

MINUTES OF THE MEETING

PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

January 26, 1979

The seventh meeting of the Public Health, Welfare and Safety Committee met on January 26, 1979, in Room 410 of the State Capitol Building at 1:00 p.m.

ROLL CALL: All committee members were present.

CONSIDERATION OF SENATE BILL 151: Senate Bill 151 is an act to limit the number of years a person may serve as a member of the board of directors of a nonprofit corporation engaged in the provision of health care.

Witnesses opposing Senate Bill 151:

Representative Earl Lory, Missoula Community Hospital
Chad Smith, Montana Hospital Association
Betty L. Babcock, Shodair Hospital Board
G. Brian Zins, Montana Medical Association
Roland D. Pratt, Montana Optometric Association
William Leary, Montana Hospital Association

Senator Watt from District 29, Missoula County, sponsored Senate Bill 151. Senator Watt stated that he thinks that if this bill had been the law in Montana in the past there would not have been two situations in Missoula County that occurred. The situations resulted from long-time membership on boards by people who are not elected and are basically self-appointed. He stated that 20 years ago this long-term service existed in the board of Missoula County High School and created a situation which tore the community apart. The second incident that occurred in Missoula County was with the hospital board. He has no objection to people staying on the board indefinitely if they are elected and can be removed by the people. He feels that the situations in Missoula County would not have occurred with a reasonable changeover of board members and feels that the Legislature has a responsibility to avoid public conflicts where possible.

Representative Lory, representing the Missoula Community Hospital, stated that they would like to oppose the bill because they feel it is an imposition for the Legislature to dictate the problems of the private hospitals. The Board of Trustees are elected by a three-year term by members who are contributors to the hospital. Board members get no pay for this and are usually people who have a great interest in the project. Representative Lory stated that these people usually stay on by their interest in the community, and he doesn't feel the Senate should dictate their removal.

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Chad Smith, Montana Hospital Association, stated that many of the remarks that he was going to make have been made very well by Representative Lory. The board people do not get paid and are dedicated. The purpose of the board is to try to find people who have special ability and special needs required by the hospital. The idea of removing them at nine years makes no sense. Many of the trustees do not become fully familiar with the operations until they have been on the board for five or six years. Mr. Smith stated that the board would be losing the experience that it needs. The association feels that this bill is just government interference and requests that the Committee report the bill do not pass.

Betty L. Babcock, Shodair Hospital Board, stated that they have a very good working relationship with all of the board members and have people who have served many, many years. The members do not have to be reappointed after a three-year term if they do not serve satisfactorily, and she feels that Shodair would lose a great deal of expertise from the board with passage of Senate Bill 151.

Brian Zins, Montana Medical Association, opposes Senate Bill 151 because the association feels that there may be some consequential effects generated by this bill. It could affect many of the other boards. The association feels that the limiting in this area by government of private institutions requires a great deal of thought.

Don Pratt, Montana Optometric Association, spoke in opposition of Senate Bill 151. He said that the association feels the same concern that Mr. Zins does. He stated that in reading the bill it does not define what a health related corporation is. In looking it over the association feels this does infringe on their board. He stated that it is not easy to get people to serve since they receive no compensation.

Bill Leary, Montana Hospital Association, stated that there are 69 private hospitals in Montana; but in all there are some 800 trustees that have the ultimate responsibility in those hospitals. Some trustees are elected and some have county commissioners who are part of county hospital boards. If the county commissioners are elected to two terms, they would not be able to serve the full terms. The association feels that the bill if adopted as a state-wide measure has so many dangers in it.

Senator Watt closed the testimony on Senate Bill 151 by asking the Committee to look at Section 1 of the bill. He stated that this applies to hospitals and nursing homes only. He stated that there is no question about the sincerity of members who have served and are serving on any of these boards. Most of them have rendered very fine service and they deserve to be honored. He feels that the problem is that the working relationship is so good that they never disagree on anything.

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Not every hospital becomes a one-man board, but they become so unanimous with their decisions that they never get any infusions of new ideas. Senator Watt said that there is nothing sacred about nine years. If the Committee wants to make it twelve years, that would carry two terms of county commissioners; but there are certainly enough people to serve on these boards that you should be able to find new people. He stated that he disagrees with Representative Lory that the Senate doesn't have any right to do this. The Legislators are the people that make the rules on how these corporations run.

