HUMAN SERVICES COMMITTEE MEETING
March 4, 1981

The Human Services Committee convened at 12:30 p.m., March 4, 1981 in Room 103 of the Capitol, with CHAIRMAN BUDD GOULD presiding. All members were present except REPRESENTATIVES BARDANOUVE and MENAHAN.

SB 73
SENATOR McCALLUM opened the hearing on SB 73, which allows in the case of divorce that any Aid For Dependent Children payments will be turned over to the Department of Social and Rehabilitation Service (SRS) and part of the money will go back to the county, according to McCALLUM. This would accomplish payment for medical expenses, he said.

PROPONENTS:
JUDY CARLSON, deputy director of SRS, presented written testimony in favor of SB 73 (EXHIBIT I).

OPPONENTS:
There were none.

QUESTIONS FROM THE COMMITTEE:

REPRESENTATIVE BRAND asked if there was misuse of the money by the parents. JUDY CARLSON said the problem is that people are supposed to sign the form and the department follows up on the case, but the signing has been missed on occasion. The provisions of this bill would correct that problem, she said.

REPRESENTATIVE BRAND asked why there was a problem in collecting the money. CARLSON said that mistakes are made due to an overload in the processing of required forms. This will do away with one form, she said.

REPRESENTATIVE BENNETT asked why the title and lines 23 and 24 contain the words "and to the county welfare department". CARLSON said that, in reviewing this with the Department of Revenue which collects the child support, she was told that the department personnel have been challenged about their rights to collect such payments.

SENATOR McCALLUM closed the hearing.

SB 117
SENATOR DOVER opened the hearing on the bill, the purpose of which is to provide a home for a child under the jurisdiction of the youth court. The bill would allow the child to petition for placement in a home other than a youth guidance home. He told of a case in which a child wanted to live with and would have been better off living with her grandparents, but the parents contested the case. After some litigation, the child was finally allowed to live with the grandparents.

JOHN FOSTER, chief probation officer for several districts, testified

that sometimes a child will petition to be moved from one foster home to another. He also told of an instance in which the parents were alcoholics and an older child had been placed in a foster home. The younger children also wished to be moved into a foster home, but under Montana law they were not eligible unless they broke the law in some way. So, they did, he said. This bill would correct this problem.

BILL DICKER, representing the Probation Officers' Association, said that some children fit in "no-man's land". He told of a girl who had run away from home several times, possibly because of sexual harrassment and, finally, she had to break the law or admit to breaking the law in order to be placed in a different home.

OPPONENTS: There were none.

QUESTIONS FROM THE COMMITTEE:
REPRESENTATIVE SEIFERT asked about the age mentioned in the bill, and wondered if it might conflict with present law. SENATOR DOVER said it didn't.

REPRESENTATIVE BRAND asked if juvenile delinquents are placed in the same homes with other children. FOSTER said he doesn't make such placements. He usually places only one child in a family. The youth guidance homes are sometimes full of children who have been in trouble, he said.

REPRESENTATIVE BRAND asked if the bill would make this situation uniform throughout the state. FOSTER said it would give the judge the option to make this type of placement while the present law doesn't. In reference to REPRESENTATIVE SEIFERT'S earlier question about age, FOSTER told the committee that the law goes to the age of 21, if the child is "under the guidance of a youth court". He thought the court was allowed to hold a child under its jurisdiction for scholarship purposes.

SENATOR DOVER closed the hearing.

CHAIRMAN GOULD assigned REPRESENTATIVE MANNING to carry the bill in the House.

SB 127.
SENATOR NORMAN opened the hearing on SB 127, which is to clarify the role of the radiologic technologist in Montana, saying this related only to certified radiologic technicians. He stated that contrast media is mentioned in the bill and explained that it is a type of radioactive material that is injected into a patient to allow better visibility under x-ray examination. This bill would allow a certified radiologic technician to inject the contrast media into the patient, under the direct supervision of a physician.

NORMAN said that an attorney general's opinion denied the technologist the legal right to administer the injections, so this bill is an attempt to legalize them for diagnostic purposes only.

PROPONENTS:
JERRY LOENDORF, representing the Montana Medical Association, testified as a proponent.

OPPONENTS: There were none.

QUSTIONS FROM THE COMMITTEE:
REPRESENTATIVE BRAND asked why on page 1, line 19 that "direct supervision" had been stricken, and "specific direction" inserted. SENATOR NORMAN said that in a large area such as in Montana, a doctor might want to call in to a hospital and request that the injection be made so that the patient would be ready for examination when he arrived, a practice with which he disagreed. He felt there needed to be clarification on "direction" or "supervision".

REPRESENTATIVE BRAND asked how DR. KENT BAUGHN felt about the subject. DR. KENT BAUGHN, a Helena radiologist, said that in reading the bill closely, the reader will see that the term "specific direction" is in reference to taking x-rays only. On page 2, lines 10 and 11, it states that the licensed practitioner requesting the injection must be "immediately available".

SENATOR NORMAN closed the hearing on SB 127.

