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

APRIL 3, 1981

The meeting of the Public Health, Welfare & Safety Committee was called to order by Chairman, Tom Hager, on Friday, April 3, 1981 at 12:30 in Room 410 of the State Capitol Building.

ROLL CALL: All members were present except Senators Johnson and Berg who were both excused. Kathleen Harrington, staff researcher, was also present.

Many visitors were also in attendance. (See attachments.)

CONSIDERATION OF SENATE RESOLUTION 3: Senator John Manley of Senate District 14, chief sponsor of SR 3, gave a brief resume. This is a resolution of the Senate of the State of Montana to Ronald Reagan, President of the United States, the Commissioner of the United States Food and Drug Administration, the Honorable John Melcher, Senator from Montana, the Honorable Max Baucus, Senator from Montana, the Honorable Ron Marlenee Congressman from the Second Congressional District, the Honorable Pat Williams, Congressman from the First Congressional District, and Ted Schwinden, Govenor of the State of Montana, encouraging them to have rescinded a regulation of the Federal Food Administration that would cause the closure of the Deer Lodge Research Unit which conducts drug research at the Montana State Prison because such closure would cause great economic hardship for the community of Deer Lodge, Montana.

Tom Collins, director of the University of Montana Foundation, stood in support of the bill. He told the history of the Research Unit. It has been in operation since 1966. The problem stems from the Department of Health, Education and Welfare stated that prisoners cannot be used for research unless they are ill. The Unit is owned by the University of Montana Foundation which does the research. Mr. Collins read a letter from Senator Mike Mansfield which was written in 1976 to the Department of HEW stating the need for the Unit and also the good that is being done at the Unit.

Francis Bertoglio, a MD from Deer Lodge who is involved with the Research Unit, stood in support of the bill. He stated that the Unit also helps the prisoners as they are paid for the test that they are involved in, it is a good change of routine, and it gives them the idea that they are helping their fellow man. Many many are in favor the this

resolution. There is a very definite impact on the community of Deer Lodge from the Research Unit. The Unit does a complete study of each drug and keeps a complete history on each drug. Everything is done in a very professional manner.

Leon Carmon, who is the head of the Montana State Prison Research Unit, stood in support of the bill. He stated that the fiscal impact to the town of Deer Lodge would be approximately $275,000.00 in salary and services per year. There are 665 prisoners in Deer Lodge at the present time, of that number 443 have volunteered to come under the research of the Unit. Mr. Carmon gave a few examples of what the prisoners are paid, for example, blood samples are paid for $2.00 each; urine samples are paid at $.50 each. Each inmate participating in the program is given a complete physical and his or her complete medical history is gone over before participation in the program can begin.

Curt Chisolm, the deputy director of the the Department of Health and Environmental Sciences, stood in support of the bill. He stated that this is the best possible way to study a population which is under confinement. He stated that there have been no serious reactions to the treatments and testing being done this far. Warden Crist wrote a letter to the DHEW commending the program. Mr. Chisolm read an article out of the "Corrections Magazine" telling about the program of research at the Deer Lodge Institution. Many states do not even realize that this program exists.

With no further proponents, the Chairman called on the opponents. Hearing none, the meeting was opened to a question and answer period from the Committee.

Senator Halligan pointed out that the value of the research is not listed in the resolution and he felt that it should be. Kathleen will work on some amendments to the same.

Senator Himsl asked why there was a blanket directive put out for all of the research units at the various prisons. A problem had arisen at a southern research center was the reason for the blanket directive.

Seantor Manley closed.

Senator Olson then took over the chair of the meeting.

CONSIDERATION OF SENATE JOINT RESOLUTION 34: Senator Tom Hager of Senate District 30, chief sponsor of SJR 34, gave a brief resume of the bill. This bill is actually a Committee Bill. This is a Joint Resolution of the Senate and the House of Representatives of the State of Montana requesting an interim study of licensing laws regarding facilities that provide protective oversight, supervision, personal care, and health care to the young, disabled, infirm, or elderly of the state. Senator Hager pointed out that the Committee had heard 35 licensing bill, many which would have to do with registration and certification of different homes. The bill would require a 2 year study during the interim.