Chairman Olson asked Committee members if they had any questions. Senator Lensink asked Mr. Zins to comment on the non-profit status as such. Mr. Zins stated that the Montana Medical Association is a non-profit organization and one of its duties is to overlook the medical services of the Montana communities. That is how the association feels that it would be affected. Mr. Pratt stated that his association in itself is not a health care service, but its members are. They deliver primarily health care. With the definition the way it is now they don't know what it relates to. Senator Ryan asked Senator Watt if it would affect such things as the non-profit organizations providing care for alcoholism, etc. Senator Watt said it would if they are a non-profit organization.

The hearing on Senate Bill 151 was closed at 1:20 p.m.

CONSIDERATION OF SENATE BILL 159: Senate Bill 159 is an act to authorize a program for the prevention of RH hemolytic disease.

Witnesses supporting Senate Bill 159:

William Leary, Montana Hospital Association
Edward Mares, Montana Nurses' Association

Witnesses opposing Senate Bill 159:

Dr. John Anderson, Montana Department of Health

Senator Thomas E. Towe of District 34, Billings, sponsored Senate Bill 159. He stated that it is his understanding that at Boulder it costs \$79.30 a day to take care of one patient, or \$28,945 per year, based on figures prepared in 1977. The question arises as to how much it would be worth to the state of

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Montana if we could prevent just one person from going to Boulder by preventing the disease. There is one medication that could prevent some mental retardation (RH hemolytic disease). It is a blood disease that is caused by the RH factor of the mother and the child not matching. This type of disease can be prevented almost 100 percent if a globulin is administered within 72 hours after birth. Senator Towe handed out a diagram showing how the disease operates (see Attachment "A"); a statement from a doctor who describes the disease (see Attachment "B"); and a statement from John Wilson, Department of Health and Environmental Sciences (see Attachment "C"). He stated that Connecticut has two programs -- a registry program and an assistance program. The assistance program is contained in Senate Bill 159. The bill provides two things. On page 2 it adds to the general powers and duties of the Department of Health and Environmental Sciences. Secondly, there is a new section that provides that the department shall furnish without charge anti-RH globulin when prescribed by the doctor to a patient who cannot pay for the drug because of financial hardship. He stated that the fiscal note comes to about \$29,000 a year. That amount is for taking care of 1350 cases. Senator Towe said he doesn't know how many would be involved. For the year 1977 there were 16 cases that took place in Montana. He said that if we only prevent one case that might later find its way into Boulder Hospital we are saving the state money. He referred the Committee to a letter from Mrs. JoAnn Gustafson (see Attachment "D"). He stated that if the insurance companies in Montana accepted responsibility for payment for the globulin the sum should not be anywhere near \$29,000. He concluded by saying that the shot of globulin costs only \$35 and that if we don't provide it we are going to pay far more than that.

Bill Leary, Montana Hospital Association, appeared in support of Senate Bill 159. He said that he thinks the approach is good and that in the interest of the people of the state it will go a long way in hopefully preventing some of these diseases. He stated that he feels the fiscal note is a responsible amount to pay to protect these cases.

Edward Mares, Montana Nurses Association, spoke in support of Senate Bill 159. He said that he has talked with some public health nurses, and they are saying that it is an excellent preventive measure. He said that if we can give the shots to the women who can't afford them we will stop some cases for people. He said it will also help young women who are getting abortions and not getting good medical health care.

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Dr. John Anderson, Montana Department of Health, spoke in opposition to Senate Bill 159. He stated that subsection 14 is superfluous. Subsection 9 has developed a program to help mothers and children. He said we should resist the temptation that we have to help special interest groups and should stay under broad terms. He stated that the department opposes the system of paying for the globulin. It is imposing another layer of bureaucracy, and it is not clear how the department could go about doing this. They would be held accountable and would probably have to deem if the people were truly in need. This would result in more administrative cost. Dr. Anderson feels there are other ways to approach the problem. In California their approach was to require reporting. Montana has not done this. California required reports from the hospitals -- the number of women who are RH negative and the number who become RH sensitive and what happened to them. The reporting itself had a significant effect on the reduction in the amount of the disease. This bill would not change the medical practice. It would still have to be brought into the mainstream. Two percent of the women who would receive the product immediately after delivery are already sensitized. The department is in sympathy with trying to do something about it. They are trying to get a federal grant called improvement of pregnancy outcome. He stated that the state of Montana is eligible because of its high infant mortality rate. Dr. Anderson feels this bill is not the solution and poses other problems.

