MINUTES OF THE HUMAN SERVICES COMMITTEE MEETING January 26, 1981

The meeting of the Human Services Committee convened in Room 103 of the Capitol Building on January 26, 1981 with Chairman BUDD GOULD presiding. All members were present except for REP. BRAND and REP. SIVERTSEN. The meeting was convened at 12:30 p.m.

### HB 41

The hearing on HB 41 was opened by REP. MOORE. He sponsored the bill in answer to a request from the Department of Health and Environmental Sciences, to clarify the department's duties and powers.

#### PROPONENTS:

DR. SIDNEY PRATT, Chief of the Maternal and Child Health Services Bureau feels that, since the bureau has been given the responsibility to develop and manage programs, it is essential that they have the authority to develop enforceable policies. (EXHIBIT I) He also presented a Statement of Intent. (EXHIBIT II)

WALTER JANKOWSKI, Chief of the Chemistry Laboratory Bureau presented a statement (EXHIBIT III). Control of discharging and storing waste materials are required by federal and state health laws. Data on the character of these waste products is often unreliable. Drinking water analyses are also included. The bureau asks for authority to expand the laboratory licensing program in order to ensure quality control.

ROGER TIPPY, legal counsel for the Montana Dental Association testified in favor of the bill. BOB JOHNSON, of the Lewis and Clark City County Health Department, favored the bill, but suggested two amendments: (page 2, line 2, delete "supervise" and insert "provide consultation to" and on page 4, line 1, after (15) insert "In an emergency status declared by the governor." (EXHIBIT IV)

#### **OPPONENTS:**

ROSEMARY ROGERS, a Helena homemaker, opposes the bill on the grounds that the reference to family planning is a governmental intrusion into a citizen's private life. (EXHIBIT V) Another Helena homemaker, BEVERLY GLUCKERT, feels this duplicates services which can be found elsewhere. She also objected to the family planning services. (EXHIBIT VI)

QUESTIONS: REP. BARDANOUVE asked for an explanation on the proposed amendment regarding a declared emergency status. Russ Josephson said he would like to research it. DOUGLAS OLSON, attorney for Health and Environmental Sciences feels that there could be a problem with the amendment (page 4) proposed by Bob Johnson.

REP. WINSLOW asked Johnson to clarify his amendment (EXHIBIT IV). Jankowski replied that he wants an assurance of quality control. The present licensing control pertains only to drinking water which is a small part of the data submitted to the department. department wishes to expand its authority to include all water quality. and air quality. Requests have been received from the United States Environmental Protection Agency requesting improvement in monitoring programs and data. REP. BARDANOUVE asked if the Board of Health is prohibited from making any further rules than we now have. Tippy said he was told the intent of the bill is to confirm the validity of the rules they now have. He did not mean to imply that no new rules could be made. REP. KEYSER asked if the Department of Chemistry is going to get into the inpecting of water on a much broader scope. Mr. Jankowski said it would give them greater authority to examine and enforce more accurate record keeping. Much of the data received has doubtful validity, he said.

REP. MOORE closed the hearing on the bill.

# HB 187

REP. MOORE opened the hearing on HB 187, the purpose of which is to establish a personal care facilities program. He announced several proposed amendments. (EXHIBIT VII)

#### PROPONENTS:

JACK CARLSON, of the Social and Rehabilitative Services, appeared as a proponent and said he would answer questions. BILL EIKER said he favors the bill to fill the gap between those who are frail, but who do not need institutional care. He felt this proposal would save the state money.

REP. BARDANOUVE announced that he had a note from a Mr. Tavary who had planned to appear as a proponent, but who was unable to appear.

#### **OPPONENTS:**

ROSE SKOOG, representing the Montana Nursing Home Association, voiced her group's opposition. She feels that care for this type of patient must be of high quality and financially feasible and doesn't feel this bill would provide that. She also felt there would be a low accountability of funds. (EXHIBIT VIII) RALPH GILDROY, representing the Montana Health Systems Agency objected as he felt there were no safeguards to guarantee life safety requirements, no Medicaid monies would be used, and no review of the facilities were required. (EXHIBIT IX)

# QUESTIONS:

REP. MANNING asked, "What will the cost be to the state's general fund?

REP. MOORE said the cost had not yet been estimated. Russ Josephson read the fiscal note.

REP. BERGENE asked if anyone was present who was involved in a personal care facility. REP. MOORE said that Mr. Tavary of Malta, who had planned to appear as a proponent, is an owner of a facility of this type. His facility has to maintain good care and good conditions, he had told Rep. Moore. REP. BERGENE asked if the proposal was intended to be for half-way houses or long-term facilities. Rep. Moore said that they could be either. REP. SWITZER asked if funds would allow for home care. REP. MOORE answered "no." REP. CONN asked if the intent of the bill was to save money for the patient. Moore said the aim was to provide a facility for people who have no one to take care of them, but who do not need intensive nursing care. REP. CONN asked if there really would be a savings. Moore stated that, if these facilities were allowed to operate, some money now given to nursing homes would now be given to this program. REP. BARDAVOUVE asked Rose Skoog about the costs of a nursing home. She said that some costs are based on 100% occupancy. If some of the patients go to personal care facilities, nursing home patients' costs will go up as the occupancy level would be lower. Rep. Bardanouve asked if most nursing home patients are on Medicaid. Skoog said that a large percentage are eligible for Medicaid. She also explained that the highest cost facilities listed on her written testimony are state institutions: Boulder, Galen, Warm Springs, Eastmont, and the Montana Center for the Aged.

REP. BRAND said the requirement was for one nurse, and asked how many people would be allowed in a proposed facility? Rep. Moore said the number would vary, and one of the proposed amendments would address that question. REP. MANNING said he understood that patients sometimes had to wait before they could get into a nursing home and wondered why. Skoog said she was unaware of any long wait. PAVLOVICH asked how many facilities would be needed in the state. Rep. Moore said it would depend upon how many individuals would be interested in going into the business. REP. BRAND asked if these facilities would be located in private homes? Rep. Moore answered that they would be similar to nursing homes or hotel-motel concepts with baths and a common dining room. REP. KEYSER asked if these homes would come under the Hotel-Motel Act. Rep. Moore answered "no." REP. BRAND asked about laws controlling these proposed facilities. Skoog said there are laws that would apply, but they would be very difficult to enforce.

REP. MOORE closed the hearing on HB 187.

### HJR l

REP. MOORE asked for a delay in the hearing, but CHAIRMAN GOULD asked that the hearing be held at this time.

The hearing on HJR l was opened by REP. MOORE. He explained that HJR l would direct the Department of Social and Rehabilitative Services to adopt a rule in the administrative rules of Montana establishing a program that will provide work experience and training to recipients of public assistance.

