MINUTES OF THE MEETING
HUMAN SERVICES AND AGING COMMITTEE
MONTANA STATE
HOUSE OF REPRESENTATIVES

February 18, 1985

The meeting of the Human Services and Aging Committee was called to order by Chairperson Nancy Keenan on February 18, 1985 at 5:10 p.m. in Room 312-2 in the State Capitol.

ROLL CALL: All members were present.

HOUSE BILL NO. 758: Hearing commenced on House Bill No. 758. Representative Cal Winslow, District #89, sponsor of the bill stated that an act providing for a youth placement screening committee to review the placement of children in youth care facilities; establishing hearing requirements; requiring standards for placement of resident children in care facilities located in other states was needed.

Proponents included Norma Harris, Montana Department of Social and Rehabilitation Services supplied amendments to accompany this bill in her support. Tom Druger, representing the Montana Childcare Association will encourage in-state facilities. Ken Card, representing the Montana Department of Public Instruction issued his support, Exhibit 1.

There were no further proponents and opponents present. Representative Winslow was then excused by the chairperson.

Questions were asked by Representative Simon who questioned the concurrance of the amendments. Representative Hart asked if out-of-state facilities would not be used. Representative Wallin requested that we acquire a gray bill copy. Representative Gilbert stated that a rehabilitation center was not close to his district.

There being no further discussion on House Bill No. 758, the hearing was closed.

HOUSE BILL NO. 731: Hearing commenced on House Bill No. 731. Representative Harrington, District #68, sponsor of the bill stated that an act prohibiting the requirement of any payment or copayment by a medicaid recipient as a condition of being granted medical assistance was needed.

Proponent Helen Scott, supplying Exhibit 2, said that copayment is not a viable, fair practice. Sharon Vingon of Butte said that copayments would some day snowball. Lois Duran of the Montana Low Income Coalition indicated her support. Harold Ketteling, representing the Montana Senior Citizens Association said this would be a hardship on the senior citizens and that only 12% of the copayment debts had been paid and the other percentage was written

off as a bad debt. Roger Schwartz, an attorney representing the National Health Law Program in Washington, D.C. said that the National Health Law Program supports the legislation. Exhibit 3 indicates Schwartz's testimony. Charles A. Banderob, representing the Senior Citizens Association indicated his support as did Dorothy Garvin of Kalispell. Sister Kathleen O'Sullivan supplied written testimony from Robert M. St.John, M.D. and Dennis J. McCarthy, M.D. and is attached as Exhibits 4 and 5 consecutively. James Johnson of Butte said that the legislature in previous sessions had never adopted copayments. Tom Ryan, representing the Montana Senior Citizens Association indicated his support. Sam Ryan also indicated his support. Willa Dale Evans stated that if services on certain procedures were not available because of the inability to make copayments, this would be detrimental.

Opponent Dave Lewis, director of the Montana Department of Social and Rehabilitation Services said that SRS does not have the dollars to offset the copayments in the budget.

Rose Skoog was a neutral speaker on House Bill No. 731.

There were no further proponents and opponents present. Representative Harrington was then excused by the Chair.

Representative Wallin asked whether or not this type of legislation was discussed in previous legislatures. Representative Bergene asked what kind of providers are ever refused.

HOUSE BILL NO. 777: Hearing commenced on House Bill No. 777. Representative McCormick, District #38, sponsor of the bill stated that an act to require the Department of Social and Rehabilitation Services to conduct a study to determine the income level that will provide basic needs for a family in Montana was needed.

Proponent Ronnie Allen indicated his support of this bill. Mike Sinclair supplied a copy of a District Court hearing involving the Butte Community Union, et al vs. John LaFavor in which an accounting of action against the SRS in emphasized. Exhibit 6 indicates Mr. Sinclair's testimony. Sharon Vingom supports this legislation. Dixie Smith is a proponent on this bill. Don Judge, representing the Montana AFL-CIO, supplying Exhibit 7 supports this legislation. Dale Strosehi, Lois Duran and John Olson support this bill. Lulu Martinez, a member

of the Low Income Coalition supports this bill. Dave Lewis, director of the Montana Department of Social and Rehabilitation Services supports this bill. Written support testimony is supplied by Barbara Anderson, Norman Bishop, Charles E. Miles, A.K. Anderson, Sr. and Edward Cummon. All of these proponents are members of the Concerned Citizens' Coalition and their testimony is attached as Exhibits 8 through 12.

There were no further proponents and opponents present. Representative McCormick was then excused by the Chair.

Representative Waldron questioned the extent of the payment by SRS. Representative Gilbert asked if the counties studied would be all of the county population. Representative Simon asked what effect there would be on one assumed counties.

There being no further discussion on House Bill No. 777, the hearing was closed.

HOUSE BILL NO. 737: Hearing commenced on House Bill No. 737. Representative Bergene, District #41, sponsor of the bill, stated that an act permitting a county attorney or county welfare department to convene adult protective service teams to assist older persons who are victims of abuse, neglect, or exploitation; permitting disclosure of reports filed under the Montana Elder Abuse Prevention Act was needed.

Proponent Norma Harris, representing the Montana Department of Social and Rehabilitation Services stated that all agencies can work in the same direction.

There were no further proponents and opponents present. Representative Bergene was then excused by the Chair.

There being no further discussion on House Bill No. 737, the hearing was closed.

HOUSE BILL NO. 748: Hearing commenced on House Bill No. 748. Representative Kitselman, District #95, sponsor of the bill, stated that an act revising the criteria for providing community based services to developmentally disabled persons; providing that the Department of Social and Rehabilitation Services may provide available services to developmentally disabled persons who, after a screening process, are found to be in need of them was needed.

Proponent Mike Muszkiewicz stated that a screening process in the Department of SRS would be beneficial. Steve Davis, representing the Occupational Therapy Association stated his support.

There being no further proponents and opponents present, Representative Kitselman was then excused by the Chair.

There being no further discussion on House Bill No. 748, the hearing was closed.

HOUSE BILL NO. 729: Hearing commenced on House Bill No. 729. Representative Schultz, District #30, sponsor of the bill, stated that an act to redefine the role of the Montana Center for the Aged and to provide rulemaking authority to the Department of Institutions to establish criteria for admission, treatment, and discharge was needed.

Proponent Curt Chishold, deputy director of the Montana Department of Institutions provided a history of enabling legislation for the Center for the Aged. Exhibit 13 was supplied by Chisholm.

Opponent Kelly Monroe disagrees with the motive; she feels that a mental health facility should remain as its objective. Jim Jackson feels that the elderly should be protected and therefore opposes this bill. Cliff Murphy of the Mental Health Board opposes this bill.

There were no further proponents and opponents present. Representative Schultz was then excused by the Chair.

Representative Waldron questioned Mr. Chisholm as to the motive of the issue. Chairperson Keenan spoke of pre-emption in that the people would be care for and not treated. Representative Waldron asked if treatments were still being administered.

There being no further discussion on House Bill No. 729, the hearing was closed.

