

MINUTES OF THE MEETING

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

March 17, 1977

The twenty-seventh meeting of the Public Health, Welfare and Safety Committee was called to order in Room 405 of the State Capitol Building by Chairman Stan Stephens on Thursday, March 17, at approximately 11:15 A.M.

ROLL CALL: All members were present, with the exception of Senator Lee.

CONSIDERATION OF HOUSE BILL 408: Chairman Stephens introduced Representative Quilici to the Committee and turned the meeting over to him. Representative Quilici explained his bill to the Committee, saying an audit of the medical examiners board recommended legislation similar to HB408. The Representative gave the Committee a copy of the audit report to peruse. This proposed legislation would make it mandatory for licensed physicians, professional standards review organization, and the Montana medical association or any component society to report any physician who appears to be: (a) medically incompetent, (b) mentally or physically unable to safely engage in the practice of medicine; or (c) guilty of unprofessional conduct. Individuals may report a physician for any of the above reasons. HB408 is one of several bills which were introduced to help physicians police themselves - it requires certain conduct be reported to the Board. Immunity is given to those who report. In some cases, suspension of license may result for failure to report a physician. The main purpose of this bill is to help physicians to police themselves.

There was one witness, Mr. J. T. Loendorf, representing the Montana Medical Association, who supported the bill.

Questions from the Committee dealt with whether this bill would have anything to do with any action of the Board of Medical Examiners (answer was negative); how the Board presently conducts investigations on complaints; who does the investigating for the Board (Board hires a physician who is a peer, possibly even one or two more if the situation is grave - that physician/physicians then investigate complaint. The law now says Board can call the doctor in and see what his side is); whether a physician must report another (yes); what the hospitals' obligations are in reporting was also explained.

The hearing was concluded.

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CONSIDERATION OF HOUSE BILL 490: Chairman Stephens introduced Representative Nathe, who then explained his bill. The Redstone Representative said he carried this bill at the request of the Department of Professional and Occupational Licensing. The bill will allow the Board, at its discretion, to waive personal appearances of all reciprocity licenses except those for which they believe they want a personal interview. It will be primarily those that may have communication (foreign doctors) problems and those that the application or references letters may indicate further checking is desirable. (See Exhibit "A".)

The only witness at this hearing was Mr. J. T. Loendorf, representing the Montana Medical Association, who testified in support of the proposed legislation.

There were no questions; the hearing was concluded on HB490.

CONSIDERATION OF HOUSE BILL 529: Representative Lien was introduced to the Committee members. The Chairman turned the meeting over to Representative Lien, who said he sponsored this bill at the request of the Department of Professional and Occupational Licensing. What this bill would essentially do is to reduce the members of the Board of Medical Examiners from five to three. The two members eliminated would be ones representing podiatrists. The reasoning is that, even though these two representatives have served on the Board since 1923, physicians seem to have different standards from podiatrists and the podiatrists are out-voted regularly and hence cannot exert any influence on the Board. There are currently 28 licensed podiatrists in the State records - because of a disciplinary problem and the ensuing dissention on the part of the Board, podiatrists thought they should set up a separate board.

The one witness on this bill, Mr. J. T. Loendorf, representing the Montana Medical Association, testified in support of the bill.

Questions from the Committee were answered by John P. Porter, Lloyd Gauber, and J. T. Loendorf of the Montana Medical Association. Queries concerned the new price of the podiatrists' licenses (presently only \$3 per year) and how much they would have to operate their Board; the fact that out of the 28 licensed podiatrists, 14 are out-of-state; the Board cannot vote on their own fees and they cannot get monies out of the Board of Medical Examiners fund.

The hearing was concluded on HB529.

ACTION ON HOUSE BILL 236: Dr. Lackman, Laboratory Division, Department of Health and Environmental Services, testified to clear up some Committee questions and vagueness in the bill (see Exhibit " "). When Senator Norman asked if the Department would object to an amendment which would make it mandatory for the Department to come back to the legislature for money, Mr.