### PROPONENTS:

JACK CARLSON of the SRS testified that he agreed with the concept of putting as many people to work as possible. NORMAN WATERMAN, Director of Welfare for Lewis and Clark, Broadwater and Jefferson counties testified in favor of this Joint Resolution for the county commissioners of those counties. He said it would be in addition to, not in place of, the WIN program sponsored by the Labor Department. GREGG GROEPPER of the Department of Labor and Industry said that his department and the Department of SRS support both HB 41 and HB 258. He presented joint written testimony from both departments (EXHIBIT XI). He suggested removing Section 5 on page 3 of HB 258; and, in addition, he felt the word "work" should be replaced with "work experience" throughout the bill. A program could then be instituted along the lines of the Utah Wheat Program which requires three days of work experience and two days of job hunting and recipients would continue to receive their public assistance. His written testimony also included a proposed amendment on page 2, lines 13 through 17. JOHN LA FAVER, Director of the Department of SRS, stated that his department favors both HB 41 and HB 258.

# OPPONENTS:

REP. WALDRON showed a statistical chart regarding length of times welfare recipients receive aid. He felt that the high number who receive aid for nine months or less indicated that their welfare status was not out of choice, but because lack of work or poor health may have forced it upon them.

An unidentified woman from Great Falls opposed the bill because of the menial types of work that people have been asked to do. She felt there should be job training. ELAINE BISHOP, representing Montana's Power to the People, said that her husband was assigned to work of this type, but was sent home when his supervisior (a custodian) found out that he was an epileptic. He has since been unable to find work. JERRY DRISCOLL, representing the AFL-CIO read written testimony (EXHIBIT XII) in oppostion to the Resolution. He said that he felt many city, county and state workers could be laid off because of the free labor. He also felt that workers would not receive training

and that the real problem was the shortage of jobs.

#### QUESTIONS:

REP. BENNETT asked Rep. Waldron how many on the (welfare) chart he presented were repeaters. Jack Carlson answered the question and said "about 23%." REP. BRAND asked why persons of 65 years or older were exempted. Rep. Moore said the Resolution was copied from a Utah law. REP. CONN asked what kind of supervision is granted in the Utah law to see that people get to their jobs and do them. Carlson said a very small increase in personnel has done this. REP. BERGENE asked Groepper if he would concur that job training already exists in CETA. Groepper said that federal funding for CETA has been reduced and that there aren't sufficient funds to train those eligible to receive training. REP. NILSON asked if Rep. Moore thought city employees would lose their jobs. Rep. Moore answered "no." REP. BRAND asked if Groepper thought raking of leaves should be considered "work experience." Groepper said he feels an "employability" program should be drawn up. Usually, people are assigned to work at a lower level, and then trained after they have a work history. REP. BRAND asked if he intended them to work with experienced workers. Groepper said he did. Rep. Brand asked who would pay the travel costs. Rep. Moore said the county would handle that.

REP. MOORE closed the hearing on HJR 1.

#### HB 258

REP. HEMSTAD opened the hearing on HB 258. She distributed proposed amendments to the bill (EXHIBITS XIII, XIV, and XV, a statement of intent). She also distributed a new fiscal note (EXHIBIT XVI).

#### PROPONENTS:

Some of the proponents previously heard at the hearing of HB 41.

#### **OPPONENTS:**

JERRY DRISCOLL, AFL-CIO representative, rose in opposition to this bill. PHYLLIS BOCK, a lobbyist for Legal Services, said she felt that child care and transportation were not considered in this bill. WESLEY KRAWCZYK, of Missoula representing a low-income group (LIGHT), spoke in opposition. He distributed a chart entitled: AFDC CLIENT FLOW CHART (EXHIBIT XVII). He said this bill would not give meaningful work experience, and would not be financially feasible. He also opposed HJR 1.

### QUESTIONS:

REP. BARDANOUVE asked about the cut in funds for the WIN program. He was told by a representative of the WIN program that funds were being cut 10% this year. CETA funds have also been reduced, he said. REP. BRAND asked if KRAWCZYK felt this bill would provide a good replacement for those programs. Krawczyk said they would if they would teach people meaningful work. He would be willing to try to remedy the faults of the program. Rep. Hemstad said the Utah law allows the director of the program to use his imagination and initiative to come up with good teaching experiences. REP. HEMSTAD closed the hearing on the bill.

REP. GOULD announced that the next meeting to be held on January 28 would convene at 12 noon rather than 12:30 p.m.

The meeting adjourned at 2:50 p.m.

BUDD GOULD, CHAIRMAN

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Dr. Sidney Pratt

Chairman Gould, ladies and gentlemen of the Public Health Committee:

I am Dr. Sidney Pratt, Chief of the Maternal and Child Health Services Bureau and I am here to speak For House Bill 41 and to present some of the specific reasons I feel rule making authority is necessary.

The Maternal and Child Health Bureau has the responsibility for a number of major programs directed toward the health and care of mothers and children. They are the Improved Pregnancy Outcome Program, the Child Nutrition Program, the Women, Infant and Children Supplemental Food Program, the Early and Periodic Diagnosis, Screening and Treatment Program (with the Social and Rehabilitation Services Department), the Family Planning Program, the Hearing and Cleft Palate Program, the Handicapped Children's Program and a series of special projects related to Maternal and Child health, especially the federally mandated Children & Youth and Maternal & Infant Programs.

Since we have been given the responsibility to develop and manage these programs, we feel it is essential that we have the authority to develop enforcable policies. These are vital toward assuring quality control of the care of patients receiving our services. These policies that we have developed during the past few years have all been incorporated into the State Health Plan but this State Health Plan has no legal basis.

In order to better explain why this authority is felt necessary, let me cite a few specific examples of actual and potential problem areas. They will refer to the Handicapped Children's Program exclusively rather than include all of our many programs. The federal statutory base on which this program functions is included in the Regulations for Title V of the Social Security Act and states in paragraph 51a.110 that the State Plan shall incorporate the standards for personnel which are found, upon investigation by the State Agency, to be best adapted to attain a reasonably high standard of care and to be in substantial accordance with accepted federal standards.

As the first example, I would like to discuss our attitudes on the nurse anaesthetist. Our policy (which cannot be legally enforced) has stated that we would pay, out of Handicapped Children's funds, anaesthetic charges that were furnished by an anaesthesiologist except in those emergency cases where a nurse anaesthetist only was available. Recently, we rejected a claim by a hospital for reimbursement for anaesthetic charges made by the hospital for

an operation performed on a child with the anaesthetic being administered by a nurse anaesthetist. This standard had been set by us on the principal that the small handicapped child is more at risk than the average adult patient and, therefore, that the best standards of care could be furnished only by an anaesthesiologist. This was challenged by the hospital administrator and the Montana Hospital Association on the basis that we did not have legal rule-making authority. It was necessary to modify our rule and, in our opinion, lower the standards of care.

