill.

Senate Bill 7 is an important effort to expand the community based planning for mental health services to more adequately reflect the needs of the mentally ill in our communities.

Current Boards of the community mental health centers are primarily comprised of county commissioners or their representatives of each county within the region. These officials are often not involved in the grass roots work of agencies like ours and unaware of the need for multi-faceted approaches and planning for mental health services. The Advisory boards of these organizations are just that--advisory and have little impact upon the actual allocation of mental health dollars.

We believe mental health centers which receive public dollars for the care of the mentally ill, should have members on their board who are knowledgeable about the needs of the mentally ill and integrally involved in the over-all service system. As our resources for the mentally ill become scarcer, our planning and services must be more appropriately targeted and represent the real needs of our communities and the patients.

The Governor's Committee which heard testimony about the need for this bill, are proponents of this legislation and we ask that you support Senate Bill 7.



**HOUSING
AUTHORITY OF
BILLINGS**

2415 1ST AVENUE NORTH
BILLINGS, MONTANA 59101
406-245-6391

January 6, 1993

Dorothy Eck
Chairperson of Public Health & Safety
Capitol Station
Helena, Montana 59620

Dear Mrs. Eck,

I am writing to support Senate bill #7, as Director of the Housing Authority of Billings we are confronted daily with the challenges of trying to serve the mentally ill homeless population. I am also a member of the Yellowstone County Homeless Coalition, and am encouraging you to support a local agency representative to sit on this committee. You will find the information that comes from the agencies that work with the homeless invaluable.

Thank you for your time and attention in this matter.

Respectfully,

Lucy Brown
Executive Director

SENATE HEALTH & WELFARE
EXHIBIT NO. # 16
DATE 1-8-93
BILL NO. SB 7





1824 1st Avenue North - Billings, Montana 59101 - Phone: 259-2269

LINDA ROBBINS
EXECUTIVE DIRECTOR

TRAVELERS AID
REPRESENTATIVE

January 7, 1993

Dorothy Eck
Chairwoman of Public Health,
Welfare & Safety Committee

Dear Dorothy,

I am writing this in support of the ammendment to Senate Bill 7. We feel along with direct providers and family, there should be an outside voice. Someone who helps the Mentally Ill with their daily basic needs until they are able to get into the system, or those who fall through the cracks and out of the system.

Working in a Non-Profit Agency, we are called upon daily to help these people with food, clothing, rent, utilities, and medications. If we do not continue to help these people, they will immediately return to institutions.

It is important to have all factions working together to help these individuals. Right now, we work very closely with the Office of Human Services, and the Department of Family Services in providing these basic needs. There definitely is a need for those organizations who provide those basic needs to have some input into what they see as being a basic necessity and what they are called upon to provide.

Thanks for your concern.

Sincerely,

Linda Robbins
Executive Director



Exhibit #16
1-8-93
SB-7



1824 1st Avenue North - Billings, Montana 59101 - Phone: 259-2269

LINDA ROBBINS
EXECUTIVE DIRECTOR

TRAVELERS AID
REPRESENTATIVE

September 25, 1992

Marion Dozier
c/o HRDC
17 North 31st.
Billings, Montana 59101

Dear Marion,

I am writing to express some of my concerns regarding the de-institutionalization of Warm Springs and other Mental Health facilities. These people who are being sent out of the institutions are becoming a burden on the community in which they walk into. These are people who, more or less, are being forced into becoming homeless, on the streets and needing continued supervision to make certain they are able to stretch their funds to purchase their food, pay rent, and especially purchase their needed medications and use them appropriately.

I took the month of July 1991 vs July 1992 and looked at just Prescription vouchers and the psychotropic drugs we paid to have filled. These figures will not include those who asked for transportation, groceries, clothing or other basic necessities. July 1991, we filled psychotropic drugs for 8 individuals. In July 1992, we filled psychotropic drugs for 20 individuals. At this time, I do not have the cost of the drugs, but as you and I know, psychotropic drugs are very expensive.

That is a 250 % increase in need in just one year. The Agencies in Billings are overworked as it is without having the extra burden of providing assistance to those who are being released from the institutions. When someone is released from prison, they continue working with a Parole officer to make certain they have the guidance and support they are needing. Why are Mental Patients released into the community without that network of support?

Thanks for your concern.

Sincerely,

Linda Robbins
Executive Director



DONALD R. FOSTER
2707 13TH STREET WEST #3
BILLINGS, MONTANA
January 7, 1993

Senator Dorothy Eck, Chairman
Public Health and Welfare
State Capitol Building
Helena, Montana

Dear Dorothy,

With personal regret it is impossible for me to make necessary employment and financial arrangements on short notice to come to Helena personally in support of Senate Bill 7. You know I would be there with you otherwise.

Senate Bill 7 is the first piece of state legislation in which I have taken a personal interest since returning from Washington, D.C. to Billings, Montana. This is a piece of legislation which can make an economic difference without costing precious state funded dollars.