Judy Carlson representing the Department of Social and Rehabilitative Services, stood in support of the bill and stated that her department would cooperate to the fullest with the study.

George Fenner, administrator of the Division of Hospitals and Medical Facilities of the DHES, stood in support of the bill. Mr. Fenner agreed that the licensing laws for the different categories of facilities that provide protective oversight, supervision, personal care, and health care to the young, disabled, infirm or elderly of the state are confusing.

A further confusing issue is which state department is responsible for licensing, for health and safety standards, as opposed to which is responsible to program standards. Mr. Fenner offered some amendments to the bill to include swing beds, boarding homes, and retirement homes. His department is looking forward to being involved in the study.

Rose Skoog, representing the Montana Nursing Home Association, stated that her group supports SJR 34. Present health care licensing statutes and regulations are confusing, at conflict with each other and at times create a fragmentation of the health care network which creates problems for people needing health care as well as those providing that care.

This session has seen the introduction of still more legislation to create new kinds of care and facilities without adequate attention being paid to defining the type of service to be offered and type of people who would utilize the service. It is hoped that the study being proposed will lead to clear definition of services and who can provide those services, as well as whether those services should be regulated and who should regulate them. This resolution is very appropriate. (See attachments.)

Doug Olson, attorney for the DHES, asked that the resolution include the Department of Institutions and also the Alcohol and Drug Abuse Centers. He stated his support of the resolution.

With no further proponents, Senator Olson called on the opponents. Hearing none, the meeting was opened to a question and answer period from the Committee.

There were no question from the Committee.

Senator Hager closed. He stated that there had been a study made in 1976, however, it did not address any of the issues that are being asked for in this resolution.

ANNOUNCEMENTS: The next meeting of the Public Health, Welfare and Safety Committee will be held on Saturday, April 4, 1981 at 1:00 to take executive action on the bills heard at this meeting.

ADJOURN: With no further business the meeting was adjourned.

SENATOR TOM HAGER, CHAIRMAN

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ROLL CALL

PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

47th LEGISLATIVE SESSION - - 1981 Date April 3

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 _____

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Check One: Oppose
Dave THOMAS	Self	SJR 34		
Dale Taliaferro	Health Planning	SJR 34		
Marian Pass	"	"		
VERN SKILLIN	D.H.E.S.	SJR 34		
James L. Hill	DHES	SJR 34		
[illegible]	DHES	SJR 34		
[illegible] H. Carlson	SRS	SJR 34		
Douglas B. Olson	DHES	SJR34		
Francis J Butaglio	MONTANA - Descod.	SJ034		
Peggy K. Cannon	Montana Prison Research	SJ034		
Thomas J. Collins	Univ of Montana Law	SJR 034		
Chuck Smith	Mont Hospital Assn	SJR 34		

(Please leave prepared statement with Secretary)

April 3, 1981

Mr. Chairman and Members of the Committee:

My name is George M. Fenner and I am administrator of the Division of Hospital and Medical Facilities of the Department of Health and Environmental Sciences.

I am in support of Senate Joint Resolution 34 and would agree that the licensing laws for the different categories of facilities that provide protective oversight, supervision, personal care, and health care to the young, disabled, infirm, or elderly of the state are confusing.

A further confusing issue is, which state department is responsible for licensing, for health and safety standards, as opposed to which is responsible for program standards.

The Department of Health and Environmental Sciences, Department of Social and Rehabilitation Services, Department of Institutions, and other departments of state government were involved during 1980 in a Cost of Alternative Care Study. I am submitting herewith a copy of the final report of that study for the Committee's utilization.