A further example refers to our policy, as included in the State Health Plan, that the Handicapped Children's Program would pay for physician services only if the physician provider were Board certified or Board eligible in his specialty. Again, this is based on the principal that the handicapped child, with its many serious problems, should be cared for only by the best trained physician possible, namely, a Board certified specialist. To date, this has been questioned on many occasions but has not been taken to the courts. We anticipate that it will be challenged in the courts if we do not have the rule-making authority to enforce this policy.

A third example refers to our policy on payment of hospital room charges. It states that we will pay for only a double room for a handicapped child, since we are expending public funds, unless the physician specifically prescribes a private room. This, too, is susceptible to challenge.

These are but three examples of problem areas with which we must deal since we do not have rule-making authority. I could cite many others but will not do so because of the excessive demands on your time.

If we should be granted this authority we would, naturally, abide by the Administrative Procedures Act as relates to calling for public hearings, publishing the rules and regulations, and circulating them among all peoples involved.

Thank you for your interest, attention and time in allowing me to make this presentation.

# STATEMENT OF INTENT HOUSE BILL 41 47th LEGISLATURE

A statement of intent is required for HB 41 because it amends 50-1-202, MCA, to authorize the Department of Health and Environmental Sciences (Department) to adopt rules pursuant to the Montana Administrative Procedure Act to more fully implement existing programs for dental health, maternal and child health and handicapped services. In addition, HB 41 authorizes the Department to adopt rules pursuant to the Montana Administrative Procedure Act for the licensing of environmental chemistry laboratories to provide greater quality assurance of laboratory analyses reported to state or local government.

The Department has been mandated for many years to develop and administer programs for dental health, meternal and child health and handicapped children's services, however, it has not been granted express rulemaking authority to assist it. Many of these programs are health programs initiated by the federal government which require that standards be set for eligiblity to participate, reimbursement and fair hearings. In order to satisfy due process requirements the Department needs the ability to adopt substantive rules which have the force of law. Express rulemaking authority is necessary to adopt substantive rules and HB 41 is intended to provide this authority.

It is intended that the Department be authorized to adopt rules to implement maternal and child health services programs including, but not limited to, the following programs:

1. Nutritional programs affecting pregnancy and lactating women and children, and known as the Women, Infant and Children Supplemental Food Program (WIC), and the Child Nutrition Program as authorized by the U.S. Department of Agriculture.

- 2. Family Planning Service Programs authorized by Title X of the Federal Public Health Service Act and Title XX of the Federal Social Security Act.
  - 3. Maternal and Child Health Programs:
- a. Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) in conjunction with the Department of Social and Rehabilitative Services as authorized by Title XIX of the Federal Social Security Act.
- b. A series of special projects related to Maternal and Child Health including the federally-mandated Children and Youth and Maternal and Infant Programs as authorized by Title V of the Federal Social Security Act.
- 4. The Improved Pregnancy Outcome Program as authorized by Title V of the Federal Social Security Act.
- 5. Handicapped Children's Program which includes the Hearing/Cleft Palate Program as authorized under Title V of the Federal Social Security Act, and the Supplemental Security Income Program as authorized under Title XVI of the Federal Social Security Act.

To implement these programs it is intended that the Department adopt rules which may include, but not be limited to, those for:

- 1. definitions and conditions to be included or excluded for coverage.
- eligibility criteria such as income levels, nutritional status, and age.
  - 3. criteria for professional capabilities of providers of care.
- 4. policies included in state plans such as the allocation of funds within a program, evaluation procedures, reporting procedures governing fiscal and programatic responsibilities.
- 5. standards directed toward quality of care such as care plans and objectives.

- 6. fair hearing procedures.
- 7. reimbursement rates.
- 8. eligibility standards of providers such as certification of providers and food packaging policies.
  - 9. property management.

The Department is authorized to adopt rules to implement its dental health services programs including, but not limited to, those for definitions, the operation of a fluoride mouth rinse program, standards for the fluoridation of public water supplies, and those governing the dental practices of dentists employed by state, local boards of health and schools.

In order to assure quality analysis of samples reported to state or local governments, the Department is authorized by BH 41 to adopt rules for the licensure of environmental chemistry laboratories. It is intended that the Department may adopt rules to fulfill this responsibility which may include but not be limited to those for definitions, quality control, proficiency sampling reasonable fees for annual licensing and department services, onsite inspections, and standards for licensure.

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# CRITIQUE OF SECTION 1. (17), House Bill 41

Prepared by Chemistry Laboratory Bureau

Montana Department of Health & Environmental Sciences

Present Federal and State environmental health laws stipulate that entities applying for permits to discharge, store, or dispose of waste materials must characterize their own effluents or discharges and perform regular self-monitoring of these effluents or the surrounding environments. With but one recent exception, no regulations or requirements beyond use of EPA-approved methods were made on the non-government chemical laboratories involved with producing this information.

As a result, these laws have caused the generation of reams of data which can't be characterized as to their quality. No one knows how good the data are; in some cases we have discovered how <u>bad</u> they can be: In Montana, spot-checks of data validity through the use of split samples between the Department's laboratory, licensed by the EPA, and non-licensed laboratories have shown important discrepancies in the data and identified problems which were subsequently corrected.

EPA, recognizing this problem, included a program for laboratory licensing in its latest revision of the Safe Drinking Water Act. More recently, they have started an audit sample program for some of the discharge permit parameters.

As one of the conditions under which Montana assumed primacy for the Drinking Water Program, the Department implemented a licensing program for chemical laboratories performing drinking water analyses. Our licensure requires:

and

use of EPA-approved methods
a comprehensive quality control program
satisfactory performance of audit samples
periodic on-site evaluations
provides for technical assistance by our Bureau when requested.

At the present time, 12 in-state and 14 out-of-state laboratories are involved in the licensing process. Many of the commercial, company, and municipal laboratories

now licensed don't expect to do much drinking water business - they volunteered to undergo the evaluation process because of the value of the license as an indication of the quality of their work and the related competitive advantage it brings. It also reduces the possibility of business being lost to a laboratory which charges lower rates for an inferior product.

Although the value of a sound quality control program is recognized by all laboratories, commercial and company laboratories are unwilling to do so because the additional costs of voluntary implementation would put them at a price disadvantage in the marketplace. Requiring quality control through a licensure program applicable to all laboratories would affect all laboratories' costs to the same extent, preserving existing competitive status.

