MINUTES OF THE MEETING
PUBLIC HEALTH, WELFARE & SAFTETY
MONTANA STATE SENATE

January 14, 1981

The meeting of the Public Health, Welfare & Safety Committee was called to order by Chairman Tom Hager on Wednesday, January 14, 1981 at 2:00 p.m. in Room 410 of the State Capitol Building.

ROLL CALL: All members were present. Kathleen Harrington, staff researcher, was also present.

Many visitors were in attendance. (See attachment.)

CONSIDERATION OF SENATE BILL 37: Senator Matt Himsl of Senate District 9, sponsor of Senate Bill 37, gave a brief resume of the bill. This bill is an act to establish a Montana Tumor Registry and to require reporting by hospitals of information on patients with tumors. Senator Himsl stated that in the last session of the Legislature $60,000 was appropriated for a Tumor Registry in Montana, but that there was no statutory provisions for its operation. 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 Systems of Salt Lake City. Information from the regional systems and followup 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 cost of the system would be borne by the state. The amended executive budget carries a $100,000 appropriation in the Department request for a registry and poison control.

Patricia Elliot of the Department of Health and program manager of the Montana Central Tumor Registry, stated the department's support of the bill. Mrs. Elliot gave a brief history of the registry and its workings. She stated that given the opportunity to collect future data for another two years would allow the M.C.T.R. to have at least four years of detailed cancer data and accomplish the goals and objectives of the program. She handed out several informational papers. (see attachment.)

Ralph Gilroy of the Montana Health Systems Agency stated his support of the bill. Mr. Gilroy stated that there is a great need for an ongoing Tumor Registry. The Montana Health Systems Agency prepares and approves the Health Systems plan for Montana. In the Hospice care program components of that plan, they emphasize factors affecting the potential demand for Hospice services and the ability of the Hospice Program to deliver care. One of the factors is the presence of occupational groups exposed to unusually high risk of cancer or other terminal diseases. The Preventive Health Services Bureau of the State Department of Health and Environmental Sciences has initiated a Tumor Registry with 46 hospitals in Montana participating. Data on cancer patients will be collected for a two year period and an analysis of cancer incidence patterns will be conducted.

Mary Kerins, the Tumor Registrar, stated that the tumor registry keeps track of all the patients who enter the hospital with the diagnosis of cancer. A record of the type of cancer, location, operations performed, if any, and the treatment given are recorded and sent to a central collection agency. Here the information is computerized and broken down into geographical area, showing what cancers are prevalent in what areas, operations and treatment and that are effective on certain types of cancer. The patients are checked on periodically, to see what their status is and if more treatment is needed. This is a tremendous tool in research, to the hospital and to the patient. The tumor registry can do much in helping to conquer cancer.

Jerome Loendorf of the Montana Medical Association stated that at the present time physicians are able to treat many patients with medications for advancing cancer with success that was absolutely unheard of even four to five years ago. Mr. Loendorf stated that SB 37 is in the best interest of the patients of this state, and encouraged everyone to vote in favor of it.

Judy Olson of the Montana Nurses Association stated her groups supports of the bill and felt the information would be very valuable.

David Lackman of the Montana Public Health Association stated that for many years his group has worked trying to relate genetic defects in the immune system to cancer. Lack of data on occurance of tumors has been a road block in these investigations. The original registry was established in Missoula. It is important to continue the registry in

Montana, especially because environmental factors have entered the picture.

William Leary of the Montana Hospital Association stated his support of SB 37, however, he did offer some amendments (See attachment)

Dr. John Anderson of the Department of Health Administrator stated his support of the bill. He does not feel, however, that the hospitals need to be reimbursed for handing the reports.

Chad Smith of the Montana Hospital Association stated his support of the bill with the offered amendments of his group.

There were no opponents to the bill.

Senator Himsl closed by saying that the requirements and the cost of this program is a small price to pay in the desperate battle against cancer. Senator Himsl urged favorable consideration of the bill from the committee.

The meeting was opened to a question and answer period from the committee. Discussion was held. Tumor will mean malignant. The cost of computer processing will be $2.30 per report and be going up to $2.55 per report as of the first of July of 1981.

CONSIDERATION OF SENATE BILL 73: Senator George McCallum of Senate District 12, sponsor of the bill, gave a brief resume. This bill is an act to automatically assign support rights of persons applying for public assistance to the Department of Social and Rehabiliation Services, and providing an effective date.