I would like to suggest that on page 2, paragraph 2, under line 15, (e) nursing homes, that after "nursing homes" the words "skilled nursing and intermediate care" be inserted.

After (g), add (h) and insert "residential and transitional living facilities."

Add (i) and insert "swing beds."

Add (j) "boarding homes."

Add (k) "retirement homes."

Mr. Chairman and Members of the Committee, these additional inserts that I have suggested, that you wish to amend, are already in the spectrum of facilities which take care of people in this state or will be taking care of them in the future, some of which come under the federal regulatory process.

The Department of Health and Environmental Sciences has been involved in the licensure and regulatory process regarding many of these facilities, and I respectfully request that the Department be referred to in the resolution as a resource for input into the Committee's deliberations. This would allow us to involve the State Health Planning and Development Agency and the State Health Coordinating Council who have indicated interest.

Cost of Alternative Care Study

Final Report - July 1980

Bureau of Health Planning and Resource Development

Division of Hospital and Medical Facilities

Montana Department of Health and Environmental Sciences

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STATEMENT OF ROSE SKOOG, EXECUTIVE DIRECTOR,
MONTANA NURSING HOME ASSOCIATION

SENATE PUBLIC HEALTH COMMITTEE

SENATE JOINT RESOLUTION NO. 34

The Montana Nursing Home Association supports SJR 34 calling for an interim study of licensing laws dealing with various social and health care services.

Present health care licensing statutes and regulations are confusing, at conflict with each other, and at times create a fragmentation of the health care network which creates problems for people needing health care as well as those providing that care.

This session has seen the introduction of still more legislation to create new kinds of care and facilities without adequate attention being paid to defining the type of service to be offered and type of people who would utilize that service.

It is hoped that the study being proposed in SJR 34 will lead to clear definition of services and who can provide those services, as well as whether those services should be regulated and who should regulate them.

We need to provide a clearly defined continuum of care for our residents and a clearly defined regulatory system that providers can understand and work within. We feel that SJR 34 is an appropriate first step toward that goal.

HEALTH CARE DEFINITIONS OF INTEREST - STATUTES

health care facility	Long term care. (50-5-101(16)(a). "provides skilled nursing care or intermediate nursing care to a total of two or more persons or personal care to more than three persons who are not related to the owner...."
health care facility	Personal care. (50-5-101(16)(a)(iii). "the provision of services and care which do not require nursing skills to residents needing some assistance in performing the activities of daily living."
Adult foster care; group home; 4 or fewer persons	Light Personal Care. (53-5-302). "...assisting the aged person or disabled adult in accomplishing such personal hygiene tasks as bathing, dressing, hair grooming and supervision of prescriptive medicine administration, but not administration of prescriptive medications."
DD group homes; 2 to 8 persons; up to 12 2/approval	Community home. (53-20-302). "A community home for the developmentally disabled is a family-oriented residence or home designed to provide facilities for two to eight developmentally disabled persons, established as an alternative to existing state institutions. The number of developmentally disabled persons may not exceed eight in such a community home, except that the department of social and rehabilitation services may grant written approval for more than eight but not more than twelve persons. 53-20-307. Standards and rules for licensing. The department of health and environmental sciences shall promulgate and adopt standards and rules for licensing of community homes for the developmentally disabled to insure the health and safety of the residents of such homes. 53-20-301. "The Legislature, ... establishes by this part a community developmentally disabled home program to provide facilities and services for the training and treatment of the developmentally disabled in family-oriented residences and establishes a program to provide such homes through local nonprofit corporations.
health care facility	Adult day care. (50-5-101(1). "...a facility, free standing or connected to another health care facility, which provides adults, on an intermittent basis, with the care necessary to meet the needs of daily living.
health care facility	Home Health agency. (50-5-101(12). "...means a public agency or private organization or subdivision thereof which is engaged in providing home health services to individuals in the place where they live...."

REGULATIONS

Department of Health and Environmental Sciences:

16.32.346. Minimum Standards for mental health and retardation facility, licensing and certification.

16.32.346(11) A residential facility will provide accommodations for mild or moderately retarded persons who, by reason of necessity must remain on the premises for education, training and daily living activities.

16.32.346(12). A half-way house or group home facility must provide housing, counseling, and group-activity services for individuals capable of self care. The major function of such a facility is to provide as much independence in living as can be maintained and which will assist the individual in his transition from institutional to community life.

Health care facility standards:

Minimum standards for all health care facilities:

16.32.305 Food service
16.32.306 Blood bank and transfusion services
16.32.307 Communicable disease control
16.32.308 Medical records
16.32.309 Physical plant and equipment maintenance
16.32.310 Environmental control
16.32.311 Disaster plan
16.32.312 Written policy and procedure

Minimum standards for hospitals: 16.32.321 through 16.32.330.

Minimum standards for an infirmary. 16.32.340.

Minimum standards for a mental health and retardation facility. 16.32.346.

Minimum standards for an outpatient facility. 16.32.355.

Minimum standards for skilled and intermediate care facility. 16.32.360 through 16.32.363.

Minimum standards for home health agency. 16.32.370.

Minimum standards for health maintenance organization. 16.32

Minimum standards for personal care facility. 16.32.380 through 16.32.385.

Minimum standards for kidney treatment center. 16.32.396.

TYPE OF PERSON	TYPE OF CARE
Can care for self	Boarding home
Needs assistance with house work, in preparing meals--but not health care	Homemaker services
Needs nursing and/or assistance in activities of daily living--at home	Home health care
Needs care when other assistance is not available or on intermittent basis	Adult day care
Needs assistance in daily living activities but not nursing care	Personal care (in facility of over 4 persons)
Needs assistance in daily living activities but not nursing care	Light personal care (1-4 persons--group home)
Needs training in daily living activities to encourage independent living	DD Group home
Needs nursing care not requiring skills of RN	Intermediate nursing care
Needs nursing care requiring skills of RN	Skilled nursing care
Needs care utilizing skills of RN's and physicians	Hospital care

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2/13/81

PUBLIC HEALTH COMMITTEE

HOUSE BILL 686

HB 686, providing for licensure of residential care facilities, duplicates and conflicts with health related provisions of present statutes and regulations and compromises the well-being of potential users of residential care services.

Distinction between "residential care" and "personal care". In many health care circles, the terms "residential care" and "personal care" are used interchangeably. This bill attempts to differentiate between residential care and personal care by describing residential care as "light personal care". Enforcement of licensing provisions based on this type of distinction will be nearly impossible. And the problem is compounded when you take into account that personal care licensing is already authorized under Title 50, Chapter 5--pertaining to health care facilities--while this proposed legislation seeks to license "light personal care" under Title 50, Chapter 51--pertaining to hotels, motels and roominghouses.

Section 50-5-101(16)(a) defines "long term care" as a facility which:

> "provides skilled nursing care or intermediate nursing care to a total of two or more persons or personal care to more than three persons who are not related to the owner...." (Emphasis added.)

Section 50-5-101(16)(a)(iii) defines "personal care" as:

> "the provision of services and care which do not require nursing skills to residents needing some assistance in performing the activities of daily living." (Emphasis added.)

Into this already confusing area of "level of care" the proposed legislation attempts to interject yet another level and defines "residential care" as:

> "...the provision of room and board and light personal care as defined in 53-5-302." (Emphasis added.)

Title 53, Chapter 5, Part 3 is an "adult services" area of law dealing with a program administered by the Department of Social and Rehabilitation Services known as the Adult Foster Family Care program. Under this program, "light personal care" is defined as:

> "...assisting the aged person or disabled adult in accomplishing such personal hygiene tasks as bathing, dressing, hair grooming and supervision of prescriptive medicine administration, but not administration of prescriptive medications."

It should be pointed out that this definition is intended to deal with care of aged or disabled adults in a group home setting for four or fewer persons.