SB 37
SENATOR HIMSL, sponsor of the bill, opened the hearing. He said the bill is to establish a tumor registry and to require that hospitals report information on patients with tumors. He said that larger hospitals already are involved in a tumor registry. The smaller hopsitals could be visited by a person to do the clerical work, so it wouldn't be an additional cost to the hospital. He felt the cost would be small, in comparison to the benefits gained by medicine and by Montanans. (see EXHIBIT II)

PROPONENTS:
PATRICIA ELLIOT, program manager from the Montana Tumor Registry urged support of the bill. She presented written testimony (EXHIBIT III). She also presented information on the Montana Central Tumor Registry (EXHIBIT IV)

JERRY LOENDORF, representing the Montana Medical Association, said he considered this an important piece of legislation, as the information gathered could aid in finding causes of cancer.

PAT TRAFTON, representing Hospice of Helena, favored the bill saying that she felt it might improve the quality of life for many cancer patients that are served by Hospice. (EXHIBIT V)

CHAD SMITH, lobbyist for the Montana Hospital Association, appeared as a proponent of the bill but presented the committee with some possible amendments, proposed by the MHA. (EXHIBIT VI). He said he saw no reason for the hospital to have to go to a separate arrangement to prepare the reports. Some hospitals have their own individualized tumor reports and prefer to use them. The hospitals feel that the state board could handle that, he said. He also felt that language referring to penalties was unacceptable.

DR. JOHN ANDERSON, representing the Department of Health and Environmentsl Science, favored the bill, and said that the DHES concurs with the proposed amendments presented by CHAD SMITH.

MARY KERINS, tumor registrar for St. Peter's Hospital in Helena, testified in favor of the bill (EXHIBIT VII).

OPPONENTS: There were none.

QUESTIONS FROM THE COMMITTEE:
CHAIRMAN GOULD asked Senator Himsl if he approved of the amendments proposed by the MHA. SENATOR HIMSL said he approved.

REPRESENTATIVE SEIFERT asked what appropriation was being asked. DR. ANDERSON said the subcommittee had not made a recommendation yet, but that the department had requested $100,000 for the biennium.

REPRESENTATIVE SEIFERT asked if DR. ANDERSON wanted the statute on the books, even if the appropriation is not passed. DR. ANDERSON said "yes".

REPRESENTATIVE BRAND asked if the patient would have any say in whether or not the information would be released. DR. ANDERSON said he would have no voice in the matter, but that there would be extreme confidentiality.

REPRESENTATIVE BRAND asked what other states have a tumor registry and if there was a reciprocal agreement whereby information is shared. PATRICIA ELLIOTT said that 50 states have a registry and, if a patient moves to another state, information is available to the other state. The department is also attempting to ascertain causes and share that information, she said.

She also stated that confidentiality was used in the process of tumor registry.

REPRESENTATIVE DEVLIN asked if hospitals are concerned with additional paper work if the registry becomes law. ELLIOT said the hospitals were mainly concerned with the confidentiality, and wanted to be assured that no one would be hurt by the hospitals giving out the information. They didn't object to giving the information without using the names.

REPRESENTATIVE SWITZER asked if the hospitals had complained of additional cost in personnel and time. ELLIOT said they had, but that they would have the option of allowing a Registry staff member extract the information or extracting their own information.

REPRESENTATIVE SWITZER asked what it costs the hospitals to extract this information at the present. CHAD SMITH said he didn't know, but said that LEARY of the MHA had mentioned it might be $2 or $3 per report. KEN RUTLEDGE, representing MHA, said it is difficult to judge, but said he felt the burden on the hospital would be removed.

REPRESENTATIVE BENNETT asked what would be the effect on the program if a patient refused to consent for the registry. ELLIOT felt there would be few patients who would object, that most would like to help find the cause of cancer.

SENATOR HIMSL presented the committee with a copy of the tumor registry abstract form, urged the committee's support of the bill, and closed the hearing on SB 37.

EXECUTIVE SESSION

SB 37.
REPRESENTATIVE MANNING moved that SB 37 BE CONCURRED IN.

REPRESENTATIVE MANNING then moved that the committee accept the AMENDMENTS proposed by the Montana Hospital Association as follows:

1. Page 2, line 2.
   Following: "shall"
   Strike: "report"
   Insert: "make available"

2. Page 2, lines 4 and 5.
   Following: "treatment"
   Strike: remainder of lines 4 and 5 in their entirety.

3. Page 3, lines 2 through 14.
Strike: Section 7 in its entirety
Renumber: subsequent section

REPRESENTATIVE BENNETT moved to further AMEND SB 37 providing that consent be given by the patient to release the information.

The amendments CARRIED UNANIMOULSY.

REPRESENTATIVE MANNING MOVED the bill BE CONCURRED IN AS AMENDED. The motion was seconded and PASSED UNANIMOUSLY.

REPRESENTATIVE SWITZER was appointed to CARRY THE BILL.

SB 73.
REPRESENTATIVE SEIFERT MOVED the bill DO PASS. The motion was seconded and PASSED UNANIMOUSLY.

