MINUTES OF THE MEETING OF THE HUMAN SERVICES COMMITTEE
February 9, 1983

The meeting of the Human Services Committee was held on February 9, 1983, in Room 224A of the Capitol Building at 12:30 p.m. and called to order by Chairman Marjorie Hart. All members were present.

HOUSE BILL 322

REP. METCALF, sponsor. This bill would expand local governments' authority to provide emergency medical services. Currently, only ambulance service is authorized.

PROPONENTS:

DREW E. DAWSON, Chief, Emergency Medical Services Bureau, Department of Health and Environmental Sciences, stated that technically, the only mechanism by which a city and county may establish a joint ambulance service is if they receive a 15% petition. This has been interpreted in a variety of ways by city and county attorneys including some who indicate that the petition must be received prior to adopting the one mill levy at either the city or county level. House Bill 322 streamlines and clarifies the procedure. It gives cities and counties the option of establishing an individual or joint program without requiring a petition (EXHIBIT 1).

WILMA VINTON, member of the Meagher County Volunteer Ambulance Service and member of the Board of Directors of MEMSA, Montana Emergency Medical Services Association, said by changing the wording from "Ambulance" to "Emergency Medical Services Program", you will be allowing local governments more flexibility in what the 1 mill allowed can be used for (EXHIBIT 2).

KILN S. POTTER, Civil Defense Director, Flathead County, stated that in 1981 we established through the County Attorney's office in Flathead County an interlocal agreement which, in affect, would do exactly what HOUSE BILL 322 is doing, identifying the Flathead area Medical Emergency Council as that "ambulance service" as identified in the original law so the Flathead area Emergency Council could receive funds in that one mill option. The idea was that with four separate ambulance agencies, three quick response units, two search and rescue units--all of whom are in dire need of funds, it would be most disruptive trying to go for that section of the one mill levy. As a result, the Council was designated as the recipient of those funds. A letter from Duane Larson was read as additional testimony (EXHIBIT 3).

OPPONENTS: None

REP. METCALF closed saying this is strictly permissive legislation.

QUESTIONS:

REP. JONES: We have three response units in our area that do not receive any funding. This would enable them to upgrade a little?
KILN POTTER: It would enhance their training primarily.

REP. SEIFERT: Who takes care of and what type training program have you set up?
WILMA VINTON: We have set up an EMT committee that works in conjunction with the Meagher County Ambulance Corps.
REP. SEIFERT: Is there a statewide program of training?
DREW DAWSON: What we have concentrated on throughout the state health department is to train people from a local level and then return to their home communities. We do help to provide the training for the local instructors.

REP. KEYSER: Are you trying to take over EMT. How do you work with the EMT program?
DREW DAWSON: The state health department with the state Board of Medical Examiners are responsible for the EMT training and certain vocational programs. We do provide the training for instructors and we do provide the certification exams. We are responsible for the EMT program which deals strictly with the local level and the ability of the county to finance emergency medical services on a local level. It is primarily a housekeeping measure so the funding can be used for other services than "ambulance".
REP. KEYSER: Can you see the counties and cities being allowed to do this? They have a good program built up and because the funding in the county gets low, they would come in through the state to pick up emergency medical service. If that did happen, you would be in conflict with the EMT program. EMT cannot poll enough money for their program. I want to make sure we are not vieing for the same funds.
DREW DAWSON: There are some 17 counties that now adopt a portion of the 1 mill levy for ambulance service. This should supplement the training at the local level.

REP. SEIFERT: How much revenue would 1 mill levy be worth in Flathead County?
KILN POTTER: $80,000.

REP. JONES: The way this reads--each county, city or town--can a county and city both levy this mill levy?
DREW DAWSON: It is not addressed in the law that they may both adopt it. Only one or the other.

CHAIRMAN HART closed the hearing on HOUSE BILL 322.

HOUSE BILL 337

REP. METCALF, sponsor. This bill generally revises the laws relating to the Board of Pharmacists. The bill changes the board's name, provisions of professional education, the terms of board members and the provisions of what constitutes a violation of pharmacy law.

PROPONENTS:

REBECCA H. DESCHAMPS, Vice President, Montana Board of Pharmacists, stated the amendment of 2-15-1843 would change the name of the Board of Pharmacists to the Board of Pharmacy. This change is desirable, as the Board deals with all aspects of the practice of pharmacy, not just individual pharmacists. She continued to read through the bill, going over the suggested changes (EXHIBIT 4). She introduced a second amendment (EXHIBIT 5). She stated the Board of Pharmacists recommends passage of this bill.

KRISTIN HARTLEY, representing the Board of Pharmacists, felt it was not fair for two public members to be appointed the same year and approved of the five-year term (EXHIBIT 6).

OPPONENTS: None

REP. METCALF closed.

QUESTIONS:

REP. CONNELLY: Who would determine if you were of good moral character?
REBECCA DESCHAMPS: The Board would do that.
REP. DRISCOLL: Have they ever denied somebody a certificate?
REBECCA DESCHAMPS: No.
REP. METCALF: That is language that is already in current law.

REP. SWIFT: Looking at line 14, page 2, you are divorcing yourselves from the American Council of Pharmacists--are they recognizing your association or is there a problem there?
REBECCA DESCHAMPS: The National Association of Boards of Pharmacy hinted they felt this would be a good idea.
REP. SWIFT: Who does the accrediting?
REBECCA DESCHAMPS: The American Council of Pharmaceutical Education visits each school every six years and does an examination, accrediting schools.

REP. BROWN: What does the term "natural person" mean?
REP. FARRIS: A human being as opposed to a corporation.

REP. KEYSER: In the present language, the Board may in its description authorize the department to grant registration without examination. If you are dealing with people from another state which is granted reciprocity, do other states have that same discretion as you do.
REBECCA DESCHAMPS: Yes, they do. If their standards are the same as ours--if they have only accredited schools within their boundaries, we will reciprocate with them.
REP. KEYSER: Does this give the board power to control the people who wish to come into the state and participate in the same business. The board could actually keep people from coming into the state?
REBECCA DESCHAMPS: No, if they are registered with another state, they have reciprocity and there is no way we can keep them out. If they have misled us in some way--we have had cases in recent years that have been involved in questionable dealings--we have been powerless to do anything about it.
REP. KEYSER: The law says the board has the discretion to do that.
REBECCA DESCHAMPS: We would have to have a pretty good way of backing ourselves up.

REP. JONES: The language that is deleted on page 3, what you mean is that you are not going to refund the money?
REBECCA DESCHAMPS: Yes.
REP. JONES: Why don't we say nonrefundable fee?
REBECCA DESCHAMPS: We could do that. We are not talking about refunding. We are talking about once you have paid your fee, if you end up having to take the examination twice, you will have to pay two separate fees. The fee may be returned if the applicant does not take the exam. We could strike that one provision.
A Statement of Intent is attached (EXHIBIT 7).
CHAIRMAN HART closed the hearing on HOUSE BILL 337.

HOUSE BILL 361

REP. PHILLIPS, sponsor. This bill would exempt health care facilities from building codes requiring self-closing doors on patient rooms or other corridor doors. He passed out a couple of minor amendments (EXHIBIT 8). The intent of this bill is to exempt health care facilities from having to maintain automatically set closing doors to patients in hospitals. The Uniform Building Code in Montana has this requirement in it. The National Fire Protection Code does not have this provision. The general thinking is--it could do more harm than good.

PROPONENTS:

WILLIAM LEARY, President of the Montana Hospital Association, appeared in support of HOUSE BILL 361 with the amendments. He stated that the requirement for door closers on all exit corridor doors is currently in conflict between the Uniform Building Code which the State of Montana has adopted and the National Fire Protection Association publication, Section 101-1973. The Life Safety Code is one that Montana hospitals and nursing homes have adopted as a result of medicare and medicaid regulations. Due to the fact that personnel are well trained and the uniqueness of the business of the 24-hour hospital or nursing home, authorities are more inclined to support code requirements contained in the Life Safety Code for health care facilities rather than those in the Uniform Building Code. One such authority is Jonas L. Morehart, whose testimony is attached (EXHIBIT 9).

LEO KRISL, hospital consultant working under contract for the Licensing and Certification Bureau, Department of Health and Environmental Sciences, said that self-closing doors are inherently a nuisance. Self-closing devices on patient bedroom doors would be intolerable (EXHIBIT 10).

SHARON DIEZIGER, representing the Montana Nurses' Association, spoke in favor of HOUSE BILL 361. She stated that to install door closures, which would be activated by the fire alarm system would : (1) subject patient to possible injury; (2) create patient anxiety until nurse could provide reassurance; and (3) delay accounting for the location of all patients (EXHIBIT 11).

JOHN SPENCER, representing Montana Deaconess Hospital, appeared in favor of HOUSE BILL 361.

WILL LONG, representing the Montana Association of Hospital Engineers, said that his members directed him to attempt to have this bill passed.

GENE FENSKE, representing the Montana Association of Hospital Engineers and Chief Engineer at St. Peter's Hospital, Helena, said he would be glad to make the facility open and available to anyone wishing to tour the facility. He spoke in favor of HOUSE BILL 361.

CHAD SMITH, Montana Hospital Association, appeared in support of HOUSE BILL 361 with amendments as proposed by REP. PHILLIPS. He said he didn't know that the administration has any valid arguments for not having such regulations. But his concern was getting the matter done. The body in this state that sets forth the framework upon which rules are implemented is the Legislature. We are calling upon the Legislature to set forth through this bill one of the standards under which rules will be promulgated. We feel that the agency can implement, as necessary, under the instructions from the Legislature.

REP. DOZIER stated he could comply with what has been said here today and wanted to go on record as supporting HOUSE BILL 361.

JIM KEMBLE, Building Codes Division, Department of Administration, said the department neither supports or opposes the bill; however, we feel that the Committee should give the attached concerns consideration during their deliberations (EXHIBIT 12).

OPPONENTS: None

REP. PHILLIPS closed urging that the Committee give HOUSE BILL 361 a do pass.

QUESTIONS: None

CHAIRMAN HART closed the hearing on HOUSE BILL 361.

EXECUTIVE SESSION

HOUSE BILL 361

REP. SWIFT moved HOUSE BILL 361 DO PASS.

REP. SWIFT moved that the amendments be accepted.

REP. DOZIER moved that we add "immediate effective date".

REP. BROWN: Do some have doors that will have to be changed or removed?
REP. DOZIER: In the future.

The motion that the amendments be accepted passed unanimously.

REP. SWIFT moved HOUSE BILL 361 DO PASS AS AMENDED.

The motion carried unanimously.

HOUSE BILL 337

REP. CONNELLY moved HOUSE BILL 337 DO PASS.

REP. SEIFERT moved that the amendments be accepted.

REP. HANSEN: Wasn't she talking about two different things?
REP. DOZIER: What she was trying to say--if they have taken the examination, they have used up the $65. It more or less becomes a discretionary thing.

REP. FARRIS: Could we separate the amendments?
ANSWER: Sure

A vote was taken on the first two amendments. The motion carried unanimously.

REP. JONES moved that on line 21

Following: "costs"
Strike: ","
Insert: "."
Strike: "which fee may in the discretion of the board be returned to applicants not taking the examination."

REP. DOZIER: I don't feel comfortable with that. I would vote against it here in committee. My suggestion is that we check with her and bring it up on the floor.
REP. FABREGA: What would be the purpose of removing the ability of the board to return the fee.
REP. JONES: She said it costs $65 to prepare the examination and the board does not believe in giving it back. If they did, they would only give a portion of it so you might as well take the language out.
REP. FABREGA: I don't see any harm in leaving the language. It is the discretion of the board.
MR. DAVIS: There is a part of the fee that they could not return because they have to buy the test from the National Association of Pharmacy--$35 for the test. The other $30 would be at their discretion.

REP. DRISCOLL: When do the applicants send in their money? When are the tests ordered? If the applicant sends in his $65 and before the tests are ordered, the applicant cancels, his $65 is gone. If we accept the amendment, my $65 is gone. Do you want the discretion to refund the $65?

REP. KEYSER: I think we should leave that language in.

REP. JONES: Then they have to refund it in its entirety.
MR. DAVIS: They actually give two kinds of tests. One is the national test that they pay for. The other is the test that the board writes which is concerned with the pharmacy law in Montana and that doesn't cost them anything to write.

The motion to delete the language as suggested by REP. JONES did not pass.

REP. FARRIS moved that on page 4, line 2, strike: "be of good moral character". She stated she would like to see the boards limit the scope of their inquiry to their professional field.
REP. FABREGA: I am not so sure that that is used as general language so that if somebody has a felony conviction; for instance, in issuing the liquor license, there are specifics. It might just be a broad application for a check. If someone applying for a pharmacist's license has drug related convictions, you would consider him to not be of good moral character. I would leave the language there.
REP. DOZIER: That is covered on page 5.
REP. FABREGA: Page 5, line 6, refers to habitual drunkard and use of drugs. He may not be a user but he could be a pusher.

REP. DOZIER: Page, lines 13 - 16 deals with gross immorality affecting the discharge of his duties as a pharmacist or intern. And that is what we are really concerned with.
REP. DARKO: One of these things that we are dealing with is to allow someone who has applied to take the exam and the other deals with ratification of license. That is two completely different things. Maybe it is being a little bit discriminatory but it is still a check.

A roll call vote was taken on the amendment to delete "be of good moral character". Seven members voted yes (REPS. FARRIS, BRAND, CONNELLY, DOZIER, DRISCOLL, HANSEN and MENAHAN) and ten members voted no (REPS. HART, BROWN, DARKO, FABREGA, KEYSER, JONES, SEIFERT, SOLBERG, SWIFT and WINSLOW).

The motion did not pass.

REP. SEIFERT moved HOUSE BILL 337 DO PASS AS AMENDED. The motion carried with all members voting yes except REP. BRAND who voted no.

REP. KEYSER moved the Statement of Intent be accepted.

The motion passed unanimously.

HOUSE BILL 322

REP. SEIFERT moved HOUSE BILL 322 DO PASS.

REP. JONES moved that on page 2, lines 24 and 25--word that so a city and county both cannot levy a mill levy at one time.

REP. DRISCOLL: It says if you want to have one of these programs, you have to have 15% of the electors sign a petition. If city and county both want to circulate petitions, let them do it.

REP. BRAND: The county has the right to levy a mill to allow for ambulance service. This just allows them to do more things with that mill?
CHAIRMAN HART: That is right.
REP. FABREGA: If both the county and city vote for it, the city residents should not be subjected to paying twice. What we want to say--if the city is already paying the fee, the county may not impose its fee.

The motion passed unanimously.

REP. JONES moved that HOUSE BILL 322 DO PASS AS AMENDED. The motion carried unanimously.

HOUSE BILL 90

REP. FABREGA moved that the amendments be accepted (EXHIBIT 13).

REP. FABREGA: There was concern that simply authorizing the humane societies or animal control shelters to buy sodium pentabarbital in its pure form could lead to some problems. But the amendment says "euthanizing substances containing sodium pentabarbital". That way, it does not become a marketable drug.

The motion accepting the amendments passed unanimously.

REP. JONES moved that HOUSE BILL 90 DO PASS AS AMENDED. The motion passed with all members voting yes except REP. KEYSER who voted no.

REP. WINSLOW moved that the Statement of Intent be accepted. The motion carried unanimously (EXHIBIT 14).

HOUSE BILL 328

REP. MENAHAN moved HOUSE BILL 328 DO PASS.

REP. WINSLOW: The concern of the people who spoke was not so much for an inspection as it was for an investigation. They were concerned about the nursing care not being adequate. I would like to move that we change it from an "annual unannounced" to "unannounced investigation".

REP. SEIFERT: Relative to the bill as it was written, I see nothing wrong with having unannounced inspections. During the special session when this particular subject came up, it was brought out that it requires 4-5 employees of the nursing home. The form is quite broad and it requires a lot of time. If we mandate that they have to go in, it requires a lot of effort on the part of the department as well as the nursing home employees. I think we should leave them unannounced. I don't think it is necessary that we make them mandatory every year for all of the nursing homes because the department knows the ones that are doing a good job.

REP. FABREGA: I have requested Jacqueline McKnight from the Department of Health and Environmental Sciences to pass out the forms.

REP. FARRIS: As sponsor of this bill, I would like to speak before the forms are passed out. Those forms are not relevant to this bill. The intent of the Legacy Legislature was that

there be annual unannounced inspections. I spoke to Mr. Hoffman, who is in charge of doing all the kinds of inspections we have been talking about. The fiscal note depicts hiring two people who would not do that kind of an inspection at all. These two people would be hired; they would travel around the state; and would be doing annual unannounced inspections. It is a completely different thing than what has been done before. It is not counter to the annual inspections that were changed in the special session. It is in addition to and completely separate from. Mr. Hoffman said if we tried to tie these in to the current inspections that are being done now, it would cost the state far more money. While the fiscal note may seem high, if you want this service, you will have to pay for it.

REP. SOLBERG: We just changed this from annual to three year and they haven't even had a chance to try it for three years.
REP. FARRIS: You didn't change this. This is not the same matter that was dealt with in the special session.
REP. FABREGA: You are amending the section that mandates issuance and renewal of licensed inspections. We need to put a Statement of Intent, or be more explicit. Instead of amending subparagraph 4,we must say there will be this other type of inspection.

REP. WINSLOW: I would like to drop "annual" and put "unannounced investigations". They may be going around more than once a year.

REP. FABREGA: I would like to consider a Statement of Intent that matches what the fiscal note says.

REP. CONNELLY: Does this apply to long-term care facilities?

REP. KEYSER: Would it be legal for REP. WINSLOW's amendment, under statute of law, to go on this bill?

JACQUELINE McKNIGHT: Investigations are done in response to complaints that the department has received--something to do with health care. They are done as frequently as needed and where they are needed. I have a little problem putting together an investigative survey to be done annually and for what purpose.

REP. WINSLOW withdrew his motion.

REP. FABREGA: Would the Committee agree to have a look at the fiscal note and have the researcher look at the bill. If this bill passes like it is, you have an annual inspection every three years. Are we duplicating what is mandated every three years. And I guess the answer is yes.

REP. DRISCOLL: I move this bill be put in a subcommittee and get it worked out.

REP. KEYSER made a substitute motion that HOUSE BILL 328 PASS FOR THE DAY.

The motion passed unanimously.

HOUSE JOINT RESOLUTION 8

REP. DRISCOLL moved that HOUSE JOINT RESOLUTION 8 DO PASS.

REP. KEYSER moved that page 1, lines 17-20 be stricken.

REP. FABREGA: We are sending this resolution to Senators and Representatives urging the President to do all these things. If we do not have absolute facts (40 times--22 times), that kind emphatic statement could take away credibility from the rest of the resolution. If that is not a concrete fact, it should not be in the resolution.

REP. BRAND made a substitute motion:

1. Page 1, line 18.
Strike: "of 100,000 at least 40 times"

2. Page 1, line 19.
Strike: "22 times"

The motion passed unanimously.

REP. CONNELLY moved that HOUSE JOINT RESOLUTION 8 DO PASS AS AMENDED.

The motion passed with three members voting no.

The meeting adjourned at 2:30 p.m.

Marjorie Hart
CHAIRMAN MARJORIE HART

Geri Brusett
Secretary

Ex 1
HB

Testimony of
Drew E. Dawson, Chief
Emergency Medical Services Bureau
Department of Health & Environmental Sciences
To House Human Services Committee
In Support of House Bill 322

Representative Hart, members of the Committee. Title 7 Chapter 4 currently provides that local governments may establish and maintain an ambulance service and that they may levy up to one (1) mill in support of an ambulance service. It further provides that, upon receipt of a petition, they may establish a joint ambulance service between the city and the county and share the costs proportionately.

There are several problems with the existing statute which reduce the flexibility of counties and cities. We must recognize that the original law was adopted in 1961 and then modified in 1967. No changes have occured since that time.

Technically, the only mechanism by which a city and county may establish a joint ambulance service is if they receive a 15% petition. This has been interpreted in a variety of ways by city and county attorneys including some who indicate that the petition must be received prior to adopting the one mill levy at either the city or county level.

House Bill 322 streamlines and clarifies the procedure. It gives cities and counties the option of establishing an individual or joint program without requiring a petition. It also allows for a petition to be initiated by the electors, and submitted to the governing body, with final action to be taken by the governing body. These proposed modifications will allow more flexibility and significantly clarify the process.

The current statute provides that local governments may establish an ambulance service. Since the original enactment of this legislation in 1961, it has been well recognized that many other persons and agencies, in addition to ambulance services, impact on the care of the emergent patient. We now know that care rendered by the public, by law enforcement officers and by fire department personnel prior to the arrival of the ambulance service is critical to the patient's survival. We have Quick Response Units who provide care, but do not transport, and we recognize that the dispatch of emergency personnel and two way radio communications with the hospital Emergency Department are all important factors in whether the patient lives or dies. Training programs, at all levels, are essential elements.

Even though there are many important elements of an emergency medical services system, the current law only authorizes one of these components - the ambulance service. A strict interpretation of the law is unduly limiting and restrictive to those counties which wish to establish a comprehensive EMS system to improve emergency patient care.

House Bill 322 simply provides that cities and counties may establish an "emergency medical services program" rather than only an ambulance service, that they may use the one (1) mill levy for an EMS program and it provides a definition of an EMS program.

These changes in definition combined with the procedural changes are intended to make things just a little bit easier for local government and local EMS providers.

I would be happy to answer any questions you might have.

Thank you for your consideration.

DED:ke

Ex 2
HB322

MONTANA EMERGENCY MEDICAL SERVICES ASSOCIATION

2-9-83

Honorable Members of the House Human Services Committee,

My name is Wilma Vinton and I'm wearing two hats today. In one I'm a member of the Meagher County Volunteer Ambulance Service, based in White Sulphur Springs. In the other I'm a member of the Board of Directors of MEMSA, Montana Emergency Medical Services Association, the state association that represents Montana's Emergency Medical Personnel.

In both capacities, I'm here in support of HB 322.

By changing the wording from "Ambulance" to "Emergency Medical Services Program", you will be allowing local governments more flexibility in what the 1 Mil allowed can be used for. There is more to Emergency Services than an ambulance. And in a rural community like White Sulphur Springs, you can see a good example of that. Accidents can happen miles and, more importantly, hours from the Emergency Room or Ambulance. Quick Response Units can be dispatched by a good communication system, to give help until the ambulance arrives. But to have either you need to be able to fund them. Changing the wording would allow that.

I've discussed this Bill with the Meagher County Commissoners and they whole-heartedly support it. They definatley think it's necessary to define an EMS Program and make it a goal of our County to set up and maintain a good one. The passage of HB 322 will aid them in reaching that goal.

At our Annual Business Meeting of MEMSA in November, the House of Delegates unanimously voted to support the changes made by HB 322 because of the need of financial support to continue all the EMS system, not just ambulance. If we can effectively maintain a good local EMS system, than we are well on our way to achieving and maintaining a good statewide EMS system.

Thank You,

Wilma Vinton, REMTA
Meagher County Ambulance Crew
White Sulphur Springs, MT

Ex 3
HB

WITNESS STATEMENT

Name Jim S. Potts Committee On H & HS.

Address Box 1076 Kalispell, Mont. Date Feb 9, 1983

Representing Flathead Co. Civil Defense Support ✓

Bill No. 322 Oppose

Amend

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. Present oral Testimony and Letter.

2.

3.

4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

FORM CS-34
1-83

3

HB 322

EMERGENCY MEDICAL SERVICES

P. O. Box 1076
KALISPELL, MONTANA 59901

February 8, 1983

Chairman Marjorie Hart
Human Services Committee
Room 224 A
Capitol Building
Helena, Montana 59601

Greetings:

As Chairman of the Flathead Area Medical Emergency Council, it is my pleasure to request your support for House Bill 322.

Our membership, which includes Kalispell Fire and Ambulance, Columbia Falls Volunteer Ambulance, Whitefish Fire and Ambulance, Bigfork, Lakeside and East Valley Quick Response Units, Flathead County and North Valley Search and Rescue teams has voted unanimously to encourage this action to enhance County-wide Training and increased response capability to assist the sick and injured in our area.

Sincerely,

Duane Larson

Duane Larson
Chairman

DL:rg

FLATHEAD AREA MEDICAL EMERGENCY COUNCIL

VISITOR'S REGISTER

HOUSE HUMAN SERVICES COMMITTEE

BILL HOUSE BILL 322 DATE 2-9-83

SPONSOR METCALF

NAME	RESIDENCE	REPRESENTING	SUPPORT	OPPOSE
Kim S. Potter	733 1st Ave E. Kalispell, Mont.	Flathead Co. Civil Defense.	✓	
Linda Sletten	Helena	Legislative Intern (MMA)		
Wilma Vinton	Box N White Sulp Spgs mt	Meagher Cnty Amb. & MEMSA	✓	
Drew Dawson	EMS Bureau Helena	EMS	✓	
E. Reilly	HELENA	M. S. C. A		

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

FORM CS-33
1-83

Ex 4
HB 337

Date: February 9, 1983

To: Representative Marjorie Hart, Chairman, and
Representative Carol Farris, Vice-Chairman,
Human services Committee, and Members.

From: Rebecca H. Deschamps, R.Ph.
Vice President, Montana Board of Pharmacists

Re: House Bill 337

House Bill 337 is an act to revise, update, and clarify the laws pertaining to the Board of Pharmacists. Amendment of 2-15-1843 would change the name of the Board of Pharmacists to the Board of Pharmacy. This change is desirable, as the Board deals with all aspects of the practice of pharmacy, not just individual pharmacists. Montana has been the only state to designate its board in this manner, which has led to confusion on occasion.

This bill would also amend the provisions on professional education, giving the Board the authority to approve accredited pharmacy degree programs. The language presently used could be construed as improper delegation of Board and/or legislative authority.

The 1981 legislature mandated the addition of two public members to the Board. House Bill 337 would set qualifications for these members to ensure that there will be no conflict of interest. The bill would also change the length of terms from three to five years, to give continuity to the board. Under the present structure, three of the board's five members will be replaced every three years. The five-year terms, per amendment, may not be served consecutively.

The bill would also amend 37-7-302 . The second, "free-of-charge" examination terminology is a holdover from the days in which the Board produced its own exam. The Board must now purchase each exam that is ordered.

House Bill 337 would also amend 37-7-311, clarifying the term "pharmacy law", as it applies to the revocation of both "pharmacist" and "pharmacy" licenses.

Finally, this bill would repeal 37-7-403 through 37-7-405, MCA. These sections deal with the keeping of poison registers, which are neither used nor applicable in the pharmacies of today.

The Board of Pharmacists recommends passage of this bill, as well as its two amendments.

AMENDMENT TO HOUSE BILL 337, Page 3, line 6

Change to: "A member may not serve consecutive 5 year terms on the board."

(The amendment adds "5 year" after "consecutive")

FOR STUDY ONLY

Ex 5
HB 337

Amendment to House Bill 337, Page 4, lines 1-11

"(3) To be entitled to examination as a pharmacist, the applicant shall be of good moral character and ~~a graduate of the school of pharmacy of the university of Montana or of a college or school of pharmacy accredited by the American council on pharmaceutical education; but the applicant may not receive a registered pharmacist's license until he has complied with the internship requirements established by the board~~ shall have graduated and received the first professional undergraduate degree from the school of pharmacy of the university of Montana or from an accredited pharmacy degree program that has been approved by the board; but the applicant may not receive a registered pharmacist's license until he has complied with the internship requirements established by the board."

(The amendment starts on line 11 and adds "; but the applicant may not receive a registered pharmacist's license until he has complied with the internship requirements established by the board" after "been approved by the board")

FOR STUDY ONLY

Amendment to House Bill 337, Page 4, lines 1-11

"(3) To be entitled to examination as a pharmacist, the applicant shall be of good moral character and ~~a graduate of the school of pharmacy of the university of Montana or of a college or school of pharmacy accredited by the American council on pharmaceutical education; but the applicant may not receive a registered pharmacist's license until he has complied with the internship requirements established by the board~~ shall have graduated and received the first professional undergraduate degree from the school of pharmacy of the university of Montana or from an accredited pharmacy degree program that has been approved by the board; but the applicant may not receive a registered pharmacist's license until he has complied with the internship requirements established by the board."

(The amendment starts on line 11 and adds "; but the applicant may not receive a registered pharmacist's license until he has complied with the internship requirements established by the board" after "been approved by the board")

FOR STUDY ONLY

Ex 6
HB 337

WITNESS STATEMENT

Name Kristi Hartley Committee On

Address 1204 Maryland Date 2/9/83

Representing Board of Pharmacists Support

Bill No. 337 Oppose

Amend

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. Housekeeping items - needs to be taken care of oral testimony

2. Felt it was not fair for two panel members to be appointed

3. the same year.

4. Appointed by one year term.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

FORM CS-34
1-83

STATEMENT OF INTENT

HOUSE BILL NO. 337

A Statement of Intent is required on House Bill 337 because sections 2 and 3 delegates to the Board of Pharmacists power to approve accredited pharmacy degree programs for qualifications for appointment for licensed members on the Board and for qualifications to be entitled for examination as a pharmacist. It is intended that the Board will approve those standards which are at least equivalent to the minimum standards required by the American Council on Pharmaceutical Education. The American Council on Pharmaceutical Education operates as an independent organization, but is recognized by the United States Commissioner of Education, the Department of Health, Education and Welfare, and the Council on Postsecondary Accreditation.

VISITOR'S REGISTER

HOUSE HUMAN SERVICES COMMITTEE

BILL HOUSE BILL 337 DATE 2-9-83

SPONSOR METCALF

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
FRANK J. DAVIS	GREAT FALLS.	MONTANA STATE PHARMACEUTICAL ASSN	✓	
EARL REILLY	HELENA	M. S. C. A		
Kristin Hartley	Deer Lodge	Board of Pharmacists	✓	
Rebecca [illegible]	Missoula	BD. of Pharmacists	✓	

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

FORM CS-33
1-83

Ex 8

HB 361

HOUSE BILL NO. 361

Mr. Chairman:

I move to amend House Bill No. 361 on page 1 in line 17 as follows:

1. By deleting the words "the state" and substituting in lieu thereof the word "a".
2. By inserting after the word "requiring" the words "installation or".

Also
Pg 1 Line 6
following does
insert: to patient rooms

Ex 9

ATTACHMENT II HB

STATEMENT OF:

Jonas L. Morehart, P.E.
Fire Protection Engineer

BEFORE THE:

Baltimore County Board of Appeals
August 12, 1981

Case No.: CBA-81-102
Maryland Masonic Homes/Bonnie Blink

RE: Self-closing devices on doors between patient bedrooms and central corridor as required by 1978 BOCA, Sec. 610.4.1.

My name is Jonas L. Morehart and I am currently employed as a senior fire protection engineer for the U.S. Department of Health and Human Services in Washington, D.C. I have held this position since 1972 and currently serve as the principal fire protection advisor for the Medicare-Medicaid program which affects 25,000 hospitals and nursing homes throughout the nation. I am a member of the Committee on Safety to Life of the National Fire Protection Association and a Certified Professional Engineer in Virginia.

I appear here today in my professional capacity and not as an employee of the Federal Government. I am on annual leave and I am receiving no fees for my appearance here today. Only my travel expense from my home in Virginia will be reimbursed by the appellant. My supervisors at Health and Human Services are aware of this activity and have given their official approval. It is my feeling that there is no conflict of interest between the question at hand and any requirement of the Federal Government related to health care facilities. My views expressed here today are my own and do not represent any policy of the Federal Government.

/

My main interest in testifying is to inform this Board of Appeals concerning the potential danger to patients in a hospital or nursing home when a requirement for door closers on patient bedrooms is enforced as indicated in Section 610.4.1 of the BOCA Basic Building Code.

The original concept of life safety for any building was to evacuate the occupants in the event of a fire and all Codes specified stairways and fire escapes. Since some difficulty could be encountered in evacuating hospitals and nursing homes, the Codes specified fire resistive construction, but we all know that was not the complete answer. The next step in life safety in these patient occupied buildings was a requirement for a smoke barrier to divide the various floors into at least two areas and allow horizontal movement of patients, keeping stairways as a final resort. It is interesting to note that BOCA does not make this requirement.

With modern furnishings and contents capable of producing a fast burning and smoky fire, the next step was to protect the patient "in-place" by providing a fire barrier between the patient room and the corridor.

This requirement for fire resistive corridor walls and patient room doors theoretically worked in two directions. The walls and doors would keep fire effects (smoke, hot gasses, etc.) out of the patient bedroom, but if the fire started in a patient bedroom, the walls and doors would prevent any fire effects from reaching the corridor.

BOCA's approach in Section 610.4.1 considers only the concept of protecting the path of exitway access with the intent that the bedroom doors will be closed to confine a fire while the occupants will be able to use the corridor to reach an exit, such as a stairway. If for some reason smoke does reach the corridor, there is no requirement for a smoke barrier to provide horizontal movement and interim refuge.

BOCA's authors defend this basic compartmentation of the corridor by referring to the requirement for automatic sprinklers in section 1202.7. I am not advocating that automatic sprinklers in a patient room should be deleted from any Code, but by the time an automatic sprinkler head is activated, the patient in the room is beyond rescue by the nursing staff. If the patient room door happens to be closed during a fire in that room, the heat and toxic products from the fire build up so fast that the patient in that bed has no chance of survival.

In 1978, the Building Hardware Manufacturers Association sponsored a series of full scale tests at the I.T.T. Research Institute in Chicago. There were two almost identical tests, which upon analysis show the difference to be that in one test the room (simulated patient bedroom) door remained open during the fire and the second test had the door closed at (92 seconds) after ignition.

In the test with the door remaining open, the temperature at the ceiling reached 480 degrees F before activating the standard automatic sprinkler head. Smoke density at the three foot level was 0.029 OD per meter. (0.15 OD equals about 10% per foot obscuration. A smoke density of 0.5 OD per meter makes rescue even by fire department personnel very difficult.) Smoke density increased sharply after automactic sprinkler operation. Carbon Dioxide measurements were 600 parts per million after about five minutes. (5000 parts per million CO_2 is considered a relatively safe exposure.)

In the second test which had the room door closed after 92 seconds, the temperature at the ceiling peaked at about 570 degrees F but dropped a bit to about 400 degrees F and rose steadily until sprinkler operation at 750 degrees F. The smoke density at the three foot level increased significantly once the door was closed, something like fifteen times the level of the open door test. The most dramatic increase was the level of carbon dioxide, which went to 12,000 parts per million.

This data, originally intended to justify the need to install automatic closers on patient room doors, seems to show that closing the door to the room of fire origin is effective in limiting the products of combustion in both the corridor and other patient rooms, but in turn causes life safety conditions in the room of origin to deteriorate very rapidly. Automatic closing shortens the time available for rescue of endangered patients, but leaving the door open to the corridor greatly enhances rescue time.

In a series of tests done earlier this year at the National Bureau of Standards, the results show conclusively that when the patient room door is closed, detection of smoke in the corridor is most difficult if not impossible. During twelve tests, the patient room door was closed during four of the tests. In the three fires classified as smoldering, a detector in the corridor failed to respond. In the test classified as low energy, the detector in the corridor took over 33 minutes to activate. In all the other tests with the patient room door open, the corridor smoke detector activated on the average of 54.4 seconds.

In spite of all the preceeding measures requiring fire resistance rated barriers, doors, and automatic sprinklers the entire system still depends upon the other patient room doors being closed at the proper time to prevent smoke from getting into these rooms where the patients will remain "in-place."

In a typical hospital or nursing home, none of the Codes requires a complete smoke detection system. (BOCA's automatic fire alarm system in Section 1216.3.1 is nullified by Section 1216.4 because of the requirement for automatic sprinklers.) The best smoke detector in the world is the human nose. It is capable of detecting only one to three parts per million while the best smoke detector doesn't activate for less than several hundred parts per million. It should be very clear that it is necessary that patient room doors be open if the nursing staff is to be able to make an early detection of a fire and effect a prompt rescue of endangered patients.

The door to a patient room is a vital means of communication. An open door not only allows a patient to see what's going on in the corridor and helps allay feelings of isolation, but permits the staff to keep eyes, ears, and nose on what's happening in the patient rooms. With bedroom doors partly open, the staff can observe the occupants during routine duties without having to stop and open doors.

The Life Safety Code, as currently written, depends upon the patient bedroom doors to be at least partly open. Open doors allow the staff to smell smoke or hear a scream for help. In many health care facilities, there are smoke detectors installed in the corridor. Open doors allow earlier warning by these detectors.

Now we have a slight dilemma. It is important that the doors be open until a fire begins and any endangered occupants rescued. Then it becomes urgent that the door be closed. The Life Safety Code depends upon the nursing staff to close the doors and rescue the patients in danger. BOCA makes the requirement for the door closers in Section 610.4.1. In practice, in those hospitals and nursing homes with closers on patient bedroom doors, the occupants usually wedge the door in an open position or disconnect the closer.

Montana Hospital Association

(406) 442-1911 • P.O. BOX 5119 • HELENA, MONTANA 59604

STATEMENT OF WILLIAM E. LEARY, PRESIDENT, MONTANA HOSPITAL ASSOCIATION BEFORE THE HOUSE COMMITTEE ON HUMAN SERVICES REGARDING SUPPORT FOR ADOPTION OF HOUSE BILL 361

In 1976 and 1977 the hospital industry became extremely concerned and vocal regarding the cost and operational impact of the National Fire Protection Association's publication the Life Safety Code, NFPA 101-1973, as adopted and utilized by state licensing agencies, HHS, JCAH and other local code enforcing agencies. Consequently, the American Hospital Association and other national and state hospital associations became active participants in the code-making process and sought elimination of excessive requirements, inclusion of equivalency alternatives for other essential requirements to allow flexibility in hospital design, and uniformity in the edition year of the code being used by various agencies. A fundamental concept that has been preserved in the Life Safety Code is the separation of the requirements into separate sections for new and existing construction, thereby lessening the retroactive impact of new code requirements. At this point in time, the JCAH, HHS and the Montana State Department of Health, the licensing agency authorities, are utilizing the Life Safety Code as the primary reference document to determine the adequacy of fire safety design of existing health care institutions.

However, city and state building authorities such as the Department of Administration, are also utilizing code documents developed by groups of building code officials, in our case, the Uniform Building Code. The Uniform Building Code is predominantly used in the southwest, Rocky Mountain and western states as the primary design criteria document for new construction and major renovation.

The major problem which confronts the health care industry is that many of the Fire Safety concepts in the building codes are different and in conflict with those embodied in the Life Safety Code. This problem becomes even more complicated when we observe that local fire authorities and building officials may have to, by law, utilize the Uniform Building Code rather than the Life Safety Code as the criteria for determining adequate fire safety compliance in health care facilities.

The requirement for door closures onto all exit corridors is one such conflict between the codes which Montana hospitals are trying to rectify through the passage of House Bill 361.

National authorities have stated time and again that because of the uniqueness of a 24-hour business such as a hospital or nursing home, and due to the fact that hospitals and nursing homes are staffed on a 24-hour basis with personnel who are trained and consistently drilled on the method of evacuating patients in the event of a fire, these same authorities are more inclined to support the code requirements contained in the Life Safety Code for health care facilities rather than those in the Uniform Building Code or for that matter, the Standard Building Code or the Basic Building Code. One such authority is Jonas L. Moreheart, a nationally known fire protection engineer employed by the United States Department of Health and Human Services in Washington, D.C. and who currently serves as the principle fire protection advisor for the Medicare/Medicaid programs which affect some 25,000 hospitals and nursing homes throughout the nation.

I have attached for your review testimony given by Mr. Moreheart before the Baltimore County Board of Appeals in 1981, speaking specifically to the issue of self-closing devices on doors between patient bedrooms and central corridors and encourage you to take the time now to read his testimony, especially those portions which have been highlighted. You will find there have been tests conducted comparing the effect of a fire in a patient room with the door remaining open during the fire and another test when the door closed at 92 seconds after ignition. I believe the statement on page 4 points out most effectively that automatic door closing shortens the time available for rescue of endangered patients while leaving the door open to the corridor greatly enhances rescue time.

The statements on page 5 speak directly to response time by nursing personnel in detecting when smoke is in a room and again make credible statements as to the necessary adoption of House Bill 361.

Besides the cost inherent in installing automatic door closures in all of our health care facilities (approximately $400 per door) we wish your attention to be directed to true patient safety from fire within a health care facility.

In closing, I would remind you that there are approximately 7,000 hospitals in operation in the United States. The fire death experience in hospitals is far superior to any other occupancy in the U.S. I know of no life-taking fire in a Montana hospital over the past 25 years and while various studies conducted indicate there are approximately 35 single death fires in hospitals per year in the United States, the statistics also point out the probability of dying as a result of a fire in a hospital is extremely low and significantly lower than any other occupancy.

Automatic door closures in health care facilities are not needed in spite of the requirement in the Uniform Building Code.

I urge your support of House Bill 361.

Ex 10
HB 361

House Bill 361

My name is Leo Krisl. I am a hospital consultant working under contract for the Licensing & Certification Bureau, Department of Health and Environmental Sciences. I am presenting the Department's view as well as my own and I speak in favor of this bill. I have spent more than 20 years reviewing plans and inspecting health facilities in 20 different states.

Self-closing doors are inherently a nuisance. Self-closing devices on patient bedroom doors would be intolerable. It is difficult to maneuver wheelchairs or walkers through such openings. Many patients in health facilities cannot even open such doors.

The first door-closers in hospitals were installed to isolate hazardous areas. After that they were installed to separate an exit stair. Next the facility was separated into smoke sections with openings in the walls protected by self-closing doors. Now there is a requirement that all doors opening into exit corridors be self-closing. I agree that the proper use of such doors can save lives unless persons are in the space where a fire originates.

Any safety system that interferes even slightly with the ease of operations in a facility will be circumvented by the staff. Seldom have I visited a facility which did not have at least one violation. Electrical and pneumatic hold-open devices and smoke detectors are unreliable enough to force shut-downs. These devices are now complicated enough that repairmen must be called. Repairmen are available only in a few cities in Montana. The number of breakdowns increases about twice as fast as the number of elements added to the system. One fire department disconnected the hospital alarm because of the many malfunctions.

Smoke evacuation systems are now coming into use. We have two of them and another under construction. Where this is available I do not see how the requirement for self-closing doors can even be justified. It would even be feasible to disconnect the smoke doors from the alarm system. On the other hand, even with all

the violations, we have had only isolated incidents. In three cases I know of, where the patient set themselves on fire, the position of the door, opened or closed, leading into the room was immaterial and the sprinkler head in the room did not save them.

I find it strange that the federal government, which has forced health facilities to spend millions for safety equipment, has no requirements for the doors covered by this Bill. The current Life Safety Code specifically states that 'door-closing devices are not required on doors in corridor wall openings other than those serving exits or required enclosures of hazardous areas'.

I would prefer to be in a facility protected with no more than a fire alarm where the administrator is safety conscious, than in one which is covered by every imaginable safety device and the staff pays no attention to safety practices.

For these reasons, I urge you to pass this Bill.

Ex 11
HB-361

Montana Nurses' Association

2001 ELEVENTH AVENUE (406) 442-6710

P.O. BOX 5718 • HELENA, MONTANA 59604

I am Sharon Dieziger and I represent the Montana Nurses' Association. We wish to speak in favor of HB-361.

Certainly in this day of escalating health care costs we all have a concern about regulations that increase those costs. However, our primary concern must be directed toward the safety and well being of patients in our health care facilities.

Certainly every hospital has defined disaster plans for the hazards of fire and evacuation of patients.

Because we are constantly aware of the potential hazards the present procedures practiced within our facilities for actual fires and drills include:

All nursing staff immediately respond to closing all doors in a nursing unit. This task is completed in a manner of seconds. As the doors are closed, nurses have the opportunity to account for the location of all patients and to offer an explanation and alleviate any patient's fears. This is certainly more acceptable for patient safety and does not expose our patients to the numerous hazards which would be created by the installation of automatic door closures.

To install automatic door closures, in which the door would remain closed would:

1. Block the open auditory and visual communications to patients.
2. Inhibit mobility for pediatric, debilitated, and handicapped patients. Patients dependent upon mobility aids, such as walkers, wheelchairs, and crutches would be unable to operate the door and could be injured if they were in the path of a closing door.

3. Create an immediate danger for a patient, if a fire was in the patient's room.
4. Prevent the nurse from hearing many of the audible alarms attached to equipment, which alerts the nurse to changes in the patient's condition, i.e., intravenous controllers, cardiac and apnea monitors.
5. Create an isolated atmosphere for persons already in a stressful situation.
6. Further jeopardize the mental status of confused or psychiatric patients.
7. Increase the need for additional staffing to provide the necessary monitoring.
8. In fact, inhibit evacuation in the event of a fire.
9. Block immediate acess in a life-threatening situation, i.e., cardiac arrest.

To install door closures, which would be activated by the fire alarm system would:

1. Subject patient to possible injury, when entering or leaving the room, if the system were activated.
2. Create patient anxiety until nurse could provide reassurance (which could have occured if the nurse had initially closed the door).
3. Delay accounting for the location of all patients.

Our system has proven to be safe and managable. We urge you to support HB-361 and thank you for this opportunity to share our views.

Ex 12
HB 3[illegible]

WITNESS STATEMENT

Name [illegible] Committee On House Human Services

Address [illegible] Date Feb 9 1987

Representing DEPT OF ADMIN Support _____

Bill No. 361 Oppose _____

Amend _____

Information X

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. The Department neither supports or opposes the bill, however we feel that committee should give the attached comments consideration. Some
2. of the clarifications.

3.

4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

FORM CS-34
1-83

STATEMENT OF THE DEPARTMENT OF
ADMINISTRATION

House Bill No. 361

The door closer requirement for health care facilities addressed by the bill has been in the Uniform Building Code since 1973 without change. The model code is enforced throughout the Western United States as now written.

We would suggest the following points be considered during your deliberations.

- Door closers create an area of refuge, for building occupants that are not capable of exiting on their own, until help can arrive.

- Door closers help to retain death causing smoke in the area of fire origin thus providing needed time to control the fire and safely evacuate building occupants.

- Door closers help to maintain the exit corridor with a relatively smoke free atmosphere so that rescue and medical personnel can safely remove occupants.

- The fire history in certain types of medical facilities was one of the major reasons for the current code requirements.

HB 361

From Jim Kembel Ex 12
HB 361
Administrator, Bldg Codes Division; Dept of Admin.

STATEMENT OF THE DEPARTMENT OF ADMINISTRATION

House Bill No. 361

The door closer requirement for health care facilities addressed by the bill has been in the Uniform Building Code since 1973 without change. The model code is enforced throughout the Western United States as now written.

We would suggest the following points be considered during your deliberations.

- Door closers create an area of refuge, for building occupants that are not capable of exiting on their own, until help can arrive.
- Door closers help to retain death causing smoke in the area of fire origin thus providing needed time to control the fire and safely evacuate building occupants.
- Door closers help to maintain the exit corridor with a relatively smoke free atmosphere so that rescue and medical personnel can safely remove occupants.
- The fire history in certain types of medical facilities was one of the major reasons for the current code requirements.

2

STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
BUILDING CODES DIVISION
CAPITOL STATION, HELENA, MONTANA 59601

JAMES KEMBEL, P.E.
MINISTRATOR

TELEPHONE
(406) 449-3933

VISITOR'S REGISTER

HOUSE HUMAN SERVICES COMMITTEE

BILL HOUSE BILL 361 DATE 2-9-83

SPONSOR REP. PHILLIPS

NAME	RESIDENCE	REPRESENTING	SUPPORT	OPPOSE
[illegible]	Lewistown	Montana Association of Registered Engineers	✓	
[illegible] Jenske	Helena	" "	✓	
[illegible]	Gt. Falls	Mt. Nurses Assoc	—	
James Kembel	Helena	Bldg Codes Div Dept of Admin	Information	
[illegible]	Gt Falls	Mt Deaconess Med Center	X	
[illegible]	Helena	Dept of Health & Environmental Sciences	X	
E. Reilly	HELENA	M. S. C. A		
H S Hoyem	Helen	MTC	—	
[illegible]	Columbia Falls	MSCA		

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

FORM CS-33
1-83

Ex 13
HB 90

Amendments to House Bill 90 (Introduced copy)

1. Title, line 4.
Following: "OF"
Insert: "EUTHANIZING SUBSTANCES CONTAINING"

2. Title, line 5.
Following: "BY"
Insert: "INCORPORATED"
Following: "SOCIETIES"
Insert: "AND ANIMAL CONTROL SHELTERS"

3. Page 3, line 22.
Following: "homeless"
Insert: ", and includes those entities commonly referred to as humane societies, incorporated humane societies, animal shelters, animal control shelters, and city and county pounds"

4. Page 7, line 13.
Following: "2."
Strike: "Sodium pentobarbital permit"
Insert: "Euthanizing substances license"

5. Page 7, line 16.
Strike: "permit"
Insert: "license"
Following: "use"
Insert: "euthanizing substances containing"

6. Page 7, line 20.
Following: "a"
Strike: "permit"
Insert: "license"

7. Page 7, line 21.
Following: "of"
Insert: "euthanizing substances containing"

Ex 14
HB 90

STATEMENT OF INTENT
House Bill No. 90

House Bill 90 requires a statement of intent because it requires the Board of Pharmacists to adopt rules for the sale to, and possession and use of sodium pentobarbital by, humane societies.