Senator Towe concluded testimony by stating that he is very pleased to have the input of the department. He said that with regard to the specific as opposed to the general he doesn't think it makes a lot of difference. He stated that perhaps the important thing is to call attention to the problem. He told the Committee that paragraph 14 is covered in paragraph 9 so that section can be deleted. With regard to the funding part, he is more concerned. He believes that we ought to provide this inoculation for \$35 if there are people who are not getting it because of the money. Also, he doesn't feel it should be very difficult to make sure that Medicaid covers the matter and that perhaps no cost would be required at all from the state. He stated that he feels that, rather than it not being administered the Department of Health should tell the hospitals to make sure it is available and the department will make sure it is paid for. This would be cheaper than not taking care of the matter at all and shouldn't require any enormous cost to get it administered.

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Chairman Olson asked the Committee members if they had any questions. Senator Lensink asked if there is any evidence that some people are not getting the medication because of financial hardship. Senator Towe said the only thing he had to refer to was the report from Connecticut where it went from 80% coverage to 93% coverage under this type of program, so he feels it would make a difference. John Wilson checked birth certificates in Montana and found 16 cases where this problem was a factor. Mr. Leary stated that when the doctor orders the medication it is always given and the hospital worries about getting paid later. Senator Norman asked Dr. Anderson to explain how a doctor would know if there was a problem. Senator Norman then asked if the abortion clinics took the blood tests and reported them. Dr. Anderson said he doesn't know if they take them and they certainly don't report them. The problem was then discussed as to whether the department or the state has the authority to require that these blood tests be taken in an abortion clinic. Senator Norman then asked where in the fiscal note it says the department buys any rogam. Dr. Anderson replied that Dr. Skinner estimated a total cost of \$80,000 each year; and he feels that a small amount need this while the administrative cost would be great. Senator Towe said the budget director who prepared the fiscal note says that approximately 13% of the mothers are hardship cases and that is where they came up with the operating costs. He said that carrying on with these thoughts he would certainly have no objection if it is the desire of the Committee just to make sure that this is available. Senator Ryan then asked for clarification in the case of the legal abortion and if there is a blood test taken. Senator Norman explained that the problem comes in the abortion clinic where the Supreme Court has denied the state any right to any kind of monitoring. Dr. Anderson pointed out that in 1973 a law was enacted where every female seeking prenatal care from a physician is required to have blood tests that are indicated on the birth certificate but it does not solve the problem here today. Senator Towe said he believes that the state could require that in all cases where there is a potential RH negative compatibility there must be blood tests taken. This would be in effect for both the hospital and the clinic. He feels that as long as no reporting is required it would be permissible.

The hearing on Senate Bill 159 was closed at 2:10 p.m.

CONSIDERATION OF HOUSE BILL 22: House Bill 22 is an act to increase the maximum permissible license renewal fee for massage therapists from \$25 to \$50 and to revise the exemptions from the massage therapy laws, eliminating the exemption for athletic clubs and certain others.

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Witnesses supporting House Bill 22:

Ed Carney, Department of Professional and Occupational Licensing

Representative Feda sponsored House Bill 22 at the request of the Department of Professional and Occupational Licensing. He stated that it does four things: (1) it changes the name from chiropody to podiatry; (2) it gives up the authority over health clubs; (3) it eliminates the grandfather clause; and (4) it allows the fee to be raised to \$50. It doesn't mean the fee is going to be raised; it just gives them the right to cover the board cost.

Ed Carney, Department of Professional and Occupational Licensing, said that the department supports House Bill 22.

Senator Rasmussen asked Mr. Carney how many message therapists there are in Montana. He stated that as of July 1, 1978, there were 88. They practice privately and are primarily in the small towns. Chairman Olson asked why they need more money. Mr. Carney replied that their number keeps shrinking, and they don't have any other way to cover inflation.

The hearing on House Bill 22 was closed at 2:25 p.m.

ANNOUNCEMENTS: Chairman Olson announced the bills for the next meeting on Monday, January 29, and said the meeting would convene at 12:30 p.m. Working sessions were scheduled for February 2 and February 5. A discussion was held on Senate Bill 97. It was decided to try to hold the hearing in the highway auditorium on February 16.

ADJOURNMENT: With no further business being discussed, the meeting was adjourned at 2:35 p.m.