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Vernon Sloulin, Chief, Food and Consumer Safety Bureau of the Department of Health and Environmental Sciences, testified that they would not and, in fact, had brought an amendment along that would take care of that very thing. (The Committee, however, had their own amendment already incorporated into the bill by action taken March 15th). When Department heads were asked if they knew how much increased revenue the State would realize by passing this bill, Dr. Lackman answered negatively. The point was made that some of the State Laboratory services are used now by private practitioners - this bill would allow the State to charge for Lab services. Also, federal funds have dried up for this program so the State is asking the Legislature for money to compensate for that loss. When asked if this money could not be spent in other areas that would be more beneficial, Dr. Lackman responded this is an issue that has been heatedly debated but he is of the opinion that the State needs to provide this service for the public health. The money asked for would not be used to buy equipment, according to Lackman, but to conduct the program, i.e., to pay for supplies, employees' salaries, etc.

Questioning and discussion on HB236 was concluded.

Later in the meeting, Senator Rasmussen moved HOUSE BILL 236, AS AMENDED, BE CONCURRED IN. 5 Senators voted yes, 1 no, 2 absent - MOTION CARRIED. (Senator Rasmussen will carry on Senate floor.)

ACTION ON HOUSE BILL 330: Pat Melby, Director of Social and Rehabilitation Services, spoke again on this bill - attempting to clear up all questions arising in Committee meeting of March 15 when the members decided to ask Mr. Melby back. First off, he corrected his figures on the yearly budget figure of \$26,000 - \$43,000 is budgeted for 1978 and \$92,450 for the following year. Mr. Melby said he also shared the concerns of the Committee on this bill so he submitted amendments for the problem areas. Melby suggested the bill's problems may have arisen from the fact that it is a form of a model act which covered broader groups of children. Questions were asked regarding exactly when a subsidy, either for a handicapped child or for sibling groups, would cease - and whether any of these children would still receive the foster care payment after adoption (negative). Also, the \$2,600 would only be spent on a child for medical costs, if any incurred, for that specific malady which put him in the category of "hard to place". When the State negotiates an agreement with the adoptive family, it is in cases only of: 1) child is termed "hard to place" because of a specific medical/emotional handicap; and 2) sibling group and the State then only pays for children over and above the first child, i.e., sibling group of three children, State will pay only for two of these children. Fact brought out that there are other avenues open to parents to try to secure more funds for a child who is handicapped, through both public and private services. Subcommittee studying bill did not recommend the program be funded.

Senator Watt moved amendments submitted by Mr. Melby - motion carried by a voice vote. (See Exhibit "B")

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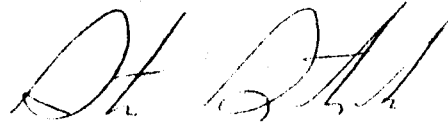
Senator Watt moved bill, AS AMENDED, BE CONCURRED IN - MOTION CARRIED on a 6 yes, 2 absent vote. (Senator Brown will carry this bill.)

ACTION ON HOUSE BILL 408: Senator Roberts moved HB408 BE CONCURRED IN - MOTION CARRIED by a vote of 6 yes, 2 absent. (Senator Stephens will carry this bill on Senate floor.)

ACTION ON HOUSE BILL 490: Senator Roberts moved HB490 BE CONCURRED IN - MOTION CARRIED by a vote of 5 yes, 1 abstain, 2 absent. (Senator Roberts will carry on Senate floor.)

ACTION ON HOUSE BILL 529: Senator Rasmussen moved HB529 BE CONCURRED IN - MOTION CARRIED by a vote of 6 yes, 2 absent. (Senator Watt will carry on Senate floor.)

ADJOURNMENT: With no further business at this time, Chairman Stephens adjourned the meeting at 12:30 P.M.



STAN STEPHENS, Chairman

ROLL CALL

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

45th LEGISLATIVE SESSION - 1977

DATE: 3/17

[illegible]

Each day, attach to minutes.

ROLL CALL

VOTE

SENATE COMMITTEE PUBLIC HEALTH, WELFARE AND SAFETY

45TH LEGISLATIVE SESSION - 1977

Date 3/17/77 Bill No. 236 Time _____

NAME S:	YES	NO
LEE, Robert	<i>absent</i>	LEE
RASMUSSEN, Tom	✓	RASMUSSEN
OLSON, Stuart		✓ OLSON
HIMSL, Matt	<i>absent</i>	HIMSL
WATT, Robert	✓	WATT
ROBERTS, Joe	✓	ROBERTS
NORMAN, Bill - V. Chm.	✓	NORMAN
STEPHENS, Stan - Chairman	✓	STEPHENS

Joyce (Kelly) Allen
Secretary

STAN STEPHENS
Chairman

Motion: *Mr. Rasmussen moved*
Be Concurred In

(include enough information on motion—put with yellow copy of committee report.)