The Legislature contemplates that the rules should consider procedures for application by humane societies, among other things, and

1. that the limited permit should be granted only to those humane societies whose personnel have the direction of a veterinarian or other person licensed to buy, possess, and use the drug;

2. that procedures be implemented to insure adequate direction be given by such licensed person in the use of the drug, including proficiency requirements for persons administering and having access to the drug;

3. that standards for safe storage of the drug be considered;

4. that procedures for keeping accurate records of the purchase, storage, and use be kept by humane societies granted the limited permit;

5. establish standards for determing whether an entity falls within the definition of "humane society";

6. establish standards for determining what terms and conditions should be imposed on a permit; and

7. establish and charge a fee commensurate with the cost of issuing the permit.

STANDING COMMITTEE REPORT

February 9, 19 83

MR. SPEAKER

We, your committee on HUMAN SERVICES

having had under consideration HOUSE Bill No. 322

first reading copy (White color)

A BILL FOR AN ACT ENTITLED: "AN ACT AUTHORIZING A COUNTY, CITY, OR TOWN TO ESTABLISH AN EMERGENCY MEDICAL SERVICES PROGRAM; GENERALLY REVISING AND CLARIFYING THE PROCEDURE FOR ESTABLISHING AN EMERGENCY MEDICAL SERVICES PROGRAM; AMENDING SECTIONS 7-34-101 THROUGH 7-34-103, MCA."

Respectfully report as follows: That HOUSE Bill No. 322

BE AMENDED AS FOLLOWS:

1. Page 3, line 3.
Following: "services."
Insert: "However?
(a) if a tax has been levied county-wide by a county governing body for emergency medical services, no city or town within the county may levy such a tax; and
(b) if a tax has been levied by the governing body of a city or town for emergency medical services, the county governing body may levy a tax for such purposes only in the county area lying outside of the city or town levying such a tax."

AND AS AMENDED

DO PASS

MARJORIE HART Chairman.

STATE PUB. CO.
Helena, Mont.

STANDING COMMITTEE REPORT

February 9, 19 83

MR. SPEAKER

We, your committee on HUMAN SERVICES

having had under consideration HOUSE Bill No. 337

first reading copy (white color)

A BILL FOR AN ACT ENTITLED: "AN ACT TO GENERALLY REVISE AND CLARIFY THE LAWS RELATING TO THE BOARD OF PHARMACISTS; CHANGING THE NAME OF THE BOARD TO THE BOARD OF PHARMACY; AMENDING THE PROVISIONS ON PROFESSIONAL EDUCATION; CHANGING THE TERMS OF MEMBERS OF THE BOARD AND PROVIDING A TRANSITION TO THE LONGER TERM; ESTABLISHING QUALIFICATIONS FOR THE PUBLIC MEMBERS OF THE BOARD; CLARIFYING THE PROVISIONS ON WHAT CONSTITUTES A VIOLATION OF PHARMACY LAW RELATING TO DISCIPLINARY ACTION AGAINST PHARMACISTS; REMOVING THE REQUIREMENT FOR A REEXAMINATION FEE; AMENDING SECTIONS 2-15-1843, 37-7-302, 37-7-311, AND 37-7-321, MCA; AND REPEALING SECTIONS 37-7-403 THROUGH 37-7-405, MCA."

Respectfully report as follows: That HOUSE Bill No. 337

BE AMENDED AS FOLLOWS

1. Page 3, line 6.
Following: "consecutive"
Insert: "5-year"

DO PASS

Marjorie Hart Chairman.

STATE PUB. CO.
Helena, Mont.

February 9, 1983

2. Page 4, line 11.
Following: "board."
Insert: "However, no applicant may receive a registered pharmacist's license until he has complied with the internship requirements established by the board."

AND AS AMENDED
DO PASS
STATEMENT OF INTENT ATTACHED

MARJORIE HART Chairman.

STATE PUB. CO.
Helena, Mont.

HOUSE BILL 337 February 9, 1983

MR. SPEAKER

WE, YOUR COMMITTEE ON HUMAN SERVICES, HAVING HAD UNDER CONSIDERATION HOUSE BILL NO. 337, FIRST READING COPY (WHITE), ATTACH THE FOLLOWING STATEMENT OF INTENT:

STATEMENT OF INTENT
HOUSE BILL NO. 337

A Statement of Intent is required on House Bill 337 because sections 2 and 3 delegate to the Board of Pharmacists power to approve accredited pharmacy degree programs for qualifications for appointment for licensed members on the Board and for qualifications to be entitled for examination as a pharmacist. It is intended that the Board will approve those standards which are at least equivalent to the minimum standards required by the American Council on Pharmaceutical Education. The American Council on Pharmaceutical Education operates as an independent organization, but is recognized by the United States Commissioner of Education, the Department of Health and Human Services, and the Council on Postsecondary Accreditation.

MARJORIE HART Chairman.

STATE PUB. CO.
Helena, Mont.

STANDING COMMITTEE REPORT

February 9, 19 83

MR. SPEAKER

We, your committee on HUMAN SERVICES

having had under consideration HOUSE Bill No. 361

first reading copy (white color)

A BILL FOR AN ACT ENTITLED: "AN ACT TO EXEMPT HEALTH CARE FACILITIES FROM ANY STATE BUILDING CODE REQUIREMENT THAT SELF-CLOSING OR AUTOMATIC CLOSING CORRIDOR DOORS MUST BE MAINTAINED; AMENDING SECTION 50-60-205, MCA."

Respectfully report as follows: That HOUSE Bill No. 361

BE AMENDED AS FOLLOWS:

1. Title, line 5.
Strike: "STATE"

2. Title, line 6.
Following: "DOORS"
Insert: "TO PATIENT ROOMS"
Following: "BE"
Insert: "INSTALLED OR"

3. Page 1, line 17.
Following: "of"
Strike: "the state"
Insert: "a"
Following: "requiring"
Insert: "the installation or"

AND AS AMENDED
DO PASS
HUMANS

MARJORIE HART Chairman.

COMMITTEE SECRETARY

STATE PUB. CO.
Helena, Mont.