S. A. OLSON, CHAIRMAN

ROLL CALL
PUBLIC HEALTH COMMITTEE

46th LEGISLATIVE SESSION - - 1979

Date 1-26-79

SENATE Public Health COMMITTEE

BILL SB 151
SB 159
HB 222

VISITORS' REGISTER

DATE 1-26-1

NAME	REPRESENTING	BILL #	(check one) SUPPORT	OPP
John Anderson	Mont. Dept. of Health	SB153	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Earl C. Lory	Mont. Game & Fish	SB151	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E.C. Grunder	Sponsor	HB22	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Richard W. Pratt	MT Optometric Assoc.	SB151	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dr. Bryan Zies	MT. Medical Assoc.	SB151	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Charles L. Smith	Mont. Dept. of Health	SB151	<input checked="" type="checkbox"/>	<input type="checkbox"/>
William Higgins	Mont. Dept. of Health	SB151	<input checked="" type="checkbox"/>	<input type="checkbox"/>
William Higgins	Mont. Dept. of Health	SB151	<input checked="" type="checkbox"/>	<input type="checkbox"/>

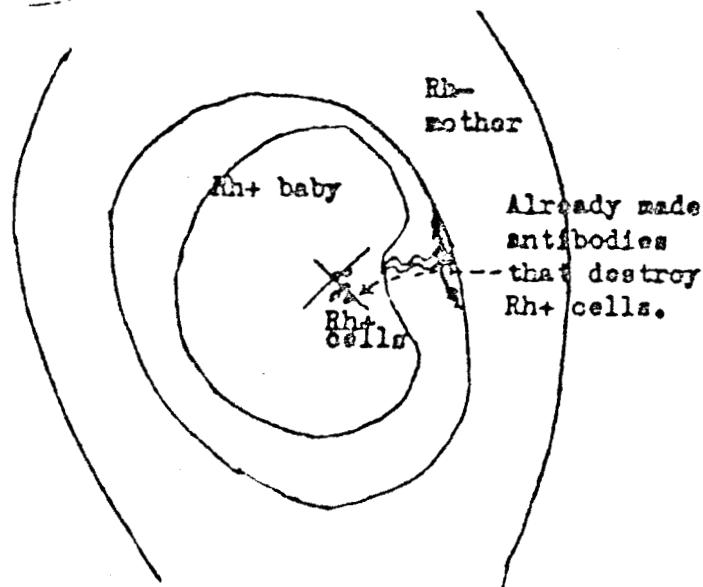
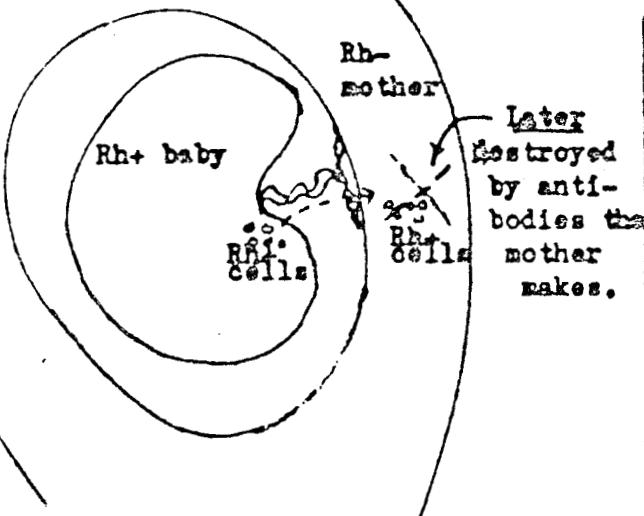
Rh HEMOLYTIC DISEASE

(Diagrams are schematic only.)

Likely course without the usage of Rh immune globulin (RhIG)

1) First pregnancy — Rh+ baby of Rh- mother

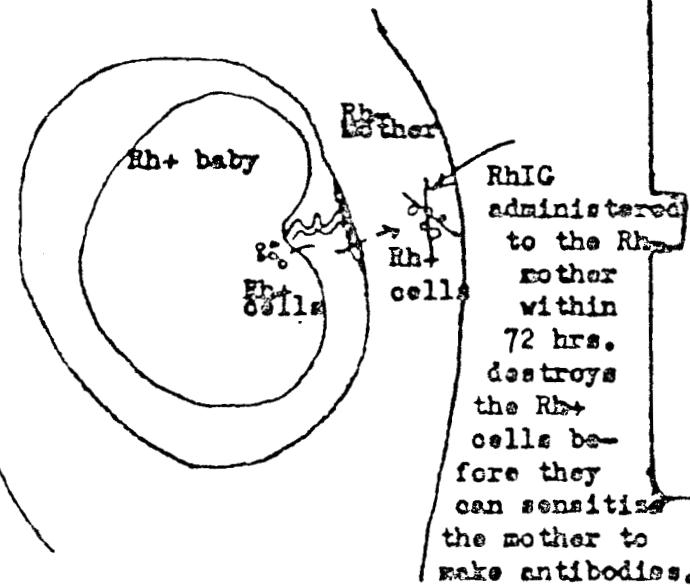
2) At how later pregnancy of an Rh+ baby



After the mother receives at her delivery Rh+ blood cells from the baby, which invade her Rh negative blood, she may thus become sensitized to produce antibodies that destroy such Rh+ cells, since they are foreign to her body.

