

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

February 20, 1985

The meeting of the Human Services and Aging Committee was called to order by Chairperson Nancy Keenan on January 20, 1985 at 5:10 p.m. in 312-2 of the State Capitol.

ROLL CALL: All members were present.

HOUSE BILL NO. 783: Hearing commenced on House Bill No. 783. Representative Miles, District #45, sponsor of the bill stated that an act establishing the rights of residents of long term care facilities; providing that a resident must be informed of his rights; requiring posting of these rights by long term care facilities; and providing penalties was needed. Ms. Miles also discussed amendments proposed for this bill.

Proponents included Norma Harris of the Montana Department of Social and Rehabilitation Services who voiced her support to this legislation. Doug Blakeley, representing the Office of the Governor, said that the language used in drafting this legislation was borrowed from other states that had enacted the same legislation. A thirty day discharge notice before discharge, transfer of patients are two of the main concerns of this bill. Charles Briggs also of the Office of the Governor said that Montana does not have a bill of rights for nursing home residents. Doug Olson, an attorney for the Long Term Ombudsman Program in the Office of the Governor stated his support for this bill. Molly Monroe, representing the Montana Association of Homes for the Aging states that this bill brings state regulations into conformity with federal regulations. Ms. Monroe also states that the members in her facilities already have the bill of rights posted in their nursing and retirement homes. Exhibit 1 indicate Ms. Monroe's support. Rose Skoog, representing the Montana Health Care Association suggested some amendments to this bill. Jim Schwin, a former mental patient reiterated experiences he had had as a patient in a mental facility. William E. Leary, representing the Montana Hospital Association indicated his support as did Tom Ryan of the Montana Senior Citizen's Association.

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

There being no further discussion on House Bill No. 783, the hearing was closed.

HOUSE BILL NO. 743: Hearing commenced on House Bill No. 743. Representative Miller, District #34, sponsor of the

bill said that an act to clarify the subrogation rights of the Department of Social and Rehabilitation Services regarding the provision of medical benefits on behalf of a person for whom a third party is liable was needed.

Proponent Pat Godbout, representing the Montana Department of Social and Rehabilitation Services indicated her support of this bill.

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

Representative Waldron questioned the definition of subrogation.

There being no further discussion on House Bill No. 743, the hearing was closed.

HOUSE BILL NO. 821: Hearing commenced on House Bill No. 821. Representative Schye, District #18, sponsor of the bill, stated that an act providing medicaid coverage for psychiatric services and alcoholism treatment services was needed.

Proponent Francis Brunelle, representing the FMD Hospital in Glasgow indicated his support of this legislation. Douglas Settles, representing Shodair Hospital in Helena also stated his support. Buck Collins, representing the Deaconess Hospital in Great Falls stated that the hospital supports this bill. William E. Leary, representing the Montana Hospital Association was of the opinion that the more people treated in either of these programs the safer all citizens in Montana will become. Jerry Loendorf, representing the Montana Medical Association stated his support as did John Larson, representing the Montana Department of Social and Rehabilitation Services. Mr. Larson also discussed the fiscal note which had been prepared by the SRS.

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

Question were then asked for. Representative Phillips questioned whether or not federal funding was available. Representative Waldron asked for a forecast as to how many patients they estimated would be treated. Representative Simon asked why drug/alcohol funding would not meet with the approval of the hospitals for funding.

There being no further discussion on House Bill No. 821, the hearing was closed.

HOUSE BILL NO. 798: Hearing commenced on House Bill No. 798. Representative Joan Miles, District #45, sponsor of the bill said that an act to authorize the Department of Social and Rehabilitation Services to operate community programs for physically disabled persons; to authorize the Department to license community homes for the physically disabled; and to provide for standards for programs, administration, health, and safety for such services and community homes was needed.