Thus, the need for data of known accuracy, the success of the limited program presently in operation, and the encouragement received from all thus far involved prompts us to request authority to expand the laboratory licensing program to other environmental health areas. The attached May 30, 1979 memorandum from EPA Director Douglas Costle and Introduction to the January 24, 1979 EPA Quality Assurance Policy Statement are further proof of the importance of environmental data of known quality to the protection of public health and welfare, and imply future Federal involvement in laboratory operations.

The Department's experince with laboratory licensing is extensive: in addition to drinking water chemistry, we also administer several laboratory licensing and registration programs: certification of laboratories performing microbiological analyses of drinking water; approval of laboratories for premarital and prenatal serology; registration of clinical laboratories and personnel; licensing and certification of clinical laboratories.

Through provisions in the rule making process, affected laboratories will be given ample opportunity to participate in formulating the licensing program. In contrast to recent Federal programs, there will be no deadline for action: the Department will not be compelled to act unless and until effective rules can be written which will protect public health and welfare.



# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460

# MAY 3 0 1979

THE ADMINISTRATOR

#### **MEMORANDUM**

T0:

Deputy Administrator

Director, Science Advisory Board

Director, Office of Regional and Intergovernmental Operations

Regional Administrators
Assistant Administrators

General Counsel

SUBJECT:

Environmental Protection Agency (EPA) Quality Assurance

Policy Statement

The EPA must have a comprehensive quality assurance effort to provide for the generation, storage, and use of environmental data which are of known quality. Reliable data must be available to answer questions concerning environmental quality and pollution abatement and control measures. This can be done only through rigorous adherence to established quality assurance techniques and practices. Therefore, I am making participation in the quality assurance effort mandatory for all EPA supported or required monitoring activities.

An Agency quality assurance policy statement is attached which gives general descriptions of program responsibilities and basic management requirements. For the purpose of this policy statement, monitoring is defined as all environmentally related measurements which are funded by the  $\overline{EPA}$  or which generate data mandated by the  $\overline{EPA}$ .

A detailed implementation plan for a total Agency quality assurance program is being developed for issuance at a later date. A Select Committee for Monitoring, chaired by Dr. Richard Dowd, is coordinating this effort, and he will be contacting you directly for your participation and support. I know that each of you shares my concern about the need to improve our monitoring programs and data; therefore, I know that you will take the necessary actions that will ensure the success of this effort.

Ooug/as M. Costle

Attachment

# Introduction

The EPA operates under the legislative authority of various Congressional Acts which mandate the responsibilities the Agency must fulfill in order to protect and enhance the Nation's environment. In accordance with this mission, the Agency establishes and oversees the attainment of standards for environmental quality which protect public health and welfare. This effort requires extensive research and monitoring for the systematic collection and evaluation of physical, chemical, biological, and other data related to pollution effects, sources, transport, and control. These data must be scientifically valid, defensible, and of known precision and accuracy -- this is the goal of the Agency's quality assurance program.

This document presents the basic management requirements and a brief description of organizational responsibilities.

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Douglas M. Costle

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1529 Chaisen St. EX VI Helena, 771.59601 January 26, 1981 Tharman Gould out Committee Members: Specifically I'm testifying against Fart 5 under section twoin N. B. 41. Too long has the public heen supporting social service programs that duplicate services which can be found elsewhere! in the hope-parents, the church-family ministers and priests, physicians—the landy doctor. There are existing programs that are crying out to help those in need and distress. Don't relegate these problems of er children, our families to an unnecesary social service. Family Planning services have inuded in our homes, our families, very in without parente realization Patural

Lamily responsibility where it belongs with to the parent, and at the same time go a long way in helping our youth to become more respondebly thelpt Let's stop Lunding programs with a so called pro-choice & contraceptine mentality. Gluckert

EX I 21.64/ I am opposed to developing further Jamely planning services Our hope is To reduce further government sutrusion into our lines. Lets' omit interference not allow - further proliferation.

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of the object to further expansion. I strongly object to further expansion. Smeluly -Sleasedelete further lamily planning "rogramed" Rose May Radges 1317 Dlawerree Heleva Mo.

47th Legislature

LC 0223/01

Bub Gadrean INTRODUCED BY BY REQUEST OF THE DEPARTMENT HOUSE FILL NO. 41

E T T HEALTH AND ENVIRONMENTAL SCIENCES

50-1-202, MCA.M A BILL FOR AN ACT ENTITLED: "A BILL TO GENERALLY REVISE AND AUGPT RULES TO IMPLEMENT FEDERAL HEALTH PROGRAMS HEALTH AND ENVIRONMENTAL SCIENCES; TO CLARIFY ITS POWERS CLASIFY THE GENERAL POWERS AND DUTIES OF THE ENVIRONMENTAL CHEMISTRY LABORATORIES; MATERNAL AND CHILD HEALTH; TO AUTHORIZE THE LICENSURE OF AMENDING DEPARTMENT SECTION 닦

ř IT SNACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

4

#50-1-202. General powers and duties. The department Section 1. Section 50-1-202, MCA, is amended to read:

19 state by making use of birth, death, and sickness records; (1) study conditions affecting the citizens of the

22 2 of public health to persons, groups, or the public; make recommendations for control of diseases and improvement (2) make investigations, disseminate information, and

ر ان 24 2 delegated to status; federal health program for which responsibilities at the request of the governor, administer are any

> Security\_Act: Service\_Act\_and\_Titles\_Y\*\_XIX\*\_and\_XX\_of\_the\_Eederal\_\_Social tbose\_\_autborized\_\_by\_\_litle\_\_X\_of\_the\_Eederal\_Public\_Health <u>family\_planning\_services.\_improved\_\_pregnancy\_\_outcome.\_\_and</u> to\_protect\_the\_bealth\_of\_mothers\_\_and\_\_children\_\_\_which\_\_may employed\_by\_the\_state.\_local\_boards\_of\_bealth.\_\_or\_\_schools: to\_\_protect\_and\_improve\_dental\_health\_and\_&v<del>pervise</del>\_dentists include\_\_but\_\_are\_\_not\_\_limited\_\_to\_\_programs\_for\_nutrition. ## The Tooler of the Tooler of

treatment:\_and\_aftercare\_and\_related\_services: <u>not\_\_limited\_to\_diagnosisi\_medical\*\_surgical\*\_and\_corrective</u> to\_provide\_services\_to\_bandicapped\_children\*\_\_including\_\_but \_\_develop.\_\_adopt.\_and\_administer\_rules\_for\_s\_program

periodically as necessary and at other times on request of the governor; institutions t+)\_\_\_\_\_ inspect and work in conjunction with custodial and Montana university system units

necessary; include recommendations for improvement in conditions if conditions [1] of this section, submit a written report on sanitary institutions or (5)181 after each inspection made under subsection (4) ť the governor and to the director of commissioner of higher education and