The antibodies that have been made by the already sensitized Rh- mother now invade and destroy blood of the next Rh+ baby. The result is Rh hemolytic disease of the baby even before birth.

3) BUT with the usage of RhIG



Thus the next Rh+ baby is protected from the danger of Rh hemolytic disease, since his mother has not been

4) The RhIG is administered within 72 hours after delivery. It is important to understand that it is effective only for mothers not already sensitized. This can have occurred through the previous delivery of an Rh positive baby or abortion, or through a previous transfusion of the wrong type of blood.

The RhIG must be administered to the eligible Rh negative mother after the delivery of each Rh positive baby and after each abortion.

Rh HEMOLYTIC DISEASE - Prevention

Rh hemolytic disease (also known as Rh blood disease) can be prevented if Rh immune globulin (RhIG), now available since 1968, is administered routinely to the eligible Rh negative mother within 72 hours following the birth of each Rh positive child and each abortion. Abortions pose a special problem which must be met, because in abortions the administration of the RhIG is so likely not to be done.

How complete in this country is the usage of the Rh immune globulin as a preventive of Rh hemolytic disease? Actually this information can be determined only indirectly, since monitoring of its use is so incomplete among the various states. However, much information may be obtained from "Rh Hemolytic Disease Surveillance," the report for 1974 issued August 1976 by the Center for Disease Control (CDC). It is an excellent document, which includes tabulating the incidence of Rh hemolytic disease and estimating the percentage utilization of Rh IG on the basis of the ^{negative} Rh^{positive} parturient women actually receiving it out of the number who should have received it. The utilization figure for the country at large was found to be about 80%.

In the nine years since the Rh immune globulin has been available, there has resulted a marked and gratifying reduction in the incidence of Rh hemolytic disease. However, we should ask: Is the 80% utilization of RhIG good enough? With one fifth of the Rh negative mothers eligible for the Rh immune globulin not receiving it as indicated, the number of babies with Rh hemolytic disease arising from these unprotected mothers is still bound to be large. Certainly most would agree that the coverage utilized against this quite preventable disease is not good enough, for otherwise we continue to experience cases of cerebral palsy, deafness, seizures, and mental retardation, in quite unacceptable numbers.

What can be done markedly to improve the situation? We can look to the states, limited in number, that do have good programs. Connecticut in particular is outstanding. It is spearheaded by a full time statistical analyst, who as coordinator makes routine visits to each hospital in the state that operates a maternity service. Thus the state enjoys full surveillance of Rh hemolytic disease in the three important categories: 1) number of Rh negative already sensitized pregnant women, 2) incidence and mortality of Rh hemolytic disease, and 3) actual utilization of Rh immune globulin where indicated. As a handsome result in large part dependent on this excellent monitoring program, Rh immune globulin utilization has achieved better than 99% coverage for the state, and a very helpful twenty page brochure has been published by the Maternal and Child Health Section of the Connecticut State Department of Public Health, entitled "Rh Prophylaxis Program Development Guide 1975."

In a one sentence summary, if our preventive activities against Rh hemolytic disease are in a real sense to be adequate, efforts need seriously and aggressively to be stepped up in most states of the country.

Robert H. Gilliland, M.D.

Office Memorandum •

TO : Dennis M. Taylor
FROM : John C. Wilson *JCW*
SUBJECT : Hemolytic Disease of Newborn

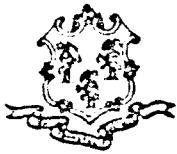
DATE: December 5, 1978

This is in furtherance of our recent telephone conversation.

There was one death in Montana from this disease during 1977.