EXECUTIVE SESSION

ACTION ON HOUSE BILL NO. 729: A motion was made by Representative Waldron which was seconded by Representative Darko to DO PASS AS AMENDED on House Bill No. 729. A vote was taken and all persons voted yes with the exception of Representative Connolly voting no.

ACTION ON HOUSE BILL NO. 731: A motion was made by Representative Waldron and seconded to do not pass House Bill No. 731. A substitute motion was made by Representative

Darko to do not pass House Bill No. 731. Questions were raised by Representatives Keenan, Bergene, Darko, Wallin, Phillips, Hart, Waldron, Gould, Hansen, Cohen and Bradley. A roll call vote was taken to DO NOT PASS (10 voted yes and 8 voted no). House Bill No. 721 was voted DO NOT PASS.

ACTION ON HOUSE BILL NO. 737: A motion was made by Representative Bergene and seconded by Representative Waldron to DO PASS on House Bill No. 737. Questions were raised by Representative Simon. A unanimous vote was taken to DO PASS on House Bill No. 737.

ACTION ON HOUSE BILL NO. 777: A motion by Representative Darko to do pass on House Bill No. 777. Representative Gould seconded the motion. Questions were raised by Representatives Gilbert, Waldron, Bradley. A motion by Representative to do pass on amendments was made and it was unanimously voted to do pass the amendments. Representative Darko then made a motion which was seconded by Representative Gould to DO PASS AS AMENDED on House Bill No. 777. A unanimous vote was taken to do pass as amended.

ACTION ON HOUSE BILL NO. 748: A motion was made by Representative Bergene and seconded by Representative Gilbert to do pass on House Bill No. 748. A motion by Representative Bergene and again seconded by Representative Gilbert to do pass on amendments was made and unanimously voted to pass. A motion was made by Representative Gould and seconded by Representative Darko to DO PASS AS AMENDED on House Bill No. 748.

ADJOURN: There being no further business before the Committee, the meeting was adjourned at 10:32 p.m.

Nancy Keenan
NANCY KEENAN, Chair

STANDING COMMITTEE REPORT

February 13 19 35

MR. Speaker

We, your committee on Human Services and Aging

having had under consideration House Bill No. 748

first reading copy (white color)

Eligibility for state services to developmentally disabled persons

Respectfully report as follows: That House Bill No. 748

AMENDED AS FOLLOWS:

1) Page 2, line 2.
Following: "Title"
Strike: "20"
Insert: "53"
Following: "chapter"
Strike: "53"
Insert: "20"
Following: "part"
Strike: "1"
Insert: "3"

AS AMENDED
DO PASS

Chairman.

STATE PUB. CO.
Helena, Mont.

COMMITTEE SECRETARY

STANDING COMMITTEE REPORT

February 13 19 85

MR. Speaker

We, your committee on Human Services and Aging

having had under consideration House Bill No. 729

first reading copy (white color)

Role of, admission to, and discharge from Montana Center for the Aged.

Respectfully report as follows: That House Bill No. 729

AMENDED AS FOLLOWS:

Page 1, lines 22 through 23.
Following: "disorder"
Insert: ","
Following: "53-21-102"
Insert: ", associated with the aging process,"

DO PASS AS AMENDED WITH STATEMENT OF INTENT

Chairman.

STATE PUB. CO.
Helena, Mont.

COMMITTEE SECRETARY

Human Services and Aging Committee
House Bill No. 729

STATEMENT OF INTENT

This bill requires a statement of intent because section 1 grants rulemaking authority to the department of institutions to adopt rules regarding the admission, treatment, and discharge of residents of the Montana center for the aged.

It is contemplated that rules relating to admission are to address the following:

(1) the medical condition of applicant;

(2) the mental condition of applicant; and

(3) the comprehensiveness of recent medical and mental evaluation of an applicant.

It is intended that rules relating to treatment are to describe aspects of the center's program, including:

(1) services offered by the center; and

(2) the availability of medical support.

Rules relating to discharge are to include a requirement that residents must be discharged upon the request of the resident or his legal guardian, and they must include specific grounds for the discharge of a resident against his will. Such grounds must include whether the resident:

(1) can function independently; or

(2) requires more intensive medical or mental health services.

Chairman.

STATE PUB. CO.
Helena, Mont.

STANDING COMMITTEE REPORT

February 18 19 85

MR. Speaker

We, your committee on Human Services and Aging

having had under consideration House Bill No. 777

first reading copy (white color)

Study to determine income level for basic family needs

Respectfully report as follows: That House Bill No. 777

AMENDED AS FOLLOWS:

1) Page 2, lines 1 through 3.
Following: "study"
Strike: remainder of line 1 through "Counties" on line 3.

2) Page 2, line 5.
Following: "Montana."
Insert: "The study must be a systematic, empirically based study, utilizing an independent data base, that includes an evaluation of price levels in a cross section of the state. The department shall present the results of its study to the 50th legislature. The results of the study do not, in themselves and without implementation by legislative enactment or department rule, constitute a basis for redetermining the level of general relief assistance to which an eligible recipient may be entitled. In addition, the results of the study may not serve as

[illegible]

Chairman.

STATE PUB. CO.
Helena, Mont.

COMMITTEE SECRETARY

Human Services and Aging Committee
House Bill No. 777

(Continued)

a basis, in whole or in part, for a legal claim to a level of general relief assistance greater than that provided for under the rules adopted by the department.

AS AMENDED
DO PASS

Chairman.

STATE PUB. CO.
Helena, Mont.

STANDING COMMITTEE REPORT

February 19 19 85

MR. Speaker

We, your committee on Human Services and Aging

having had under consideration House Bill No. 731

first reading copy (white color)

Eliminating copayments as condition of receiving medicaid

Respectfully report as follows: That House Bill No. 731

DO PASS DO NOT PASS

Chairman.

STATE PUB. CO.
Helena, Mont.

COMMITTEE SECRETARY

STANDING COMMITTEE REPORT

February 16 19 85

MR. Speaker

We, your committee on Human Services and Aging

having had under consideration House Bill No. 737

first reading copy (white)
color

Adult protective service teams to assist older persons

Respectfully report as follows: That House Bill No. 737

DO PASS

Chairman.

STATE PUB. CO.
Helena, Mont.

COMMITTEE SECRETARY

(Type in committee name, committee members' names, and names of secretary and chairman. Have at least 50 printed to start.)

ROLL CALL VOTE

HOUSE COMMITTEE HUMAN SERVICES AND AGING

DATE 2/18/85 House Bill No. 731 Time

NAME	YES	NO
Nancy Keenan		X
Bud Gould	X	
Toni Bergene	X	
Dorothy Bradley	X	
Jan Brown		X
Bud Campbell	X	
Ben Cohen		X
Mary Ellen Connelly		X
Paula Darko		X
Bob Gilbert	X	
Stella Jean Hansen		X
Marian Hanson	X	
Marjorie Hart		X
Harriet Hayne	X	
John Phillips		X
Bruce Simon	X	
Steve Waldron	X	
Norm Wallin	X	

Alberta Strachan
Secretary

Nancy Keenan
Chairman

Motion: A motion was made to DO NOT PASS

(Include enough information on motion -- put with yellow copy of committee report.)