INTRODUCED BILL

+6+121 advise state agencies on location, drainage,

LC 0228/01

| <pre>f±6}[14] accept and expend federal funds available for</pre>   | 24 |
|---|----|
| departments   | 23 |
| heatth-taws-and-defend-actions-brought-against-the-boardor          | 22 |
| <pre>{±5}-bringactionsin-court-for-the-enforcement-of-the</pre>     | 21 |
| <del>↑14}(13)</del> provide consultation to local boards of health; | 20 |
| services  | 19 |
| ondcorrectivetreotmentyandafter-careandrelated                      | 18 |
| handicapped-children-including-diagnosisy-medicaly-surgicaly        | 17 |
| <pre>ft3}-developendadministera-program-for-services-to</pre>       | 16 |
| instruction on health measures for schools;                         | 15 |
| (12) consult with the superintendent of public                      | 14 |
| health nurses in the performance of their duties;                   | 13 |
| (11) provide consultation to school and local community             | 12 |
| (13) conduct health education programs;                             | 11 |
| health-of-mothers-and-children;                                     | 10 |
| <pre>(9)develop-and-administer-aprogramtoprotectthe</pre>           | 9  |
| schoolst  | à  |
| dentistsemployedby-the-statelocal-boards-of-healthy-or              | 7  |
| protection-and-improvement-of-dentalhealthandsupervise              | ٥  |
| <pre>td)developandadministeractivitiesforthe</pre>                  | ٠, |
| and-personnel-for-those-services;                                   | 4  |
| †7}organize-laboratory-services-end-provide¤quipment                | w  |
| systems, and ventilation of public buildings;                       | 2  |
| water supply, disposal of excreta, heating, plumbing, sewer         | ٢  |

Severment the power to use personnel of local laws relating to public health; departments of health to assist in the administration of In an emergency declared by the

LC 0225/01

and\_personnel\_for\_those\_services; 1161\_organize\_laboratory\_services\_and\_provide\_\_eguipment

collected\_shall\_be\_deposited\_in\_the\_general\_fund. performed\_by\_\_the\_\_departments\_\_ind\_\_inspectionss\_\_All\_\_fees operations.\_\_reasonable\_fees\_for\_licenses\_and\_larvices environmental\_\_\_chemistry\_\_\_laboratories\_\_\_that\_\_\_eroxide including\_\_but\_\_not\_\_limited\_\_to\_\_rules\_\_for\_\_standard:\_\_fcr information\_\_to\_\_state\_or\_local\_governmental\_entities: 1111\_adopt\_\_and\_enforce\_rules\_regerding\_the\_licensinc\_of

19 18 17 16 14 a rule imposing fees, the department may establish only a incurred in performing tests and services. All fees shall be fee that will reimburse the department for the costs imposed\_by\_the\_board\_pursuant\_to\_15-6-103121(b). In adopting except\_\_those\_\_fees\_\_relating\_\_to\_\_ater\_analysis1\_thich\_are services performed by the laboratory of the department (13) adopt rules imposing fees for the tests and

20 deposited in the general fund.

22 21 communicable diseases and the reporting and control of communicable diseases; and (19) adopt and enforce rules regarding the definition of

23

25 24 transportation of dead human bodieswi\_and (20) adopt and enforce rules regarding th:

-3-

25

public health services;

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health_and_environmental_laws_and_gefend_actions_brought
against_the_board_or_departmenta"

Section 2. Saving clause. This act does not affect
rights and duties that matured, panalties that were
incurred, or proceedings that were begun before the
effective date of this act.

