

HUMAN SERVICES COMMITTEE MEETING

March 6, 1981

The Human Services Committee convened at 12:30 p.m., March 6, 1981 in Room 436 of the Capitol with CHAIRMAN BUDD GOULD presiding. All members were present except REPRESENTATIVES BARDANOUE and KEYSER.

SB 427.

SENATOR STEVE BROWN opened the hearing on SB 427. Since this was to be the first hearing of the "sunset" bills, he gave an explanation of the term. In 1975, the Legislature made a determination that a review would be made to decide whether or not certain agencies had good reason for existence. At this session boards related to the health fields are being examined, such as the boards of nursing, medical examiners etc. The audit committee is checking each of 16 boards, all of which are self-supporting. This bill concerns the board of nursing and recommends that it be reestablished, he said. In this bill, the board has been changed to five (5) RNs, three (3) LPNs and two (2) public members, all of whom can participate fully, he stated. He also said that definitions of nursing have been included, as well as an attempt to standardize the term of education and issuance of temporary permits.

PROPONENTS:

CHAIRMAN GOULD stipulated that the proponents were to be those who prefer the 5-3-2 membership on the board (as the bill is written now), and the opponents are to be those who would prefer a 4-3-2 membership.

DONNA SMALL, a registered nurse from Billings and a lobbyist for the Montana Nurses' Association, appeared as a proponent. She presented written testimony (EXHIBIT I). Her testimony included a proposed amendment to clarify educational requirements.

JANIE CROMWELL, Butte, current president of the Montana State Board of Nursing, presented written testimony favoring the bill. (EXHIBIT II) She felt that the majority of board members should be those with the most knowledge and expertise -- the RNs -- for decision-making regarding licensure and written examinations.

BILL LEARY, representing the Montana Hospital Association, expressed support for the bill and concurred with the proposed amendment of the Nurses' Association. Beth Bain, an RN from Great Falls, testified that she feels the amendment is in the interest of quality care and public protection.

OPPONENTS:

CAROL JASINSKI, Havre, representing the Montana LPN Association, presented written testimony in favor of the bill but opposing the

board membership as presented. She felt that the RN membership was much too dominant and would control the policies of the board.
(EXHIBIT III)

DANNY OBERG, representative from Havre, said that the LPN course was being phased out at the college in Havre. There were many complaints as the course provided a supply of nurses for the hospital. The complaints were offered in the interest of public welfare, he said. The complaint about the board membership is also in the public interest and desire for quality care, he felt, and suggested that the board be a 4-3-2 membership, which would be more fair in his opinion.

QUESTIONS FROM THE COMMITTEE:

CHAIRMAN GOULD asked how many RNs and LPNs are practicing their professions, of those who are licensed. DONNA SMALL said that there are over 10,000 RNs and over 3,000 LPNs, but there is nothing on the application which would tell how many are actually working, BILL LEARY said that there are approximately 2500 RNs and 800 LPNs working in Montana hospitals, but said the hospitals are not the only employers of nurses in the state.

REPRESENTATIVE CONN said she was given a booklet on nursing in which it stated that the American Nurses' Association (ANA) is planning to propose a change from the 4 levels of nursing to 2 levels and, thereby, would be doing away with LPNs. She asked for comments by both RNs and LPNs. JASINSKI replied that her testimony explains the present status of all types of nurses. SMALL said she hadn't seen the booklet to which REPRESENTATIVE CONN referred, but the ANA resolution mentioned originated in New York and was called the 85 Resolution. In it the LPN was elevated to a 2-year training period, which would give a broader scope of function, she said. It would eliminate the 3-year RN, and the 2-year RN. However, anyone licensed today would still have to be licensed. A change that drastic could occur only through action of the Legislature, she said. REPRESENTATIVE CONN asked if the Montana Nurses' Association (MNA) supports 85 Resolution. SMALL said it did. She also said the resolution did not eliminate LPNs but elevated them to a higher level of training. She noted that this change was introduced in New York in 1975 and still has not been enacted. It is an attempt to clarify the definition of an RN.

REPRESENTATIVE BRAND asked if all the registered nurses had to take the same test. SMALL said they did.

REPRESENTATIVE BRAND asked if the LPNs took the same test, and where the tests originated. PHYLLIS McDONALD, executive secretary of the Board of Nursing, said that the state board uses national tests. She said that the LPN faculty and board members participate in the development of the test questions, and the test is a one-day test of two parts. The RN test is a two-day tests covering 5 areas, she said.