Dorothy, you and I were together with initiation of Montana's "deinstitutionalization". We knew then dollars would not be saved simply by putting Montanans in need of treatment in least restrictive settings. Twenty years later private non-profit organizations like St. Vincent de Paul, of which I am now a staff advisor, Salvation Army, Family Services, Inc., and the Rescue Mission are faced with helping provide medication, transportation, food, and shelter for these "less restricted" individuals in Billings.

Senate Bill 7 will not solve the problems of mentally ill and drug dependent individuals being seriously disadvantaged. It will provide overtaxed private organizations like mine with some input into the -- at times exclusive -- base of information known generically as "community mental health". More important, Senate Bill 7 will provide the foundation for cooperative and constructive community based decisions on how to best use inadequate available dollars to meet the needs of local mentally ill and drug-alcohol dependent residents. Regardless of some concerns, this bill is no threat to "mental health".

Thanks Dorothy for being there. I ask to do all you can and pass Senate Bill 7 to enlarge the scope of Mental Health Boards. Please call early or late at 256-8556, or St. Vincent de Paul at 259-3979. I would love to hear from you.

Best personal regards from Rosalie and me.

Sincerely,



Exhibit # 16
1-8-93
SB-7



MONTANA RESCUE MISSION

P.O. Box 3232 • (406) 259-3800 • Billings, Montana 59103

January 7, 1992

Senator Dorothy Eck
Capital Station
P O Box 88
Helena, Mt 59620

RE: Senate Bill #7

Dear SENator Eck:

I am writing in support of SB #7 now under consideration by your committee.

As a primary first contact for many homeless, mentally individuals in this community the Montana Rescue Mission and Women & Families Shelter is impacted by decisions made by the local Mental Health Association. Representation, by an organization such as ours, on the Mental Health Association Board would give opportunity for important input that would allow clients to be better served.

As a member of the Yellowstone County Homeless Project, I am committed to improving cooperation between helping agencies. This bill would be a good step in that process.

Please feel free to contact me if you have any questions. Thank you for your consideration of this important legislation.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Gary Drake', is written over the typed name and title.

Gary Drake
Executive Director
Montana Rescue Mission



Women's Center

909 Wyoming Avenue
Billings, Montana 59101
406-245-6879
406-245-7867

January 7, 1992

Senator Dorothy Eck
Capitol Building
P.O. Box 97
Billings, MT 59020

Dear Senator Eck,

I am writing to support Senate Bill #77. I believe having a community representative on the Mental Health Board is necessary, with the numerous decisions made that affect our local people and agencies in their community and should be placed in the hands of someone other than a mental health professional who has made these decisions.

Thank you for your support.

Sincerely,

Sym Davis-Rightmire

Sym Davis-Rightmire
Vice Chair
Billings State County Homeless Project



(2) (a) If the sponsor concurs with the completed fiscal note prepared by the budget director or elects to prepare a sponsor's fiscal note, the presiding officer shall refer the completed fiscal note prepared by the budget director to the committee considering the bill. If the bill is printed, the note shall be reproduced and placed on the members' desks.

(b) If the sponsor requests additional time to consult with the budget director, the presiding officer shall notify the sponsor and the budget director of the time, not to extend beyond the time limitation specified in subsection (1)(b), by which:

(i) the budget director shall submit a revised completed fiscal note to the presiding officer;

(ii) the sponsor shall notify the presiding officer that he concurs with the original completed fiscal note; or

(iii) the sponsor shall elect to prepare a sponsor's fiscal note as provided in subsection (4).

(3) At the time specified as provided in subsection (2)(b), the presiding officer shall refer the original or, if revised, the revised fiscal note to the committee considering the bill. If the bill is printed, the note shall be reproduced and placed on the members' desks.

(4) (a) If a sponsor elects to prepare a sponsor's fiscal note, he shall prepare the fiscal note as provided in 5-4-205 and return the completed sponsor's fiscal note to the presiding officer within 4 days of his election to prepare a sponsor's fiscal note.

(b) The presiding officer may grant additional time to the sponsor to prepare the sponsor's fiscal note.

(c) Upon receipt of the completed sponsor's fiscal note, the presiding officer shall refer it to the committee hearing the bill. If the bill is printed, the note must be identified as a sponsor's fiscal note, reproduced, and placed on the members' desks.

History: En. Sec. 3, Ch. 53, L. 1965; amd. Sec. 97, Ch. 326, L. 1974; amd. Sec. 2, Ch. 321, L. 1975; R.C.M. 1947, 43-1003; amd. Sec. 1, Ch. 417, L. 1985.

5-4-205. Contents of notes. Fiscal notes shall, where possible, show in dollar amounts the estimated increase or decrease in revenues or expenditures, costs which may be absorbed without additional funds, and long-range financial implications. No comment or opinion relative to merits of the bill shall be included; however, technical or mechanical defects may be noted.

History: En. Sec. 4, Ch. 53, L. 1965; R.C.M. 1947, 43-1004.

5-4-206. Background information to legislators on request. The budget director shall make available on request to any member of the legislature all background information used in developing a fiscal note.