REPRESENTATIVE SEIFERT was appointed to CARRY THE BILL.

SB 117.
REPRESENTATIVE MANNING moved the bill BE CONCURRED IN. RUSS JOSEPHSON, legislative researcher, told the committee that there should be an amendment to clarify the placement of a child.

REPRESENTATIVE METCALF MOVED an amendment as follows:

Page 1, line 13.
Following: "home"
Insert: "or any other court-approved home"

REPRESENTATIVE KEYSER seconded the amendment and it PASSED UNANIMOUSLY.

REPRESENTATIVE MANNING MOVED that SB 117 BE CONCURRED IN AS AMENDED. The motion carried UNANIMOUSLY.

REPRESENTATIVE MANNING will CARRY THE BILL.

SB 127.
REPRESENTATIVE KEYSER MOVED THE bill DO PASS.

REPRESENTATIVE BRAND asked about the "supervision" portion of the bill. He thought there was some confusion in that area because "specific direction" was used on page 1, and "the radiologist must be immediately available within the x-ray department" was stated on page 2.

RUSS JOSEPHSON said the two referred to two different applications and were, therefore, worded in a different way. He felt the language was correct.

JOSEPHSON stated that there is a difference between an "uncertified" and an "unlicensed" technician, referring to page 2 line 16.
REPRESENTATIVE SWITZER asked about the work LICENSED PRACTITIONER and was told by REPRESENTATIVE NORMAN that meant the physician.

JOSEPHSON said that a person can be licensed and uncertified at the same time. He said that in some rural areas, exceptions have been made to allow technicians to provide services not usually allowed.

REPRESENTATIVE WINSLOW MOVED the following amendment:

Page 2, line 16.
Following: "~~uncertified~~"
Strike: "UNLICENSED"
Insert: "uncertified"

The motion was seconded and PASSED UNANIMOUSLY.

REPRESENTATIVE KEYSER'S motion was seconded and PASSED UNANIMOUSLY.

REPRESENTATIVE WINSLOW will CARRY THE BILL.

The meeting adjourned at 2:05 p.m.

BUDD GOULD
CHAIRMAN

VISITORS' REGISTER

HOUSE HUMAN SERVICES COMMITTEE

BILL SB 73 Date 3/4/81

SPONSOR McCallum

NAME	RESIDENCE	REPRESENTING	SUPPORT	OPPOSE
Judith H Carlson	Helena	SRS	X	
[illegible]	Helena	St Senate	X	
Pat Elliott	Helena	Dept of Health	X	
Ruth Trafton	Helena	Hospice of Helena	X	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Form CS-33

Testimony on S.B. 73 - An Act to
Automatically Assign Support Rights of Persons Applying for Public Assistance

The Department of Social and Rehabilitation Services fully supports this proposed legislation. Federal law requires that each applicant for Aid to Dependent Children sign over any child support which may be due. This amount is used to pay back county, state, and federal money used in the ADC grant.

The present process goes like this. The applicant comes to the county welfare office to apply. The county eligibility technician has about fifteen different forms for the applicant to sign. One is a form giving the state all rights to child support. SRS then refers the case to the Department of Revenue, Child Support Enforcement Bureau, for investigation. From then on, it is up the the Department of Revenue to determine whether or not child support action is possible, to pursue it, and to collect the money for deposit in the General Fund.

So what's the problem? The problem is that we have over 200 eligibility technicians throughout the 56 counties. Because of turnover, some are new and may miss part of the standard procedure. And because of the large amount of paperwork involved, the assignment form may be missed. This form must be signed not only at application time but each time there is a redetermination of eligibility - at least once every six months.

As a result, the state's error rate, our "mistake rate," is higher than it needs to be. When we check our own work, through our quality control program, we find mistakes and the federal government may penalize the state for those mistakes.

This bill also assigns similar rights when application is made for Medicaid. It would further emphasize the right of the state to collect

payments due from parents or from insurance companies for medical bills paid by Medicaid.

If passed, this law will automatically allow us to reduce our error rate, decrease our paperwork, and decrease the possibility of fiscal penalties.

We have been assured by the federal officials that this bill meets federal requirements for the assignment of support rights. It meets our goals for more efficient and effective operations. It meets the goals for providing care for the needy but collecting from those who have the resources to pay. It further cements the duty of parents to support their children.

The Department of Social and Rehabilitation Services solicits your favorable consideration of this bill.