CS-31

* Addendum to memo dated 2-18-85 re testimony on HB 758

WITNESS STATEMENT

EXHIBIT 1
February 18, 1985

NAME Ken Card BILL NO. HB 758

ADDRESS 1239 9th Ave, Helena, MT DATE 2-18-85

WHOM DO YOU REPRESENT? Department of Special Services, Office of Public Instruction

SUPPORT _____ OPPOSE _____ AMEND X

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

Should the committee adopt the SRS amendments to include the formation of one screening committee, the Office of Public Instruction strongly recommends that its membership include a representative from the Office of Public Instruction.

Our office supports the amendments proposed by SRS with the above provision

EXHIBIT 2
February 18, 1985

MR CHAIRMAN AND MEMBERS OF THE COMMITTEE:

I AM HELEN SCOTT AND I HAVE LIVED ALL MY LIFE IN MILES CITY. BEFORE I RETIRED I WORKED IN A SERVICE INDUSTRY WHERE I CAME IN CONTACT WITH MANY SENIOR CITIZENS AND I CONSIDER MYSELF ACQUAINTED WITH THE PEOPLE OF MY TOWN.

I KNOW THAT THE NUMBER OF POOR PEOPLE IS INCREASING — WE HAVE 3 TIMES THE NUMBER OF PEOPLE RECEIVING FOOD BANK ASSISTANCE THAN WE HAD A YEAR AGO. IT DISTURBS ME GREATLY THAT THESE POOR PERSONS — THE BLIND, THE MENTALLY ILL, DISABLED AND CHRONICALLY ILL WHO ARE ON MEDICAID ARE ASKED TO PAY THE CO-PAYMENT, RANGING FROM 50¢ TO $3.00 EACH TIME THEY VISIT A DOCTOR, DENTIST OR OPTOMETRIST, FOR EACH PRESCRIPTION, AND FOR EACH

HOSPITAL OR HOME HEALTH VISIT.
AS SEN. CLAUDE PEPPER SAID:
"FOR THE ELDERLY POOR, A 50¢
CO-PAYMENT, WHICH SEEMS INSIGNIFICANT
TO MOST OF US, CAN MEAN THE
DIFFERENCE BETWEEN A NEEDED
PRESCRIPTION AND A QUART OF
MILK OR A LOAF OF BREAD. WHAT
RIGHT HAVE WE TO MAKE THIS
CHOICE?"

WHEN Social Rehabilitation Service S.R.S. PUT THE CO-PAYMENT
INTO EFFECT IN 1983, THEY SAID
THEY FELT THAT "CO-PAYMENTS WOULD
ELIMINATE UNNECESSARY MEDICAID
USE OF HEALTH CARE BY MEDICAID
RECIPIENTS AND ENCOURAGE THEM
TO SEEK CARE ONLY WHEN NECESSARY"
A 1984 STUDY CONCLUDED THAT
MONTANA DOES NOT HAVE A PROBLEM
WITH MEDICAID PROGRAM ABUSE
BY RECIPIENTS.

PHYSICIANS, NOT PATIENTS,
DETERMINE THE AMOUNT AND
KIND OF MEDICAL SERVICES.

(3).

A RAND CORPORATION Report SUPPORTED ~~THE~~ A STUDY THAT MEDICAID CO-PAYMENTS IN CALIFORNIA RESULTED IN AN INCREASE OF OVER $1 MILLION IN INCREASED HOSPITALIZATION COSTS. THESE COSTS WILL BE AN ADDITIONAL EXPENSE FOR MEDICAID.

IN MILES CITY WE ARE DISCUSSING THE EFFECT ON A HOSPITAL-PROVIDER OF CO-PAYMENT. THEY TOLD US IT COSTS $5 ~~TO~~ SEND OUT AND ADMINISTER A BILL. WHO PICKS UP THIS EXTRA COST TO THE HOSPITAL? THE OTHER PATIENTS, OF COURSE.

WE CLAIM THE CO-PAYMENT IS NOT A VIABLE, FAIR PRACTICE AND WE URGE YOU TO VOTE "YES" ON HOUSE BILL 731.

THANK YOU.

MR. CHAIRMAN & COMMITTEE MEMBERS.

EXHIBIT 3
February 18, 1985

Statement by
Roger Schwartz, Esquire
THE NATIONAL HEALTH LAW PROGRAM
Washington, D.C.
Los Angeles, California

Before the

Committee on Human Services

MONTANA HOUSE OF REPRESENTATIVES

Monday, February 18, 1985

The National Health Law Program, Inc. ("NHeLP") submits this testimony in support of House Bill Number 731. Specifically, the legislation prohibits the use of copayments for Medicaid services.

NHeLP is a non-profit heaLth law support center that provides legal and technical advice to attorneys, advocates and their clients. We have extensive and ongoing contact with poor people and their representatives throughout the country regarding a variety of health subjects, including Medicaid, which are of vital concern to them.

Based on our experience in providing professional assistance to clients and our extensive knowledge of the Medicaid program, it is our view that the use of copayments for Medicaid services causes dangerous and harmful restrictions on poor people's access to medically necessary health care.

Background

The fundamental purpose of the Medicaid program is to provide necessary medical care for poor people who cannot otherwise afford it. Accordingly, from the inception of the program, all recipients of categorical assistance -- Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI)[1] -- have been mandatorily eligible for Medicaid. Furthermore, categorical assistance recipients were, until 1982, exempted from copayment charges for those crucial medical services which all states must

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1. Included within the SSI program are elderly, blind, and disabled persons.

include in their Medicaid programs.[2] The rationale for the exemption still makes sense today: categorical assistance recipients lack the resources to pay for copayments and will be denied access to basic health care when they are imposed.

Concern with spiraling health care costs led the Administration and Congress to include provisions in the Tax Equity and Fiscal Responsibility Act of 1982, which permit states, for the first time, to impose copayments on AFDC and SSI recipients who use physician and hospital services.[3] All services to children, all pregnancy and birth related services to pregnant women, services to institutionalized persons required to spend all but their personal needs allowance on health care, and all emergency care are exempted from copayments. Clearly, the group hardest hit by the copayment requirement is the elderly poor who do not live in institutions.

To comment adequately upon the proposed legislation, then, it is important to understand the reasons that Medicaid costs have increased. Since 1968, Medicaid expenditures have grown from combined federal and state spending of $3.5 billion to an estimated $42 billion in 1985. This increase is primarily due to three factors:

- First, inflation has driven up the costs of Medicaid. Almost one half of the increases in Medicaid expenditures are attri-

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2. These services include: inpatient and outpatient hospital services, laboratory and x-ray services, skilled nursing facility services for persons over age twenty-one, physician services, and home health care. 42 U.S.C. §1396d(a)

3. 42 U.S.C. §1396a(a)(14) and Section 1916 of the Social Security Act. Only three states appear to have added the copayment requirement on mandatory services. (Rymer, 1984). Montana implemented such a requirement administratively in late 1983.

butable to general inflation. Between 1972 and 1982, the average payments per Medicaid recipient grew from $358 to $1,363. Of this $1,000 increase, $500 was caused by general inflation. (Rymer, 1984).