Judy Carlson from the S.R.S. stated her support of the bill and stated that this bill would assign rights when application is made for Medicaid, and also child support. 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. This bill would allow the SRS to reduce their error rate, decrease their paperwork and also decrease the possibility of fiscal penalties This bill meets the federal requirements for the assignment of support rights. It meets the goals for more efficient and effective operations. It meets the goals for providing care for the needy by collecting from those who have the resources to pay. It further cements the duty of parents to support their children. Mrs. Carlson asked for favorable consideration of the bill.

There were no opponents to the bill.

In closing Senator McCallum offered some amendments from the S.R.S. to help the bill be more efficient.

The amendments would be as such:(1) Title, line 8; Following: "THE"; Insert: "STATE, THE" (2) Title, line 8; Following: "SERVICES" Insert: "AND THE COUNTY WELFARE DEPARTMENT" (3) Page 1, line 20 Following: "2" Strike: "Effective at the time of application, a" Insert: "A" (4) Page 1, line 21 Following: "the" Insert: "state, the" (5) Page 1, line 22 Following: "department" Insert: "," (6) Page 2 line 7 Following: "support" Insert: "and medical".

DISPOSITION OF SENTATE BILL 73: A motion was made by Senator Norman that the above proposed amendments be accepted. Seconded by Senator Johnson. Motion carried. (See attachment.)

A motion was made by Senator Norman that Senate Bill 73 be given a "DO PASS,AS AMENDED" recommendation from the Committee. Motion carried Unanimously. (see attachment)

ADJOURN: With no further business at this time the meeting was adjourned with the next meeting to be held on Monday, January 19, 1981 at 1:00 p.m. in Room 410.

Tom Hager

CHAIRMAN, Senator Tom Hager

eg

ROLL CALL

PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

47th LEGISLATIVE SESSION - - 1981 Date JANUARY 14

NAME	PRESENT	ABSENT	EXCUSED
Tom Hager	✓		
Matt Himsl	✓		
S. A. Olson	✓		
Jan Johnson	✓		
Dr. Bill Norman			
Harry K. Berg	✓		
Michael Halligan	✓		

Each day attach to minutes.

DATE

COMMITTEE ON S.B. BILL NO. 37

VISITOR'S REGISTER

NAME	REPRESENTING	Check One: Support	Oppose
John Anderson MD	Dept of Health	✓	
Ralph Dilbray	Montana Health Systems Agency	✓	
Patricia Elliott	Dept of Health	✓	
Bryan E. Costigan	Legislative Aid		
Mary E. Desai	Tumor Registar		
Helen E. Fraser	Montana Hospital Assn	✓	
Jerine F. Leonard	Mt. Medical Assn.	✓	
~~Martha Ellen Hurley~~			
David Lackman	MT Public Health Assn	✓	
CHAD SMITH	Mont Hosp Assn	amend	

(Please leave prepared statement with Secretary)

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!

NAME Patricia Elliott BILL NO. 37

ADDRESS S.R. Box 69 DATE 1-14-81

WHOM DO YOU REPRESENT Dept. of Health / Mt. Central Tumor Registry

SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

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 1,482 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 metastases

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 statewide 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

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

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

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.

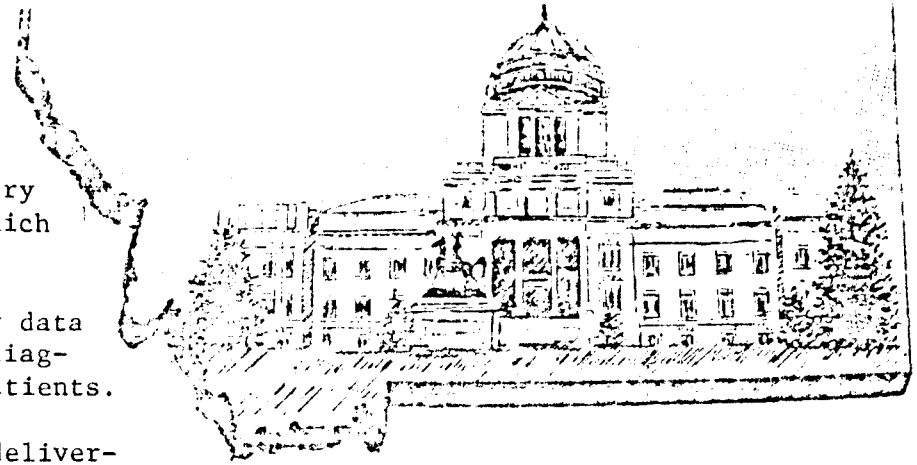
2. Assistance to the physician in delivering the best possible medical care to the patient with cancer.

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 hir or train their own abstracto and their only responsibilit is to make available to MCTR personnel all cancer cases.