Judith H. Carlson
Deputy Director, SRS

VISITORS' REGISTER

HOUSE Human Services COMMITTEE

BILL SB 117 Date 3/4/81

SPONSOR Dover

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
J. Foster	Lewistown	10th Jud Dist	X	
Del Gruechen	Helena	Prob. Assoc.	X	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Form CS-33
1 81

VISITORS' REGISTER

HOUSE HUMAN SERVICES COMMITTEE

BILL SB 127 Date 3/4/81

SPONSOR Norman

NAME	RESIDENCE	REPRESENTING	SUPPORT	OPPOSE
Ken Rutledge	Helena	Montana Hosp. Assoc	✓	
James R. Corbett	"	MT Nurses Assn	✓	
J.W. Brayton	Helena	Plant Pathologist	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Form CS-33
1-81

VISITORS' REGISTER

HOUSE HUMAN SERVICES COMMITTEE

BILL SB 37 Date 3/4/81

SPONSOR Himsl

NAME	RESIDENCE	REPRESENTING	SUPPORT	OPPOSE
[illegible]	[illegible]	[illegible]	✓	
Ken Rutledge	Helena	Montana Hospital Assoc.	✓	
Patricia Elliott	Helena	Dept. of Welfare	✓	
[illegible]	[illegible]	St. Peters	—	
Pat Trafton	Helena	Hospice of Helena	✓	
Chuck Smith	Helena	Mont Hospice Assn	amend	
Joyce T. Linder	"	Methodist Church	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Form CS-33
1-81

S. B. 37 ESTABLISHING A STATE-WIDE TUMOR REGISTRY

In the last session of the Legislature, $60,000 was appropriated for a Tumor Registry in Montana but there was no statutory provision for its operation.

Since then 46 Montana hospitals have been participating in the Montana Central Tumor Registry on a voluntary basis. These hospitals providing cancer data represent about two thirds of all cancer patients in Montana.

This act would require all hospitals to report and make available to the state all discovered cancer patients and their treatment for recording in the state registry which in turn would file data with the Rocky Mountain Cancer Data System of Salt Lake City. Information from the regional system and follow-up data would be available to physicians and hospitals for improved patient care and treatment. Confidentiality would be protected and indentifiable reports made available only with the patients permission.

The larger hospitals already have a registry and abstracted data could be put into the system by reports. Smaller hospitals without registeries would be visited by state registry personnel and not have to hire abstractors.

The cost of the system would be borne by the state. The amended executive budget, I am told, carries a $100,000 appropriation in the Departments request for a registry and poison control.

The benefits would be a collection or a library of statewide cancer data, help physicians deliver better medical care, allow monitoring of treatment results, may make discoveries on

occupational and environmental carcinogens, and supply case data for more scientific study--all designed to eradicate an affliction which now appears to strike at least one out of every four people!

The requirements and the cost of this program is indeed a small price to pay in the desperate battle against cancer.

I urge your favorable consideration of this bill!

WITNESS STATEMENT

NAME Peter Pi BILL No. 37

ADDRESS Salem DATE 2-4-87

WHOM DO YOU REPRESENT Dept of Revenue

SUPPORT / OPPOSE AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

FORM CS-34
1-81

Many people question the value of a tumor registry. In agreement with the American College of Surgeons, one of the most important functions of a tumor registry is the reporting of registry data. Unfortunately this has not been done due to the collapse of funds in the past, which has led many to adopt the opinion that a tumor registry has little value.

However, on the contrary, with data that has been collected thus far from 1979 and 1980 cancer patients, and given the opportunity to collect future data, we cannot only provide meaningful feedback to the health professions regarding cancer, but on a state wide level we can provide statistical detailed studies which have the potential of pointing out a high incidence of cancer of a certain type in one geographic area or occupation group; of determining the relationship of treatment with long term survival; or identifying geographic areas where patients initially see their physicians too late for effective treatment.

In order to establish a population-based state registry and have completed information on all cancer patients in Montana, it is essential to have total representation from all institutions. Due to federal regulations and concern of patient confidentiality being broken, some hospitals are not participating. Therefore, having cancer made a reportable disease would assure complete documentation and the reporting of accurate data.

Given the opportunity to collect future data for another two years would allow the Montana Central Tumor Registry to have at least four years of detailed cancer data and accomplish the goals and objectives of the program -- something it's never been able to acquire due to elimination of funds.

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
PREVENTIVE HEALTH SERVICES BUREAU

TED SCHWINDEN, GOVERNOR — COGSWELL BUILDING

STATE OF MONTANA

(406) 449-2645 — HELENA, MONTANA 59620

MONTANA CENTRAL TUMOR REGISTRY

Patricia Elliott, Program Manager
Department of Health and Environmental Sciences

IN FAVOR OF THE SENATE BILL NO. 37

In 1969, the first type of tumor registry was established by the Montana State Medical Association and existed for only 18 months. This activity was phased out after the federal government discontinued regional medical programs.

Five years later another attempt at a tumor registry by the Montana Foundation for Medical Care lasted for another 18 months. This attempt failed not by choice of the participating hospitals, but because federal funds were once again eliminated. At that time, when the registry folded, there were 33 hospitals participating in the program and the collection of cancer data was never utilized.

Now in 1979, the Montana Central Tumor Registry (MCTR) was approved for two years by the legislative session. Although the hospitals were very hesistant of funds collapsing again, we have won the confidence of a total of 46 hospitals who are very much in favor of contributing their cancer data in order to provide a uniform statewide cancer reporting, follow-up, end-result information data system for the use of everyone involved in cancer treatment and prevention--a goal that has never been achieved from the previous tumor registries.