There were 15 birth certificates during 1977 on which this was reported as a complication of pregnancy. These reports by county are as follows:

Custer	2	Richland	1
Gallatin	1	Roosevelt	1
Glacier	1	Rosebud	2
Mineral	1	Silver Bow	1
Missoula	1	Yellowstone	3
Powell	1		



STATE OF CONNECTICUT
STATE DEPARTMENT OF HEALTH
79 ELM STREET HARTFORD, CONNECTICUT 06115



OFFICE OF PUBLIC HEALTH

566-3810

October 24, 1978

Mr. Dennis M. Taylor
Legislative Researcher
Montana Legislative Council
State Capitol
Helena, Montana 59601

Dear Mr. Taylor:

In answer to your request for Connecticut material on Rh disease prevention, I am forwarding our recent Annual Statewide Summary of the Connecticut Rh Registry for 1977, as well as the "Rh Prophylaxis Program Development Guide - 1975" that you mentioned. In the letter, you will find a copy of our Public Act No. 734, "An Act Concerning the Prevention of Erythroblastosis." You will notice Section 2. of that mandate provided a biennial sum of ten thousand dollars for the purpose of providing immune globulin for any woman financially unable to handle that expense. Because Connecticut's Blue Cross (and subsequently other insurance groups) almost immediately accepted responsibility for covering this disease prevention treatment, only \$800. of that sum was required in the two-year period. The remainder was returned to our state's general fund. A check of your state's insurance coverage might assure you of financial aid in this respect.

Also, may I suggest you contact United States Senator William J. McIntyre (New Hampshire) with whom I have had correspondence concerning his efforts to prepare a federal bill mandating Rh disease prevention programs in all states.

We thank you for your interest in our statewide program and wish you great success in your endeavors.

Sincerely,

Anne Gustafson

(Mrs.) JoAnn Gustafson
Research Analyst
Maternal & Child Health Section

JG:dc

NAME: William B. Levy DATE: 1/25/77

ADDRESS: 1330 9th

PHONE: 442-1911

REPRESENTING WHOM? Montana Hospital Ass.

APPEARING ON WHICH PROPOSAL: SB 151

DO YOU: SUPPORT? AMEND? OPPOSE? X

COMMENTS:

Proposed to be reorganized hospital
See Trustee - volunteer

Problem of Co-Ownership of a
Hospital trustees and Allowing
terms of office and Personal liability
if restricted to 9 months

Is not a good basis for the

STATE to become involved in
private health care organization

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Betty L. Babcock DATE: 1/26/79

ADDRESS: 130 Madison - Weston, Massachusetts

PHONE: 442-5611

REPRESENTING WHOM? Shadie Wagner Board

APPEARING ON WHICH PROPOSAL: Senate Bill # 151

DO YOU: SUPPORT? AMEND? OPPOSE? X

COMMENTS: A great deal of experience and
expertise would be lost if board
members were required to quit when
they were still willing to serve on
a board - and their services were still
needed and wanted - most boards
re-appoint their members after a
3 year term - so there is plenty of
time for change if needed -
I urge you to oppose Senate Bill 151
Thank you sincerely, Betty L. Babcock

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: G. Brian Fries DATE: 1-26-79

ADDRESS: 411 L. A. 17

PHONE: _____

REPRESENTING WHOM? Utt. Medical Assoc.

APPEARING ON WHICH PROPOSAL: 512151

DO YOU: SUPPORT? _____ AMEND? _____ OPPOSE?

COMMENTS: _____

NAME: Roland D. Pratt DATE: 1/20/79

ADDRESS: 5511 Terr Helen

PHONE: 458-5386

REPRESENTING WHOM? not ~~Obstetrics Assoc~~

APPEARING ON WHICH PROPOSAL: SB 151

DO YOU: SUPPORT? _____ AMEND? _____ OPPOSE? X

COMMENTS: _____

NAME: Ed Masis DATE: 11/26/22

ADDRESS: P.O. Box 50144 44214

PHONE: 442-6210

REPRESENTING WHOM? Mr. Ness, Ass't

APPEARING ON WHICH PROPOSAL: SB 157

DO YOU: SUPPORT? AMEND? OPPOSE?

COMMENTS: _____

NAME: John Anderson MD DATE: 1-26-79

ADDRESS: _____

PHONE: _____

REPRESENTING WHOM? Mont Org of Health

APPEARING ON WHICH PROPOSAL: SB 159

DO YOU: SUPPORT? _____ AMEND? _____ OPPOSE?

COMMENTS: _____

NAME: John Ward DATE: 1-25-99

DATE: 1-25-79

ADDRESS: *Elmwood Rd - 261*

PHONE: 449-3737

REPRESENTING WHOM? Dept. of P.D.L.

APPEARING ON WHICH PROPOSAL: 41-B, 22

DO YOU: SUPPORT? AMEND? OPPOSE?

COMMENTS: _____