ROLL CALL

VOTE

SENATE COMMITTEE PUBLIC HEALTH, WELFARE AND SAFETY

45th LEGISLATIVE SESSION - 1977.

Date 3/17/77 Bill No. 330 Time

NAME S:

YES

NO

	YES	NO
LEE, Robert	<i>absent</i>	LEE
RASMUSSEN, Tom	<i>1</i>	RASMUSSEN
OLSON, Stuart	<i>2</i>	OLSON
HIMSL, Matt	<i>absent</i>	HIMSL
WATT, Robert	<i>3</i>	WATT
ROBERTS, Joe	<i>4</i>	ROBERTS
NORMAN, Bill - V. Chm.	<i>5</i>	NORMAN
STEPHENS, Stan - Chairman	<i>6</i>	STEPHENS

Joyce (Kelly) Allen
Secretary

STAN STEPHENS
Chairman

Motion:

*Sen. Watt moved
Be Concurred In*

(include enough information on motion—put with yellow copy of committee report.)

ROLL CALL

VOTE

SENATE COMMITTEE PUBLIC HEALTH, WELFARE AND SAFETY

45th LEGISLATIVE SESSION - 1977.

Date 3/17/77 Bill No. 408 Time _____

NAME S:

	YES	NO
LEE, Robert	<i>absent</i>	LEE
RASMUSSEN, Tom	<i>1</i>	RASMUSSEN
OLSON, Stuart	<i>2</i>	OLSON
HIMSL, Matt	<i>absent</i>	HIMSL
WATT, Robert	<i>3</i>	WATT
ROBERTS, Joe	<i>4</i>	ROBERTS
NORMAN, Bill - V. Chm.	<i>5</i>	NORMAN
STEPHENS, Stan - Chairman	<i>6</i>	STEPHENS

Joyce (Kelly) Allen
Secretary

STAN STEPHENS
Chairman

Motion:

*Senator Roberts moved
Be Concurred In*

(include enough information on motion—put with yellow copy of committee report.)

STANDING COMMITTEE REPORT

MARCH 17

19 77

MR. PRESIDENT

We, your committee on PUBLIC HEALTH, WELFARE AND SAFETY

having had under consideration HOUSE Bill No. 236

Respectfully report as follows: That HOUSE Bill No. 236

third reading bill, be amended as follows:

1. Amend page 3, section 1, line 23.

Following: "in the"

Strike: "earmarked revenue"

Insert: "general"

Following: "fund"

Strike: "for use by the department"

AND, AS SO AMENDED,
BE CONCURRED IN.

~~DO PASS~~

Pa.

STANDING COMMITTEE REPORT

MARCH 17

19 77

PRESIDENT

MR.

PUBLIC HEALTH, WELFARE AND SAFETY

We, your committee on

HOUSE

having had under consideration Bill No. 330

Respectfully report as follows: That..... HOUSE Bill No. 330

third reading bill, be amended as follows:

1. Amend page 4, section 6, line 7.

Following: "exceed"

Insert: ": (a) in the case of a sibling relationship,"

2. Amend page 4, section 6, line 8.

Following: "care"

Strike: "or,"

Insert: "; or (b)"

3. Amend page 4, section 6, line 9.

Strike: "service"

Insert: "subsidy"

4. Amend page 4, section 6, line 9.

Strike: "service"

Insert: "services"

XXXXX
DO PASS

5. Amend page 4, section 6, line 10.

Following: "rendered"

Insert: "not to exceed the amount of \$2,600 annually"

6. Amend page 6, line 10.

Following: "rendered"

Insert: "(3)"

7. Amend page 4, section 6, line 11.

Following: "terms"

Insert: "until the child reaches majority or"

8. Amend page 4, section 6, lines 13 through 14.

Following: "continues"

Strike: "or until the child reaches majority, except that, in the absence of other appropriate resources provided by law and in accordance with rules adopted by the department, it may be continued after the adopted child reaches majority"

Renumber: subsequent subsections

9. Amend page 5, section 6, line 3.

Following: line 2.