section 3. Severability. If a part of this act is
invalid, all valid parts that are severable from the invalid
part remain in affect. If a part of this act is invalid in
one or more of its applications, the part remains in effect
in all valid applications that are severable from the
```

-End-

13

invalid applications.

HBY

INTRODUCED BY MOORE proposed by many

A BILL FOR AN ACT ENTITLED: "AN ACT TO ESTABLISH A PERSONAL CARE FACILITIES PAYMENT PROGRAM."

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

Section 1. Purpose. In order to ensure the proper care of for a person released-from-a-hospital,-nursing-home,-rosmand-board-home,-or-private-home-but who is unable to properly care for himself, a personal care facility payment program is established under the supervision of the department.

Section 2. Definitions. As used in (this act), the following definitions apply:

(1) "Department" means the department of health and rehabilitation seiences social and rehabilitation services.

- (2) "Personal care facility" means a facility that provides personal care and services in addition to food, shelter, and laundry services to individuals who are not in need of nursing home care.
- (3) "Personal services" means help in feeding, walking, getting in and out of bed, dressing, washing, shaving, care of hair, bathing, preparation of modified diets, and supervision of medications.
- (4) "Nursing home care" means 24-hour care in a licensed long term care facility, supervised by a registered nurse or a licensed practical nurse under orders of an attending physycian.
- Section 3. License required -- fee -- standards -- rules. (1) No person may maintain or operate a personal care facility within the meaning of (this act) without first securing a license in writing from the department appropriate licensing authority.
- (2)-Fine-department-shall-by-rule-establish-a-license fee-commensurate-with-costs.
- (3)-The-department-shall-by-rule-prescribe-standards and-procedures-under-which-a-license-for-operating-a-personal-care-facility-may-be-granted-or-revoked.--Such-standards-shall-include-but-are-not-limited-to-those-relating to:
- (a)-competency-and-moral-character-of-the-operator; and

(b)-adequate-and-sanitary-condition-of-the-facility. Section 4. General rulemaking authority. The department may shall adopt rules it considers necessary for the proper administration of (this act).

Section-5:--Inspection-of-facility----revocation-of license:--The-department-may-inspect-all-licensed-personel care-facilities-and-may-revoke-an-operator-s-license-for failure-to-observe-department-rules:--The-operator-shall give-the-department-any-information-that-may-be-required-and afford-the-department-every-reasonable-opportunity-for-observing-the-operation-of-the-facility:

Section 6 5. Financial assistance provided. The department of-social-and-rehabilitation-services shall,

within funds appropriated for this purpose provide financial assistance to persons eligible-for-medicaid-who are in need of personal care services who will be eligible for the state medicaid program if residing in a licensed personal care facility.

Section 7 6. Limitation on care offered. The type of care offered by personal care facilities must be personal care and services as determined by the department and may not include nursing home care, nor are personal care facilities appropriate for those persons, except ineligible spouses, who are able to live in their own home or in a licensed room and board home. The personal care facility must provide the department with a quarterly written need's assessment of each patient conducted by a registered nurse.



34 So. Last Chance Mall, No. 1 Helena, Montana 59601

# FINANCIAL PROBLEMS:

--no appropriation included in SRS Budget

--will be funded with 100% state funds

--will cost more than most nursing homes

--fiscal note does not seem to include all costs

EXAMPLE OF COMPARATIVE DATA ON PERSONAL CARE:

# Personal Care:

Monthly cost (as estimated by SRS in fiscal note)

\$525.00/mo.

Deduct:

SSI Payment

\$287

less: personal

allowance

25

\$262

262.00 (SSI amount applied to PC

COST TO STATE FOR PERSONAL CARE (100% GENERAL FUNDS)

\$263.00/mo.

# Nursing Home Care:

Monthly cost (\$28.52/day--cost per service from SRS budget for 1983-- x 30 days)

\$855.60/mo.

Deduct:

SSI Payment

\$287

Less personal allowance 25

262.00

\$593.60

Federal contribution (65.34%)

387.86

COST TO STATE FOR NURSING HOME CARE

\$205.74/mo.

State general funds for personal care State general funds for nursing home care \$263.00/mo. 205.74

Additional cost in state general funds for personal care over nursing home care

\$ 57.26

# Other financial comparisons

Low cost facility: (nursing home)

\$20/day x 30 days \$600.00/mo.

Deduct: SSI less personal allowance 262.001mo.

\$348.00/mo.

Federal contribution (65.34%) 227.38

Cost to the state for nursing home care \$120.62/mo

Personal care cost \$263.00/mo. Nursing home care \$263.00/mo.

Additional cost in \$142.38 state general funds for personal care over nursing home care

High cost facility: (nursing home)

\$40/day x 30 days
Deduct: SSI less personal allowance \$1,200.00
262.00
938.00

Federal contribution (65.34%) 612.88

Cost to state for nursing home care 325.12

Personal care cost \$263.00

Nursing home care 325.12

Additional cost in 62.12

state general funds for personal care over nursing home care

Break even point: (nursing home)

\$34/day x 30 days Less: SSI \$1020.00 262.00

 Federal share
 \$ 758.00

 Cost to state for nursing home care
 \$ 262.72

Personal care cost \$263.00 Nursing home care 262.72

# Cost of taking care of 500 personal care residents:

\$263.00/mo

\$3,156.00 annual cost per resident x 500 residents estimated in fiscal note

\$1,578,000 - cost to state for one year care for 500 patients

# Estimates of cost per day: personal care v. nursing home care:

|    |    |               | (after SSI) |           | (after SSI & fed) |
|----|----|---------------|-------------|-----------|-------------------|
|    |    | Personal care | State share | N.H. Care | State Share       |
| FY | 82 | 17.50/day     | 8.77/day    | 26.36/day | 6.11/day          |
| FY | 83 | 17.50/day     | 8.77/day    | 28.52/day | 6.86/day          |

# True cost of removing nursing home patients from nursing nomes:

- --as indicated above, nursing nome care may actually be less expensive, so there could be costs associated with moving people to personal care
- --even if patients are removed from the higher priced facilities, thereby showing a tentative savings, the following must be taken into account:
  - (1) Patient mix--combination of easier care and more difficult care patients stabilizes nursing home costs. If all easier care patients are removed, cost for the patients remaining will rise.
  - (2) Reimbursement system for nursing homes includes payment for such fixed costs as property, utility, taxes, etc.-which remain at the same level, even with fewer patients. Again, this will raise the cost per patient for the patients remaining.
  - (3) Staffing requirements for facilities certified as skilled as based on bed capacity, not numbers of patients. If patients are taken from these facilities, the staffing patterns will remain the same. Again, cost per day for the patients remaining will go up if patients are removed.

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09/05/80

BATCH



324 Fuller Avenue • Helena, Montana 5960! • (406) 443-5965

My name is Ralph Gildroy and I am representing the Montana Health

Systems Agency, a consumer oriented organization in the health care

field.

We have served as a member of a task force working with the health department and Social and Rehabilitative Services to develop alternative care programs for the elderly.

Our agency has several objections to this bill HB187.

- No safequards are included in licensing codes to guarantee life-safety requirements for the elderly people who will be residents.
- There will be no medicaid monies to support this program as it is not oriented as a health care facility even though the Montana Certificate of Need law does define personal care homes as health care facilities.
- 3. The health department, to our knowledge, has not developed regulations to safeguard the potential clients.
- 4. Some sort of review of such facilities should be made locally before such homes are designated by the state.





# Montana Nurses' Association

#### 2001 ELEVENTH AVENUE

(406) 442-6710

P.O. BOX 5718 • HELENA, MONTANA 59604

#### TESTIMONY ON HOUSE BILL 187:

The Montana Nurses' Association agrees with the concept of personal care homes. The need for participation in caring for those who do not need the intense care of the hospital or nursing home has long been know. The Nurses' Association does have the following concerns about HB 187:

- Funding -- MNA is concerned that funding not come from the nursing home budget that is established, but that funding should be appropriated as a separate funding source. We are concerned that all levels of care be maintained, and that the care will not be diminished.
- 2. Screening Process -- A good program with professional nursing input must be established to determine who can be placed in personal care facilities. The adjustment of the infirm or ill is not something that can be handled lightly and without pre-planning and professionalism. We would like to express our hope that the personal care homes do not go through the severe problems that have occured during the program of deinstitutionalization.
- 3. Scope of Coverage -- Is personal care facilities to be provided to cover all infirm from birth to death, and will all of these different ages be mixed in the personal care facilities.

If the above concerns are adequately answered, the Montana Nurses' Association is in support of House Bill 187. We feel that the state of Montana must continue to insure quality care for all those that need care in this state.

Judy Olson

DEPARTMENT OF LABOR AND INDUSTRY Thousand XI

COMMISSIONER'S OFFICE



STATE CAPITOL

STATE OF MONTANA

(406) 449-2621

HELENA, MONTANA 59601

January 26, 1981

T0:

Representative Budd Gould, Chairman

Public Health Committee

FROM:

Dave Hunter, Commissioner

Department of Labor and Industry

John LaFaver, Director

Department of Social and Rehabilitative Services

SUBJECT:

House Joint Resolution No. 1 and House Bill

No. 258

The Department of Labor and Industry, in cooperation with the Department of Social and Rehabilitative Services, is currently operating a federally funded Work Incentive Program (WIN) that resembles the approach of House Joint Resolution No. 1 and House Bill No. 258. Although this program is very effective for the people it serves in Montana, it is critically under-funded. In Fiscal Year 1980, 1,242 AFDC recipients entered employment as a direct result of their participation in the WIN Program. The average cost per placement of these 1,242 participants was \$1,045. By entering employment, these 1,242 participants generated \$2,195,856.00 in wages, along with annual welfare grant reductions of \$3,253,119.00. Basically, for every dollar spent in the WIN Program in Montana, a savings or benefit/cost ratio of \$6.42 was realized.