REPRESENTATIVE BRAND asked if the tests were uniform throughout the United States, which would allow nurses to practice in other states. SMALL said that the test for RNs is nationwide and is scheduled 5 years in advance. The test is given on the same day throughout the country. The state board has the option of participating in that national test or giving their own. Montana and most other states have reciprocity, she said. California is the only state that does not choose to participate in the national test.

REPRESENTATIVE BRAND asked what the reason was for changing the number of years experience of RN board members from 3 to 5. She said the change was an editorial change, picked up by the hospital association. SMALL felt the additional 2 years of experience would be very helpful to a board member, especially in correcting examinations.

REPRESENTATIVE PAVLOVICK asked if CROMWELL would oppose the amendments submitted by SMALL. CROMWELL answered no, that there was a real need for nurse practitioners.

REPRESENTATIVE BRAND asked from where would the public board members be drawn. Would a hospital administrator be allowed on the board as a public member, he wondered. REPRESENTATIVE MENAHAN read page 8 (at the top), saying he felt it meant they could not. REPRESENTATIVE BENNETT said he couldn't see much difference in the definitions. CROMWELL said the language was changed at the request of the Audit Committee and some members of the medical profession.

REPRESENTATIVE MENAHAN agreed with REPRESENTATIVE BRAND about the possibility of a hospital administrator being appointed as a public member.

BILL LEARY said the MHA would have no objection to amending the bill to exclude hospital administrators from the board.

SENATOR BROWN said he felt there might be a problem in allowing the board to set up nurse practitioners or other categories. He told of a problem that developed regarding insurance collection of psychiatrists. He said he would not like to see a wide rift between the RNs, the LPNs and board members. He urged support of the bill with either type of board membership and then closed the hearing, saying the committee would have to make their own decision on the matter.

SB 307.

SENATOR HIMSL opened the hearing on SB 307, which would delete the requirement that several types of professional people register their licenses in the counties in which they practice.

PROPOSERS: There were none.

OPPOSERS: There were none.

QUESTIONS FROM THE COMMITTEE:

REPRESENTATIVE BRAND wondered why the law was enacted in the first place. SENATOR HIMSL said the law was enacted in 1879, for some unknown reason, and that it was never enforced. He then closed the hearing on the bill.

SB 230.

REPRESENTATIVE NILSON opened the hearing on the bill which would allow physical therapists to evaluate without referral.

PROPOSERS:

JAN DELANEY, Polson, president of the Montana Chapter of American Physical Therapy Association urged support of SB 230 (EXHIBIT IV)

SUE THOMPSON, a physical therapist from Missoula presented written testimony in favor of SB 230. (EXHIBIT V). Her testimony indicated the state requires that related services which may be required to assist a handicapped child to benefit from special education shall be available, and she said that physical therapy is a related service.

JEROME B. CONNOLLY, a physical therapist from Billings Physical Therapy Clinic, presented written testimony to the committee (EXHIBIT VI).

RICH GADJDOSIK, Physical Therapy Program Director of the University of Montana in Missoula, presented written testimony in support of the bill. (EXHIBIT VII)

DAVID P. DAVIDSON, of Helena representing himself, testified that he felt serious conditions could be discovered earlier and corrected if the physical therapist could evaluate without referral from a doctor. (EXHIBIT VIII). He told of personal experiences of his son who suffers from Cerebral Palsy, and of delayed therapy causing delayed development.

CHARLENE DALBECK, a physical therapist from Great Falls, read written testimony of ROBERT DEMING, Assistant Supervisor of the Montana State Deaf and Blind School urging the committee's support of the bill. (EXHIBIT IX) She also supported the bill in her own behalf. (EXHIBIT X).

ANN LAWSON, a physical therapist from Kalispell, testified in favor of the bill.

JOE ROBERTS, representing the Legislative Action Committee for the Developmentally Disabled felt this would speed up therapy for developmentally disabled children. (EXHIBIT XI

MRS. JESSIE MOLA, a senior citizen from Helena, told of a personal experience of an injury and therapy. She felt the bill would speed up treatment, without the additional expense of a medical doctor. (EXHIBIT XII)

JIM JENSEN, representing a senior citizens group called Low Income Senior Citizens Advocates felt this bill would cut out one step in receiving treatment. (EXHIBIT XIII)

CARRIE GAJDOSIK, a physical therapist from Missoula who works at the Comprehensive Developmental Center where she evaluates handicapped children and adults in western Montana, testified in favor of the bill (EXHIBIT XIV).