Proponent Walter Donaldson, representing the Montana Department of Social and Rehabilitation Services supplied amendments which had been proposed by the Department. Representative Kurt Krueger spoke as an attorney of cases which he had handled and their outcome. James W. Duffy spoke of a son's injury and the prospects of this bill being enacted. Kelly Moore mentioned that there were a number of patients at Warm Springs State Hospital who had received head injuries in various types of accidents, who were now unable to live in a regular type of society setting and were placed in the State hospital for care. Dawn DeWolf, representing the Helena Industries Association stated that several applicants had to be refused services by the Program because they were ineligible in that they had received their injuries in accidents and other types of cases and had not been born with such incapacities. H.S. Hanson, representing the Montana Technical Commission states that he was neither pro nor con on this matter. Steve Davis, representing the Occupational Therapists Association stated his support of this bill. Boyd Peterson, Montana State University indicated his support. Representative Bud Gould stated his support. Written testimony was then supplied by Rena J. Wheeler of the STEP Region II. There were no further proponents and opponents present. Representative Miles was then excused by the Chair.

Representative Simon questioned the funding of such a program.

There being no further discussion on House Bill No. 798, the hearing was closed.

HOUSE BILL NO. 805: Hearing commenced on House Bill No. 805. Representative Bergene, District #41, sponsor of the bill stated that an act requiring that the portion of the appropriation for fiscal years 1986 and 1987 for home care for aging persons be used to fund projects designed to meet the mental health needs of aging persons was needed.

Proponent Charles Briggs, State Aging Coordinator, Office of the Governor said that the aging citizens were underserved in Montana. Jim Schwin, a self committed patient to Warm Springs told of his experiences while a patient there. Kelly Moore, representing the Mental Health Association of Montana supplied written testimony from Cliff Murphy of the Association. Mr. Murphy's statement was the problem of the limited and unevenly distributed availability of senior citizen oriented mental health services in the State. Exhibit 2 indicates Mr. Murphy's testimony.

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

Representative Waldron asked what type of funds the state would be diverting from.

There being no further discussion on House Bill No. 805, the hearing was closed.

HOUSE BILL NO. 772: Hearing commenced on House Bill No. 772. Representative Campbell, District #48, sponsor of the bill said that an act directing an amendment to rules 46-12-512 and 46-12-513 of the administrative rules of Montana to permit a swing-bed hospital to keep certain medicaid patients in the hospital instead of discharging them to a nursing home and providing an immediate effective date was needed. Campbell also proposed amendments to this legislation.

Proponent William E. Leary, representing the Montana Hospital Association supplied Exhibit 3. Mr. Leary stated that officials argue that utilization of swing beds for medicaid patients is a threat to the waiver program, this is untrue, as the waiver program is currently being implemented in communities such as Missoula, Great Falls and Billings, large communities where it is prohibited because of the size of the hospitals, from having swing beds for either the medicare or the medicaid program. This is a small community bill and should go a long way towards helping the small rural hospitals survive and provide a reasonable level of services to the medicare patients and all other patients and to the very few medicaid patients located in those communities. Rose Skoog, representing the Montana Health Care Association also presented amendments which had been proposed by the Association. Shirley Thennis, representing the Montana Nurses' Association indicated her support of this legislation.

Opponent John Larson, chief of medicaid finance, Montana Department of Social and Rehabilitation Services said, in his written testimony, Exhibit 4, that swing bed services are intended to be used on a short term basis only. Long stay care provided in swing bed setting is not consistent

to quality patient care. Patients are generally isolated from other residents. They do not receive the social interaction that is needed in a long term care setting. Meals are either served in the patients room or a patient must dine in the facility cafeteria with staff and visitors. Activities programs are not generally as comprehensive or as well organized as those offered in a nursing home setting. The point that needs to be made is swing beds are not a long term solution if a bed shortage problem exists. They are only intended as a short term solution if a bed shortage problem exists. To use them in any other fashion only hurts patient care. The ultimate goal of the swing bed program is to provide quality short term skilled or intermediate care in a hospital when an appropriate nursing home bed is not available. The Department believes its current rule meets these goals. In situations that nursing home beds are not reasonably available swing beds may be utilized. Molly Monroe, representing the Montana Association of Homes for the Aging opposes changing the present statute from the 100 mile radius to a 25 mile radius on the grounds that the Montana Foundation of Medical Care Utilization teams have used the 100 mile radius when looking for nursing home beds for hospital patients. Exhibit 5 indicates Mr. Monroe's testimony. Doug Blakeley, Office of the Governor indicates his opposition to this bill.

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

There being no further discussion on House Bill No. 772, the hearing was closed.

HOUSE BILL NO. 472: Hearing commenced on House Bill No. 472. Representative Bradley, District #79, sponsor of the bill stated that an act requiring licensed health care facilities to be inspected annually; deleting the requirement that facilities applying for license renewal submit reports documenting that they meet minimum standards was needed.

Proponent George Fenner, representing the Montana Department of Health and Environmental Sciences indicated his support. Molly Monroe, representing the Montana Association of Homes for the Aging stated that HB 472 had no fiscal impact. This bill would provide the Department of Health and Environmental Sciences to make any additional inspections they felt necessary. Such inspections could be for quality of care only and these are the kinds of inspections that the seniors are asking for. Exhibit 6 indicates Ms. Monroe's testimony. Tom Ryan, representing

Doug Blakeley, representing the Office of the Governor opposes this bill.

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

There being no further discussion on House Bill No. 472, the hearing was closed.

#### EXECUTIVE SESSION

ACTION ON HOUSE BILL NO. 571: Representative Bergene made a motion which was seconded by Representative Waldron to DO PASS. The amendments were then made a motion upon by Representative Gilbert and seconded by Representative Waldron. Questions were asked by Representatives Bergene, Cohen, and Waldron. Researcher Gomez explained the amendments. It was decided by Committee that further discussion would be held on Friday, February 22, 1985 regarding this legislation.

ACTION ON HOUSE BILL NO. 489: Representative Waldron made a motion that House Bill No. 489 do pass. Representative Waldron then made a motion to do pass on the amendments which was seconded by Representative Darko. A motion was then made by Representative Waldron which was seconded by Representative Darko to DO PASS AS AMENDED on House Bill No. 489. A roll call vote was taken (11 yes and 7 no). House Bill No. 489 does pass.

ACTION ON HOUSE BILL NO. 540: A motion was made by Representative Gilbert which was seconded by Representative Hanson to do pass on House Bill No. 540. A roll call vote was taken (9 yes and 9 no) House Bill No. 540 left Committee WITHOUT RECOMMENDATION.

ACTION ON HOUSE BILL NO. 733: A motion was made by Representative Hansen which was seconded by Representative Darko to do pass. Amendments were discussed and a motion was made and seconded. House Bill No. 733 was then voted upon, unanimously, to DO PASS AS AMENDED.

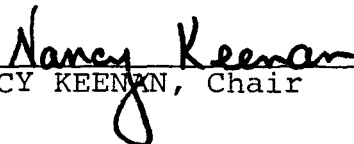
ACTION ON HOUSE BILL NO. 758: A motion was made by Representative Darko and seconded by Representative Cohen to do pass on House Bill No. 758. A vote was taken on the amendments motioned by Representative Darko and again seconded by Representative Cohen to do pass. Representative Darko then made a motion which was seconded by Representative Cohen to DO PASS AS AMENDED on House Bill No. 758.

ACTION ON HOUSE BILL NO. 743: A motion was made by Representative Campbell which was seconded by Representative Hanson to DO PASS WITH STATEMENT OF INTENT on House Bill No. 743. A vote was taken which passed unanimously.

ACTION ON HOUSE BILL NO. 783: A motion was made by Representative Gould which was seconded by Representative Darko to do pass. Representative Gould then made a motion on the amendments which was seconded by Representative Darko. A vote was taken. Representative Darko then made a motion to DO PASS AS AMENDED on House Bill No. 783. A vote was taken with all voting yes with the exception of Representatives Gilbert, Simon, Campbell, Hanson, Hayne and Gould.

ACTION ON HOUSE BILL NO. 772: A motion was made by Representative Campbell which was seconded by Representative Gilbert to table House Bill No. 772. A roll call vote was taken to table (11 yes and 6 no, Representative Bradley not voting) House Bill No. 772 was then TABLED.