Briefly, the WIN Program in Montana is designed to provide employment, training and social services to recipients of Aid to Families with Dependent Children (AFDC) and enable them to move from welfare to work. Federal law now requires all adult applicants for, and recipients of, AFDC to register for WIN unless legally exempt.

Representative Budd Gould January 26, 1981 Page 2

Employees of the Departments of Labor and Industry and Social and Rehabilitative Services work as a team to develop and implement employment plans for each participant. Job-ready participants are referred to immediate employment, while less job-ready individuals are provided with combinations of employment, training and social services to help them become job-ready. This team concept allows WIN participants full advantage of services provided by both agencies, while avoiding conflicting or duplicated services. Staff of these agencies are co-located in local Job Service offices to insure good interagency communications, as well as maximum efficiency in operation of the WIN program.

We both agree that House Joint Resolution No. 1 is a necessary piece of legislation. It does, however, need to include the Department of Labor and Industry in the responsibilities of planning and operating this program and sufficient additional State funding to allow us to provide work experience and training for up to 2,500 public assistance recipients we are presently unable to train and educate.

Two additional amendments would make this legislation even stronger. Those suggested amendments are attached for your consideration.

House Bill No. 258 appears to have the same intent as House Joint Resolution No. 1; however, because it is more specific, it might need some amending to preclude jeopardizing federal funds. Again, we are in agreement this should be a joint venture between the Department of Labor and Industry and the Department of Social and Rehabilitative Services. We would suggest removing Section 5 on page 3 since those requirements are adequately addressed in section 10, page 5. Additionally, the word "work" should be replaced by the words "work experience" throughout the bill. This change would allow the AFDC recipients to continue to receive their welfare grant.

If the intent of HB 258 is to place recipients into work experience without WIN incentives, a program could be designed along the lines of the Utah W.E.A.T program. This would require three days of work experience and two days of required job search in a regular work week. Recipients would continue to receive their AFDC check with increases to cover child care and transportation costs.

Current appropriations recommended for both Departments do not include funds to operate these programs. We would try to design the programs without the need for additional funds except in the area of administration, services and increased AFDC grants. We would be more than happy to prepare fiscal notes or make recommendations on funds necessary to operate the programs in any manner you may require.

Representative Budd Gould January 26, 1981 Page 3

If you need additional information on these programs or recommendations on how they might be implemented, please feel free to call either one of us and we will be happy to provide the information.

# Attachment

cc: Committee Members
Representative Andrea Hemstad
Representative Jack Moore



JAMES W. MURRY EXECUTIVE SECRETARY

– Box 1176, Helena, Montana –

ZIP CODE 59601 406/442-1708 Room 100 "Steamboat Block 616 Helena Ave.

TESTIMONY OF JERRY DRISCOLL REPRESENTING THE MONTANA STATE AFL-CIO ON HJR 1 AND HB 258, JANUARY 26, 1981

I am here today representing the Montana AFL-CIO to speak in opposition to HJR 1 and House Bill 258.

There are serious problems with HJR 1. Chances are that people already employed as city, county and state workers, especially janitors, will be laid off because of the "free labor" that will become available.

Though House Bill 258 addresses that problem by providing that a project established under it will not supplant regular employees, we still question how and where these jobs will be created.

In addition, if a person is working for public assistance, then it is no longer public assistance, but a public job. Public jobs require unemployment insurance and workers' compensation. Public jobs require supervisors and a bureaucracy to make sure the law is carried out. This simply means more expense to the state.

Though a mother or caretaker relative of a child or children under six is exempt, who will provide or pay for child care for the child or children over six? Or would these individuals only work during school hours? That would discriminate against others who worked regular hours.

Will a person who has worked on a project attain job skills and training?
Will that person have a real job? The answer is no. Job training already
exists for these people in the CETA program.



Unions support full employment because every person is entitled to a job.

The problem for the people who would be eligible for this kind of make work is not lack of motivation, it is a lack of jobs. The assumption that having to work for public assistance will deter people from getting on public assistance or that those working for public assistance will find another job is false.

HJR 1 and HB 258 are based on a false assumption, and they will create more problems than they solve. We are opposed to them.

## AMENDMENT TO HOUSE BILL NO. 258

1. Page 3, line 13.
Strike: Section 5 in its entirety
Renumber: all subsequent sections



## AMENDMENTS TO HOUSE BILL NO. 258

1. Title, line 5. Following: "WORK"

Insert: "EXPERIENCE AND TRAINING"

2. Page 1, line 13.
Following: "work"

Insert: "experience and training"

3. Page 2, Subsection (3), line 2.
Following: "work"

Insert: "experience and training"

4. Page 4, Subsection (2), line 2. Following: "in"

Strike: "a"

Insert: "an employment or"

EXHIBITSY

## Statement of Intent -- LC 565

A statement of intent is required for this bill because it delegates rulemaking authority to the Department of Social and Rehabilitation Services in section 8. It expands the authority of the Department to adopt rules to implement Montana's public assistance laws, to include a pilot work program in six counties. All rules adopted under this bill must comply with federal law and should be coorcinated and consistent with the general laws regarding public assistance.

Suitable work projects to be determined by the Department pursuant to section 8, subsection 1(a) are intended to include: local nursing homes, home care for the elderly, Salvation Army, Easter Seals, Red Cross blood drives, and similar social services. The Department should give preference to projects in these social service areas by setting up such projects and encouraging recipients's participation in them, before authorizing other work projects such as public works and jobs in private industry.

Subsection 1(b) of section 8 is intended to instruct the Department to establish procedures for proof to qualify under the exemptions of section 4.

Subsection 1(c) of section 8 is intended to authorize the Department to prescribe by rule applications for job placement, be assigned work experience, job search requirements, time deadlines, attendance requirements for project participants, guidelines for lines of authority, and related personnel matters. It is further intended that the Department provide public assistance recipients with general information regarding the program's structure and the consequences of a person's refusal to participate in the program.

Subsections 1(d) and (f) of section 8 are intended to authorize the Department to prescribe by rule standards for disqualification and re-eligibility, as well as hearing procedures, similar to those already used by the Department for public assistance programs, except that the new rules for work programs may be less extensive than those used at present because the program is being established on a pilot basis.

Subsection 1(c) of section 8 is intended to allow the Department to require the sponsoring project to complete attendance reports and provide meaningful job supervision, and to require the Department to clarify, in its agreement with the sponsoring project, who will be responsible for materials, equipment, and tools necessary to perform the job.

Subsection 2 of section 8 is intended to allow the Department to adopt any other necessary rules, such as procedures for approval of training programs, as specified in section 6, subsection 2. It is generally intended to authorize the Department to designate responsibilities between itself and county departments of public welfare.

| 11    |  | My Mis                             | FISCAL NOTE WOR  | MONKSHEET  | RE   | REQUEST NO                          | X  |
|-------|--|------------------------------------|--|--|--|-------------------------------------|--|
| it X  | .0311 Y: Title 5, Chapter 4, Part 2 of the Montana Code Annotated (MCA). | ontana Code Annota                 | ted (MCA).   |  | Completed worksheets are due in the Office of their or   | s are due in the Offic              | ce of Budger to  |
| yhili | 70: Agency or Unit   |                                    |  |  | Note: The copy of the proposed legislation must be returned budget. Director with the completed worksheets.  | re completed workshee               | must be required to the cheets.  |
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Lest mean options made during preparation of the fiscal note. If certain costs associated with the proposed have been presented, list reasons in this space. legislation can be absorbed without additional funds, indicate this as an assumption. If no dollar estimates ASSURPTIONS USED IN OUTAINING ESTIMATES: (Please list clearly and in detail; use extra sheets if necessary)

6 county We assumed 1 FTE within office, office equipment and travel. workfare programs and make report to Legislature He would monitor

at a government or private non-profit work experience job for 3 days a week. run a program similar to Utah to require all able bodied AFDC recipients to work and Training" as a condition of AFDC eligibility. We assume we will be able to We assume that there will be a change to allow states to require "work experience

## III. DERIVATION OF ESTIMATES:

have data used for projections Convibing colculations or provide a brief description of the techniques used to obtain estimates; also, cite sources of

follows benefits calculated at 20% of salary. We calculated salary as grade 15, step 2 increased 9% each year with fringe We calculated operating expense as

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Office 125 sq. ft. x $8 per ft. = $1,000
Office furniture, desk chairs,
bookease, files, telephone = $2,500
Secretarial Support
Mileage one round trip per mo.
to Gt. Falls, Billings, Butte,
Boseman, Kalispell =
1,400/mi. x 20¢ x 12 mo. = $3,400
$7,900
```