History: En. Sec. 6, Ch. 53, L. 1965; amd. Sec. 97, Ch. 326, L. 1974; amd. Sec. 3, Ch. 321, L. 1975; R.C.M. 1947, 43-1006.

5-4-207. Legislative audit committee report required with licensing bills. A legislative audit committee report provided for in 2-8-203 must be attached to any bill reported out of a committee of the legislature that proposes to:

(1) establish a new occupational or professional licensing board as defined in 2-8-202;

(2) add to the duties of an existing licensing board responsibility for licensing another occupation or profession; or

(3) consolidate two or more existing licensing boards.

History: En. Sec. 9, Ch. 266, L. 1987; amd. Sec. 4, Ch. 195, L. 1991.

Compiler's Comments

1991 Amendment: Deleted former (2) that department study of the need for a new occupational or professional licensing board".

Part 3

Action by Governor on Bills

Part Cross-References

The Legislature — bills, Art. V, sec. 11, Immunity from suit for gubernatorial actions on bills, 2-9-113.

5-4-301. Bills received by the governor — how endorsed. Each bill passed by the legislature, except bills proposing amendments to the Montana constitution, bills ratifying proposed amendments to the United States constitution, resolutions, and initiative and referendum measures, shall be submitted to the governor for his signature. Each bill must, as soon as delivered to the governor, be endorsed as follows: "This bill was received by the governor this ... day of ..., 19...". The endorsement must be signed by an assistant authorized by the governor or by the governor himself.

History: En. Sec. 270, Pol. C. 1895; re-en. Sec. 100, Rev. C. 1907; re-en. Sec. 84, R.C.M. 1921; Cal. Pol. C. Sec. 309; re-en. Sec. 84, R.C.M. 1935; amd. Sec. 1, Ch. 31, L. 1973; R.C.M. 1947, 43-501.

Cross-References

Veto power, Art. VI, sec. 10, Mont. Const.

5-4-302. Approval of bills. When the governor approves a bill, he must set his name thereto with the date of his approval and deposit the same in the office of the secretary of state.

History: En. Sec. 271, Pol. C. 1895; re-en. Sec. 101, Rev. C. 1907; re-en. Sec. 85, R.C.M. 1921; Cal. Pol. C. Sec. 310; re-en. Sec. 85, R.C.M. 1935; amd. Sec. 1, Ch. 157, L. 1973; R.C.M. 1947, 43-502(1).

Cross-References

Secretary of State to assign chapter numbers to new laws, 5-11-204.

5-4-303. Line item veto. If any bill presented to the governor contains several distinct items of appropriation of money, he may disapprove one or more items while approving other portions of the bill. In such case he shall append to the bill, at the time of signing it, a statement of the items to which he objects and his objections thereto. The governor must transmit to the house in which the bill originated (or to the secretary of state if the legislature is not in session) a copy of such statement, and the items so objected to must be

DATE Jan. 8, 1993

SENATE COMMITTEE ON Public Health, Welfare & Safety

BILLS BEING HEARD TODAY: SB 34, SB 45

Name	Representing	Bill No.	Check One		other
			Support	Oppose	
Beth Fokes	Dept of Justice	34	<input checked="" type="checkbox"/>		
LYNN HERBERT	MNA	34			
HARLEY WARNER	MONT ASSOC OF CHURCHES	34	<input checked="" type="checkbox"/>		
Russell B Hill	Mont Trial Lawyers				<input checked="" type="checkbox"/>
Guy Miser	Board of Morticians	45	<input checked="" type="checkbox"/>		
Judith Gedrose	DHSS	34	<input checked="" type="checkbox"/>		
Ed Hall	MBCC	34	<input checked="" type="checkbox"/>		
Dan Andrews	DCHS - MH	34			info on!
CHRISTINE MANGIANTINI	SELF	34	<input checked="" type="checkbox"/>		
Dick VanHoeke	DDD	34			
Mary Compas	Z.H.	34	<input checked="" type="checkbox"/>		
Judy Wright	DHE'S	34	<input checked="" type="checkbox"/>		
SHARON HOFF	MT CATHOLIC Conference	34	<input checked="" type="checkbox"/>		
Mary Cheryl Larango	OPF	34			info
Bill Deane	Center for Adolescent Development	34	<input checked="" type="checkbox"/>		
JUDITH CARLSON	MT Ct. NASW	34	<input checked="" type="checkbox"/>		

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE Jan. 8, 1993

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: SB 34

Name	Representing	Bill No.	Check One Support Oppose
Kirk A. Astroth	MSU 4-H Extension	34	✓
RODNEY FULTON	Early Childhood Project Ms	34	✓
DARRYL BRUNO	DCHS/ADD	34	✓
Jenna-marie L. Fiumefreddo	Self/MT Council For ^{Family}	34	
Annex Lissy	MT Funeral Director	45	
Shawn M. Brooke	MT. FUNERAL DIRECTOR	45	✓
Royal C Johnson	H D 98		✓

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY