MINUTES OF THE MEETING OF THE HUMAN SERVICES COMMITTEE
February 14, 1983

HOUSE BILL 424

REP. SHONTZ, sponsor. HOUSE BILL 424 is a very simple bill that provides statutory authority for the state of Montana to use medicaid funds to provide services to individuals in home base or community-base setting. It provides that we offer alternative care for people of Montana for 80% of what it would cost people to be in nursing homes.

PROPONENTS:

SEN. ECK said she has been interested in the provisions of home services and home health for a long time. That was one program that county commissioners seem to understand and support, even though a good portion of the money for it was local money. In looking at the long-term needs of our seniors and the fact that senior population is growing rapidly and a good share of them are a poor population, this bill is truly one of the most important bills that we face. In looking at the fiscal condition of the state, if we consider the high cost of medicaid (makes up about 50% of SRS budget and of that budget, one-half goes to nursing homes), if you look at how rapidly our older population is growing, we know this is a situation we need to face. My real concern came when I was campaigning. I ran into a lot of older people who were fearful to stay in their own homes and wondering how they were going to manage that. In preparing for a White House conference on aging, a year ago in December, I learned about the possibility of the waiver. I was skeptical about whether we would ever have that opportunity in Montana. It is going to enable older citizens in our communities who prefer to stay at home to have the kind of service they need and also to reassure their children who are responsible for them to know there is someone who will watch over them and make sure they are getting the kinds of services they need. The one service that is the key to this is that of case management. The state will provide for an assessment procedure determining which kinds of services these individuals need. The case manager will make sure that whoever is responsible for providing services to an older person is really there. The system is set up so the volunteers will be the mainstay of the program. Once you have this coordinated system of services, it will be available to the private paid patient as well as the medicaid patient.

JOHN LAFAVER, Director of the Department of Social and Rehabilitation Services, said two years ago, one of the real frustrations was many of the people that we have to care for, seniors, developmentally disabled and handicapped, wanted to be able to live in their own homes but the incentive at the

federal level has been to institutionalize them. The only place we could get the medicaid money was in an institution or a nursing home. If we moved them from a state institution or a nursing home, then we lost the two-thirds federal money. We had to come up with 100% state funding. One really good thing came about and that was the opportunity for the state to seek a waiver to use the medicaid money in non-institutional less restricted environments. We were the second state in the country that acted on this new waiver authority. That authority was approved and we moved those people into homes and day programs. We did so without losing any federal money and with a lower program cost than we had. This is a bill that will expand that for seniors and for handicapped people who are not developmentally disabled. It won't solve all the problems. We still have to live within the overall medicaid spending authority. We have to be able to poll money that otherwise would go to nursing homes or other institutional structures. We will be able to care for more people under the waiver than we did without the waiver. This bill will allow us to move money from one category to another category. Eligibility--this will serve people who would otherwise be institutionalized. The ability to move in the direction we want has been hinged on (1) this Legislature acting favorably on this bill and (2) the federal government approving the waiver request that we submitted to them in December. I am happy to report to the Committee that the federal government last week did approve this waiver request. All that is left is to clear the bill through this Legislature.

JIM CORDIAL, Montana Peoples Association, read a prepared statement by Tom Ryan, President of the Montana Peoples Association. He read that the only recourse for seniors who need long-term care is to be admitted to a nursing home. Under this waiver, services may be provided with ease. These problems have been that there was no forceful case management structure to organize them nor has there been a way for medicaid to reimburse for them. Seniors want the home and community-based alternatives. It is most desirable if they can remain at home for a longer period of time. While the waiver would pay for only eligible medicaid seniors, it would make available the need of alternative services. The cost would be less than what a nursing home would cost. He urged support of this legislation.

LENORE TALIOFERRO, Long-term Care Ombudsman for Residents of Long-term Care Facilities, supported the concept of the medicaid waiver and encouraged passage of the legislation which would assist in providing an alternative, where appropriate, in order to stay in their own homes.

JULAINE MONSON, representing SUMMIT, which is an independent living center, said she favored the medicaid waiver. Although evaluation and treatment is a beginning, people require help when changing old health habits and attitudes, such as prevention, follow up, education of needs, problems and contributions of the disabled. People need to hear all of their options--nursing homes, group homes, foster care. We have found that living in the community is much more cost effective than living in the institution. We would be addressing specific poverty level people with this waiver. This waiver will enhance the choice of some people to live more independently (EXHIBIT 1).

ROBERTA NUTTING of Eureka, Montana, and Chairman of the Legacy Legislature, spoke in support of this program. She said she saw this "Medicaid Waiver" as a possible way to get much needed supplemental money (EXHIBIT 2).

MAUREEN O'REILLY, representing the Montana Association of the Home Health Agency, supported this bill. There seems to be a concern by some that persons classified as needing a level of care provided by a skilled nursing facility, an intermediate care facility, or an intermediate care facility for the mentally regarded could be warehoused in their own home and not receive the quality of care they are entitled to. It is the contention of the Home Health Association that with the added provisions for home care under the medicaid waiver, Home Health Agencies would be able to extend their already high quality services to those persons in the comfort of their own home.

HELEN HAEGELE, Member of the Board of the Montana Senior Citizens Association, appeared to lend support to this legislation. They believe HOUSE BILL 424 would lead to more satisfactory care for the program recipients (EXHIBIT 3).

CHARLES BRIGGS, of the Governor's Office, said the medicaid waiver for in-home services constitutes an alternative and provides a choice for the frail, economically disadvantaged. (EXHIBIT 4).

JOHN JACOBSON, M.D., Rocky Mountain Clinic, Butte, and Vice-chairman of the Montana Medical Care Advisory Council, said the Council and he, as a member, support the waiver and the set of services that will be provided to elderly and handicapped citizens. The services under the waiver will now provide physicians with assurances that quality long-term care can be provided in home and community settings (EXHIBIT 5).

JERRY LOENDORF, representing the Montana Medical Association, said that the bill would promote health and happiness of the senior citizens. It does have a secondary benefit--no doubt, there would be cost savings for a person who would be allowed to remain in his own home. He supported this legislation (EXHIBIT 6).

G. V. ERICKSEN, Chairman of the Legislative Committee of the Retired Teachers Association, said that all of the organizations that he represents are concerned about keeping the elderly in their homes and he urged support of this bill.

CATHY CAMPBELL, Montana Association of Churches, wanted to go on record in support of the bill (EXHIBIT 7).

ROSE SKOOG, representing the Montana Health Association, said they are in favor of the waiver. She said there were two or three things in this piece of legislation that she would like to mention for the Committee's consideration. Page 2 - the definition of long-term care--that definition is in direct conflict with the definition as defined in present law. The current definition includes skilled care, intermediate care and personal care. The definition in this bill does not include personal care. Personal care is a part of long-term care. Our concern about this definition has to do with a concern about the setting where these waiver services are going to be offered. We are 100% in favor of these services being offered in their homes. One of the things we are urging is that the definition of long-term care facilities be left as it is in current statutes and not changed like it is here and that the Committee offer some intent that the services offered under this waiver be aimed at keeping people in their homes. There is another section of the bill that deals with the responsibility of nursing home administrators and disseminating information about this program. Patients do not enter nursing homes without a doctor's order to go there. We feel the appropriate place for this work to be done as to making decisions as to what is the proper setting and for this dissemination of information to occur, is probably at the physician's level. Whether the social worker who deals with the medicaid program as far as eligibility and the doctors who make the determination that people need nursing home or some other long-term care, that is the place where the responsibility should lie as far as putting

out information on this program. If it does turn out that you want the administrators to disseminate this information, we would suggest that the enforcement which is in this bill as part of the nursing home administrator licensing board--you might think about replacing that with the Department of Health, which already goes in and checks paper work, as well as other things. The Department of Health is already in the facility and would be better able to enforce this provision rather than the Board of Nursing Home Administrators who really have no contact with the facility itself or the records it keeps. Our last area of concern is the funding of the program because it does assume that in order for this program to be successful, funds must be diverted out of the nursing home budget and into the budget for the home-based care. We don't have a problem with that if all the assumptions the department is making turn out to be correct. In other places where this kind of system has been put in place, the system has ended up serving a whole new group of people. The people are still in the nursing homes and have to be served there and there is still a group outside the nursing home who are eligible for and need the service. I recently received a copy of the General Accounting Office's report that was just put out in December of 1982 and it says that while community-based services are undeniably good for people, it is not cheaper and that money has not been saved where it has been used. The report indicates there are two to three times more chronically ill elderly people living in the community as in nursing homes. Making home services more available might mean that some people in the community who are eligible for additional services might use them because they are just as disabled as some of the people in the nursing homes. The additional services would be beneficial to them but would also increase over-all health care because it would encompass a larger client population. The second reason is that most of the long-term care given to the elderly is provided informally by relatives. With broader coverage and eligibility, families might substitute this publicly funded program for the services that they are now providing without cost to the public. That will expand the cost. The fact that you keep one person out of the nursing home and at home just means that that bed is filled by someone who was in the hospital waiting for services. There is a good chance that you will be faced with a situation where you are going to need to serve as many people in nursing homes as you ordinarily serve plus serve some people under this waiver and the money isn't going to be there. We are concerned that you are going to take away from one group of the elderly and give to another group.

WANDA LANG, private consumer, related the sequence of events in which her son was involved in an accident which left him needing nursing home care. She spoke in support of this bill because it was because of the opportunity she had to take her son home from the hospital and keep him out of the nursing home. The doctors felt they were taking on far more than was physically possible but because they were able to get a home health aide to go in for a short period of time, the cost incurred was $23 per day. Because of the complexity of his care, the only nursing home that would accept him insisted on a fee of $86 per day. He was comatose when they brought him home from the hospital. At any time he is physically drained, we can readmit him to the nursing home because he requires continuous supervision. We have him at home and are able to put him in a day-care facility. The minimum fee that medicaid would allow was $23. We are speaking for this proposal because that was the only possible way that we would have been able to have brought him home. Beyond the aspect of the better care at home, he had the stimulation and the involvement of the family in his care and he is now very much functioning in his own self care. That is an aspect that cannot be overridden by dollars and cents. I believe that if this service that we received was common knowledge to other people with brain injured relatives, be they children over the juvenile age of 19 or even spouses, deinstitutionalizing would be far more feasible. Most of the people that are exposed to these circumstances do not have the knowledge of this facility to be able to take care of them at home.
Additional written testimony is attached (EXHIBIT 7a).
VERLIN BUECKLER, representing Montana Association of Homes for the Aging, wanted to go on record as supporting this bill.

OPPONENTS: None

REP. SHONTZ closed saying what they are seeking is placing individuals in a least restrictive possible environment. It not only provides for services to be delivered in home setting but it does provide for services to be delivered in personal care settings which is a less restrictive step than intermediate or skilled care. Although our senior population is the one that would benefit to the largest extent, there are other Montanans who receive medicaid and would be eligible. One of the concerns about who would enforce it--the state has two options. If we choose to put the burden on the nursing home, the only way we can discipline the institution for not providing this information to potential residents is to defund it. By asking the Board of Nursing Home Administrators to provide the compliance tool, we can direct our concerns toward the individual's license to administer a home. We are looking at the management of the facility and not the facility, itself. The last point I would like to

make--the "deal" with the federal government is that the dollars that we spend for this program have to remain at a constant level or be below what it would cost the state and federal government to have individuals in a nursing home. One of the neat things about this program--the economy of it aligns itself with the humanity of it. For that reason, he urged the Committee to support this program.

QUESTIONS:

REP. SEIFERT: It says in Section 5 that the department may adopt new rules to implement the program of community-based medicaid services and establish the system of long-care placement. My question is, on the next page, it says the minimum standards for qualifications shall comply with the requirements set forth in Title 19-- as that title reads on July 1, 1983 and with the requirements, would it be the intent of the Department of Social and Rehabilitation Services to relax some of the present rules and standards in order to conform with this program?
REP. SHONTZ: In answer to your first question, there is rule-making involved with this legislation and that is why there is a Statement of Intent. I would refer your second question to JOHN LAFAVER: There is no plan to amend present medicaid rules relating to nursing home care. There is a need to establish rules as to how this program will operate.

REP. SWIFT: The discussion I heard indicated that not only would this call for more expenditures but there would be a problem of holding the program in the funding level that you have set up by virtue of opening up the possibility of home care. I certainly subscribe to this. Who is going to have the final responsibility? Who is going to go into a nursing home or stay in their home and who is going to determine that we stay within the program guide?
JOHN LAFAVER: The Department of SRS has the same responsibility that we live within the number of dollars provided by the Legislature in this program as we do in any other. SRS has not asked for a medicaid supplemental. I think we know how to control these costs and we will. Who is going to decide who goes into the nursing home and who does not? The Montana Medical Foundation will be contracted to screen all people to determine if they are eligible for long-term care in the nursing home or outside the nursing home. If they are eligible for long-term care, then a long-term care worker, who will be an employee of SRS in each of the geographic areas, will go further in working with that person to determine if it is desirable and possible

for that person to live outside of a long-term care institution. The final choice is the person's. If the person is eligible for long-term care, but wants to live in a nursing home, there is no mechanism to force that person to live outside of the nursing home.

REP. DRISCOLL: One person testified that the evaluation comes too late. When do you see the evaluation of a person?
JOHN LAFAVOR: If this is going to work over a long period of time, there needs to be an indepth educational process with the physicians. It is absolutely true that the doctors are really the screeners. Once we have it established and the medical communities in each of the areas know that alternative services are available and they work, I think that will take care of the situation. In terms of the evaluation, this is the only way we can set it up. While it is desirable to have that screen as early as we can, when the foundation screening is performed and when the long-term care worker determines what is possible for this person, it takes place as early in the bill as it possibly can.

REP. SOLBERG: What is the current situation of nursing home beds in the state? Is there a shortage?
JOHN LAFAVOR: We have a slight surplus which is supposed to continue until 1985. We would have a deficit by 1990. Today we have a surplus.

REP. WINSLOW: Aren't there some places that don't have surpluses?
JOHN LAFAVOR: There are places that are tighter than others.

REP. WINSLOW: In nursing homes, isn't medicaid facing the bottom of the rung?
JOHN LAFAVOR: I understand there are some nursing homes that prefer a private pay patient. The vast majority of patients in nursing homes are medicaid.

REP. WINSLOW: The evaluations--are they taking place right now on medicaid patients?
JOHN LAFAVOR: No.
REP. WINSLOW: This is something new then. The Montana Foundation for Medical Care--they have not done this before?
JOHN LAFAVOR: We have a contract with them but that process does not tie to the service we are talking about.

REP. WINSLOW: The mention of the Board of Nursing Home Administrators enforcing the dissemination of information--what are your feelings about that?
JOHN LAFAVOR: I think the need is to put a creditable level in place encouraging nursing home administrators to inform people what is available. It isn't realistic to put that license on the facility, itself. It is a more credible level to put that notice on the administrator and if the administrator does not live up to his level, then that administrator stands in jeopardy of losing his license.
REP. WINSLOW: If the Board of Administrators does not want to enforce that, is that going to put you in a bad spot?
JOHN LAFAVOR: I haven't heard that.

REP. FABREGA: There was the comment made that perhaps this program would overrun the medicaid appropriation. My understanding is that while the department requests the human level of funding for medicaid, medicaid is sort of an open-ended situation. The service has to be provided for the citizens that need it. You have to come back with the supplemental, isn't that correct?
JOHN LAFAVOR: To some degree. They have to be cared for. If eligible people appear in nursing homes, they have to be admitted and services paid for whether we have adequate money in the nursing home budget to pay for them or not. But if that happens, where we balance that out is the so-called optional services. We would have to cut out dental care, therapies, pharmaceutical items in order to stay within the legislative limit.
REP. FABREGA: That would be one possibility--if you find in-home care covered by medicaid is of greater value to address the necessity of the citizen, you would then reduce those, if necessary, to come up with it.
JOHN LAFAVOR: No. In terms of the waiver--if area by area, we do not see savings coming from the long-term care facility, then the waiver will be shut down in that area because the major commitment that we make to the federal government is that the cost will be transferred from the nursing homes to the waiver area.

REP. FABREGA: The contention is that some people are in nursing homes because the waiver is not available. You could serve two or three people on the outside for the same cost?
JOHN LAFAVOR: The commitment that we have made to the federal government--we have to be able to care for a person at 80% or less incurred from long-term care. That 20% savings would be allowed to care for people who don't have care now.

REP. SHONTZ: Read a statement: "Under waiver regulations, the total cost of the proposed program may not exceed the long-term care budget in the absence of the waiver." While there is no cap on it, per individual cost can't rise as we have questioned. That is why there is no huge fiscal note on this bill.

REP. DRISCOLL: What is the average cost of the nursing home?
JOHN LAFAVOR: Fiscal year 84 - the project cost is $42. The state pays $32 per day and $10 contribution would come from non-state and non-federal contributions.

REP. WINSLOW: What has the average senior citizen on medicaid experienced as a cut?
CHARLES BRIGGS: I would have to get that for you. The Older Americans Act with the decrease in funding came in FY 81, 82 and 83. We are down considerably from what it was in FY 81. The present administration requested for FY 83 funding for the Older Americans Act which provides supporting services that includes home health care at one-third less than what came in for FY 81. To get eligibility for the Older Americans Act funds is not contingent upon the medicaid for SSI so we are talking across the board for supporting services for senior citizens not on the basis of a means test. What is critical here is that what this is trying to address are those who are most economically disadvantaged and face the loss of independence.
REP. SHONTZ: A more direct comment may be that the federal share of medicaid funding has dropped from 65 to 61 percent. The taxpayers of Montana have taken it upon themselves to make up that difference.

A Statement of Intent is attached (EXHIBIT 7b) and a Fiscal Note (EXHIBIT 7c).

CHAIRMAN HART closed the hearing on HOUSE BILL 424.

HOUSE BILL 321

REP. SEIFERT, sponsor. This bill would require health service corporation membership plans to allow payment to a dentist for care or service usually provided by a physician, provided the dentist is licensed to perform such services. Amendments were passed out (EXHIBIT 8). He said that the bill applies to Blue Shield and Blue Cross. It would only affect Blue Shield because Blue Cross is already following the policy that is set forth in the bill. There are areas where medicine and dentistry overlap--certain procedures around the mouth and jaws which doctors and dentists both perform. Under the bill a health insurance plan cannot say that these procedures are covered if a doctor does them or are not covered if a dentist does them. Blue Shield now limits payment of these services

with certain exceptions to physicians. A year ago, Blue Cross adopted the nondiscrimination policy. This did not mean that suddenly all Blue Cross plans included dental benefits. Physicians do not fill cavities or do root canals. The traditional dental procedures are not medical procedures also. Blue Shield has not come up to the same understanding with the dentists. Blue Shield rejected this policy on the ground that they thought it meant that their plans had to provide dental benefits. Because of Blue Shield's response, the dentists asked that this bill be introduced. He read through the bill discussing the amendments.

PROPONENTS:

ROGER TIPPY, Attorney and Lobbyist for the Montana Dental Association, passed out questions and answers (EXHIBIT 9). He said as far as being discriminatory, it may raise anti-trust issues. Blue Cross has already agreed with the Montana Dental Association to put this policy into affect. Blue Shield declined to do so as they thought it would increase utilization of certain procedures. If they think it is being utilized too much, they and their constituent group could write the contract so the procedure is not covered. The Dental Association would like the amendments reinserted because this bill has been discussed in the interim, sent the text with the amendments to Blue Cross and on the first floor, the wording was substantially changed. We elected to ask the Committee to put it back to the original version.

STEPHEN BLACK, Dentist from Bozeman, Montana, said this bill is fairly limited and covers the nonprofit health service corporations. These kinds of treatments would include facial injuries or situations where the teeth are involved with these injuries. It is not a change in law that only affects a few dentists as specialists but may affect general dentistry, as well. Certain kind of biopsies around the mouth would be involved. It is important that this type of provider legislation is a nationally accepted standard. This is an effort to make it more complete in our state.

OPPONENTS:

ALLEN KAIN, Blue Shield of Montana, said that the only violent disagreement he had with Mr. Tippy's statement was that he did not think this bill raises any antitrust implications at all. We are doing what they say we are doing and proceeded to explain the reason why. When they first designed their contracts years

ago, they had one contract that covered medical services and one that covered dental services. Now, those services overlap. We have always provided coverage for medical services which were covered by dentists over the years. We are concerned about how much this coverage is going to cost.

REP. SEIFERT closed saying he felt that if the dental profession and the medical profession were well licensed and well qualified to do what they were licensed to do, he didn't see why one should be denied a benefit where the other would be paid.

QUESTIONS:

REP. BRAND: What is the cost factor for the same kind of treatment if a physician were operating on the jaw?
STEPHEN BLACK: Considerably less.
REP. BRAND: Would the cost factor go down?
STEPHEN BLACK: We are not increasing the kinds of service--just allowing different providers to provide this service.

REP. BRAND: This policy of Blue Cross--they won't pay for them because of the policy the patient has.
STEPHEN BLACK: They are still being limited within their policy.

REP. BRAND: Are you restricted from other insurance companies?
STEPHEN BLACK: Not at all.

CHAIRMAN HART closed the hearing on HOUSE BILL 321.

HOUSE BILL 699

REP. WINSLOW, sponsor. This bill is a general revision of the laws relating to dentists and dental hygienists. The bill addresses such things as revising licensure, prohibiting any license fee or business tax on dentists or dental hygienists by local government, changing the board's authority to attend national association meetings and rulemaking authorization. He read through the bill with the Committee.

PROPONENTS:

DR. ROBERT FRITZ, President of the Montana Board of Dentistry, Department of Commerce. He informed the Committee that the Board sent a copy of the proposed legislation to each licensed in-state dentist and dental hygienist requesting input. They received input back from two dental hygienists and four dentists. The Board believes that this proposed legislation will benefit and protect the public as well as the profession (EXHIBIT 10).

DR. WILLIAM THOMAS, member of the Montana Board of Dentistry, submitted testimony which provided specific statements of what the proposed legislation regarding dentists would accomplish if passed (EXHIBIT 11).

JEANETTE S. BUCHANAN, R. D. S., a licensed and practicing dental hygienist in the state of Montana, submitted written testimony in support of HOUSE BILL 699 (EXHIBIT 12).

DR. GARY MIHELISH, President of the Montana Dental Association, said that since they represent 97% of the practicing dentists and hygienists in the state of Montana, they feel that this legislation is acceptable by their association.

PATTY CONROY, a practicing dental hygienist, registered lobbyist, and President of the Montana Dental Hygienists' Association spoke in support of HOUSE BILL 699 (EXHIBIT 13).

OPPONENTS:

DR. BILL JONES, Cutback, spoke in opposition to this bill. He said the bill reached the dental profession in December and that there were many issues of this bill that have not been discussed (EXHIBIT 14). He read into the record a letter from Dr. Michael Allen, Columbia Falls, Montana, who said he felt a bill of this nature is not good legislation. It definitely needs more study and input from the dentists, hygienists and dental assistants who would be affected by this bill. It is discriminatory in some ways and unclear in others. A bill of this nature needs to be more clearly defined before made into law (EXHIBIT 15).

REP. WINSLOW closed saying Dr. Jones' concern of the Board being able to judge a member of their competency, ability, education, his concern here is to judge them on their honesty and their moralty. I think that is a difficult thing for any board to attempt to do. I think the Board is here to make sure that those people who are qualified and licensed dentists in the state of Montana have training and the ability to be good dentists. One of his concerns was if you went to another state, would you be placed on inactive? We are not talking about another state. We are talking about this state. I believe there is an inactive status.

QUESTIONS:

REP. DOZIER: I have a problem in not allowing local governments to license or permit these people.
REP. WINSLOW: Referred the question to ROGER TIPPY.
ROGER TIPPY: The dental law has said that no unit of local government may impose a license fee on these people. The state board has the power to set fees at whatever the full cost of regulation is. The Attorney General's opinion referred t o in the testimony dealt with powers of cities' home rule charts. The Legislature, after this home rule power became a possibility, should have in order to enact language like this to apply to all the cities, all the towns, and all the counties 100%, included those of selfgoverning powers. I don't think anyone in the Legislature knew that they had to do that. I didn't know you had to put that little magic phrase in there. On the merits of the case, a dental office is a little gold mine of property tax evaluation. To put in two chairs--one for the dentist and one for the hygienist--is $32,000. If I were one of those selfgoverning cities or towns, I would be all for this amendment.

REP. KEYSER: How long can you serve on the Board?
DR. FRITZ: A term is five years. No one has ever been reappointed.
REP. KEYSER: Weren't there some other previous boards that members were on longer than that?
DR. FRITZ: I don't believe so.

REP. KEYSER: If a dentist takes the test and fails, does the gentlemen have a change to look at where he failed?
DR. FRITZ: Yes. They can write a letter to Western Testing Service and they are informed exactly on what points they failed.

REP. KEYSER: Cited an example. Two gentlemen took the exam and had to get an attorney to bring pressure on your Board to show some results of some examinations they had taken.
DR. FRITZ: They are told at the beginning of their examination they have the absolute right and will be provided with information that they request. It is a procedural rule that we do that.
REP. KEYSER: Have your examinations changed in the last four years?
DR. FRITZ: In the last 5 years. We now belong to a western regional board which includes Montana, Arizona, Colorado and Utah. If candidates pass the western regional examination and they want to be licensed in the state of Montana, they' take a jurisprudence examination. If they pass that, we have an oral interview and they are accepted into the licenseship of the state of Montana.

REP. FABREGA: I was concerned about Section 2 of the rulemaking authority. There is a Statement of Intent. Have you had a chance to look at this Statement of Intent which limits that ability?
DR. JONES: The Board wants no part in rulemaking.
REP. FABREGA: The Statement of Intent will go with this bill. It is not wide open--that is why we provided a Statement of Intent (EXHIBIT 16).

CHAIRMAN HART closed the hearing on HOUSE BILL 699.

HOUSE BILL 360

REP. HART, sponsor. This bill generally revises the statutes relating to drug and alcohol programs to include all types of chemical dependency. This legislation is to clarify and properly designate the Department of Institutions as administrator of both the alcohol and drug programs in the state by defining and using the term "chemical dependency" where appropriate. This will combine those two terms--whether prescription or elicit--into chemical dependency. Montana law provides only for the treatment of alcohol. This will include all drugs in the statute. There doesn't need to be a change in the tax so there is no consideration needed and no new rules will be developed as a result of this.

PROPONENTS:

CURT CHISHOLM, Deputy Director of the Department of Institutions, said the reason they had this bill introduced was to clarify in the enabling act that makes them a single state authority for the administration of programs that deal with the disease of alcoholism but also the problems associated with chemical dependency in general. We decided that it might be good, from a housekeeping perspective, to change the law and use the term "chemical dependency". We know that 90% of the people that are treated are not on just one substance. They are usually multi-substance abusers. From the housekeeping perspective, this legislation encompasses not only alcohol, but other kinds of drugs.

OPPONENTS: None

REP. HART closed saying she was probably unaware that there was this much interaction until Betty Ford went on national television and acknowledged that her problem was interrelated with other drugs.

QUESTIONS:

REP. KEYSER: You have added on page 11, "and family members" and later you talk about the department may make available information from patient's records. You only deal with alcoholics and intoxicated persons--and now it is family members. Why does that have to be in there?
CURT CHISHOLM: In treatment of alcohol or chemically related drugs, the family also becomes part of that which is treated. There is a lot of information about the family recorded and we want that protected by the rules of confidentiality.

REP. SWIFT: Have you checked with Alcoholics Anonymous regarding the changes?
CURT CHISHOLM: Not with AA. They operate maintenance programs to stay off, primarily, alcohol. We have tried to poll the field. We have to deal, not only with alcohol, but with all of these other problems. Those people who responded seemed to like "chemical dependency" to cover all the bases.

REP. BRAND: Were you having a problem trying to grant money from the state going from alcohol to drug dependency? Could personnel only handle one portion--say alcohol programs? Under this amendment, would this allow interchange?
CURT CHISHOLM: The reason we had to maintain separateness in our alcohol and drug programs is because the federal requirements coming down under the categorial grants deal with drug problems and that money could never be intermingled with our alcohol efforts. That has been somewhat diffused through the block grants that we now get for the funding of both alcohol and drug programs. This helps us deal with the whole field whereby we are tackling one major problem and that is chemical dependency.

REP. BRAND: Are you going to have any problem with distinguishing one money from another with the federal government?
CURT CHISHOLM: We do that any way.

REP. KEYSER: When you were talking about records, you were talking about the alcoholic or the person that is being treated. The bill states that the registration of the records of treatment shall remain confidential and are privilege to the patient. Does that mean the records of the family members become confidential? They are not actually the patient but you are making their records part and in connection with the patient.
CURT CHISHOLM: We do not allow the patient to see their records; but if you are concerned that the patient will see what information is contained on members of his family, those are absolutely protected.
REP. KEYSER: Adding "family members", you have made that confidential material available only to the patient. It doesn't say anything about that family member's information being confidential only to him and not to the patient.

REP. FABREGA: Could other health problems, such as overweight, behavioral and health problems, be encompassed in this bill?
CURT CHISHOLM: That isn't what we want. We are trying to limit it to the field of alcoholism.

VICE-CHAIRMAN FARRIS closed the hearing on HOUSE BILL 360.

The meeting adjourned at 3 p.m.

Marjorie Hart
CHAIRMAN MARJORIE HART

Geri Brusett
Secretary

Ex. 1
HB424

Julaine Monson from Mpls MT
I represent Summit, an ILC which is a dept of
MCHRC
I favor the Medicaid waiver, that is a part of
SRS appropriations bill

I've worked w people who are phys. dis. for 2½ yrs as an OT & presently as an ILSC. As an OT, when a Dr's. referral was received at the MRC, a client was assessed as to their present physical function, & what problems & strengths this may present as far as present & future life goals. (Ea) therapist presents their Eval results & rec to the client, family, Dr & other therapists using a team approach to meet the clients needs. For an example an OT must find a constructive activity to promote basic daily living function. Although eval & Rx is a beginning, people require help when changing old health habits & attitudes, such as prevention, follow up, education of needs, problems & contributions of disabled. address Mand & Optional Services

Some people can go back to their pre-accident living situation w little or no professional assistance after Rehab therapys w the support of their family, friend & community. But people need to hear all of their options such as NH, Grp Home, Foster care, Semi I, I.L. w aide at Medicaid optional services PCA, Med equip, HH=OT & Homemaker, Transportation

the c̄ potential ~~op~~ Medicaid cuts optional services ~~as optional services~~ + are in danger of being an option or Choice due to their cost

This Medicaid Waiver proposal addresses the option of Home + Community Based Services. Summit is ILC that is an outreach training program which involves 14 areas of IL. It ~~also~~ involves a pre referral, screening, & evaluation + they rec of areas we can assist PCA services - routine services. in ↑ing their (I). We have found living in the community to be much more cost effective than the cost of living in an institution. 5 clients in 1981-82 are living (I) c̄ Medicaid Optional services they utilized. 4 clients in Oct 1982 to present are living (I). Most of these people were in danger of being institutionalized. Philosophy of IL.

12 person recieved full or partial Medicaid payments Mand + Optional services such as Inpt, Dr, Lab, Med. equip, Medicine 150 people outpt. + Outpt rehab therapy. PT, Sp, aud, OT. 7 people have utilized Medicaid In/Out of N.H. 7 people of these 12 have chosen to live outside N.H.

~~This waiver~~ We would be addressing specific + poverty level people c̄ this waiver, + c̄ potential cuts in Medically Needy + Medicaid Optional Services along c̄ high costs of health care, this waiver, will at a minimal unit cost, enhance the choice of some people to live more (I).

Thank You

15 social/comm m N, GH, H, CC, PM, Trans m, Leisure

I've reviewed over 20 people in past years

7 did fund Medicaid R, W.C. private ins.

Ex 2
HB424

Testimony of ROBERTA NUTTING of EUREKA, MT, on HB 424 (Schontz) allowing the Department of SRS to operate an alternate program of home & community based services, rather than only long-term institutional care, with Medicaid funds.

Qualifications for testimony - 1. Chairman of Legacy Legislature Planning Committee. 2. Administrator of presently available in-home-services money issued through Area Agency offices, in our small town of Eureka.

By mentioning my work with Legacy Legislature I do not wish to imply that I represent a unified endorsement of HB 424 by the Legacy Committee. There are those who believe this bill is an alternative and feel it may detract from the legislatures endorsement of funds for our in-home-services program which is up for a vote again as HB 187 asking for one million dollars a year. I mention it because I want you to know I am well aware of senior citizens' needs and priorities.

Personally I see this "Medicaid Waiver" HB 424 as a possible way to get much needed supplemental money. Let me tell you a little about what the Legacy in-home-service money is buying. We have a 90 year old lady who had been doing her own laundry up until a couple of years ago "by hand". She said "for some reason my wrists just don't seem to do the wringing out any more." Well, we do her laundry and her vacuuming and take her to the store. She's still very alert. Another lady who is almost blind was in the nursing home for about a year but wanted to come back to her trailer house. With our help she has stayed there for almost two years now and gets along fine. We do house cleaning, wash and fix her hair once a week, take her grocery shopping. In another home our actual client is the man. He takes care of his semi-invalid wife who is younger than he. He's 73. He does most of the work but gets very tired because he has to be up a lot at night with her. We do house cleaning, a little cooking (we canned some vegetables from his garden this fall) some washing and ironing. I don't want to take up your time with a repititous account of all of them, but you get the idea.

During the time I have been taking care of the program, only twice have I had someone ask for a lot of help. One lady called and said,"You know Mom has been in the nursing home but she's better and wants to come home. She has dizzy spells though and we don't dare leave her alone. My daughter or I or some of the kids can stay nights and we can handle the week-ends but I work and my daughter has small children. We need someone to stay through the week days; can you help?" Well, I figured it up and we were talking about maybe five or six thousand dollars so I said "No, I can't". She said "Is there some other program that would? It costs the government a lot more in the nursing home and she doesn't want to stay there. Seems like it would make sense to help us at home." I agreed. She had to stay in the nursing home, they couldn't afford help.

The other time I was asked for more help, the lady wanted to come back to her own home from the nursing home. She finally got another woman to come live with her but the woman only stayed about 6 months and said it was too confining - that she had to be there all the time. This lady also went back to the nursing home.

There is a great deal of difference between these two programs. One requires only a few hours of help a week, the other is frequently daily care. The Legacy in-home-service money provides nothing for administration. It must be done by volunteer workers like myself or absorbed as extra work by someone being paid on another program. That means only a minimum amount of supervision. That's O.K. in our program. If the girl misses a week and doesn't get the vacuuming done because she went on a trip, well, she can make up for it the next week. But when you have dependent people to care for, you must have experienced help and accountable administration. The medicaid program would be administrated through health service offices already in place. One program is relatively inexpensive involving only a few hours a week; the other is costly and while it can save many dollars, it involves the commitment of larger sums. I can't see where they are coming from unless we can apply some of the present institutional funding to the lower cost in-home program.

I want to keep elderly people in their home as long as possible. I visit in their homes and they point out the "nic-nac shelf that Jimmy made when he was in high school, the china closet John bought the year before he died for our 40th wedding anniversary." I dislike the stupid bull dog that jumps on me every time I open one ladies front door - - but she loves it. Little things? maybe not. If there is a way to get money to help to keep these people at home longer, I'm going to work to get it. I guess that's why I drove 300 miles to get here to talk to you for a few minutes. Thank you for listening.

Ex 3
HB 424

Montana Senior Citizens Assn., Inc.

WITH AFFILIATED CHAPTERS THROUGHOUT THE STATE
P.O. BOX 423 - HELENA, MONTANA 59624

061 443-5341

14 Febrauary 1983

TESTIMONY OF HELEN HAEGELE, MEMBER OF THE BOARD OF THE MONTANA SENIOR CITIZENS ASSOCIATION, ON HOUSE BILL 424

Mr. Chairman and Members of the Committee,

My name is Helen Haegele. I am a Member of the Board of The Montana Senior Citizens Association.

MSCA is here today to lend our support to House Bill 424. We believe the intent of House Bill 424 is constructive in nature and would lead to more satisfactory care for the program recipients.

We believe House Bill 424 represents an appropriate and creative management decision by the Department of Social and Rehabilitative Services. Extensive time and public input has gone into the development of this bill. (Further, we understand that obtaining a waiver for these types of services is common practice in many states. Has been approved)

The development and operation of more extensive community-based services will provide an opportunity for quality services now available in many larger urban areas. We will have a chance to mold the types of services which are needed throughout the state. However, the most appealing benefit is the ability to maintain individuals in their own homes.

MSCA recommends:

(1) That the evaluation should be available at an earlier time period. As suggested in House Bill 424, the evaluation comes too late. Once a family has decided to place an individual in a nursing home, they have exhausted their resources which were previously directed towards independence. Further, they have made a conscious decision to place a person in a nursing home and may not be open to receiving additional services.

(2) The Committee should be aware that House Bill 424 is directed towards a limited number of recipients who are Medicaid-eligible and would otherwise be institutionalized. House Bill 424 does not preclude the need for increased support services throughout the state, particularly for individuals whose needs are less chronic in nature.

Ex 4
HB424

WITNESS STATEMENT

Name Charles Boyle Committee On Human Services

Address _____ Date 2/14/83

Representing Governor's Office - 3111 Support

Bill No. H.B. 424 Oppose

Amend

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: To further answer a question by Rep. Winslow:

1. The Reagan Administration recommended the Older Americans Act be funded in FY '83 at $652.1 million; in FY '81
2. the level was $932.6 million — essentially a 1/3 reduction.

While that recommendation was not followed by

3. Congress, area agencies on aging were assured FY 82 funding would be at least FY 81 levels. However, in the last continuing resolution the funds appropriated
4. were under FY 81 levels.

Granted while services needed to be maintained to individual the burden falls all the greater upon local public assistance. As an example of the direct impact to home health services, because of the reduction late in the year the Home Health contract in Missoula with the Council on Aging was cut $14,497 from a $29,000 budget. That merely shifted the burden to the County Poor Fund in most cases, unless there are alternative sources.

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

Medicaid Waiver for in-home services constitutes such an alternative, & provides a choice for the frail, economically disadvantaged.

FORM CS-34
1-83

In addition to the impact — or burden — placed upon local resources through a diminishing of Older American Act funds, the reduction in the federal share of Medicaid in Montana necessitated an additional allocation of state revenue totalling several million dollars to make up the loss.

In summation, whether the federal share increases or decreases the Waiver Proposal offers a choice to eligible individuals while making possible more economical usage of the funds.

2/14/83

EX 5
HB 424

TO: Montana House Committee for Human Services

FROM: John Jacobson, M.D., Rocky Mountain Clinic, Butte
Montana Medical Care Advisory Council, Vice-Chair

RE: Home and Community-Based Services Waiver

The Home and Community-Based Services waiver has been considered on several occasions by the Montana Medical Care Advisory Council as a way of getting at some of the problems of long term care. The Council, and I as a member, support the waiver and the set of services that will be provided to elderly and handicapped citizens. There have been times that individuals have been admitted to nursing homes and other institutions because no other alternatives for long term care have been available to physicians. The services under the waiver will now provide physicians with assurances that quality long term care can be provided in home and community settings. This is a valuable resource for physicians and all other health care providers.

I am confident that quality of care can be provided under the waiver services. I am assured that medical case management will be provided in an appropriate manner for these individuals. I am confident that the Department of SRS is not creating a new set of services that will mushroom out of control. Extensive safeguards and limitations are structured into the proposal that will preclude this possibility. And, I am strongly supportive of this model that will organize and coalesce existing services in a community - both medical and social - in a manner to allow our elderly citizens the option of remaining in their own homes without the necessity of too early or other inappropriate institutionalization.

Respectively submitted,

John Jacobson, M.D.

Ex 6
HB 424

WITNESS STATEMENT

Name Jerome T. Lindvit Committee On H. S.

Address Helena, Mt. Date 9-14-83

Representing Mt. Medical assn Support ✓

Bill No. H 424 Oppose

Amend

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. Promotes mental health & happiness of medicaid population

2. allows more frequent w/ family & relatives & friends

3. alts options - L.T.C. facilities need to be available, but should be alternative to remaining at home when possible

4. Cost savings - ~~Dep Care~~ it would cost less to maintain a person in their own home as opposed to an institution

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

FORM CS-34
1-83

Montana Religious Legislative Coalition
(M.R.L.C.)
P.O. Box 1708
Helena, Montana 59601

MONTANA ASSOCIATION OF CHURCHES
POSITION - 1979

HOME HEALTH CARE

Other M.A.C. Position Papers:
- Environment and Land Use
- Government - Institutions (Us and Them)
- Tax Exemption
- Victims of Crime Compensation
- Released Time for Religious Education
- Legislating Morality
- Welfare and Financial Support
- Introduction and History of M.R.L.C.
- Energy and Environment
- Gambling
- Funding of Conciliation Courts
- Pre-marital Counseling for Minors
- Pornography

Member Units of the Montana Association of Churches

American Baptist Church
American Lutheran Church
Christian Church (Disciples of Christ)
Episcopal Church, Diocese of Montana
Lutheran Church in America
Roman Catholic Church -
Diocese of Great Falls
Diocese of Helena
United Church of Christ
United Methodist Church
United Presbyterian Church -
The Presbytery of Glacier
The Presbytery of Yellowstone

Single Member Congregations [non-voting]

Christ's Church On The Hill, Great Falls
Holy Trinity Servian Orthodox Church, Butte

Cover design by Barry Lannan, Helena

Montana Religious Legislative Coalition (MRLC)
P. O. Box 1708
Helena, MT 59601

EX 1
HB424

HOME HEALTH CARE

Montana
Religious Legislative Coalition [MRLC]
Committee of the
Montana Association of Churches

HHHH1

HOME HEALTH CARE

POSITION STATEMENT

We believe that home health care should be available and easily accessible to all Montanans, stated in the Montana Health Systems Plan, 1978 (prepared by the Montana Health Systems Agency, Inc. in cooperation with the Montana Department of Health and Environmental Sciences.) We support the objectives and recommendations to reach that goal, also as stated in the Montana Health Systems Plan, 1978.

We urge the Montana legislature to give high priority to home health care services with the following qualifications: That criteria for professional home health care as stated by the Montana Department of Health and Environmental Sciences be utilized in establishing home health care agencies.

SUPPORTING STATEMENT

Home Health Care is individualized and dignified health care delivered to patients in their homes by professional and allied health personnel. The services are organized and provided so that the patient is either restored to full health or achieves a maximum rehabilitation with the least possible disruption to his or her usual pattern of living.

Institutional care, such as that offered in hospitals or nursing homes, is an extremely important and vital part of our health care system. Our modern preoccupation with the organization, equipping and financing of institutional health ca however, has led us to a disproportionate investment of economic and manpower resources in this area. The value of alternatives to institutional care, such as home health services, has received insufficient attention.

It is unfortunate that such low priority is given to home health when the need for this service is constantly increasing. It is estimated that between four and seven million persons in need of long-term care are currently living outside of institutions. (American Journal of Public Health, Feb., 1974). Without coordinated home care services, their needs go unmet. The elderly comprise a large proportion of this population. The Public Health Service has estimated that 10% of all those over 65 will need home health services in any one year. The Levinson Gerontological Policy Institute, Brandeis University, gives an even higher estimate. They estimate that 16% of this country's elderly are unable to carry out their daily activities because of chronic disease or disability and are therefore candidates for home health. (June 16, 1975, Hearing on Home Health Care Services, Sub-committee on Health and Long-term Care, U.S. House Select Committee on Aging.)

Several strong arguments exist for the support of home health care services:

1. Home health improves the quality of life for many ill or disabled persons. It offers them the choice to stay in familiar home surroundings if such an arrangement is medically feasible. In most cases, people prefer to be in their own home and they recuperate faster and remain healthier longer in this "wellness" setting.

2. It is becoming increasingly important that a continuum of health care, from the most highly sophisticated to the most simple, be available and that people have access to each level on a flexible basis according to need and effectiveness. Home health care forms an essential part of this continuum.

3. With the ever-increasing cost of institutional health care, the need for low-cost alternatives is great. Home health care can often provide such an alternative. Estimates of savings resulting from reducing hospital stays by one day per patient range from $436 million to $1 billion annually. (American Hospital Association and the General Accounting Office) Similarly large savings could result from preventing, postponing, or shortening nursing home stays through the use of home health care services. The result of many studies indicate hat health care in the home costs 3.5 to 10 times less than care in an institution.

At present there are sixteen licensed home health agencies in Montana: **Columbus Hospital Home Health Unit** and **Montana Deaconess Medical Center Home Health Agency**, both serving Cascade county; **Holy Rosary Hospital Home Health Services**, serving Custer county; **Area V Council on Aging Home Health Agency**, serving Deer Lodge, Beaverhead, Granite, Madison, and Powell counties; **Flathead County Home Health Agency**, serving Flathead county; **Gallatin County Health Department**, serving Gallatin county; **Blackfeet Home Health Service**, serving Glacier county; **Northern Montana Hospital Home Health Services**, serving Hill county; **Lake County Home Health Agency** and **St. Joseph's Hospital Home Care Department**, both serving Lake county; **West-Mont Home Health Care, Inc.**, serving Lewis and Clark, Broadwater, and Jefferson counties; **Missoula City-County Health Department**, serving Missoula county; **Ravalli County Public Health Nursing Service** serving Ravalli county; **Richland County Home Health Care**, serving Richland county; **City-County Home Health Services**, serving Silv Bow county; **Yellowstone City-County Heal Department Visiting Nurse Service**, serving Yellowstone, Golden Valley, Stillwater, Carbon, Big Horn, and Musselshell counties. Two new agencies which are currently forming in the state are **Bad Land Home Health Services** in Glendive and **Missoula Crippled Childrens and Adults Home Health Agency** in Missoula.

Approximately 70% of Montana's population has access to the services these agencies provide. Expansion of home health services in order to increase their accessibility and availability to all Montanans is necessary if our state is to adequately respond to its citizens' total health needs. There is evidence that support of such expansion is growing.

Ex. 7
HB424

Montana Association of Churches

MONTANA RELIGIOUS LEGISLATIVE COALITION • P.O. Box 1708 • Helena, MT 59601

February 14, 1983

WORKING TOGETHER:

American Baptist Churches of the Northwest

American Lutheran Church Rocky Mountain District

Christian Church (Disciples of Christ) in Montana

Episcopal Church Diocese of Montana

Lutheran Church in America Pacific Northwest Synod

Roman Catholic Diocese of Great Falls

Roman Catholic Diocese of Helena

United Church of Christ Montana Conference

United Presbyterian Church Glacier Presbytery

United Methodist Church Yellowstone Conference

United Presbyterian Church Yellowstone Presbytery

MADAM CHAIRMAN AND MEMBERS OF THE HOUSE HUMAN SERVICES COMMITTEE:

I am Cathy Campbell of Helena representing the Montana Association of Churches, and speaking in support of House Bill 424.

In 1979, the Montana Association of Churches, which represents nine denominations, unanimously adopted a position paper supporting the expansion of home health services.

We believe that home health care should be available and easily accessible to all Montanans and urge the Montana Legislature to give high priority to home health care services.

Home health care improves the quality of life for many ill or disabled persons. With the ever increasing cost of institutional health care, the need for low-cost alternatives is great. Home health care can often provide such an alternative.

Since HB 424 would increase the availability of home health services, we urge your support of this bill.

Ex 7
HB424

mhca
MONTANA HEALTH CARE ASSOCIATION

34 So. Last Chance Mall, No. 1
Helena, Montana 59601
Telephone: 406-443-2876

House Bill 424

Page 2, Section 1(3). Definition of long term care facility should conform to the definition of "long term care facility contained at 50-5-101(20):

> "Long term care facility" means a facility or part thereof 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 or administrator by blood or marriage, with these degrees of care defined as follows:
>
> "...
>
> ""Personal care" means the provision of services and care which do not require nursing skills to residents needing some assistance in performing the activities of daily living."

Pages 3 and 4. We do not feel that nursing home administrators should bear full responsibility for disseminating information about this program.

Patients are not admitted to nursing homes without a physician's order for such placement. Also, to the extent that a potential patient is medicaid-eligible, that person may not be admitted without being approved by an SRS eligibility technician.

It would seem that it would be more appropriate for physicians and social workers to take on the responsibility of informing patients of their choices. When the patient comes to the nursing home seeking admission, a physician has already made a determination that that is where that patient should be.

Even if you do feel that the nursing home should take on this task, it is inappropriate to make compliance a condition of licensing. In some instances, the administrator isn't even the person in charge of admitting patients. How would the licensing agency enforce this? Will they do inspections to insure compliance? A more appropriate approach would be to have this type of provision enforced through the regularly scheduled Health Department surveys than through the licensing board.

Is this program viable without additional funding? This proposal assumes that home and community-based services will be less expensive than nursing home services and that cost savings will be achieved by diverting patients from nursing homes to other settings.

A U.S. General Accounting Office report dated December 7, 1982, indicates that expanded home care did not redice nursing home or hospital use or total service costs. That report listed several reasons why expanding home health care may not reduce overall health care costs:

1. Two to three times as many chronically ill elderly live in the community as live in nursing homes. Making home services more widely available might mean that some people living in the community who are eligible for the additional services might use them because they are just as disabled as some nursing home residents. The additional services would probably be beneficial to them but would also increase the overall health care costs because of a larger client population.

2. Most of the long term care given to the elderly is provided informally by relatives. With broader coverage and eligibility for a wider range of home health care services, families might substitute publicly subsidized services to reduce their burden.

3. An unmet demand for nursing home beds exists in some geographical areas of the state. So, while some individuals may not enter nursing homes, savings may not be realized because other persons currently waiting in hospital beds or in the community for nursing home care are placed in the beds made available by expanded home health care.

4. Other reasons include the fact that some cost characteristics of home health care and inherent inefficiencies in the current home care system made it difficult for home services to compete on an equivalent cost basis with nursing homes. Cost savings achieved by serving clients in one location like a nursing home may not be duplicated by serving them in the community.

Our concern with the financing is this: If this program does become costly, what will the affect be on nursing home reimbursement? Will nursing homes be required to reduce services to their patients because funds are being diverted to this new program? We favor expanded home care for the elderly but not at the expense of our frail elderly residing in nursing homes.

Ex 7A
HB424

WITNESS STATEMENT

Name Vivian Crabtree Committee On

Address 802 h. Benton #1 Date

Representing Self Support ✓

Bill No. 424 Oppose

Amend

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. As a person who has functioned as an advocate for persons with disabilities I am asking you to support this bill for only one reason that I'll go into
2. now.

Nursing home care can be least desirable care for a person who has been cared for by his parents or other relatives until that point when it is impossible. It is a tremendous shock to be moved from a warm nurturing environment to a custodial care situation.

4. I can't support an argument that community based services are cheaper with fast but (as compared to nursing home care) but I personally believe it appears to.

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
_____Bill No. _____ [LC 1067]

Under the Omnibus Budget Reconciliation Act of 1981, states are allowed to provide an array of home and community based services to the elderly, the physically disabled and the developmentally disabled. These generally less costly alternative services are meant to divert costs from the nursing home program. Under the provisions of the Omnibus Budget Reconciliation Act states are not allowed to spend more than they would otherwise spend for nursing home care.

The intent of this bill is to grant the Department of Social and Rehabilitation Services the authority to operate such a home and community-based services program within the limits of this bill and the applicable federal regulations. The bill also grants the Department the authority to adopt rules for implementing a long-term care placement evaluation program, which should be designed to encourage prospective Medicaid recipients to consider these less costly alternative services before entering a nursing home.

In promulgating rules for long-term care placement evaluation, the department shall take into consideration the following concerns:

(1) If the alternative services are to meet the objective of diverting costs from the nursing home program, then persons at risk of needing long term care must be identified prior to entry into the nursing home. This is because after entry into the nursing home, the person has generally expended or otherwise disbanded the financial and social resources that would have enabled the person to remain in the community. Early intervention into the decisionmaking of persons entering the nursing home is therefore essential to making this alternative a viable option.

(2) The alternative services may also create a demand that will cause the federal budget formula for providing the alternative services to be exceeded. To prevent this, it is essential to have in place a utilization control procedure for identifying those persons who would truly meet the federal requirements for the home and community based alternative.

(3) Federal law and regulations now provide for freedom of choice in a recipient's use of Medicaid services. Any rules governing long-term care placement evaluation should conform to current federal law and regulations.

Ex 7c
HB424

STATE OF MONTANA

REQUEST NO. 205-83

FISCAL NOTE

Form BD-15

In compliance with a written request received January 22, , 19 83 , there is hereby submitted a Fiscal Note for House Bill 424 pursuant to Chapter 53, Laws of Montana, 1965 - Thirty-Ninth Legislative Assembly. Background information used in developing this Fiscal Note is available from the Office of Budget and Program Planning, to members of the Legislature upon request.

DESCRIPTION OF PROPOSED LEGISLATION:

House Bill 424 allows the Department of Social and Rehabilitation Services to operate a program of home and community-based medicaid services.

ASSUMPTIONS:

1) Assumes costs of the program will be as recommended in the Executive Budget.
2) Assumes that of total persons receiving placement evaluations (including voluntary evaluations), 10% are medicaid eligible.

FISCAL IMPACT:

The following expenditure increase is per the budget modification recommended in the Executive Budget.

Category	FY 84	FY 85	Biennium
Personal Services	$ 38,217	$ 38,130	$ 76,347
Operations	169,318	4,553	173,871
Benefits & Claims	170,900	185,900	356,800
Total Expenditures	$378,435	$228,583	$607,018
Funding			
General Fund	$496,035	$348,088	$844,123
Federal Fund*	(117,600)	(119,505)	(237,105)
Total	$378,435	$228,583	$607,018

*Social Workers were paid at 75% general fund but now are going to be paid at 100% general fund.

FISCAL NOTE 8:N/1

David M Lewis

BUDGET DIRECTOR
Office of Budget and Program Planning
Date: 1-27-83

VISITOR'S REGISTER

HOUSE HUMAN SERVICES COMMITTEE

BILL HOUSE 424 DATE 2-14-83

SPONSOR REP. SHONTZ

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
Maureen Rene O'Reilly	W. Helena	West-Mont Comm. Care / Mont. Assoc. Home Health Agencies	✓	
G. V. Ericksen	Bozeman	MRTA-AARP Leg Leg	✓	
Helen Haegele	Helena	Mont. Senior Cit.	✓	
Roberta Nutting	Eureka	Legacy Legislature	✓	
Cathy Campbell	Helena	Mt. Assn. of Churches	✓	
Jim Cordial	Missoula	MT. People's Assoc.	✓	
Dan Bryan	Helena	MT Sr. Ct.	✓	
~~William G. Thomas DDS~~	~~Hobson~~	~~Board of Dentists~~		
Charles Briggs	Helena	Governor's Office	✓	
~~Gary L. Mihelich~~	~~Helena~~	~~Montana Dental Assoc.~~		
Jerry T. Loendorf	Helena	Mt. Medical Assn	✓	
Verli Buechler	Wibaux (MONTANA	MONTANA	✓	
Linda Stettler	Helena	Legislative intern (MMA)		
Lenore Taliaferro	Helena	Long Term Care Ombudsman	✓	

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

FORM CS-33

Ex 8
HB321

Amend HB321, introduced bill

Title, lines 6 and 7:

Following: "DENTIST"
Strike: "FOR CARE OR SERVICES USUALLY PERFORMED BY A PHYSICIAN"
Insert: "IN AREAS WHERE MEDICINE AND DENTISTRY OVERLAP"

Section 1, page 1, lines 11 and 12:

Following: "services"
Strike: "traditionally performed by physicians"
Insert: "where medicine and dentistry overlap"

Section 1, page 1, lines 16 and 17:

Following: "services"
Strike: "traditionally or usually performed by physicians if"
Insert: "for which a physician would be paid provided"

HB 321

48th Legislature LC 0580/01

House BILL NO. 321

INTRODUCED BY Seifert, Murray, Norman, Tunnage, Menahan, Jacobson, Hannah, Hansen

A BILL FOR AN ACT ENTITLED: "AN ACT TO PROHIBIT HEALTH SERVICE CORPORATION MEMBERSHIP PLANS FROM DISALLOWING PAYMENT TO A DENTIST ~~FOR CARE OR SERVICES USUALLY PERFORMED BY A PHYSICIAN~~ IN AREAS WHERE MEDICINE AND DENTISTRY OVERLAP IF THE DENTIST IS LICENSED TO PERFORM SUCH CARE OR SERVICE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Dentists performing services ~~traditionally performed by physicians~~ where medicine and dentistry overlap. A contract or plan may exclude coverage for dental care or services, but no individual or group membership contract or plan in effect on or after October 1, 1983, may disallow payment to a dentist for health care or services ~~traditionally or usually performed by physicians if~~ for which a physician would be paid provided the dentist is licensed under the law of this state to perform such care or service.

Section 2. Codification instruction. Section 1 is intended to be codified as an integral part of Title 33, chapter 30.

-End-

1. WHAT IS THE PROBLEM?

   Blue Shield health insurance plans will cover a particular service or procedure if an M.D. physician does it but not if a D.D.S. dentist does it. Dentists consider this policy discriminatory.

2. HOW DOES THE BILL ADDRESS THE PROBLEM?

   It prohibits the health service corporations (the Blues) from disallowing payment to a dentist for any service they would reimburse a doctor for.

3. WHAT ARE SOME PROCEDURES IN THIS AREA OF OVERLAP?

   Oral surgery, setting fractures of the jaw, treating inflammation of the saliva glands, adjusting the temperomandibular joint (TMJ) are examples.

4. HOW DOES THIS AFFECT BLUE CROSS?

   Not at all, because Blue Cross has already agreed with the Montana Dental Association to put this policy into effect.

5. WHY DIDN'T BLUE SHIELD AND THE DENTISTS WORK OUT A SIMILAR UNDERSTANDING?

   Blue Shield rejected the dentists' request to adopt this policy, stating that it would increase utilization of certain services and force costs up.

6. WILL THIS BILL INCREASE THE COST OF HEALTH INSURANCE?

   No! If a Blue Shield group does not wish to cover a particular procedure, such as treating inflammation of the saliva glands, its contract with Blue Shield states that the procedure is excluded--physicians won't be paid for it and dentists won't be paid for it.

7. WHAT DO THE AMENDMENTS DO?

   They restore language in the draft of the bill as shown to Blue Cross last fall, and remove possibly troublesome language added at the Legislative Council which would require interpretations of what is traditional and usual for physicians.

INTRODUCED BILL

VISITOR'S REGISTER

HOUSE HUMAN SERVICES COMMITTEE

BILL HOUSE BILL 321 DATE 2-14-83

SPONSOR REP. SEIFERT

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
John Lohman	Butte	MT Dent Assn	X	
Patti Conroy RDH	Billings, MT	MDHA	X	
Stephen Blair	Bozeman MT	MDA	X	
Roger Tippy	Helena	MDA	X	
William Thoms	Hobson	MDA	X	
Rex Tilz DDS	Helena	MDA	X	
W. J. [illegible] DDS	Ft B-M	Self	X	

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

FORM CS-33

EX 10
HB699

HB 699

Madam Chairman and members of the committee, my name is Dr. Robert Fritz, I am the President of the Montana Board of Dentistry, Department of Commerce.

For the record, I wish to inform the Committee that the Board sent a copy of the proposed legislation to each licensed in-state dentist and dental hygienist requesting input. We received input back from two dental hygienists and four dentists.

The Board would ask that each of you keep in mind that the practice of dentistry and dental hygiene is a privilege granted under the laws of the state of Montana and is not a natural right of individuals, therefore, the board goals are to maintain quality dental care for the public and to provide supervision of all dental practitioners and dental hygiene practitioners in the public interest.

The Board believes that this proposed legislation will benefit and protect the public as well as the profession.

Dr. Thomas and Jeannette Buchanan, both members of the Board of Dentistry, are here to provide the committee with specific statements of what this legislation will accomplish.

I also make myself available for questioning by the committee.

THANK YOU...

Ex 11
HB 699

HB 699

Madam Chairman and members of the committee, my name is Dr. William Thomas, I am a member of the Montana Board of Dentistry, Department of Commerce. My testimony will provide you with specific statements of what the proposed legislation regarding dentists will accomplish if passed.

Section 1 - Page 1 - Line 24 - Provides for more than one delegate from the Montana Board to attend the National Association meetings.

Section 2 - Page 2 - line 5 - Would give the Board the authority to adopt, amend, or repeal rules necessary for the implementation, continuation, and enforcement of the Dental Practice Act in accordance with the Montana Administrative Procedures Act. This is a very important part of this bill. In short, these rules are needed to enable the Board to effectively enforce the existing laws.

Section 3 - Page 2 - line 11 - Updates and streamlines that portion of the Act that pertains to the examination given to new dentists.

Section 4 - Page 3 - line 5 - Defines renewal fees and license status. This would give the Board authority to reclassify an active status license to inactive if a dentist absents himself from the state or because of retirement or physical disability he or she does not wish to maintain their active license. To reactivate an inactive license one would have to submit satisfactory evidence of competence. This is especially important in this day and age of a mobile society and alternate life styles.
This section also clarifies license revocation proceedings and prohibits local governments from imposing a license fee or business tax on duly licensed dentists.

I make myself available for questioning by the committee.

Thank you.

EX12
HB699

TESTIMONY BEFORE THE COMMITTEE ON

HUMAN SERVICES

HOUSE OF REPRESENTATIVES

MONTANA LEGISLATURE

RE: Hearing on House Bill 699

DATE: February 14, 1983

A STATEMENT OF SUPPORT by the dental hygienist member of the Board of Dentistry.

Ms. Chairman and Committee Members:

I am Jeannette S Buchanan, R.D.H. a licensed and practicing dental hygienist in the state of Montana. I am currently serving on the Board of Dentistry for Montana and on the Board of Directors of the Western Regional Examing Board, a testing service for dental hygiene and dentistry. I am the chartering member and a past president of the Montana Dental Hygienists' Association and a past president of the American Dental Hygienists' Association.

I am writing in support of House Bill 699 which was introduced by Representative Cal Winslow of Billings District 65.

The Board of Dentistry has the responsibility of assuring that dental hygienists and dentist have the skill to provide the public with adequate care. The Board sets and approves requirments and standards of education and practice.

The amendment to 37-4-401 states more clearly the practice of dental hygiene.

The amendments to 37-4-402 are consistant with changes to 37-4-301 for dentistry. These give the Board more information on which to determine qualifications of the applicant for licensure.

The amendment to 37-4-404 deletes paragraph (3) which has a provition for tempory license in dental hygiene without reciprocity. It has been the experience of the Board that in practice this has not been satisfactory in assuring adequate care to the public. This would be constistant with 37-4-306 for dentistry.

Amendments to 37-4-406 are constistant with the changes to 37-4-307 for dentistry. These more clearly define procedures for license renewal, giving the Board authority by which to develop means to assure continued competency in providing adequate care to the public. This is an area of growing complaint from the consumers of dental care.

Amendments to 37-4-408 relieves the Board of making mandatory rules for unlicensed auxiliary personnel.

Thank you for this opportunity to appear before you. I am available to answer any question you may have.

EX13
HB699

Montana Dental Hygienists' Association

Before the Committee on Human Services
House of Representatives
Montana Legislature

House Bill 699
Statement in Support by the Montana Dental Hygienists' Association
Submitted by Patti Conroy, President, MDHA

Mr. Chairman, and members of the committee, my name is Patti Conroy. I am a practicing dental hygienist, registered lobbyist, and President of the MDHA. I am here to speak in support of House Bill 669.

Section 5. 37-4-401. It is the opinion of the Montana Dental Hygienists' Association that the previous wording in this section was awkward, confusing, and not descriptive of the services performed by a dental hygienist. The proposed amended section is a clear, concise statement outlining the practice of dental hygiene.

Subsection 2. This line eliminates the confusion regarding the allowable functions of root planing and subgingival curettage. These procedures are considered surgical procedures, but are standard allowable functions of the dental hygiene profession, justified through education and licensure.

Section 6. 37-4-401. (5h) (7). The amended sections equate licensing procedures for dental hygienists with those of dentists. The MDHA wishes to establish licensing procedures which are standard for all members of the licensed dental profession in Montana.

Section 7. 37-4-404 (3). The MDHA supports the deletion of temporary licenses for dental hygienists due to the fact that no temporary licenses are granted to the dental profession. This is in accord with our feelings regarding standardization of licensure. The increased availability of the state board exam has enabled applicants the opportunity to take the exam several times a year, thus decreasing the need for temporary licenses.

Section 8. 37-4-406 (1-8). These subsections allow for further standardization of licensure regulation comparable to the corresponding sections concerning dentists. MDHA feels that all licensed dental professionals should be subject to identical licensing regulations.

Ex. 14
HB699

W. J. JONES, D.D.S.
~~219 WEST MAIN~~ 140 S. Central
CUT BANK, MONTANA 59427
PHONE 873-~~2971~~ 5222

Will self serving rule making solve these issues!

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
MONTANA DENTAL ASSOCIATION
JANUARY 7, 1983
HELENA, MONTANA

PRESIDENT'S WELCOME: President Gary Mihelish called the meeting to order at 9:17 a.m. He pointed out to those present the necessity of participating in the political arena and expressed his approval of the successful breakfast which was held for the legislators prior to the meeting. He asked the Directors present on their return home to make every effort to increase participation of the local dentists so they may become informed as to the issues. Dr. Mihelish stated that there are too many dentists and too many hygienists in the market place which results in internal confrontation and changes in the practice of dentistry. He further pointed out the fact that one of the issues of the day is denturism. He asked that the Directors return home and make their constituents aware of the problem and the necessity of facing it at this time rather than to wait until an initiative or legislative action to legalize it comes about.

The secretary called the roll, noting that all were present with the exception of District 4 representative for which there a substitute, Dr. Bruce Buer.

DISTRICT	NAME	TERM
1	Charles Williams, Kalispell	1983
2	John C. Remien, Missoula	1983
3	J. Samuel Stroeher, Butte	1983
4	Bruce Buer, Great Falls (substitute see above)	1984
5	Roger Kiesling, Helena	1985
6	Sid Hall, Bozeman	1985
7	J. Britt Chandler, Jr., Plentywood	1985
8	David Shelby, Lewistown	1985
9	Wayne Hansen, Billings	1984
10	John M. White, Miles City	1984
11	LeRoy Petterson, Havre	1984

All members of the Executive Committee were present.

A MOTION WAS MADE BY DR. WILLIAMS, SECONDED BY DR. KIESLING TO APPROVE THE MINUTES OF THE MAY 7, 1982 ANNUAL MEETING AS PUBLISHED. MOTION CARRIED.

REPORT OF THE PRESIDENT: Dr. Mihelish reported upon a legislative meeting held in September at Fairmont Hot Springs. He expressed his opinion that the meeting went quite well and resulted in some very positive action and a consensus opinion of a bill which has been presented by the Board of Dentistry to the present legislature. He also reported on the 11th District Caucus and the ADA Annual Meeting in Las Vegas. He stated that there were no big controversies during the meeting and major concerns seemed to center around busyness and problems with hygienist and denturism issues. In response to a question from Dr. Hall as to what is being done to ease the tension with the hygienists, Dr. Mihelish responded that no one seemed to be dealing with the issues very well and there seems to be no solution at

OBJECTIONS to House Bill # 699

Confusion over real intent of bill
Not in public intrest
Provides for SELF SERVING BUREAUCRATIC RULEMAKING
Does not address problems of Criminal element
Provides opprotunity for discrimination
Provides unnecessary restrictions on Hygienists and Assistants

Specific Objections

Section 2 (New section) "Rulemaking. the board may adopt, amend, or repeal rules etc. " This legitamizes self serving rulemaking that has already been abused.

Section 3-Section 37-4-301 Oral interview and recent photograph possible abuse-discrimination on basis of sex, religion,national orgin or political belief.

Section 4-Section 37-4-307 Renewal Fee- no limit

Section 4-Section37-4-307 paragraph 3 "DEMONSTRATING CONTINUED COMPETENCY" This means continual testing of knowledge and ability.

Section4-Section37-4-307 paragraph 4 "reclasfying active status to inactive"

(a)"disability or retiremen t"
(b) non residents

Demonstrating "Continued Competency" Competency can only be proven by testing. This section could easily be abused by a hostile Board. Specifically used to discriminate against older dentists.

1-It would be possible to require retesting on academic subjects that older, capable, honest dentists would have trouble with.

2-It would become possible to discriminate against any person by having practical clinical examinations where arbritary judgments are made.

3-It would become possible to solve the " too many dentists" problem by limiting the supply of people who could " deomonstrate competency"

Reclasifying "Active Status to Inactive" No such thing as an inactive license-Either have the privilege to practice or do not.

Discriminates against retired or disabled dentist who decides to reenter the work force.

Insulting to all out of state dentists who have passed the State Board and maintained their Montana Licenses. In effect this is seizing their License. May result in chain reaction of other states seizing Licenses of non residents. Problem-To take a clinical course or teach part time at out of state Universities a license in that state is often required. Not an "inactive" but a real"active" license.

Record

Board may revoke Paisley's license

By DAN BLACK
Of the Inter Lake staff

Although the misdemeanor sex charge trial of Dr. James Paisley ended with a guilty verdict Thursday, the Kalispell dentist still faces an effort by the Montana Board of Dentistry and the state Department of Commerce to revoke his license.

The Division of Professional Licenses of the Montana Department of Commerce in January, citing a seldom-used emergency provision in state law, revoked Paisley's license on the basis of the felony sex charge that had been filed against him. However, Judge Gordon Bennett of Helena overturned the revocation because the 1979 Legislature changed the law so that a felony charge is no longer grounds for revoking a license. The original complaint asking revocation failed to stipulate the the alleged offenses occurred in Paisley's dental office.

Paisley's license was restored with the stipulation that he not use nitrous oxide in his office without further approval from the state.

According to Brinton Markle, attorney with the Department of Commerce, the state in July reissued a notice of hearing to consider revocation based on gross malpractice, repeated malpractice, unprofessional conduct and gross immorality. But Markle also said the 1979 Legislature removed "gross immorality" as a basis for revocation.

Bob Fritz, Helena dentist and chairman of the Montana Board of Dentistry, said the amended complaint filed in July concerns Paisley's treatment of patients in his office and his methods in using nitrous oxide.

Markle said Paisley has requested a hearing before the board. No date has been set yet, and Markle said attorneys for both sides have until Oct. 29 to complete preliminary interviews and establish facts in the case.

Markle was present throughout this week's trial in the Kalispell City Hall recording the entire proceeding. He indicated that taped testimony from the trial may be presented to the board instead of calling the witnesses to Helena.

As of Monday 7 Feb 83 Dr Paisley was free to practice(prey) on a unprotected public. The Board of Dentistry allowed (?was forced to allow?) Dr Paisley to remain open.

BUREAUCRATIC RULEMAKING is effective at protecting self serving special intrests, at harassing selected groups and ineffective at protecting the public.

Perhaps legislation should be directed toward changing the law that Judge Bennett refers to.

The proposed House Bill # 699 Requests "demonstrating continued competency". A dishonest, immoral criminal can "demonstrate competency". The real issues of honesty and morality are missed by this legislation.

Ex. 15
HB69

MICHAEL L. ALLEN, D.D.S.
105 NUCLEUS AVENUE, SOUTH
COLUMBIA FALLS, MONTANA 59912

TELEPHONE 892-4296

February 11, 1985

Dear committee members:

First, I would like to thank those of you who took the time to return my call concerning House Bill 699.

I feel a bill of this nature is not good legislation. It definitely needs more study and input from the dentists, hygienists and dental assistants who would be affected by this bill. It is discriminatory in some ways and unclear in others. A bill of this nature needs to be more clearly defined before made into law.

If you have any questions, please feel free to call me at my office. The number is 892-4296. Thank you.

Sincerely,

Michael L. Allen, D.D.S.

MLA:ea

SELF SERVING BUREAUCRATIC RULEMAKING

Daniel Chpt 6 Verse 7
All the presidents of the Kingdom, the governors, and the princes, the captains and the counsellors have consulted together to establish a royal statute and to make a firm decree, that whosoever shall ask a petition of any God or man for thirty days, save of thee O King, he shall be cast into the den of lions.

Unfortunately the State Dental Board has passed self serving rules to protect special intrest groups. [redacted] unidetified persons into offices of selected enemies disguised as patients. Has then charged violation of these rules- suspending licensure for periods of 2-4 weeks. Refusing to identify the accusing party. Doing this to obtain compliance with self serving rules.

Laws-Rules are less likely to be self serving if proposed and debated in the public and then enacted by elected representatives.

Public is not served by House Billl_____
House Bill _____ is confusing with many issues
House Bill_____ could leave us with this situation.
A kind,older,honest, competent professional is humiliated and denied the opprotunity to practice. A convicted sexual offender uses his license to medicate and than use patients as he pleases.

HB 699

STATEMENT OF INTENT

A Statement of Intent is required because Section 2 delegates to the Board of Dentistry power to make rules for the implementation, continuation, and enforcement of all sections within Title 37, chapter 4. This provision is intended as a backup to the various provisions giving the Board rulemaking authority over portions of the chapter as are found in 37-4-301 (examination criteria for dental license), 37-4-307 (dentist license fees), 37-4-321 (defining unprofessional conduct), 37-4-402 (examination criteria for dental hygienist license), 37-4-406 (hygienist license fees), and 37-4-408 (scope of duties of dental assistants). This is consistent with authority delegated to most other professional licensing boards. Section 2 grants the Board the authority to interpret or implement other parts of the chapter that are not covered by existing delegation. The Board shall be bound by statments of intent adopted in 1979 for these other sections and may not use Section 2 for rulemaking authority when a more specific delegation suffices.

Section 4 and 8 give the Board authority to adopt rules imposing a demonstration of continued competency for license renewal. The Board is not required to adopt such rules. It is comtemplated that a study will be conducted to review other existing program designs in determining a viable means of demonstrating continued competency.

VISITOR'S REGISTER

HOUSE HUMAN SERVICES COMMITTEE

BILL HOUSE BILL 699 DATE 2-14-83

SPONSOR REP. WINSLOW

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
W. T. Jones DDS	140 S. Central Cut Bank	SELF		X
William G. Thomas DDS	Hobson	Board of Dentists	✓	
ROBERT FRITZ DDS	HELENA, MT	BOARD OF DENTISTS	✓	
Faith Conroy RDH	Butte	MDHA	✓	
Joan W Johnson	Butte	MT Dent. Assn	✓	
Stephen L Blair	Bozeman MT	MDA	X	
[illegible]	[illegible]	[illegible]	✓	
GARY MINEUSH	HELENA	MONTANA DENTAL ASSN	✓	

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

FORM CS-33

STANDING COMMITTEE REPORT

February 16, 19 83

MR. SPEAKER

We, your committee on HUMAN SERVICES

having had under consideration HOUSE Bill No. 321

first reading copy (white Color)

A BILL FOR AN ACT ENTITLED: "AN ACT TO PROHIBIT HEALTH SERVICE CORPORATION MEMBERSHIP PLANS FROM DISALLOWING PAYMENT TO A DENTIST FOR CARE OR SERVICES USUALLY PERFORMED BY A PHYSICIAN IF THE DENTIST IS LICENSED TO PERFORM SUCH CARE OR SERVICE."

Respectfully report as follows: That HOUSE Bill No. 321

BE AMENDED AS FOLLOWS:

1. Title, lines 6 and 7.
Following: "SERVICES"
Strike: "USUALLY PERFORMED BY A PHYSICIAN"
Insert: "IN AREAS WHERE MEDICINE AND DENTISTRY OVERLAP"

2. Section 1, page 1, lines 11 and 12.
Following: "services"
Strike: "traditionally performed by physicians"
Insert: "where medicine and dentistry overlap"

3. Section 1, page 1, lines 16 and 17:
Following: "services"
Strike: "traditionally or usually performed by physicians if"
Insert: "for which a physician would be paid provided"

AND AS AMENDED

DO PASS

MARJORIE HART Chairman.

STATE PUB. CO.
Helena, Mont.

STANDING COMMITTEE REPORT

February 16, 1983

MR. SPEAKER

We, your committee on LOCAL GOVERNMENT

having had under consideration HOUSE Bill No. 360

first reading copy (white color)

A BILL FOR AN ACT ENTITLED: "AN ACT TO CLARIFY AND PROPERLY DESIGNATE THE DEPARTMENT OF INSTITUTIONS AS ADMINISTRATOR OF BOTH THE ALCOHOL AND DRUG PROGRAMS IN THE STATE BY DEFINING AND USING THE TERM "CHEMICAL DEPENDENCY" WHERE APPROPRIATE; AMENDING SECTIONS 53-24-101, 53-24-103, 53-24-104, 53-24-204, 53-24-206, 53-24-207, 53-24-209 THROUGH 53-24-211, AND 53-24-306, MCA."

Respectfully report as follows: That HOUSE Bill No. 360

DO PASS

MARJORIE HART Chairman.

STATE PUB. CO.
Helena, Mont.

COMMITTEE SECRETARY

STANDING COMMITTEE REPORT

February 16, 19 83

MR. SPEAKER

We, your committee on HUMAN SERVICES

having had under consideration HOUSE Bill No. 424

first reading copy (white color)

A BILL FOR AN ACT ENTITLED: "AN ACT ALLOWING THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES TO OPERATE A PROGRAM OF HOME AND COMMUNITY-BASED MEDICAID SERVICES AS AN ALTERNATIVE TO LONG-TERM INSTITUTIONAL SERVICES; AUTHORIZING LONG-TERM CARE PLACEMENT EVALUATIONS OF PERSONS SEEKING OR RECEIVING LONG-TERM CARE SERVICES; REQUIRING NURSING HOME ADMINISTRATORS TO DISSEMINATE INFORMATION ABOUT HOME AND COMMUNITY-BASED MEDICAID SERVICES; AMENDING SECTION 37-9-301, MCA; AND PROVIDING AN EFFECTIVE DATE."

Respectfully report as follows: That HOUSE Bill No. 424

BE AMENDED AS FOLLOWS:

1. Title, lines 10 and 11.
Following: "REQUIRING"
Strike: "NURSING HOME ADMINISTRATORS"
Insert: "THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

2. Page 3, line 11.
Following: "4."
Strike: the remainder of line 11 through line 25
Insert: "Dissemination of information. The department shall, annually, advise medical doctors and current residents of long-term care facilities of the program provided in (section 2).

AND AS AMENDED
DO PASS

STATE PUB. CO.
Helena, Mont.

MARJORIE HART Chairman.

COMMITTEE SECRETARY

STANDING COMMITTEE REPORT

February 16, 19 83

MR. SPEAKER

We, your committee on HUMAN SERVICES

having had under consideration HOUSE Bill No. 699

first reading copy (white)
Color

A BILL FOR AN ACT ENTITLED: "AN ACT TO GENERALLY REVISE AND CLARIFY THE LICENSING LAWS FOR DENTISTS AND DENTAL HYGIENISTS; ALLOWING MORE THAN ONE BOARD MEMBER TO ATTEND THE NATIONAL ASSOCIATION MEETINGS; PROVIDING A GENERAL RULEMAKING STATUTE FOR THE BOARD; REVISING LICENSE AND EXAMINATION QUALIFICATIONS AND PROVIDING FOR CONTINUED COMPETENCY FOR ANNUAL LICENSE RENEWAL; REVISING THE DEFINITION OF THE PRACTICE OF DENTAL HYGIENE; DELETING THE TEMPORARY LICENSE PROVISION FOR DENTAL HYGIENISTS; PROHIBITING A LICENSE FEE OR BUSINESS TAX ON DENTAL HYGIENISTS BY A LOCAL GOVERNMENT AND CLARIFYING THE SIMILAR PROHIBITION FOR DENTISTS; AND MAKING RULEMAKING DISCRETIONARY REGARDING AUXILIARY PERSONNEL; AMENDING SECTIONS 37-4-204, 37-4-301, 37-4-307, 37-4-401, 37-4-402, 37-4-404, 37-4-406, AND 37-4-408, MCA; AND PROVIDING AN EFFECTIVE DATE."

Respectfully report as follows: That HOUSE Bill No. 699

DO PASS

MARJORIE HART Chairman.

STATE PUB. CO.
Helena, Mont.

February 16, 1983

BE AMENDED AS FOLLOWS:

1. Title, line 15.
Strike: "OR BUSINESS TAX"

2. Page 8, line 8.
Strike: "or business tax"

3. Page 15, line 24.
Strike: "or business tax"

AND AS AMENDED
DO PASS

MARJORIE HART
Chairman.

STATE PUB. CO.
Helena, Mont.