OPPONENTS:

DR. JOHN STRIZICH, a Helena specialist in internal medicine, president and executive secretary of the state board of medical examiners, medical consultant for Workers' Compensation and a representative of the Montana Medical Association (MMA, stated that all groups he represents oppose this bill. Evaluation is diagnosis, he said. There are certain disease processes, such as one which can lead to blindness if not properly diagnosed, and they manifest themselves by muscle pain and muscle weakness. In the bill it is stated that no modalities or treatment can be instituted until the patient sees a physician, he said. But, according to STRIZICH, the bill would make the patient have one extra expense by going to the therapist before going to the doctor. He also mentioned tumors which might be overlooked. He urged the committee to oppose the bill.

BUDD PILLEN, representing the Workers' Compensation, said the bill would not be in the best interest of injured workers.

QUESTIONS FROM THE COMMITTEE:

REPRESENTATIVE CONN asked what the physical therapists' intent was in proposing the bill. CHARLENE DALBECK said the physical therapists would evaluate within their realm and skill. They do not intend to diagnose any diseases, she said. They are attempting to aid a person who objects to going to a physician. However, after evaluation the PT sends the patient to a doctor for a prescription. The PT wants to work with the doctor and for the benefit

of the consumer, she said.

REPRESENTATIVE WINSLOW asked if the PT would follow up an evaluation with treatment. DALBECK said treatment must be prescribed by a physician.

REPRESENTATIVE WINSLOW said he knows well the abilities of the PT, but wondered if a different field of medicine would come into existence where PTs would open offices similar to those of chiropractors. DALBECK said the PTs were only asking for the right to evaluate. Evaluation must be done to set up a course of treatment as a part of a PTs regular job, she said.

REPRESENTATIVE WINSLOW asked if a patient would have to go to a physician after being evaluated by a PT in order to provide insurance payment to the PT. DALBECK thought that would be true.

REPRESENTATIVE KEYSER asked how much training a licensed PT has. DALBECK said they had to have 4 1/2 years of training, and she personally has had 8 years in practice in addition to that.

REPRESENTATIVE KEYSER asked if the PT would make a charge for evaluation. DALBECK said yes. REPRESENTATIVE KEYSER asked, if the patient then went to a physician and received a prescription, and then came back for treatment, would the patient again be charged. DALBECK said the patient would be charged for each treatment, but there would be no further charge for evaluation. She said that under the bill, a patient could come in and be evaluated. The PT could call the physician and ask whether the patient should see the doctor or, if the physician preferred, he could prescribe over the phone.

REPRESENTATIVE KEYSER asked if most doctors did or would prescribe treatment over a telephone. DR. STRIZICH said in some cases it would be OK, but he wouldn't do it because, if a patient had a tumor, the physical therapist could cause more harm than good. Since the doctor is responsible, he himself must evaluate the patient in a very broad concept. He said that he refers many patients to PTs, but felt the evaluation done by them is on a very limited basis.

REPRESENTATIVE MENAHAN, in referring to school use of PTs, asked if there could be some exception made for PTs to evaluate in school settings.

ANN LAWSON, of Kalispell, said that she finds she must call a doctor from 30 to 60 times a year about students, and that treatment is often held up for a month.

REPRESENTATIVE MENAHAN asked if the school nurse could evaluate. CHAD SMITH representing the School Board Association, said the association had asked him to watch the bill. He said that, in the case of a school injury where the origin is known, an exception might be in order for evaluation. DALBECK said that an exception of that sort might reflect the feeling that a school PT is more qualified than a PT in another setting, which would not necessarily be true. She felt that would be discriminatory, and would cause dissension among the PTs.

REPRESENTATIVE MENAHAN asked how DR. STRIZICH would feel about a PT evaluating a handicapped child in a school setting. STRIZICH said he wouldn't object to some evaluation in a school setting where the child is known to be handicapped; but he wondered why a PT would want to take on the responsibility of evaluating a child injured in athletics when an orthopedic surgeon who is required to carry great amounts of malpractice insurance could evaluate the child. He said that athletic injuries should receive very careful diagnosis and treatment by a highly qualified person, namely a doctor.

REPRESENTATIVE MANNING asked RICH GAJDOSIK to comment. GAJDOSIK said that patients are sometimes referred to them too late to cause an immediate change in that person's primary disabilities, so that they do not develop secondary disabilities. Early intervention into injuries by a physical therapist can help rehabilitate much faster and cheaper for the patient. Physical therapists are licensed and are not allowed to evaluate, he said, but athletic trainers who have much less education are.

CHAIRMAN GOULD asked RUSS JOSEPHSON, legal counsel for the committee, to give a legal definition of "evaluation" and "diagnosis". RUSS asked GAJDOSIK for his definition of the words. GAJDOSIK said a PT evaluates to set up a course of treatment, but isn't able to diagnose tumors and carcinoma; he said the PT can identify symptoms. RUSS asked if a statement that a patient "has limited motion" would be an evaluation, and that a "diagnosis" would state the cause for it. And, he continued, that treatment would be the "cure". GAJDOSIK agreed with those definitions.

REPRESENTATIVE MANNING asked if he (MANNING) had been referred to a PT, would the PT then refer him back to a physician. GAJDOSIK, said he would not, but would keep in contact with the physician about the patient's progress.

REPRESENTATIVE DEVLIN asked if the doctors were worried that the PTs would not refer the patient to the doctor. DR. STRIZICH said no, but was concerned that a patient who might need a very broad evaluation, would only receive a limited one. And, he said, if the PT decided the patient didn't need to see a doctor, then the PT has made a diagnosis. He agreed with GAJDOSIK that patients should receive therapy as soon as possible.

REPRESENTATIVE BENNETT felt that on line 25 (3) regarding "evaluation" he felt clarification was needed. HAGER said the bill wasn't written the way it was drafted in the Legislative Council

REPRESENTATIVE MANNING asked DALBECK to comment. DALBECK said the PTs are proud of their profession and don't want to do anything that would harm their profession. She feels that the PTs have a great deal to offer the patients, as do the doctors, both within their realms.

CHAIRMAN GOULD said the main thing that concerns the committee is the "off the street" situation, where a patient comes in for evaluation and then is referred to a doctor and back to the PT. How will this save the patient money, he wondered. Also, he asked if the main reason the bill was drafted was for the PTs practicing in school settings.

SENATOR HAGER said the bill was to have been drafted differently and that he feels "evaluation" is different from "diagnosis". RUSS commented that a discussion between SENATOR HAGER and the bill drafter might clear up the matter.

SENATOR HAGER closed the hearing on the bill.

EXECUTIVE SESSION.

REPRESENTATIVE KEYSER MOVED a DO PASS for SB 307. The motion was seconded and PASSED UNANIMOUSLY.

REPRESENTATIVE CONN moved that SB 307 be placed on the Consent Calendar. The motion was seconded and PASSED UNANIMOUSLY.

SB 427.

CHAIRMAN GOULD announced that action will be taken on this bill at a future meeting. The subcommittee studying the bill is comprised of REPRESENTATIVE WINSLOW, SIVERTSON and MENAHAN.

SB230.

CHAIRMAN GOULD announced that RUSS JOSEPHSON and SENATOR HAGER will consult and work out the problems in SB 230.

CHARIMAN GOULD announced that the next meeting would be held on the

HUMAN SERVICES COMMITTEE MEETING
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following Monday.

The meeting adjourned at 2:40 p.m.

A handwritten signature in dark ink, appearing to read "Budd Gould", is written above a horizontal line.

REPRESENTATIVE BUDD GOULD, CHAIRMAN

VISITORS' REGISTER

HOUSE

Therman Lawrence COMMITTEE

BILL

SB 427

Date

3-6-81

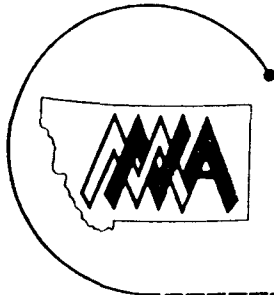
SPONSOR

S. Brown

NAME	RESIDENCE	REPRESENTING	SUP- PORT	OP- POSE
Judy Olson	Helena	MT Nurses' Assoc	X	
Beth Veigh	Great Falls	MT Nurses' Assn	X	
Barbara Harris	Butte	MT Nurses Assn	X	
Jo Stockton	Newtown	"	X	
Luigi Astle	Butte	"	X	
Valerie Walther	Missoula	"	X	
Jani Cromwell	Butte	Bd of Nursing	X	
Donna Small	Billings	MT Nurses Assoc.	X	
DeAnn Deegan	Livingston	MT Nurses Assoc.	X	
Phyllis McDonald	Helena	Bd of Nursing	X	
Mary Schwend	Boulder	St L.P.N. Ass	X	
Terri Spelling	Boulder	"	X	
Carol Jankota	Harre	MSLPNA	X	
Carolyn Egan	MSA	MSLPNA	X	
Sue Thompson	Tray Creek	MT & L.P.N. Assn	X	
Jo Hawley	Missoula	MNA President	X	
William Perry	Helena	Mont. Hosp. Assn	X	
Wm Jankota	Harre	Self		
Debra White	Helena	MT Nurses Pract Assn	X	
Chap Smith	Helena	Mont Hosp Assn	X	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.



Montana Nurses' Association

2001 ELEVENTH AVENUE

(406) 442-6710

P.O. BOX 5718 • HELENA, MONTANA 59601

March 6, 1981

My name is Donna Small. I am a Registered Nurse from Billings and Lobbyist for the Montana Nurses' Association.

Three years ago the Montana State Board of Nursing put out a call to all organized groups of nurses and any unorganized groups for whom a spokesperson could be identified to take part in a task force to study the Nurse Practice Act. There has not been a major change in the practice act since it was passed in 1913. Senate Bill 427 reflects much of the work of this task force.

The Montana Nurses' Association in support of their members and for the added protection of the public wishes to submit the following amendment. On page 16, between lines 12 and 13, we would like to insert item #5 to read as follows:

"The Board may define the educational requirements and other qualifications applicable to specialty areas of nursing."

We support the remainder of the bill in its entirety and encourage your support.

I will be happy to answer any questions for the Committee; and Phyllis McDonald, Executive Secretary of the Board of Nursing, is also here to answer questions.

WITNESS STATEMENT

NAME Donna Small BILL NO. SB 427
ADDRESS 1208 Oakland Dr. DATE 3.6.81
WHOM DO YOU REPRESENT Nt. Nurses Assoc.
SUPPORT X OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

WITNESS STATEMENT

NAME Juni Cromwell BILL No. 427
ADDRESS 417 Tranomic - Butte DATE 3/6/81
WHOM DO YOU REPRESENT Board of Nursing
SUPPORT ☒ OPPOSE ☐ AMEND ☐

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

II
March 5, 1981

Members of the House Public Health Committee.

I'm Janie Cromwell of 417 Travonia, Butte, Montana and am currently President of the Montana State Board of Nursing.

I speak in support of SB 427 for the re-establishment of the Board of Nursing. The purpose of this law is to safeguard the life and health of the public. This act regulates the practice of approximately 10,000 Registered Nurses and approximately 3,500 Licensed Practical Nurses in Montana.

In addition to the regulation of practice, the Board surveys programs of nursing for compliance with standards for schools that ensure quality education; administers the national exam which leads to licensure; relicenses individual nurses; and answers practice questions and complaints concerning practitioners in order to protect the public from the incompetent or unqualified practitioner.

Therefore, I believe this is a necessary law and request your vote in favor of SB 427. .

WITNESS STATEMENT

NAME Carol Jaksinski BILL No. SB 427
ADDRESS 901- 2nd Ave. Harris DATE 3/6/81
WHOM DO YOU REPRESENT Mont. LPN Association
SUPPORT X OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

TESTIMONY OF CAROL JASINSKI, LICENSED PRACTICAL NURSE, ON SENATE BILL 427, HEARINGS OF THE HOUSE PUBLIC HEALTH COMMITTEE, MARCH 6, 1981.

I am Carol Jasinski, a licensed practical nurse, or LPN. I represent the Montana LPN Association.

I am here in support of SB 427, but also to oppose one small section of the bill. My association supported this bill as it was originally recommended by the Legislative Audit Committee. We supported the composition of the Board of Nursing with 4 registered nurses, or RNs, 3 LPNs and 2 consumers. However, on the floor of the Senate there was an amendment to add one more RN to the board. We strongly oppose that particular part of the bill. Please let me explain why.

In the public mind, a nurse is a nurse, but there are four different types of nurses. There is a four-year nurse with four years of college and a college degree. They are called RNs or registered nurses. There are three-year nurses who take a three year diploma program combining on the job training in hospitals with courses taught at college. They are also RNs. There are two-year nurses with an associate degree for two years of college. They are also RNs. And there are LPNs or licensed practical nurses who are trained in vocational schools over periods from 12 to 18 months. Like the three types of RNs, they must pass a national examination for licensure.

After a three year task force study, of which I was a part, as were many others in the nursing profession, the task force report was submitted to the Legislative Audit Committee and that Committee concluded the Board of Nursing should be comprised of four RNs, three LPNs and two consumers. This is how SB 427 was originally written.

A board as proposed by the original bill will give a more equal distribution of the workload and will be the first time there will be a combined board for all nursing education.

The purpose of the law and the board is to safeguard the life and health of the citizens of the state through assuring quality education leading to licensure of a competent beginning practitioner, RN or LPN.

SB 427 places rule making policies in the hands of the board. As SB 427 was amended in the Senate it would appear these rules would lean heavily toward RN dominance and once again the LPN and the consumer would be left out.

Should a board be controlled by only faction or should members be fairly representative?

I feel that because many LPNs have academic degrees in other areas and/or have continued education in areas other than nursing; and the same can be said for the consumer; that they are well qualified to participate in the rule and decision making of this new board of a single administration as proposed in SB 427.

It should be clearly understood that the LPN Association does not oppose other amendments which were written into the bill in the Senate Public Health Committee. We do oppose the overbalance of RNs to the board.

We strongly urge a do pass of SB 427 with the composition of the board being amended to once again read on page 7, line 2 the number nine, page 7, line 4 the number four and page 14, line 6, the number nine. Thank you.

WITNESS STATEMENT

NAME Elizabeth Veign BILL No. SB 427
ADDRESS 708 15th Street So., Gt. Falls DATE 3-6-81
WHOM DO YOU REPRESENT Mt. Nurse Practitioner Interest Group
SUPPORT X OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

As member of the Executive Committee of the Mt. Nurse Practitioner Interest Group I would like to support the amendment offered by the Montana Nurses Assn.

VISITORS' REGISTER

HOUSE

Human Services

COMMITTEE

BILL

SB 307

Date _____

3-6-81

SPONSOR

Heimel

[illegible]

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

HOUSE

Human Services COMMITTEE

BILL

SB 230

Date

3-6-81

SPONSOR

Hager

NAME	RESIDENCE	REPRESENTING	SUP- PORT	OP- POSE
Josie Mola	Helena Mt.	Senior Citizens	X	
Steve Strickland	Helena	Therapist Group		✓
David Diller	Helena	Therapist Group		✓
Charlene Dalbec	Great Falls	Physical Therapist	✓	
Jan Delaney	Polson, MT	Physical Therapist	✓	
Ann Laxson	Fatespole, MT	Phys Therapist	✓	
David P. Fawcett	Helena, MT	Independent	✓	
Rich Gaydonik	OMSCA, MT	APTA - MT Chapter	✓	
Carrie Hayden	Missoula	Physical Therapist	✓	
Sue Thompson	Helena	Physical Therapist	✓	
Jerome Connolly	Bozinger	Physical Therapist	✓	
Kristhanna Olson	Bozinger	Physical Therapist	✓	
Jim Jensen	Helena	LISCA	X	
William Leary	Helena	MT Hosp Assoc		X
G. Brian Epps	Helena	MT Medical Assoc		X
Chad Smith	Helena	Mont Hosp Assoc		X
Judy Jacobson	Butte	Seniors	X	
Joe Roberts	Helena	L		

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

WITNESS STATEMENT

NAME Janmarie LePine BILL NO. SB 23
ADDRESS P.O. Box 568 Polson, MT 59860 DATE MARCH 6, 1981
WHOM DO YOU REPRESENT Montana Chapter, APTA
SUPPORT / OPPOSE AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

WRITTEN TESTIMONY SUBMITTED.

11

SUPPORTIVE TESTIMONY FOR SB 230

Jan Delaney, President
Montana Chapter, American Physical Therapy Association

The intent of SB 230 is to allow registered physical therapists to EVALUATE patients without prior referral from a physician. The bill in no way implies treatment. Actual treatment of a patient would still necessitate prior referral from a physician.

I am in favor of SB 230 and urge your support in its passage.

thank you.

Sue Thompson — Physical Therapist from Missoula

Since the enactment of Public Law 94-142 (The Education of all Handicapped Children Act of 1975) the scope and magnitude of physical therapy services in educational environments has increased. This law mandates that related services which may be required to assist a handicapped child to benefit from special education" (~~Section 4 [17]~~) shall be available. Physical therapy is a related service.

In order to comply with this law, education agencies have had to:

- hire a physical therapist directly
- hire physical therapy services through a health agency or private consultant.

In the educational setting — the Physical therapist is the only member of the Child Study Team (which includes occupational therapists and speech clinicians) who requires prior physician contact.

The consulting Physical therapists may only be able to visit rural schools 1-2-3 times a year. If a child is in need of therapy services or teachers need ideas on a child who hasn't received his physician's approval, the physical therapist cannot legally see that child on that particular visit. It may be 6 months or more before the physical therapists next visit. It's the child who loses out.

Physical therapy services may include screening — which is defined as the process of surveying large numbers of presumably normal children in order to identify those having previously undetected problems.

A good example of this is scoliosis screenings which have proven to be beneficial in detecting cases of early scoliosis which are then referred to be further checked by a physician. In many places these are being done by school nurses, but most often by physical education teachers. Physical therapists should be allowed to conduct these screenings but presently, it is totally infeasible to get a physician's order for every child to be screened.

It is for these reasons that I strongly favor the passage of SB 230 and I ask your support as well.



PHYSICAL THERAPY CLINIC

OF BILLINGS, P.C.
Cancer Center, 2nd Floor
1241 North 28th Street
Billings, Montana 59101

245-6513 - Billings
446-2525 - Red Lodge
Columbus & Hardin

JEROME B. CONNOLLY, R.P.T.
LORIN R. WRIGHT, R.P.T.

SENATE BILL 230

AS A PHYSICAL THERAPIST PRACTICING IN SOUTHCENTRAL AND EASTERN MONTANA, I TRAVEL TO SEVERAL RURAL COMMUNITIES ON A ONCE WEEKLY OR ONCE MONTHLY BASIS. MY ASSOCIATE TRAVELS TO GLENDIVE TO CONSULT ONCE EVERY TWO MONTHS. DUE TO VARIOUS PROBLEMS, INCLUDING PHYSICIAN AVAILABILITY, THE REQUIRED REFERRAL MAY NOT ALWAYS BE RECEIVED PRIOR TO OUR TRIP. THIS CAN RESULT IN CONSIDERABLE DELAY (UP TO TWO MONTHS IN MY ASSOCIATE'S CASE) WHICH CAN DELAY THE IMPLEMENTATION OF VALUABLE SERVICES AND COULD PERHAPS LEAD TO CONSIDERABLE DETERIORATION OF AN INDIVIDUAL'S CONDITION BEFORE THE NEEDED SERVICES CAN BE PROVIDED ON THE NEXT TRIP.

PHYSICAL THERAPISTS WHO CONSULT WITH NURSING HOMES, SMALL RURAL HOSPITALS AND MAKE HOME VISITS FACE SIMILAR PROBLEMS. THERE IS CONSIDERABLE DISTANCE TO BE TRAVELED IN EASTERN MONTANA AND A BURDEN AND HARDSHIP IS PLACED ON THE CONSUMER AS WELL AS THE PRACTITIONER UNDER THE PRESENT SITUATION.

PASSAGE OF SB 230 WOULD TAKE MEASURES TOWARD SOLVING THESE PROBLEMS.

WITNESS STATEMENT

NAME RICH GAJDOSIK BILL No. SB 230
ADDRESS 233 EAST CENTRAL DATE _____
WHOM DO YOU REPRESENT MONTANA STATE CHAPTER - APTA
SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

WRITTEN TESTIMONY SUBMITTED
TO SECRETARY

Richard Gajdosik, Physical Therapy Program Director
University of Montana
Missoula, Montana

Nationally, education programs for physical therapists must be accredited by an accrediting agency recognized by the Council on Post-Secondary Education (COPA), or by the Office of Education in the Federal Government. Currently, the Federal Government recognizes only the American Physical Therapy Association (APTA) as the accrediting agency for physical therapy programs.

Accreditation requires compliance with ten Standards and subsequent Criteria before students are eligible for state licensure. Standard VI - The Program Has A Comprehensive Curriculum Plan, requires inclusion of evaluation and recognition of areas in which structure and function are abnormal, and definitive physical therapy assessment and testing procedures. The Physical Therapy Program at the University of Montana is preparing physical therapists to evaluate patients in accordance with these requirements.

Our Program is currently being evaluated (the On-Site Visit and Evaluation occurred January 12, 13, 14, 1981) and accreditation is anticipated by March 12, 1981.

In addition to meeting these Standards, the philosophy of the Program is to emphasize evaluation and independent thinking so that graduates are better prepared to offer services in a rural setting.

WITNESS STATEMENT

NAME David P. Davidson BILL No. SB 230
ADDRESS 818 Power St. - Helena, MT. DATE 3/6/81
WHOM DO YOU REPRESENT Independent
SUPPORT X OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

David Davidson — Parent

I am speaking in behalf of the other parents here and for those who could not attend.

I have a very special reason for supporting this proposed bill which will allow physical therapists to evaluate before receiving a physician's referral.

Our son was born in 1975. The first year of his life, he had checkups every month. We suspected there was something wrong with him, he wasn't progressing like our first child. At each doctor's visit, my wife expressed her concern, — but was met with only reassurance that everything was OK.

We had called a physical therapist's office to request an evaluation. We had heard this particular physical therapist was quite knowledgeable in the field of children's delays in development. When we called, we were informed that we had to have a physician's referral; so our son could not be seen.

When he was 1 year old, the doctor finally called in specialists. Many tests were done, including a brain scan; again — we were assured, the tests were negative — normal.

We went on hoping for another year that they were right but our son was nearly 2 years old and he hadn't yet crawled well.

When he was 2 years old, he got bronchitis. My wife took him in for the illness and finally insisted that she wanted some answers. That doctor saw him a week later and referred him to physical therapy.

Our son has Cerebral Palsy, present from birth. If we had been able to get an evaluation and started treatment earlier, his development most likely would've been hastened.

After he began physical therapy, he was crawling within a month and he was walking independently a few steps within 2 months. He has received physical therapy since, and his improvement has been wonderful. He is now in a regular kindergarten class and is receiving therapy twice a week in school.

This is only one of many instances, where, if physical theapists could evaluate before receiving a doctor's order, perhaps these conditions would be caught earlier and treatment begun during the crucial time of development.

~~Senators~~ — this is why I support this bill and encourage your support too.
Congressmen

Mr. Chairman and Members of the Committee:

I would like to apologize for not being present today to speak in support of SB 230 but previous commitments keep me away. I am very much in favor of the bill to allow physical therapists^{to} evaluate prior to a physicians referral for the following reasons:

The evaluation process here in a school setting is presenting some problems in terms of our physical therapist.

Presently, our physical therapist is the only member of our child study team process (CST) requiring a medical doctor referral. The physical therapy evaluation in our school setting is, and should be, prior to physician referral and treatment. Having a physician referral now delays the CST process, adds paperwork and is frustrating to both parents and child.

Our school psychologist, speech pathologist, audiologist, peripatologist (one who teaches the blind to walk with a cane), school nurse and classroom teacher may all evaluate a child in the school setting with parental approval only. This facilitates and speed up the educational process. Then all concerned are able to evaluate and consult with parent and child, then contact a physician, if necessary for any of the disciplines.

Following or during a child evaluation, teachers are always asking for ideas. The physical therapist must call a doctor to even look at or discuss a child. This is absurd!

I urge you to support the Physical Therapy Association's concerns in changing the law to allow this evaluation of a child, by a physical therapist, prior to physician referral.

Thank you for your kind and positive attention to this concern on behalf of my physical therapist and the handicapped children we serve.

Respectfully,

Robert J. Deming, Assistant Superintendent

X

WITNESS STATEMENT

NAME CHARLENE DALBEC BILL No. SB230
ADDRESS 1208 1ST WESTHILL DR. DATE 3/6/81
WHOM DO YOU REPRESENT PHYSICAL THERAPISTS
SUPPORT ✓✓✓✓✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

This bill will benefit the consumers in Montana by allowing them an additional access to the health care field. It will provide evaluation only (not treatment) without prior physician referral.

11

WITNESS STATEMENT

NAME Joe Roberts BILL No. SB 230
ADDRESS 729 Eleventh Avenue DATE _____
WHOM DO YOU REPRESENT Legation Com for DD
SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

WITNESS STATEMENT

NAME John L. Harvey, Helena MT BILL No. 230
ADDRESS 1000 E. Harrison Helena MT DATE Nov 6 1981
WHOM DO YOU REPRESENT Senior Union as Consumer of Health Care
SUPPORT Yes OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

I highly recommend the passage of this Bill.
The passage of the bill would allow
patients to receive Physical Therapists
evaluations and treatments ^{and} without
the need of a Medical Doctor
service.

Thank you for allowing me to speak
and giving me your time
Sincerely,
John L. Harvey

X111

WITNESS STATEMENT

NAME Jim Jensen BILL No. SB 230
ADDRESS Helena DATE March 6
WHOM DO YOU REPRESENT LISCA
SUPPORT X OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

WITNESS STATEMENT

NAME CARRIE GAZDAR BILL NO. SP 230
 ADDRESS 233 East Central, Mpls, MN DATE 3-6-81
 WHOM DO YOU REPRESENT Physical therapist
 SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

I am a Physical Therapist from Minnesota.
 I work at the Minneapolis Developmental
 Center. I assist and work with
 handicapped children and adults in
 various instances.

I feel the profession of Physical Therapy
 has developed over the past 10 to 15 years and we are
 ready and prepared to accept the responsibility.
 I support this bill and urge your support.
 Thank you.

Amendments to S.B. 230

1. Page 1, line 11.
Following: "therapy"
Insert: "evaluation"
2. Page 1, line 15.
Following: "structures"
Strike: the comma
Insert: ";"
Following "the"
Strike: "establishment and"
Insert: "development, but not the implementation, of a plan"
3. Page 1, line 16.
Following: line 15
Strike: "modification"
Following: "treatment"
Strike: the comma and "and"
Insert: ";"
4. Page 1, line 17.
Following "services"
Strike: the comma
Insert: ";"