This legislation appears to be trying to expand the "group home" concept to boarding homes. The problem with doing this is that standards for groups homes are relaxed and less stringent than for larger facilities because of the small home-like atmosphere and because of the ability to handle a small number of people in the event of an emergency. Expanding this concept and lack of health care facility standards to a larger facility--a boarding home of any size--will clearly jeopardize the safety of the residents.

It is inconsistent to define a "personal care facility" as a long term health care facility and license it under the health care related provisions of the statutes and regs, and then license "light personal care" elsewhere in the statutes as a hotel, motel or boardinghouse--as this legislation is asking you to do.

Other definitions of interest:

> 50-5-101(1). "Adult day care center" means a facility, free-standing or connected to another health care facility, which provides adults, on an intermittent basis, with the care necessary to meet the needs of daily living.

50-5-101(12). "Home health agency" means a public agency or private organization or subdivision thereof which is engaged in providing home health services to individuals in the places where they live...."

New category unnecessary. Present statutes and regulations adequately define and provide for the range of services available to our elderly population and this new category is unnecessary, confusing and will in all likelihood serve only to lower the standards for what is now known as "personal care". Even if this category were necessary it should be included in Chapter 5 relating to health care facilities and not under Chapter 51 related to hotels and motels.

Quality of care provided. All facilities licensed as health care facilities must meet minimum standards with respect to annual inspections, construction, fire and life safety codes, food service, communicable disease control, medical records, maintenance of plant and equipment, disaster plans and drills, and written policies and procedures with respect to all services provided. This includes personal care facilities. These standards have been developed for the health and safety of residents and in response to abuses and problems which arose when such standards did not exist. The proposed legislation lowers the standards required to be met by those providing services to those unable to care for themselves and erodes the protections developed over a number of years for their benefit.

Present licensing abuses. Although present law requires a personal care license to provide personal care services, several boarding homes around the state are operating without the required license--using only their boarding home license. These facilities in all likelihood are not licensed as personal care facilities because they don't meet minimum standards. This proposed legislation will add to the problem since it will move these places one step closer to legality--even though they don't meet the required minimum standards established for the health and safety of residents.

The people who stand to gain from this legislation are: (1) the people now operating personal care facilities without benefit of the appropriate license and those who might wish to offer this type of service in the future without meeting personal care standards; and (2) the Department of Health who will not have to enforce the personal care standards. The residents of these facilities have nothing to gain by passage of this legislation but stand to lose protections provided them in present law.

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OPPOSITION TO HB 187

STATEMENT OF THE MONTANA NURSING HOME ASSOCIATION

For the record, my name is Rose Skoog, Executive Director of the Montana Nursing Home Association, and I reside at 1517 Stuart, Helena, Montana.

We favor availability of health care services, but feel that any such services must: (1) provide quality care to the recipient; and (2) be cost effective. There must be quality and financial accountability in any program and we feel this legislation fails in both regards.

FINANCIAL PROBLEMS

--no appropriation included in the SRS Budget
--will be funded with 100% State funds
--will cost more than most nursing homes
--does the State want to pay more for less
--fiscal note does not seem to include all costs

EXAMPLE OF COMPARATIVE DATA ON PERSONAL CARE

PERSONAL CARE

Monthly cost (as estimated by SRS in fiscal note)			$525.00/month
Deduct: SSI Payment		$287	
Less Personal Allowance		(25)	(262.00) (SSI amount applied to PC)
TOTAL COST TO STATE FOR PERSONAL CARE (100% General Funds).....			$263.00/ month

NURSING HOME CARE

Monthly cost ($28.52/day--cost per service from SRS budget for 1983-- x 30 days)			$855.60/month
Deduct: SSI Payment		$287	
Less Personal Allowance		(25)	(262.00)
			$593.60
Less: Federal Contribution (65.34%)			(387.86)
COST TO STATE FOR NURSING HOME CARE.....			$205.74/month