Transportation \$25/mo. x 200 recipients x 12 mos. = 60,000 bay Care \$10/mo. x 3/5 x 100 recipients x 12 mos. = 87,120 bay Care \$10/mo. x 3/5 x 100 recipients x 12 mos. = \$174,20

Form PD-14

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TEECT OF COUNTY OR CTHER LOCAL REVENUE OR EXPENDITURES:

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No Effect.

NO-DANGE EFFECTS OF PROPOSED LEGISLATION

< ), see to describe any potentially significant effects the proposed legislation night have on expenditures exercises for feed years subsequent to FY 1983; give quantitative estimates whenever possible

project will determine the feasability of this assumption. necessary for welfare recipients to become self supporting. It is hoped that work experience will develop the skills and responsibility The special

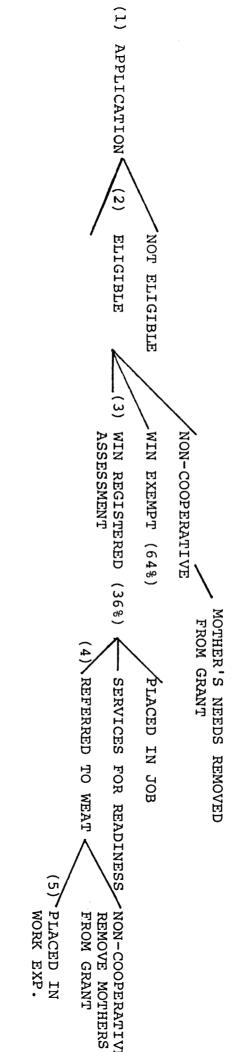
. CHNICAL OR MECHANICAL DEFECTS OR CONFLICTS WITH EXISTING LEGISLATION:

Current federal policies do not allow this type of program. the new administration will change the policies It is hoped that

ive who Prepared Estimates:

**Journal** 

# AFDC CLIENT FLOW CHART



### VISITORS' REGISTER

| HOU           | SE Human  | COMMITTEE        |         |        |
|---------------|-----------|------------------|---------|--------|
| BLL 1/13 258  | 3         | Date_/-20        | 5-81    |        |
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IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

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| NAME Luga             | rocom            | BILL No.   |  |
| ADDRESS ESD           | BUILDING         | DATE       |  |
| WHOM DO YOU REPRESENT | 1 14.0           | LI DU STRY |  |
| SUPPORT &             | OPPOSE           | AMEND      |  |
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| Comments: 258 t       | JR T             |            |  |

| NAME KAIPH GILDROU                           | BILL No. 187     |
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| ADDRESS 324 FULL & AUE                       | DATE Jan 26 1981 |
| WHOM DO YOU REPRESENT MONTANA HEALTH Sus     | JEDS ABENCA      |
| SUPPORT OPPOSE V                             | AMEND            |
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Comments:

Statement to Seculary

| NAME Pose Skoog                               | BILL NO. HB187 |
|---|----------------|
| ADDRESS 1517 Stuart Geleve                    | DATE 1-26-81   |
| WHOM DO YOU REPRESENT Montana Nunsi           | ing Home Assiv |
| SUPPORTOPPOSE                                 | / AMEND        |
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Comments:

Deliver to sponsons

Freat Talls, Lond. 59403 Fanctory 21, 1981

She Monorable Andrea Hemstad Louise of Representatives Chambers Mark Papitol Louis, Montana 59001

Dear Representative Remstad:

In first reading your MB 258, except for Sec. 5 it does not state whether it would be rederal minimum wage I thought it was a good bill. In reading the Great Falls Tribune Jan. 21, 1961 on Page 10 I noticed in the first paragraph it mentioned it would be community service work. Sec. 3 of UB258 does not state that.

At the present any person receiving General Assistance through the Welfare Program must work so many hours of this type of service(community) before receiving a rent slip and food stamps.

Tecently, two able bodied men willing to work but unable to find any came to my office to see if I had any resources that would assist them. One of them told me how degrading he felt and also like a fool when he had been cent to the Court House to work his hours. He did not object to working but after he had raked the assigned area he told the person in charge he was finished and was informed to do it again. He noticed people watching from an upper window and said how dumb he felt to be raking a graveled area (no debris etc.) and wondered if the on lookers thought he as as dumb as he felt.

Therefore, I would question what type of work these people would be doing, would it enable them to work more than the necessary hours required on the program already being used, would it have some type of training if the had no skills?

That type of turn over would there be? Also when one had worked off the amount he receives has he an expertunity to centiaue on or would another person replace him to work their time off? If so, some places could use this to get a lot of work done very cheap and the person doing the work would not get any of the unemployment benefits, social security etc. I would appreciate any information before the hearing concerning this Bill. I am also sending copies of this letter to the sponsors of this bill.

Theorety yours,

Theresa claybourne