Presently our 46 hospitals have either elected to be visited on a periodic basis from our contracted staff, The Montana Foundation for Medical Care, or have chosen to maintain their own tumor registry. We have already detailed cancer data on 1,875 cancer cases collected in the past six months on patients who were originally diagnosed with cancer in 1979 and the first half of 1980. After this data is submitted to the central office in Helena, it is quality controlled and is coded for computer entry.

The MCTR is a member of the Rocky Mountain Cancer Data System (RMCDS) and is utilizing the central data processing capabilities of this system. We have begun distributing monthly reports to our hospitals reflecting their patients' cancer experience (for example, common forms of cancer, confirmation of diagnosis, stage of disease at diagnosis, cumulative treatment, etc.) and have begun to facilitate the systematic follow-up of cancer patients by the use of re-examination reminder letters in a manner that may save patients' lives by early detection and treatment of second primaries, local and regional recurrences, and distant metastas

TOTAL HOSPITAL PARTICIPATION IN THE MONTANA CENTRAL TUMOR REGISTRY

(Cont.)

The following hospitals have elected to participate and are maintaining their own hospital-based tumor registry:

Barrett Hospital-Dillon
Daniels Memorial Hospital-Scobey
St. John's Lutheran Hospital-Libby
Northern Rockies Cancer Treatment Center-Billings
Billings Deaconess Hospital-Billings
St. Vincent's Hospital-Billings
Mary Swift Tumor Clinic (St. James Community Hospital and Silver Bow General) -Butte
Clark Fork Valley Hospital-Plains

Hospitals contemplating participation:

Broadwater Hospital-Townsend
Big Horn County Memorial Hospital-Hardin
Northern Montana Hospital-Havre
St. Luke Community Hospital-Ronan
Roundup Memorial Hospital-Roundup
Mission Valley Hospital-St. Ignatius
Prairie Community Hospital-Terry
North Valley Hospital-Whitefish
Carbon County Memorial Hospital-Red Lodge

Hospitals refusing to participate:

Sweet Grass Community Hospital-Big Timber
Wheatland Memorial Hospital-Harlowton
Ruby Valley Hospital-Sheridan
Community Hospital of Anaconda-Anaconda
Kalispell Regional Hospital-Kalispell
Memorial Hospital-Cut Bank
Pondera Medical Center-Conrad
Columbus Hospital-Great Falls
Montana Deaconess Medical Center-Great Falls
Fort Harrison Veteran's Administration Hospital-Helena
Miles City Veteran's Administration Hospital-Miles City

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
PREVENTIVE HEALTH SERVICES BUREAU

TED SCHWINDEN, GOVERNOR — COGSWELL BUILDING

STATE OF MONTANA

(406) 449-2645 — HELENA, MONTANA 59620

TOTAL HOSPITAL PARTICIPATION IN THE MONTANA CENTRAL TUMOR REGISTRY

The following hospitals have elected to participate and are being visited periodically by our contracted staff, The Montana Foundation for Medical Care:

Holy Rosary Hospital-Miles City
Mountainview Memorial Hospital-White Sulphur Springs
Phillips County Hospital, Ass'n-Malta
Toole County Hospital-Shelby
Boulder River School and Hospital-Boulder
Garfield County Hospital-Jordan
Poplar Community Hospital-Poplar
Powell County Memorial Hospital-Deer Lodge
Galen State Hospital-Deer Lodge
Teton Medical Center-Choteau
Madison Valley Hospital-Ennis
Stillwater Community Hospital-Columbus
Big Sandy Medical Center-Big Sandy
Frances Mahon Deaconess Hospital-Glasgow
Dahl Memorial Hospital-Ekalaka
Fallon Memorial Hospital-Baker
McCone County Hospital-Circle
Rosebud Community Hospital-Forsyth
Bozeman Deaconess Hospital-Bozeman
Mineral County Hospital-Superior
Community Memorial Hospital-Sidney
Trinity Hospital-Wolf Point
Livingston Memorial Hospital-Livingston
Sheridan Memorial Hospital-Plentywood
Central Montana Hospital-Lewistown
Glendive Community Hospital-Glendive
Liberty County Hospital-Chester
Marcus Daly Memorial Hospital-Hamilton
Missoula Community Hospital-Missoula
Missoula General Hospital-Missoula
St. Patrick Hospital-Missoula
Roosevelt Memorial Hospital-Culbertson
Shodair Children's Hospital-Helena
St. Peter's Hospital-Helena
Chouteau County District Hospital-Fort Benton
Granite County Memorial Hospital-Philipsburg
St. Joseph Hospital-Polson

OBJECTIVES OF THE MONTANA CENTRAL

TUMOR REGISTRY:

1. To facilitate the systematic follow-up of cancer patients at regular intervals in order to help save lives by early detection and treatment of local recurrence, recurrence in regional lymph nodes, solitary distant metastases, and additional primary lesions.

2. To provide meaningful feedback to the medical profession regarding cancer in their practice, hospital, state, and if possible, region.

3. To define areas of further research and planning.

4. To determine statistical facts about early diagnosis, treatment and survival in various malignant diseases in order to help evaluate and formulate educational efforts.