Insert: "Section 7. Subsidized adoption program limited. In providing for the subsidization of adoption as provided for in this act, the department may not expend or otherwise obligate funds in excess of those specifically appropriated for that purpose."

Renumber: subsequent sections

AND, AS SO AMENDED,
BE CONCURRED IN.

BA.

STAN STEPHENS, Chairman

STANDING COMMITTEE REPORT

MARCH 17

77

19

MR. PRESIDENT

We, your committee on PUBLIC HEALTH, WELFARE AND SAFETY

having had under consideration HOUSE Bill No. 529

Respectfully report as follows: That HOUSE Bill No. 529

BE CONCURRED IN.

~~DOUBT~~

STANDING COMMITTEE REPORT

MARCH 17

19 77

PRESIDENT

MR.

PUBLIC HEALTH, WELFARE AND SAFETY

We, your committee on

HOUSE

having had under consideration Bill No. 408

HOUSE

Respectfully report as follows: That Bill No. 409

BE CONCURRED IN.

XXXXXX
DO PASS

fil.

STANDING COMMITTEE REPORT

MARCH 17

19 77

MR. PRESIDENT

PUBLIC HEALTH, WELFARE AND SAFETY

We, your committee on

HOUSE BILL

having had under consideration Bill No. 490

HOUSE

490

Respectfully report as follows: That Bill No.

BE CONCURRED IN.

DO NOT WRITE

P.A.

SUPPORT,
OPPOSE OR
AMEND?

REPRESENTING:

ON BILL #

(Please leave any prepared statement with Secretary)

[illegible]

COMMITTEE ON

March 17, '77

BILL NO.

408
490
527

VISITOR'S REGISTER

[illegible]

STATE OF MONTANA
DEPARTMENT OF PROFESSIONAL & OCCUPATIONAL LICENSING
HELENA, MONTANA 59601



THOMAS L. JUDGE
GOVERNOR

ED CARNEY
DIRECTOR
LALONDE BUILDING
(406) 449-3737

January 24, 1977

To: Representative Nathe

From: Ed Carney *Ed Carney*

Re: HB 490--Authority for State Board of Medical Examiners to waive personal appearance before the Board (66-1027)

THIS GRANT OF AUTHORITY WILL ALLOW THE BOARD TO WAIVE PERSONAL APPEARANCE OF ALL RECIPROCITY LICENSEES EXCEPT THOSE FOR WHICH THEY BELIEVE THEY WANT A PERSONAL INTERVIEW. IT WILL BE PRIMARILY THOSE THAT MAY HAVE COMMUNICATION (FOREIGN DOCTORS) PROBLEMS AND THOSE THAT THE APPLICATION OR REFERENCES LETTERS MAY INDICATE FURTHER CHECKING IS DESIRABLE. BOARD PLANS TO EXERCISE THIS WAIVER PRIVILEGE WITH DISCRETION.

I will list below how the number of applicants for licensure has increased in the last 26 years:

Date	Interviews Conducted	Yearly Total
April, 1950	8	
October, 1950	27	35
April, 1957	13	
October, 1957	23	36
January, 1968	30	
July, 1968	28	58
July, 1974	50	
December, 1974	40	90
July, 1975	56	
December, 1975	63	119
July, 1976	80	
December, 1976	41	121



STATE OF MONTANA
Office of Budget and
Program Planning

BUDGET MODIFICATION REQUEST

JUSTIFICATION

PAGE

1

OF

2

Agency
Program
Identification

Agency Code

Program Code

Program Name

6901

02

Social Services - Subsidized Adoption

Basic Purpose of the Budget Modification

This modification will enable the Department to secure adoptive placements for children who have special medical needs or those who have characteristics that make them hard to place. Subsidies will be of two basic types; medical payments to offset extraordinary medical expenses of children with congenital defects, or monetary awards to facilitate placement of hard to place children.