COST COMPARISON

State General Funds for Personal Care.....	$263.00/month
State General Funds for Nursing Home Care.....	205.74/month
Additional Cost in State General Funds for Personal Care over Nursing Home Care.....	$ 57.26/month

Other financial comparisons

Low cost facility: (nursing home)

$20/day x 30 days	$600.00/mo.
Deduct: SSI less personal allowance	262.00/mo.
	$348.00/mo.
Federal contribution (65.34%)	227.38
Cost to the state for nursing home care	$120.62/mo

Personal care cost	$263.00/mo.
Nursing home care	120.62
Additional cost in state general funds for personal care over nursing home care	$142.38

High cost facility: (nursing home)

$40/day x 30 days	$1,200.00
Deduct: SSI less personal allowance	262.00
	938.00
Federal contribution (65.34%)	612.88
Cost to state for nursing home care	325.12

Personal care cost	$263.00
Nursing home care	325.12
Additional cost in state general funds for personal care over nursing home care	62.12

Break even point: (nursing home)

$34/day x 30 days	$1020.00
Less: SSI	262.00
	$ 758.00
Federal share	495.28
Cost to state for nursing home care	$ 262.72

Personal care cost	$263.00
Nursing home care	262.72

Cost of taking care of 500 personal care residents:

$263.00/mo
12
$3,156.00 annual cost per resident
x 500 residents estimated in fiscal note

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

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

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

True cost of removing nursing home patients from nursing homes:

--as indicated above, nursing home care may actually be less expensive, so there could be costs associated with moving people to personal care

--even if patients are removed from the higher priced facilities, thereby showing a tentative savings, the following must be taken into account:

(1) Patient mix--combination of easier care and more difficult care patients stabilizes nursing home costs. If all easier care patients are removed, cost for the patients remaining will rise.

(2) Reimbursement system for nursing homes includes payment for such fixed costs as property, utility, taxes, etc.--which remain at the same level, even with fewer patients.

Again, this will raise the cost per patient for the patients remaining.

(3) Staffing requirements for facilities certified as skilled as based on bed capacity, not numbers of patients. If patients are taken from these facilities, the staffing patterns will remain the same. Again, cost per day for the patients remaining will go up if patients are removed.

Problems relating to accountability of funds:

--this program is based on making supplemental payments to people on federal SSI--it is a direct payment program to the recipient to use for care

--other programs such as home health, nursing home care, and hospital care are all vendor payment programs and have many mechanisms built in to assure that the state is receiving appropriate services for the funds it is expending

- --audits
- --cost reports
- --reimbursement limitations

--this would fund a program which has the potential for being more expensive than the nursing home program and has the potential of growing rapidly (as other health programs have) with direct funds over which there is little accountability.

Patient Care Considerations

--this program includes few or no safeguards to insure quality care for the patients going into the program

Many questions arise:

- --who will determine who should be in a personal care facility rather than a facility which provides nursing care?
- --what standards will be used?
- --who will be responsible for assuring that personal care facilities provide strictly personal care--and not nursing care?
- --who will decide when a personal care resident's condition has deteriorated to a point where nursing care is required for the well being of the patient?

Rules presently exist relating to personal care facilities, but they are/not adequately enforced. Personal care facilities inadequate and are

are described under the definitions of health care facilities

yet, as near as I can tell, are not required to meet the

requirements which apply to "all health care facilities".

--There are questions of whether personal care facilities will be required to go through certificate of need--a process called for under the national Health Planning Act to insure that health services provided within an area are adequate, cost effective, and meet the needs of those served.

--If personal care facilities spring up without adequate planning, problems will occur similar to what has occurred in the nursing home area in terms of overbedding

--An overall philosophical question arises as to whether the state should be promoting another system of institutionalization when most people are urging alternatives to institutionalization such as home health, homemaker services, adult day care, meals on wheels and the like.