- Second, until recent years, the number of Medicaid beneficiaries was growing. In 1977, when the program reached its peak of enrollment, 22.9 million persons received Medicaid benefits. This represented an 87% increase in beneficiaries since 1968. In recent years, however, the Medicaid recipient population has declined by about 1 million persons. (Rymer, 1984) This decline is due partly to the fact that eligibility has become more restricted as income eligibility levels for cash assistance programs have, for the most part, not kept pace with inflation. In addition, states undertook limitations and cutbacks in Medicaid eligibility following passage of the federal Omnibus Budget and Reconciliation Act of 1981.

- Long-term institutional care costs are consuming a higher proportion of the Medicaid budget -- from 30% in 1968 to 43% in 1982. Nursing home residents comprise only 7.3% of the total Medicaid population but account for over 43% of all Medicaid expenditures. In fact, in 1982, the Medicaid program covered just under half of the United States' total nursing home bill. (Rymer, 1984).

The impact of these factors on Medicaid cannot be overstated. Looking only at changes in annual Medicaid payments per recipient, it

appears that Medicaid expenditures per capita have more than tripled between 1970 and 1980. However, adjusted for inflation, payments per recipient have only increased by 33% over these ten years. This is actually less than the increase in real per capita health spending for the population as a whole.

Medicaid spends no more on health care than is spent for the average American citizen. Medicaid expenditures for the poor are not incongruous with what you and I privately spend on medical care.

This does not mean we should not be concerned about Medicaid costs. More than one-half of the nation's poor are not eligible to receive Medicaid benefits; the number of poor and uninsured Americans is increasing; there is enormous competition for limited federal, state, and local dollars among health and other human service programs. We cannot continue to meet the health needs we now cover unless the spiraling cost of health care is controlled.

With this in mind, I would like to discuss the proposed legislation which is under consideration today. In determining whether prohibiting Medicaid copayments will be a wise legislative decision, two questions must be asked:

- Do copayments impose significant harmful effects on Medicaid beneficiaries?
- Do copayments achieve significant cost savings?

We believe that copayments have negative effects on Medicaid beneficiaries and produce no significant cost savings. In fact, copayments can result in increased costs.

Impact on Medicaid Recipients

Categorical assistance recipients cannot afford copayments. It is undisputed that their assistance grants do not allow for them. On the contrary, categorical assistance "standards of need" cover only the minimal, bare essentials of life --- food, shelter, and personal maintenance needs --- and no more.[4] As noted by the Senate Finance Committee when referring to Medicaid copayments, "cash assistance recipients...have been determined to have no income or resources to meet such charges." Sen. Rpt. No. 744, 88th Cong., 2d Sess. (1968); 1967 U.S. Code Cong. & Admin. News 2834, 3024.

Categorical assistance recipients will have to fund their copayments from amounts deemed minimally necessary for food, clothing, and rent. Unfortunately, those amounts are themselves typically inadequate to provide for even the basic necessities of life.

To illustrate, cash assistance grants under SSI, the categorical assistance program for the needy elderly, blind, and disabled, are $325 per month ($488 for a couple) as of January 1, 1985. SSI does not purport to cover health care costs. While all recipients suffer from the copayment burden, a burden which, parenthetically, is compounded for families based on the cumulative copayments of family members, the elderly and disabled poor are particularly hard hit. They tend to have a higher incidence of medical needs, and so will face a greater number of agonizing choices and a greater likelihood that needed care will not be received.

It is hard for persons with adequate incomes to understand what copayments on medical care for the poor will mean. After all, most

4. Some states also provide for qualified recipients' "special needs", but these are specifically defined and don't relate to medical costs.

middle and upper income Americans would not delay going to a doctor or having a prescription filled because of a 50 cent or $1 copayment. But for the poor, a copayment does just that -- it causes them to delay or avoid entirely the seeking of medical care when ill, or forces them to do without other necessities of life. The following examples illustrate the harsh effects of copayments:

> --- A poor couple in San Antonio sought admission to a clinic for the wife's complaints of coughing and congestion. Unable to pay the facility's $3 charge (the husband had only 18 cents in his pocket), they were turned away. Two days later, the wife died of double pneumonia. ---
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> --- A 41-year-old man we represented suffered from Parkinson's disease and required medical services at least twice a month and several prescriptions. Out of his $312.50/month (in 1972) income, he supported his wife, daughter, and household. He could not afford to pay for dental work he and his daughter needed, his car and household appliances were in need of repair, and he could not afford to pay all the copayments on the services he needed. ---
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> --- A San Francisco woman we represented at the time of the California copayment experiment had been recently hospitalized with malnutrition. She had a chest condition, had lost one lung, and suffered emotional problems requiring psychiatric care. Her small V.A. benefit was supplemented by categorical assistance up to the cash maximum, and she received Medicaid. She could not afford to meet her necessary living expenses, including her desperate need for improved food, and still pay the [$1] copayment for each of several physician visits she truly needed. She lived in dread of emergencies, unable to meet the copayments. ---

These cases illustrate how copayments can create significant barriers to receipt of necessary medical care by the poor and place their health - and lives - in serious jeopardy. Representative Claude Pepper (D. Fla.) aptly summarized the deleterious effects of copayments when he stated:

> For the elderly poor, a fifty cent copayment which seems insignificant to most of us can mean the difference between a needed prescription and a quart of milk or a loaf of bread. What right do we have to ask them to make this choice?[5]

The oft-expressed purpose of copayment schemes is to curb overutilization of Medicaid services by beneficiaries. When analyzed, these concerns regarding overutilization are clearly misplaced. There is scant evidence to support the contention that Medicaid patients overutilize medical services. The President's Council of Economic Advisers (CEA) just last week gave the Medicaid program a clean bill of health in this area, stating that perceptions that poor people abuse their Medicaid privileges are largely inaccurate. Data from the Rand National Health Insurance Experiment suggest that, without copayments, the poor make about the same number of visits to physicians as the nonpoor.

In fact, if health services were used according to need, the poor would use more services than the nonpoor. The poor are less healthy than the nonpoor. The elderly poor show a higher incidence of diseases of the heart, high blood pressure, and diabetes than the elderly nonpoor.

It is a well-known fact about our health care system that physicians, not patients, determine the amount and kind of medical services provided. In terms of utilization, recipients have little power over the expenditure of health care costs. They cannot diagnose, prescribe treatment or medication, or grant themselves an

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5. House Select Committee on Aging, Comm. Pub. No. 96-181 (1979), p.28.

unnecessary hospital admission. It is the provider who controls access to these health services. Indeed physicians alone direct or control more than 70% of all health care expenditures. See "Doctors Play Key Role in Determining How High Health Costs Climb;" National Health Insurance Report, Vol. 9, No. 24, Capital Publications (Wash. 1978). As the age of the patient increases, physician-initiated care increases (National Health Care Expenditures Study #3, 1984). Thus, legitimate utilization control devices should focus on the nature of care sought rather than, as copayments do, on an individual's attempt to seek care.

The impact of copayments on beneficiaries can be devastating. Copayments do not distinguish between medically necessary health care and unneeded care. The requirement can act to deny necessary medical care to the needy poor, especially the elderly and disabled.

Assessments of the Cost Savings of Copayment Schemes

Copayments are also introduced to contain health care cost. The rationale is as follows: If care is free, people will seek more services. If, on the other hand, there is a direct personal cost for medical care, consumers will comparison shop for the services they use and will not use too many of them. This logic may well be applicable for the higher income population who can afford copayments. For low income populations, however, the approach raises fundamental problems.

A number of studies have analyzed the affect of copayments. These studies do not support the contention that copayments curtail unnecessary health care utilization and, as a result, contain medical care costs. Consider instead, the following findings:

-- A 1974 study found that after the imposition of copayments in Saskatchewan, Canada, the demand for physician services among poor families decreased by 18% compared to a decrease of 6% for all families. (Beck, 1974)

-- Imposition of a 25 percent coinsurance charge in 1967 on all physician services in a Stanford University health plan in Palo Alto, California caused the per capita number of physician services to fall 24.1 %. Interestingly, while a decline among all age, sex and occupation groups was experienced, physician use fell more for the occupation group with the lowest income. (Scitovsky and Shyder, 1972)

-- A UCLA study found that the imposition of Medicaid copayments in California in 1971 resulted in a reduction in needed primary care and over $1 million in increased hospitalization costs because care had been delayed. (Roemer, 1975). A 1978 study by the Rand Corporation supported these conclusions. (Helms, Newhouse, and Phelps, 1978).

-- The most recent report from the Rand copayment study concludes that cost sharing, in nominal amounts, does not encourage patients to compare health care prices and seek service from the least costly provider. (Marquis, 1984).

Experience with copayments in a number of states supports the above findings:

-- The State of Washington found that only 12% of the emergency room copayments implemented in 1981 were paid by recipients, while the remaining 88% were written off as bad debts. (Focus On, 1984) (The costs of bad debt are often shifted to

private pay patients.) The State determined that the copayment applied to only 38.8% of all Medicaid patients, primarily the elderly, blind, and disabled.

-- Idaho eliminated the copayment when it determined that it was not cost effective, that it resulted in cost shifting to private pay patients, and that it caused patients to delay needed medical care. (Idaho Medical Care Advisory Committee, May 19, 1983)

-- Georgia eliminated copayments in 1982 when it determined that the federal TEFRA requirements regarding exemptions made the program too costly to administer. The copayment cost approximately $1.10 for every $1 taken in. (Atlanta Constitution, Oct. 13, 1982)

Admittedly, copayments reduce utilization by the poor. This decreased utilization, however, most often occurs at the expense of needed medical care. In the long term, medical costs have been shown to increase because care is delayed.

Conclusion

Passage of House Bill Number 731, which prohibits use of a Medicaid copay, will have a minimal effect on health care costs in Montana. In the long run, it may actually reduce them. Access for the poor, especially the elderly and disabled poor, to necessary medical care will be protected. Such protections are all the more important in this era when the poor are experiencing barriers to care over and above those already present. The vast majority of states limit the amount, duration, and scope of health care services to Medicaid recipients. The problem of poor provider participation in

the Medicaid program is reaching alarming proportions in many areas of the country. Nationally, one-fifth of all physicians see no Medicaid patients at all; 6% of all physicians care for one-third of all Medicaid patients. (Mitchel and Cromwell, 1980). Copayments can introduce an insurmountable barrier to care for the Medicaid poor and are an inappropriate device for controlling the use of basic medical services by the poor.[7]

In conclusion, the National Health Law Program supports the legislation under discussion here today. We urge the Committee to support its passage.

Respectfully submitted,

Roger Schwartz
Staff Attorney
NATIONAL HEALTH LAW PROGRAM
1302 18th Street, N.W., Suite 701
Washington, D.C. 20036

2639 South La Cienega Boulevard
Los Angeles, California 90034

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7. Among the more appropriate cost control devices are: locking in Medicaid beneficiaries who overutilize the program, locking out Medicaid providers who overutilize the program, pre-admission screening, second opinions, fiscal control of institutionalized care and hospital and physician rate setting.

EXHIBIT 5
February 18, 1985

Robert M. St. John, M.D., P.C.

798 WEST GOLD STREET
PHONE 782-2395
BUTTE, MONTANA 59701

DIPLOMATE AMERICAN
BOARD OBSTETRICS &
GYNECOLOGY

February 15, 1985

To Whom It May Concern:

I wish to address the problem of the copayment now required of all Medicaid patients at the time of service. I am a private practitioner, taking care of a large number of Medicaid patients and find that this copayment has exerted undue hardship on the patients, on laboratories serving these patients, hospitals, and all personnel involved in the actual administration of the copayment. It has been a poorly designed attempt by the State to save money at the expense of the poor patients of the State, the very ones the Medicaid program is supposed to be assisting. It is impossible to implement at the provider level and in many instances has resulted in the patients not receiving necessary care.

At the present time, in order for a patient to be seen, they must provide a copayment for each and every service. If the patient does not have that copayment available, then they are often unable or unwilling to approach a physician's office or an emergency room, no matter how serious their illness may be. Many of these people fear the harassment or embarrassment that will ensue, or fear being rejected or turned away from these facilities if they do not have this copayment. In addition, from the provider's standpoint, at the time of the initial contact, it is impossible to tell the patient how much the copayment is going to be. There is a copayment attached to each and every laboratory service, x-ray service, office visit, etc. No one knows before the patient has been evaluated what these numbers will be. This has resulted in considerable difficulty between the office personnel and the patient when the patients have felt that they paid their copayment and further copayments become necessary. All of this has served to create a wedge between the Medicaid patient requiring medical care and those providing it.

Medicaid has been grossly underfunded for the past few years. Because of this, they have continually sought ways to cut expenses and to transfer costs from the State to private individuals and finally, this last attempt, to the Medicaid recipients themselves. Montana has assumed responsibility for a large patient population by creating the Medicaid program, but then has rejected this responsibility by failing to fund it adequately. We have been told in the past that Montana has an excess of $55,000,000 in the General Fund and large amounts in other funds, such as the Coal Severance Tax Fund. Since Montana assumes responsibility for the Medicaid recipients, it only seems appropriate that they should release some of these funds to adequately fund this program so that these

recipients would get the quality care they deserve.

ROBERT M. ST. JOHN, M. D.

RMSJ/ss

BUTTE PEDIATRICS, INC.

DISEASES OF CHILDREN AND ADOLESCENTS

401 South Alabama

BUTTE, MONTANA 59701

DENNIS J. McCARTHY, M.D.