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
PREVENTIVE HEALTH SERVICES BUREAU

TED SCHWINDEN, GOVERNOR
COGSWELL BUILDING
STATE OF MONTANA
(406)449-2645
HELENA, MONTANA 59620

MONTANA CENTRAL TUMOR REGISTRY

There are 46 Montana hospitals participating in the Montana Central Tumor Registry on a voluntary basis. These hospitals providing cancer data represent about two-thirds of all cancer patients in Montana. However, in order to establish a population-based state registry and have completed information on all cancer patients in Montana it is important to have total participation from all institutions.

Due to federal regulations which prohibit opening medical files unless it is mandatory, major institutions, for instance, veterans hospitals, are not participating. There are other hospitals not participating due to major concerns of breaking patient confidentiality laws. The results of these hospitals not participating may hinder complete documentation of cancer data and allowing studies of the occurrence and distribution of cancer in Montana. A regular lifetime follow-up program for each individual patient with cancer is also an integral part of the Montana Central Tumor Registry. Not reporting patient cancer data from these non-participating hospitals to the Montana Central Tumor Registry may be a major disadvantage to the individual patient in detecting early metastatic disease, secondary new growths, and some diffuse recurrences.

In conclusion, having cancer made a reportable disease in Montana would allow total representation of all cancer patients in this state to be entered into the Montana Central Tumor Registry to provide for:

1. A collection of statewide cancer data used to study the diagnosis and therapy of cancer patients.
2. Assistance to the physician in delivering the best possible medical care to the patient with cancer.
3. A regular lifetime follow-up program for each cancer patient which will not only permit the monitoring of the results of initial therapy in a systematic and optimal way, but may also save patients' lives by early detection of metastatic disease, secondary new growths, and some diffuse recurrences.
4. Documenting and allowing studies of the occurrence and distribution in Montana. Observe any unusual patterns of cancer cases in a community either in the incidence, a changing pattern, or the results of therapy over a period of time.
5. Monitoring for possible occupational and environmental carcinogens.
6. Summarizing each hospital or institution's cancer experience from statistical reports on a monthly, semi-annual, and yearly basis which may prove to be of considerable benefit to the hospital staff, since it relates to their patients and practices specifically.
7. Utilizing the data for continuing education which will enliven and arouse interest at professional staff meetings, tumor board conferences and other appropriate educational activities that are ongoing in all institutions.

WHAT IS A MONTANA CENTRAL TUMOR REGISTRY?

The new Montana Central Tumor Registry is a statewide cancer data system which is organized to provide for:

1. A collection of statewide cancer data which can be used to study the diagnosis and treatment of cancer patients.

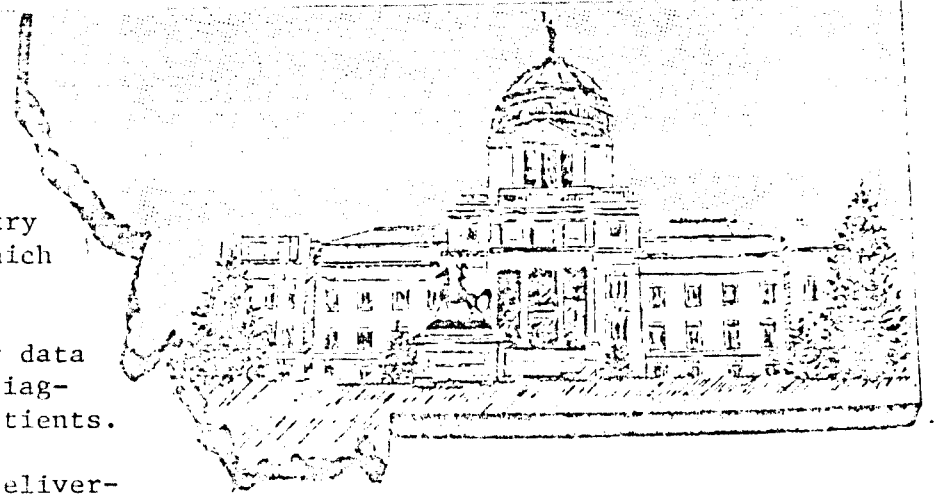
2. Assistance to the physician in delivering the best possible medical care to the patient with cancer.

3. Continuous lifetime follow-up information, an integral part of patient care, which describes what happens to patients after they have been treated for various types of cancers.

WHY A MONTANA CENTRAL TUMOR REGISTRY?

The Montana Central Tumor Registry is funded by the 1979 Montana Legislature, is being developed to provide a uniform statewide cancer reporting, follow-up, end-result information or data system for the use of everyone involved in cancer treatment and prevention.

Whereas data collected from individual hospitals and clinics have provided much valuable information they have a limited usefulness to patient care only. In contrast, the data obtained from a statewide central registry will permit detailed and comprehensive analysis.



HOW CAN THE MONTANA CENTRAL TUMOR REGISTRY BENEFIT YOUR INSTITUTION?