Elderly are presently receiving services which fall under personal care definitions and guidelines in facilities which are licensed under the "Hotel, motel, tourist homes, and roominghouse" regulations, instead of under the personal care standards. We wonder about the welfare of the patients in these situations.

MANY PROBLEMS AND UNCERTAINTIES SURROUND THE WHOLE AREA OF PERSONAL CARE SERVICES. PHILOSOPHICAL AND FUNDING QUESTIONS REMAIN. IT DOES NOT SEEM APPROPRIATE FOR THE STATE TO BECOME INVOLVED IN FUNDING SUCH FACILITIES UNTIL MORE IS KNOWN ABOUT THE PROGRAM, THE TYPES OF PATIENTS TO BE CARED FOR, HOW THEY WILL GET THERE, HOW ADEQUATE CARE WILL BE INSURED, WHERE THE FUNDING WILL COME FROM, AND WHAT PROVISIONS WILL BE MADE FOR ACCOUNTABILITY WITH RESPECT TO THE EXPENDITURE OF THE FUNDS. NOT ADEQUATELY THOUGHT OUT, DEFINED OR FUNDED. WE URGE YOU DO NOT PASS HB 187.

S BATCH SYSTEM

E ▶HRATES1 (CREATION DATE = 09/05/80) NURSING HOME RATE.GENERATOR FOR JULY 1980

CODE	FREQ	ADJ PCT	CUM PCT	CODE	FREQ	ADJ PCT	CUM PCT	CODE	FREQ	ADJ PCT	CUM PCT
16.24	1	1	1	27.62	1	1	35	32.47	1	1	70
22.05	1	1	2	27.81	1	1	37	32.58	1	1	71
22.19	1	1	4	27.81	1	1	38	32.58	1	1	72
22.55	1	1	5	27.83	1	1	39	32.96	1	1	73
23.29	1	1	6	28.00	1	1	40	32.99	1	1	74
23.48	1	1	7	28.03	1	1	41	33.05	1	1	76
23.77	1	1	9	28.26	1	1	43	33.25	1	1	77
23.90	1	1	10	28.36	1	1	44	33.84	1	1	78
24.00	1	1	11	28.47	1	1	45	33.94	1	1	79
24.05	1	1	12	28.49	1	1	46	34.80	1	1	80
24.15	1	1	13	28.59	1	1	48	35.11	1	1	82
24.29	1	1	15	28.88	1	1	49	35.23	1	1	83
25.15	1	1	16	29.26	1	1	50	35.39	1	1	84
25.42	1	1	17	29.27	1	1	51	35.44	1	1	85
25.44	1	1	18	29.58	1	1	52	36.01	1	1	87
26.26	1	1	20	29.66	1	1	54	36.89	1	1	88
26.42	1	1	21	30.04	1	1	55	38.39	1	1	89
26.48	1	1	22	30.14	1	1	56	38.89	1	1	90
26.62	1	1	23	30.22	1	1	57	39.25	1	1	91
26.66	1	1	24	30.54	1	1	59	39.74	1	1	93
27.02	1	1	26	30.79	1	1	60	43.61	1	1	94
27.09	1	1	27	30.80	1	1	61	44.54	1	1	95
27.12	1	1	28	30.97	1	1	62	45.43	1	1	96
27.21	1	1	29	31.17	1	1	63	47.27	1	1	98
27.31	1	1	30	31.18	1	1	65	54.76	1	1	99
27.33	1	1	32	31.30	1	1	66	84.65	1	1	100
27.52	1	1	33	31.67	1	1	67				
27.59	1	1	34	31.85	1	1	68				

	31.101	MEDIAN	29.261	STD DEV	8.595
SE	68.419	MINIMUM	16.236	MAXIMUM	84.655

VALID CASES 82 MISSING CASES 0

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SJR 34

That Senate Joint Resolution No. 34 be amended at page 2, line 15:

Strike: "nursing homes"

Insert: "long term care facilities"