Phone 406-723-4337

17 Feb 85

To Whom it may concern

I would like to lend my support to Rep. Pam Harrington's proposed bill to eliminate Medicaid co-payments. Co-payments are an unnecessary burden on those that can ill afford them, and secondly they will not eliminate or decrease needless physician or hospital visit

Yours truly

Dennis J McCarthy M

EXHIBIT 6
February 18, 1985

JUL 05 1984

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT
OF THE STATE OF MONTANA
IN AND FOR THE COUNTY OF LEWIS AND CLARK

BUTTE COMMUNITY UNION, PHILIP GRANBY, LINDA LUCAS, BARBARA CATRON, DALE AND CHERYL FLEISCHACKER, ARLENE BUCCHI, SAMUEL LOCKEY, GERALD CRAIG, DAN RUBICH, THE REVEREND JOE WARREN, STEPHEN JELINEK, DON AND KIM SHEPHERD, JAMES SIMPSON, JRS., PAM PEDERSON, ELMER RODRIQUES, JANE AND TOM JOHNSON, RUDY RODRIGUEZ, JR., ROBERT JAMES, MICHAEL PEET, JON OLSON, AL REED, JEWEL MACUMBER, ANISETO HERNANDEZ, RAY LaCOMBE, JOHN D. LONG, BOBBY SEXTON, MICHAEL COX and DAVE STANDISH, for themselves and those similarly situated,

Plaintiffs,

vs.

JOHN LaFAVER, Director of the Montana State Department of Social and Rehabilitation Services,

Defendants.

INDEXED

NO. 50268

FINDINGS OF FACT, CONCLUSIONS OF LAW AND
RESTRAINING ORDER

This matter having come before the Court on June 13, 14, and 18, 1984 to hear Plaintiffs' Motion dated June 6, 1984, both parties appearing with counsel, and the Court having heard the testimony presented by both parties, the Court hereby makes the following:

FINDINGS OF FACT

I.

Defendant has published rules and amendment of rules regarding State General Assistance (SGA), M.A.R. Notice No. 46-2-406, and Defendant intends to publish those rules effective July 1, 1984.

FILED
84 JUN 29 PM 1:52
CLARK

II.

The effect of the proposed rules will be to reduce SGA below the benefit levels which are presently allowed under the current rules, Section 46.25.702 et. seq., A.R.M.

III.

In support of the proposed rules, Defendant has offered Defendant's Exhibits A, B, C, and D and the testimony of Lee Tickell; however, those exhibits and testimony do not support the Defendant's contention that the proposed or current SGA benefit levels are based on non-arbitrary needs studies because:

(a) The exhibits and testimony were not based on systematic, independent analysis;

(b) The exhibits and testimony were not based on reliable or valid standards related to the development of a need standard in each of the five categories of need in the SGA program;

(c) The exhibits and testimony did not contain an adequate informational or methodological basis compared to standard work for this type of analysis;

(e) The exhibits and testimony were not based on hard data with known properties and certainties of measurement;

(f) The exhibits and testimony did not indicate that a methodology, necessary for systematic updating of standards based on current, independent data and price levels, was used;

(g) The exhibits and testimony did not use methods for development of payment levels that have been documented to allow for independent evaluation; therefore, they failed to meet acceptable or any standards whatsoever for review and systematic cross-checking.

IV.

The rents allowed under the proposed rule are insufficient and arbitrary because they are based on current or past expenditure levels without regard to habitability of housing.

Section 46.25. 712(1)(a), M.A.R. Notice No. 46-2-406.

V.

The presumption that Low Income Energy Assistance (LIEAP) meets winter heating costs, relied upon by the proposed regulations (Section 46.25.712(1)(b)(ii), M.A.R. Notice No. 46-2-406) results in proposed benefit levels that are insufficient to meet need because in many cases LIEAP does not provide sufficient benefits to pay winter heating costs.

VI,

The presumption that food stamps meet food need, relied upon by the proposed regulation (Section 46.25.712(1)(f), M.A.R. Notice No. 46-2-406), makes the benefit levels inadequate to meet food need because food stamps do not meet minimum nutritional requirements.

VII.

Present food stamp allotments are insufficient to meet:

(a) caloric needs of most males;

(b) caloric needs of most workfare participants;

(c) minimum nutritional requirements.

VIII.

The Thrifty Food Plan fails to meet nutritional needs because:

(a) It was developed without regard to many relevant nutritional factors, including American cultural food consumption patterns;

(b) Suggested foods to be purchased are nutritionally unbalanced;

(c) Suggested menus contain large amounts of foods suspected to be health risks.

IX.

The amount of SGA allowed to meet personal needs (Section 46.25.712(1)(a) and (d), M.A.R. Notice No. 46.2-406) is

insufficient for the following reasons:

(a) The amount allowable was based on present expenditure levels for personal needs without regard to the actual cost of items required to meet those needs;

(b) The actual cost of personal needs is higher than the amount allowed by the proposed rules;

(c) No scientific study was conducted to determine the cost of personal items and what personal items should be provided.

X.

The amount of SGA allowed to meet transportation needs (Section 46.25.712(1)(d) and (g), M.A.R. Notice No. 46-2-406) is insufficient to meet the cost of transportation because:

(a) The amount allowable was based on present expenditure levels without regard to the actual cost of transportation required to meet transportation needs;

(b) The actual cost of transportation needs is higher than the amount allowed by the proposed rules;

(c) No scientific study was conducted to determine the cost of transportation and what transportation needs should be provided.

XI.

To the extent economic recovery has reached Montana, it has not reduced either the number of people applying for assistance or the amount of assistance required to meet living needs.

XII.

Requests for assistance to the Butte Food Bank, the Butte Rescue Mission, The Friendship Center of Helena, God's Love, Inc of Helena, and the Women Infants and Children (WIC) Programs in Helena and Butte have all increased substantially in the past year.

XIII.

Child abuse and neglect is caused in part by economic stress, people having insufficient income to meet their basic living needs.

XIV.

Unless this Court restrains Defendant from implementing said proposed rules, Defendant will implement those rules, and thereby further deprive plaintiff class of its basic living needs and cause irreparable harm to the class.

XV.

Defendant admitted in testimony that all of the enumerated unwritten rules set forth in Plaintiffs' Motion dated June 16, 1984, para. 3, (a) through (t), have been in effect, and may still be in effect, in various counties in which SGA is administered by Defendant.

XVI.

Unless Defendant is restrained by this Court from following any unwritten rules, including but not limited to those enumerated unwritten rules contained in Plaintiffs' Motion dated June 6, 1984, Defendant will continue to follow unwritten rules in the administration of SGA, and thereby further deprive plaintiff class of its basic living needs and cause irreparable harm to the class.

CONCLUSIONS OF LAW

I.

Defendant's proposed rules are unlawful because they do not provide benefits sufficient to meet living needs as required by the Montana Constitution, Art. XII Section 3(3) and Montana Law, Section 53-3-204, M.C.A.

II.

Plaintiff class is entitled to a preliminary injunction restraining Defendant, and the Defendant is therefore restrained and enjoined until further order from implementing SRS proposed rules dated May 17, 1984, M.A.R. Notice No. 46-2-406, or any other rules which reduce SGA benefits below what the existing rules allow, to prevent plaintiff class from suffering irreparable harm.

III.

Unwritten rules are illegal and without effect.

IV.