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

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

CANCER REGISTRY ABSTRACT FORM

Revised 2/78 AS-14

tification

Reporting Hospital	Abstracted By	Date	Coded By	Date	Checked By

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) (Middle) (Maiden) — **CARD NO. 2** — Name of Spouse

Current Address: Street, City, County, State, Zip Code

Address at DX: Street, City, County, State, Zip Code

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

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

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

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

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

iption 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

In 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

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

Follow-

Date of Last Follow-up or Death: _____

Status of Patient: Alive___ Dead___ Status of Tumor: No Evidence (in remission)___ Evidence ___ Unknown ___

Autopsy: Yes___ No___ Unknown___

Place of Death _____

Cause of Death _____

Misc. Comments:

Physician responsible for follow-up

2nd Physician

3rd Physician

NAME RALPH GILDROY BILL NO. S.B. 37

ADDRESS 324 FULLER AVE, HELENA DATE 1/14/80

WHOM DO YOU REPRESENT MONTANA HEALTH SYSTEMS AGENCY

SUPPORT ✓ OPPOSE AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

THERE IS A GREAT NEED FOR AN ONGOING TUMOR REGISTRY. THE MONTANA HEALTH SYSTEMS AGENCY PREPARES AND APPROVES THE HEALTH SYSTEMS PLAN FOR MONTANA. IN THE HOSPICE CARE PROGRAMS COMPONENT OF THAT PLAN WE EMPHASIZE FACTORS AFFECTING THE POTENTIAL DEMAND FOR HOSPICE SERVICES AND THE ABILITY OF THE HOSPICE PROGRAM TO DELIVER CARE.

ONE OF THOSE FACTORS IS:

"the presence of occupational groups exposed to unusually high risks of cancer or other terminal diseases. The Preventive Health Services Bureau of the State Dept. of Health & Env. Sciences has initiated a Tumor Registry with 46 hospitals in Montana participating. Data on cancer patients will be collected for a two year period and an analysis of cancer incidence patterns will be conducted."

NAME Mary E Kenna BILL NO. 37

ADDRESS PO Madison DATE 1-14-81

WHOM DO YOU REPRESENT _____

SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

Senate Bill #37

The tumor registry keeps track of all the patients who enter the hospital with the dx of Cancer. A record of the type of cancer, location, operation performed (if any) and the treatment given are recorded and sent to a central collection agency. Here the info is computerized to give documents geographical areas showing what cancers are prevalent in what areas, operations and treatments that are effective on certain types of cancer. The patients are checked periodically to see what their status is, alive, if more treatment is needed, etc. There is a tremendous tool in research, to the hospital and to the patient. I believe the tumor registry can

do much in helping to conquer
Cancer. I believe Senate Bill 37
can help important in the fight
against Cancer.

NAME Jerome T Loendorf BILL NO. 37

ADDRESS 2225 11th Ave, Helena, Mt. 59601 DATE 1-14-81

WHOM DO YOU REPRESENT M.M.A.

SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

See Statement John W. McMahon, M.D. attached

MONTANA MEDICAL ASSOCIATION

2021 Eleventh Avenue • Suite 12 • Helena, Montana 59601

January 14, 1981
Wednesday

TO THE SENATE PUBLIC HEALTH COMMITTEE

SENATE BILL #37,"AN ACT TO ESTABLISH A MONTANA TUMOR REGISTRY AND TO REQUIRE REPORTING BY HOSPITALS OF INFORMATION OF PATIENTS WITH TUMORS"

Mr. Chairman and Members of the Committee:

Many of us concerned about the best possible management of patients with cancer have been working toward the establishment of a statewide tumor registry for a number of years. Several years ago the Montana Foundation for Medical Care took over this program and within two years had, in fact, all the hospitals in the state but three involved with the program. Unfortunately, the funding to continue the program through the Foundation was terminated. Accordingly, in the last legislative session, in your wisdom, you did, in fact, establish a statewide tumor registry through the State Department of Health and Environmental Sciences. The present program is run by the state department with the cooperation of the Foundation. We certainly do not expect the majority of you as lay people to understand the function of a tumor registry. In fact, many physicians are unclear about its utilization and its aims. Most recently, the Legislative Auditor's Office has recommended that the registry not be funded in this session. This is in contrast to the recommendations of Governor Schwinden in that he includes funding for the registry in his budget.

When we learned that the Legislative Auditor's budget and that of the immediate past governor did not include continued funding for the tumor registry we did, in fact, contact the office of Governor Schwinden and were most pleased to see that his budget included appropriate funding for the registry. However, the entire issue certainly notified us that the general understanding of what the tumor registry was all about and what it could accomplish on behalf of the citizens of this state were poorly understood.