The Montana Central Tumor Registry is a member of the Rocky Mountain Cancer Data System (RMCDS) and will utilize the central data processing capabilities of this system. The MCTR will be able to provide service for every hospital allowing important incidence data to be generated statewide with resultant studies of cause and prevention. Included in this service will be summarized statistical reports, assistance with patient follow-up, and both semi-annual and annual reports summarizing your cancer experience. Survival reports will be received from the RMCDS based on Montana data. Finally, the data will be made available for special requests.

OPTIONS FOR PARTICIPATION IN THE MONTANA CENTRAL TUMOR REGISTRY

In order to provide a complete and accurate statewide system, the Montana Central Tumor Registry must receive reports from all possible sources of information, especially all hospitals and cancer centers. There are several options available to you for this purpose:

1. Existing tumor registries may begin submitting their data to the Montana Central Tumor Registry. This data will be reviewed for consistency and completeness thus assuring quality and uniformity. After all discrepancies are clarified, all abstracts can then be computerized.

2. Smaller hospitals and other facilities currently without tumor registries can be visited periodically by Montana Central Tumor Registry personnel. Hospitals or facilities thus do not have to hire or train their own abstractor and their only responsibility is to make available to MCTR personnel all cancer cases.

3. Your hospital or facility can establish and maintain your own tumor registry. Our MCTR staff can provide you with all training and supplies necessary.

FOR MORE INFORMATION ABOUT THE NEW MONTANA CENTRAL TUMOR REGISTRY, WRITE OR CALL: Preventive Health Services, Cogswell Bldg., Helena, MT. (406) 449-2645.

WITNESS STATEMENT

NAME Pat Tratton BILL No. S.B 37

ADDRESS 2101 E. 5th DATE 3-3-81

WHOM DO YOU REPRESENT Hospice of Idaho

SUPPORT ✓ OPPOSE AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

FORM CS-34
1-81

My name is Pat Trafton, and I'm on the staff of the Hospice of Helena. Hospice is a coordinated program of care available to patients with a life threatening illness and a shortened life expectancy. Many of the people served by our program are cancer patients. Because the goal of hospice care is to focus on the quality of remaining life, we support any program, treatment or research which might enhance the quality of life for a cancer patient. We believe that the data being collected by the statewide Tumor Board is necessary to increase our knowledge about the progression of cancers in Montanans, successful treatments of the disease, and the distribution of the illness in this state. We urge to refund the Montana Tumor Board until enough statistically significant data can be collected. Thank you.

I... favor

Senate Bill 37

WITNESS STATEMENT

NAME _____ BILL No. _____

ADDRESS _____ DATE _____

WHOM DO YOU REPRESENT _____

SUPPORT _____ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

FORM CS-34
1-81

SENATE BILL NO. 37

MR. CHAIRMAN: I move to amend the third reading copy of Senate Bill No. 37 on page 2 in line 2 by deleting the word "report" and by substituting in lieu thereof the words "make available", and further amend on page 2 in lines 4 and 5 by deleting the words "on forms provided by the department".

I further move to amend the third reading copy of Senate Bill No. 37 on page 3, lines 2 through 14 by deleting all of "Section 7" and thereupon renumbering "Section 8" to read "Section 7".

WITNESS STATEMENT

NAME _____ BILL No. _____

ADDRESS _____ DATE _____

WHOM DO YOU REPRESENT _____

SUPPORT _____ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

FORM CS-34
1-81

MARY ROBINS TUMOR REGISTRAR FOR ST. PATRICK'S HOSPITAL

THE MAJOR CONTRIBUTION OF EPIDEMIOLOGY TO THE UNDERSTANDING OF DISEASE HAVE BEEN BASED ON STUDIES IN WHICH MEDICAL RECORDS OF MANY PEOPLE WERE USED. IN CANCER, THE RELATIONSHIP OF CIGARETTE SMOKING TO LUNG CANCER, DAUGHTERS OF WOMEN WHO RECEIVED DES DURING PREGNANCY SHOW THAT THEY HAVE INCREASED RISK OF DEVELOPING VAGINAL CANCER. ACCESS TO THE RECORDS IS VERY ESSENTIAL FOR IDENTIFYING AND EVALUATING PATIENTS. BECAUSE OF THE INCREASING IMPORTANCE OF CANCER, MANY CITIES AND STATES ~~ARE~~ ESTABLISHING CANCER REGISTERIES. THESE ARE LISTS OF NEWLY IDENTIFIED CANCER PATIENTS, AND ARE DESIGNED TO FACILIATE THE LONG TERM CARE OF CANCER PATIENTS, TO ALERT HEALTH OFFICIALS TO CLUSTERS OF NEW TYPES OF CANCER (WHICH MAY REFLECT A NEW EXPOSURE TO A CARCINOGEN). I THINK IT IS IMPORTANT THAT WE IN MONTANA CONTRIBUTE OUR INFORMATION TO HELP STAMP OUT CANCER.

CANCER REGISTRY ABSTRACT FORM

Revised 2/78 ES-14

Reporting Hospital | Abstracted By | Date | Coded By | Date | Checked By

Identification

Central Office Information (2-12) | Hospital No. (15-36)

Central Reg. No. | Seq. | CK No. | Hosp. | Abstract No. | Seq. | CK No. | Date 1st Admitted | Chart No.