The unwritten rules enumerated in Plaintiffs' Motion dated June 6, 1984, para. 3, (a) through (t), are unlawful as having no legal basis under the current SGA rules.

V.

By following any unwritten rule, including but not limited to those enumerated unwritten rules, Defendant is acting unlawful by depriving plaintiff class of its rights to living needs as required by Montana Constitution, Art. XII Section 3(3) and Montana Law, Section 53-3-204, M.C.A.

VI.

Plaintiff class is entitled to a preliminary injunction restraining Defendant from administering SGA based on any unwritten rules, including but not limited to those enumerated unwritten rules, in order to prevent plaintiff class from suffering irreparable harm.

Plaintiff is enjoined and restrained from administering State General Assistance based on S.R.S. proposed rules dated May 17, 1984, M.A.R. Notice No. 46-2-406 or on any unwritten rules, including but not limited to those enumerated unwritten rules herein even as thereafter written until further order of this Court.

DATED this 29th day of June, 1984.

ARNOLD OLSEN, DISTRICT JUDGE

EXHIBIT 8
February 18, 1985

Concerned Citizens' Coalition
P.O. Box 2289
211 Ninth Street South
Great Falls, MT 59403
761-0310 ext. 25

I support HB 777 which requests a state-funded need study. As a low income person, I feel that it is important the cost of living in Montana be scientifically determined.

Barbara Anderson

EXHIBIT 9
February 18, 1985

Concerned Citizens' Coalition
P.O. Box 2289
211 Ninth Street South
Great Falls, MT 59403
761-0310 ext. 25

HB 777

I support this bill because I think it is necessary to the health and welbeing of anyone on this program.

Especially people with more than 2 children in the family.

ELAINE BISHOP

Norman Bishop

EXHIBIT 10
February 18, 1985

Concerned Citizens' Coalition
P.O. Box 2289
211 Ninth Street South
Great Falls, MT 59403
761-0310 ext. 25

I support HB 777. I am on AFDC and find it very hard to make ends meet. I believe that a study should be made to determine the true cost of living in the state of Montana.

Charles E. Wells
313½ 5th Ave S
Great Falls, Montana
59405

EXHIBIT 11
February 18, 1985

Concerned Citizens' Coalition
P.O. Box 2289
211 Ninth Street South
Great Falls, MT 59403
761-0310 ext. 25

I support HB 777 which requests a state-funded need study.

As a low income person, I feel that it is important the cost of living in Montana be scientifically determined

A K Anderson

EXHIBIT 12
February 18, 1985

Concerned Citizens' Coalition
P.O. Box 2289
211 Ninth Street South
Great Falls, MT 59403
761-0310 ext. 25

I support HB 777 which requests a state-funded need study. As a low income person, I feel that it is important the cost of living in Montana be scientifically determined.

Edward J Cammo

EXHIBIT 7
February 18, 1985

Testimony of Don Judge, MT STATE AFL-CIO

2/18/85

Montana State AFL-CIO supports HB 777, mandating an income needs study be done in certain Montana Counties - - -

Montana's constitution is far-sighted in its recognition of human needs and clear in its intent to require Montana's officials to act responsibly in meeting these basic needs.

However, as is often the case, the constitution does not specifically spell out the criteria used to determine the basic level of needs mandated by its provisions.

Section 53-3-204 MCA also seems to require Montana's state government to provide general relief assistance to meet a "minimum subsistence compatable with decency and health"; but, again, doesn't seem to define exactly what this term means.

HB 777 seeks to attempt to find an answer to both questions and to give government directions to meet the goals required by constitution and law.

Time and time again we have seen proposals made to reduce the levels of assistance to the needy in our society. One such proposal was addressed by you this evening, co-payments for medical assistance.

Other proposals before this body include provisions to limit unemployment compensation benefits, restrict workers compensation payments and restrict adequate salary increases for state workers. (to injured workers)

These proposals all seem to reflect what we all recognize is a tight economy and an even more dire state budget and revenue projection.

However, all of these proposals ignore the requirements of our state constitution and state law ---- that of meeting the needs of our citizens "compatible with decency and health".

HB 777 offers us a vehicle for discarding the budget-crunch rhetoric and viewing all proposals --- to raise or to lower assistance to our needy --- on the basis of factual need. Taking into account the actual costs associated with surviving in our society.

~~Obviously I would rather come before you to~~

We currently have ~~still~~ over 30,000 individuals without jobs and drawing unemployment insurance. We have literally thousands more who have exhausted their benefits or who were never eligible to receive them. These people need help

We don't need rhetoric, we need facts, please support HB 777

HISTORY OF ENABLING LEGISLATION FOR THE CENTER FOR THE AGED

LAW PRIOR TO 1983 SESSION	CURRENT LAW INCORPORATING 1983 SESSION AMENDMENTS	PROPOSED LAW IN 1985 SESSION AS A RESULT OF AMENDMENTS
Section 53-21-411 Location and Function of the Center	Section 53-21-411 Location and Function of Center for the Aged	Section 53-21-411 Location and Function for Center
The institution located at Lewistown is the Montana Center for the Aged. The primary function of the Center is the care and treatment of persons who have been admitted to Warm Springs State Hospital and subsequently transferred to the Center.	(1) The institution located at Lewistown is the Montana Center for the Aged. The primary function of the Center is the care and treatment of persons 55 years of age or older. Priority must be given to patients referred from the Montana State Hospital. (2) Appropriate admissions to the Montana Center for the Aged are persons unable to maintain themselves in their home or communities due to mild psychiatric impairments associated with the aging process but who do not require the intensity of treatment available at the Montana State Hospital.	(1) The institution located at Lewistown is the Montana Center for the Aged. The primary function of the Center is the care and treatment of persons 55 years of age or older. Priority must be given to patients referred from the Montana State Hospital. (2) Appropriate admissions to the Montana Center for the Aged are persons unable to maintain themselves in their homes or communities due to a mental disorder as defined in 53-21-102 but who do not require the intensity of treatment available at the Montana State Hospital. (3) Admissions to the Center are voluntary. The Department of Institutions may adopt rules concerning specific admission criteria treatment, and discharge procedures.
Section 53-21-412 Transfer of Patients Between Warm Springs and Galen Hospitals and Center	Section 53-21-412 Transfer of Patients Between Montana State State Hospital and Center	Section 53-21-412 Transfer of Patients between Montana State State Hospital and Center
With the approval of the Department of Institutions, the Warm Springs State Hospital may transfer a patient to the Center or from the Center to the State Hospital. With the approval of the Department, the state hospital may transfer a patient residing at the Center to Galen State Hospital. Unless a psychiatric emergency exists 15 days prior to the transfer, the Department shall notify the patient's parent, guardian, or spouse or, if none is known, his nearest relative or friend. In the case of an emergency transfer, the Department shall send notice within 72 hours after the time of transfer.	(1) With the approval of the Department of Institutions, the Montana State Hospital may transfer a patient to the Center or from the Center to the State Hospital. Unless a medical or psychiatric emergency exists, 15 days prior to the transfer of the Department shall notify the patients parent, guardian, or spouse or, if none is known, his nearest relative or friend. In the case of an emergency transfer, the Department shall send notice within 72 hours after the time of transfer.	(1) With the approval of the Department of Institutions, Montana State Hospital patient may be admitted to the Center upon voluntary application by the patient or the patient's guardian. (2) The patient of the center may be medica voluntarily admitted to Montana State Hospit pursuant to 53-21-111 or involuntarily committed pursuant to 53-21-114 through 53-21-127.