A few years ago the tumor registry in the Oakland area of California was responsible for identifying an industrial pollutant in one single industry that was responsible for a number of cancers in that area. The individual patients were seen by multiple physicians and treated at multiple areawide hospitals. Because there was a central registry through which all these cases were reported the staff of that registry was rapidly able to determine that all of these patients were, in fact, employees of a single industry. Because the registry existed, multiple future employees of that industry were protected from the continued exposure to the offending agent. It probably would have been years before any one physician or any one institution would have accumulated enough cases to make the same determination without the presence of the registry.

At the present time, physicians are able to treat many patients with medications for advancing cancer with success that was absolutely unheard of even four to five years ago. Particular examples of such diseases which are now greatly helped with medications are cancer of the ovary in women and oatcell carcinoma of the lung in both men and women. The latter cancer was, at one time, associated with the absolutely worst prognosis possible for cancer of the lung in humans.

Too, with advances in chemotherapy physicians are now able to radically change the course of this disease in a great majority of those patients. In fact, oatcell carcinoma of the lung has a better prognosis than either squamous cell or adeno carcinoma of the lung unless the latter two are localized diseases and amendable to surgical resection. Chemotherapy has changed the prognosis for the grade three and grade four carcinomas of the ovary radically in the last few years.

Unfortunately, some of the medications utilized to treat these diseases are, in fact, in themselves potentially carcinogenic. That is, they may ultimately be responsible for the development of other cancers in these patients. We may well find out in ten to fifteen years that patients whose treatment brought about a cure of ther malignancy orginally may well now be responsible for a new cancer. A registry with detailed summaries of treatment will allow the immediate recall of vast numbers of patients for early diagnosis and appropriate management if in fact that proves to be the case in the future. Without the registry, or some similar vehicle, patients in our widely dispersed population with their unbelievable mobility from community to community will not be so readliy located.

Many physicians are currently objecting to including their patients in the program for fear of a breach of confidentiality. The proposed bill will alleviate that problem by insuring that cancer is a reportable disease and as such physicians and hospitals will not be breaching in any way patient confidentiality by reporting their diseases.

As an individual physician, I am notified on a regular basis that my patients are due for a follow-up for their cancer. I can elect to have those notifications sent at whatever intervals I request. At the time of that request, I simply state the present condition of the patient, any change in their disease state since my last reporting, and any change in therapy.

Accumulative data are regularly gathered by the central tumor registry and disseminated throughout the region. We cannot at a glance determine if in fact patients with cancer of the colon or cancer of the uterus or cancer of the skin have a poorer or better prognosis in Montana than say in Utah. If we were to find out that in fact patients statistically consistently were having a better outcome in Utah than they were in Montana, it would certainly stimulate us to see if in fact we were either 1) not diagnosing the cancer early enough in Montana or 2) inappropriately treating it in Montana.

On behalf of the Montana Medical Association I certainly wish to thank Senator Himsl for his enthusiasm in helping us make the most optimal care possible available for cancer patients. Senate Bill #37 is in the best interests of the patients of this state. We certainly encourage you in your wisdom to give this bill an affirmative vote and we certainly hope and encourage you to insure the appropriate funding for this legislation when given the opportunity later in the session.

Sincerely,

John W McMahon, M. D.

John W. McMahon, M.D., Chairman
Committee on Legislation

JWM:vm

NAME Judy Olson BILL NO. SB 37

ADDRESS _____ DATE 1-14-81

WHOM DO YOU REPRESENT MT Nurses' Assoc.

SUPPORT X OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

NAME: David B. Laetzman, Ph.D. DATE: January 14, 1981

ADDRESS: 1400 Winne Ave., Helena, MT 59601

PHONE: 443-3494

REPRESENTING WHOM? Montana Public Health Association

APPEARING ON WHICH PROPOSAL: SB 37 - Establish Tumor Registry

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

COMMENTS: For many years I have worked trying to relate genetic defects in the immune system to cancer. Lack of data on occurrence of tumors has been a road-block in these investigations. The original registry was established in Missoula in memory of Drs. Blegen & Honeycutt. IT is important to continue a registry in MT; especially because environmental factors have entered the picture.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

SENATE BILL NO. 37

Mr. Chairman: I move to amend Senate Bill no. 37 on page 2 following the period in line 5 by adding the following sentence:

"The department shall pay the hospital $3 for each report received."

I move to further amend Senate Bill No. 37 on page 3, lines 2 through 9 by deleting all of Section 7.

1/14/81

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