Patient Information

Name of Patient (13-42) (Last) (First) CARD NO. 2 (Middle) (Maiden) | Name of Spouse

CARD NO. 1 — RS [61] 1st Hosp [62] Rx Hosp [63] FU-Hosp [64]

Current Address Street City County State Zip Code

Address at DX Street City County State Zip Code

Social Security No. [43 44 45 46 47 48 49 50 51]

Telephone No. | Race | Sex | Marital Status | Age at DX | Birth Date (Mo.-Day-Yr) | Place of Birth

Zip Code at DX [52 53 54 55 56] Residence at DX [57 58 59]

Race [60] Sex [61] MS [62] Religion [63] Age at DX [64 65]

Birth Date: Month [66 67] Day [68 69] Year [70 71] Place of Birth [72 73 74]

Friend or Relative (other than spouse), | Relationship | Address and/or Telephone No.

Description of Tumor

Date of Initial Diagnosis | Place of Diagnosis: (if diagnosed elsewhere, please indicate place and DX)

This Hospital ___ Other Hospital ___ Physician's Office ___ Unk. ___

Primary Site | Sequence | Paired Organ Involvement | Other Primary Tumors

Extent of Disease or Stage

situ ___ Localized ___ Regional ___ Distant ___ Unstaged, No Info. ___

Substantiate: _____

Optional: TNM ___ ___ ___ Other Staging (specify) _____

Diagnostic Confirmation

Histology ___ Cytology ___ X-ray ___ Clinical ___ Autopsy ___ Unknown ___

Histology (Specify Dates, Place, Histologic Type and Slide No.)

CARD NO. 3

Date of Initial DX [13 14 15 16] Primary Site [17 18 19]

Paired Organ [20] Multi. Areas [21] Stage [22-23]

T [24 25] N [26 27] M [28 29] Other Stage [30 31 32 33]

DC [34] Histology [35 36 37 38] / [39] Grade [40]

Special Studies [41 42 43 44 45 46 47 48 49 50]

Treatment Information

Cumulative summary of all tumor directed therapy for this tumor. Include surgery (type of operation), type of radiation therapy and details of chemical, hormonal or other kinds of treatment. List therapy and dates. If no therapy is given, record reason.

TREATMENT		DATE Rx BEGAN	
Surgery	[13]	[14 15 16 17]	[18]
Radiation	[19]	[20 21 22 23]	[24]
Hormonal	[25]	[26 27 28 29]	[30]
Chemo., Immuno, and/or Other	[31]	[32 33 34 35]	[36]

[37] CARD NO. 4 [1] [38]

Follow-up Information

Date of Last Follow-up or Death: _____

Status of Patient: Alive ___ Status of Tumor: No Evidence (in remission) ___

Dead ___ Evidence ___

Autopsy: Yes ___ No ___ Unknown ___ Unknown ___

Place of Death _____

Cause of Death _____

Misc. Comments:

Physician responsible for follow-up

2nd Physician

3rd Physician

Date of Last Followup or Death [39 40 41 42] Exam for CA? [43] Patient Status [44] Tumor Status [45] Quality of Life [46]

Cause of Death [47 48 49 50] Autopsy [51] Cancer Contribution to Death [52]

LF [53] LS [54]

[55] Physicians

1		56-60
2		61-65
3		66-70

SB 37 House PH Committee 3/4/81 Room 12:30 PM.

David B. Lackman, Lobbyist, MT Public Health Assn.

Some comments made to Senate Public Health Committee, re: Tumor registry:

I wasn't completely satisfied with the answers received to your question as to what was the "bottom line" of the tumor registry (S.B. 37 Hirsl) at the appropriation subcommittee hearing. When I testified at the Senate P.H. committee hearing, I emphasized another angle.

As an immunologist I have been concerned about the relationship of genetic (hereditary) defects in the immune system and susceptibility to certain forms of cancer. There was no body of data to which we could turn for answers. However, some of my colleagues at the Rocky Mt. Lab. (Hamilton) did go ahead with experiments on non-specific stimulation of the immune system with products of the tubercle bacillus. There is evidence of a remission in some cases.

I go back to the days of Drs. Blegen & Honeycutt, two brilliant surgeons in Missoula. They passed away at about the same time, and the Western Montana Medical Society established the Blegen-Honeycutt Foundation as a memorial. This was the original Tumor Registry in Montana. Its purpose was to exchange information about cancer: evaluation of methods of treatment & diagnosis, perhaps discovery of novel methods of management of cases by some obscure practitioner, possible genetic tendencies, and other aspects of cancer currently surrounded by mystery. Their population under surveillance was rather small; but it was a beginning. (This willingness of physicians to cooperate on cancer somewhat offsets the bad experience cited by Senator Aklestad at the hearing.)

As you can surmise, I consider continuation of the Tumor Registry, with mandatory complete coverage, a high priority item. (Essentially, the bill makes cancer a reportable disease.)