Medical subsidies will only be provided after the Department has assured that all other resources have been exhausted. These other resources include the adoptive parents' health insurance and programs such as Easter Seal.

Monetary subsidies will be considered on the basis of a family's financial need in adopting sibling groups. A family may be able to afford only one or two children out of a larger sibling group, and a monetary award would be used as long as the family's needs dictated. In some cases a financially poor family with a tremendous ability to parent children and provide them with the security of adoption would be assisted in an adoption. A child growing up in permanent foster care is less likely to mature into a productive adult than is an adopted child because foster parents generally maintain an emotional distance with foster children and are less willing to make a complete commitment to the child. This emotional factor can be particularly crucial in placements of adolescent or minority children.

GOAL

To secure adoptive placements for children who have special medical needs or because of emotional, minority, or sibling status are hard to place.

OBJECTIVE

To adoptively place approximately 40 children in FY 78 and an additional 6 children in FY 79 and each year thereafter.

TARGET GROUP

The Department of Social and Rehabilitation Services has permanent custody with the right to place adoptively approximately 250 children. Of these, about one-fifth includes children who because of medical conditions or emotional, minority or sibling problems make them hard to place in adoptive families.

ALTERNATIVES

One alternative is to do nothing and thus leave the majority of these children in permanent foster care. There is currently a very restrictive subsidized adoption program that is limited to children with medical problems placed into families who qualify for medical assistance. A major problem with this program beyond its restrictive scope has been the counties reluctance to participate. The current program has resulted in six placements during the last four years.

Department of Health and Environmental Sciences
STATE OF MONTANA HELENA, MONTANA 59601

MINISTER OF HEALTH

March 17, 1977

House Bill No. 236, as amended; among other matters "AUTHORIZING THE DEPARTMENT TO ADOPT RULES FOR THE ASSESSMENT OF FEES IN PERFORMING LABORATORY SERVICES;" Amended to require fees collected to be deposited in the general fund.

Senate Public Health, Welfare & Safety Committee, 11:00 A.M., Room 405,
Thursday, March 17, 1977 Second Hearing

I am David Lackman, Administrator of the Laboratory Division of the Department of Health and Environmental Sciences, testifying in support of House Bill 236; especially that part authorizing the department to establish fees for laboratory services. Because of circumstances described in the following, this has become a nation-wide trend. A copy of a table listing fees in other state public health laboratories is attached.

Many laboratory services provided under legislative mandate have been supported by Federal funds. One way or another, this source of money is drying up. Here are two examples from our laboratory which appear in budget requests for the '79 biennium. Funding for the biennium has been recommended by the Legislative Fiscal Analyst.

Sections 69-6710 through 69-6713 R.C.M. enacted in 1973 requires the department to provide comprehensive testing of newborn for inborn errors of metabolism. This program has been financed by Federal funds in the Maternal and Child Health Bureau. This money will no longer be available after June 30, 1977. The Legislative Fiscal Analyst recommends \$40,754 in fiscal 1978 and \$42,905 in fiscal 1979 for the program. Money is to come from the general fund. This program could be carried after that by a per-specimen charge of \$5.00.

Section 32-2142 R.C.M. enacted in 1971 ("Implied Consent Law") delegates the responsibility for highway alcohol testing to the department. Through June 30, 1977, this program has been financed by Federal funds from the Department of Transportation, National Highway Traffic Safety Administration. These will no longer be available. Therefore, the Legislative Fiscal Analyst recommends budgeting \$50,449 for fiscal 1978 and \$51,452 for fiscal 1979 for the highway alcohol testing operation. However, he recommends continued allocation of highway safety funds to the program rather than going to the general fund.

Several states receive money from the Indian Health Service for laboratory tests only because they charge other residents of the state for the same services. Per-capita costs of laboratory services we provide to wards of the Indian Health Service are \$1.439; for other residents of the state this comes to \$0.353. Tuberculosis, enteric diseases, and parasitic infestations account for the difference because they are greater problems on the reservations due to poor living conditions. We have discussed receiving a lump sum from the Indian Health Service to cover this difference but, according to them, this isn't possible unless we charge other residents of the state a fee for the same services. We have also tried to get a contribution from them in the way of laboratory supplies - to no avail, although some other states have been able to work such a scheme.