EXHIBIT 13
February 18, 1985
2

VISITORS' REGISTER

Human Services and Aging COMMITTEE

BILL NO. House Bill 729 DATE 2/18/85

SPONSOR

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Jones Orr - Thurs	715 Lenox Boyle Dr.		✓
Kelly Moore	Helena		✓

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

Human Services and Aging COMMITTEE

BILL NO. House Bill 748 DATE

SPONSOR

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Steve Davis	Billings	X	
Mike Muszkiewicz	Helena	✓	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

Human Services and Aging COMMITTEE

BILL NO. House Bill 758 DATE 2/18/85

SPONSOR

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Norma Harris	Helena	X	
Ken Card	1239 9th Helena	X	
Chas. A. Bonderud	Ballantine Mt	~~X~~	
T.A. Dreager	Helena	X	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FOI

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

Human Services and Aging COMMITTEE

BILL NO. House Bill 777 DATE 2/18/85

SPONSOR

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Louise Kunz	107 Laurel [illegible]	✓	
Kathleen O'Sullivan	821 E First, Butte	✓	
[illegible]	2902 S.B. Blvd Butte	✓	
[illegible] Durand	211 No Idaho Butte [illegible]	✓	
Lula Martinez	128½ N Idaho Butte	✓	
[illegible]	[illegible] Mt	✓	
Sam Bryan	Helena Mt	✓	
[illegible] Martell	1009 [illegible] Dr Billings MT	✓	
Harris Anderson	Park City Mont	✓	
Jack Light	Ballantine Mt	✓	
Harold Kitterling	Ballantine Mt	✓	
Margaret Kecskemeti	Roundup, Mt	✓	
Dale Stroschein	Great Falls [illegible]	✓	
James E. Langan	Roundup Mont	✓	
[illegible] D. Smith	222 6th ave S. Gt. Falls	✓	
[illegible]	Roundup Mont	✓	
[illegible]	Kalispell, Mt	✓	
[illegible] Kenney	Helena	✓	
[illegible]	Butte	✓	

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

Mary [illegible] Great Falls

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

[illegible]

Don Judge MT STATE AFL-CIO ✓

CS-33

OVER

SUPPORT NO

Jon Tobin ✓

Jerry E Berggrist 116 W Helena Butte ✓

Russell Lahiyd 532 E 6 Helena ✓

MICHAEL SINCLAIR 1220 8TH AVE., HELENA ✓

Bonnie Evans PLC. ✓

James Don-Johnson 715 Leigh Av Butte ✓

Dan Rubik Butte 7 Nanzona ✓

Rev. Joe Warren 2561 Parrot Butte ✓

Lucille Hayden 943½ W. Granite Butte ✓

Lushea Warberg 3808 Warren Butte ✓

Arlene Phillips 3028 Blue Bird Butte ✓

VISITORS' REGISTER

HUMAN SERVICES AND AGING COMMITTEE

BILL NO. HB 731 DATE 2/18/85

SPONSOR

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Louise Kunz	107 Lawrence	✓	
Julia Martinez	128 1/2 Idaho Butte	✓	
Helen L. Scott	Miles City, MT	✓	
Sr. Kathleen O'Sullivan	821 E. First, Butte	✓	
[illegible]	2902 S.R. Blvd Butte	✓	
Lois M. Durand	211 No Idaho Butte	✓	
[illegible]	Helena MT	✓	
Sam Bryan	Helena Mt	✓	
[illegible] Martell	1009 Riverside Dr Billings MT.	✓	
Harris Andersen	Park City Mt.	✓	
Margaret [illegible]	Roundup, mt	✓	
Harold [illegible]	Ballantine Mt.	✓	
Jack Light	Ballantine, mt.	✓	
[illegible]	Columbus MT.		
James E. Langen	Roundup MT	✓	
[illegible] Langen	" "		
[illegible] Evans	" "	✓	
[illegible]	2-4 [illegible]	✓	
[illegible] Kaiser	6860 Applegate	✓	

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

Maurice [illegible] Miles City ✓

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Over

CS-33

over

		Support
Sister M. Ruth.	Miles City, mt	✓
Lurlea Warsberg	3808 Warren Butte	✓
Lucille Hayden	943½ W. Granite Butte	✓
Arlene Phillips	3028 Blue Bird Rd Butte	✓
Chas. A. Sandrock,	Ballantine, Mt.	sup't,
Ken Caldwell	Butte, Mont.	✓
Rev. Joe Warren	BUTTE, 2561 Parrot	✓
Ken Clark	Miles City	✓
Elsie Day	Miles City	✓
Bonnie Evans	P.L.C.	✓
Jim & Cl	Butte Mont B.C.	✓
Jean Orr v Johnson	715 Lexington Av. Butte	✓
Roger Schwartz	National Health Law Program Wash. DC	✓
Leola Dempsey	1000 Poplar Helena	✓

VISITORS' REGISTER

Human Services and Aging COMMITTEE

BILL NO. HB 737 DATE 2/18/85

SPONSOR

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Norma Harris	Helena	X	
Don Egkra	Helena	X	
Lyn Hubick	Butte		
Charles Boyle	Helena	X	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

WITNESS STATEMENT

NAME Kathy Munro BILL NO. 731

ADDRESS Helena DATE 2/18/85

WHOM DO YOU REPRESENT? Mont. Assoc. of Homes for the Aging

SUPPORT X OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

The Montana Association of Homes for the Aging wishes to go on record in support of HB 731.

We respectfully refer members of the committee to the article "Medicaid Copayments Eyed" which appears on page 1 of the Nov./Dec. 1984 issue of Montana Elder, which has been distributed to the committee.

WITNESS STATEMENT

NAME Ronald F. Bell BILL NO. 777

ADDRESS Butte, Montana DATE 18-Feb-85

WHOM DO YOU REPRESENT? BCC-MLC

SUPPORT Yes OPPOSE ______ AMEND ______

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: [illegible]

To begin with there is no They. There is only us. Therefore in my opinion each of us is responsible for either all of us or none of us.

So, in terms of economic equity, social justice, political opportunity, and basic human rights I find the Tribes' proposal totally unacceptable.

As a result, I believe a neutral study based on research methodology already developed by various social science departments at the University of Montana could once and for all help clarify this abominable situation.

Thank you,

WITNESS STATEMENT

NAME Dale Stroschein BILL NO. HB 777

ADDRESS 402 1/2 2nd Ave So Great Falls Mont DATE 18-02-85

WHOM DO YOU REPRESENT? Concerned Citizens Coalition

SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: How can you come up with a budget without a needs study to see how much money it takes a person to live in the state.

I was in Helena for a week and my rent went up $20.00 a Month.