ADJOURN: There being no further business before the Committee, the meeting was adjourned at 10:25 p.m.

  
\_\_\_\_\_  
NANCY KEENAN, Chair

## Page 1 of 1

22

19.....

MR. ....

We, your committee on .....

## House

white

## GENERAL REVISION OF LAW RELATING TO YOUTH CARE FACILITIES

## How to

BE INTERPRETED AS FOLLOWS:

- Following: "FACILITIES,"

Strike: remainder of line 7 through "FACILITIES" on line 10.

Insert: "TO REQUIRE PRIOR CONSULTATION WITH THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES FOR PLACEMENT OF YOUTHS IN RESIDENTIAL YOUTH FACILITIES"

- Following: "41-3-1122."

File #: "41-5-205."

- Ref: 100-10789**

20250101

1990

DO PASS

CONTINUED



February 10 ..... 1985

4. Page 5, line 8.  
Following: "placed"  
Strike: "by the court"
5. Page 5, line 12.  
Following: "in-advance"  
Strike: "prior to placement"  
Insert: "in advance"
6. Page 6, line 11.  
Following: "state"  
Insert: "or by an appropriate licensing authority from another state"
7. Page 8, lines 3 through 5.  
Strike: subsection (J) in its entirety  
Renumber: subsequent subsection
8. Page 9, line 19.  
Following: "state"  
Insert: "unless an out-of-state facility can provide appropriate treatment that:  
    (i) can be obtained at a cost less than that offered by any available facility in this state; or  
    (ii) is available in closer proximity to the youth's place of residence than any facility located in this state."
9. Page 9, line 26 through line 3, page 10.  
Strike: subsection (b) in its entirety  
Insert: "(b) If the department of social and rehabilitation services accepts the financial responsibility for the costs of caring for the child in a youth care facility other than a youth foster home or youth group home, the court shall provide the department with at least 5 days' written notice and opportunity to be heard before ordering the placement of the youth."
10. Page 11, line 25.  
Following: "Montana"  
Strike: "as follows:"  
Insert: "."
11. Page 12, lines 1 through 17.  
Strike: subsections (a) and (b) in their entirety.  
Insert: "(4) If the department of social and rehabilitation services accepts the financial responsibility for the costs of caring for the child in a youth care facility other than a youth foster home or youth group home, the court shall provide the department at least 5 days' written notice and opportunity to be heard before ordering the placement of the youth."  
  
Renumber: subsequent subsections.

CONTINUED

February 20 1935

12. Page 13, lines 18 and 19.

Following: "institutions" on line 18.

Strike: remainder of line 18 through "services" on line 19.

hb489.txt

pc2/kjp

AS AMENDED

DO PASS

STATEMENT OF INTENT ATTACHED

February 20..... 19.85.....

49th Legislature

LC 1401

## STATEMENT OF INTENT

HOUSE BILL NO. 489

The department of social and rehabilitation services has adopted rules regarding the licensing of youth care facilities, including youth foster homes, youth group homes, and child care agencies. It is contemplated that the existing licensing standards promulgated in the Administrative Rules of Montana and any future standards which may be promulgated under this act apply to all youth care facilities licensed under section 41-3-1142, MCA, as amended.

# STANDING COMMITTEE REPORT

February 20

85

..... 19 .....

MR. Speaker .....

We, your committee on Human Services and Aging .....

having had under consideration House .....

Bill No. 540 .....

first ..... reading copy ( white )  
color

**Establish and fund a child abuse prevention program**

Respectfully report as follows: That House .....

Bill No. 540 .....

**WITHOUT RECOMMENDATION**  
**DO PASS**

# STANDING COMMITTEE REPORT

February 20

19 85

Page 1 of 3

MR. Speaker

We, your committee on Human Services and Aging

having had under consideration House Bill No. 733

first reading copy (white color)

**Children's trust fund for child abuse and juvenile delinquency**

Respectfully report as follows: That House Bill No. 733

**AMENDMENTS AND STATEMENT OF INTENT ATTACHED**

DO PASS

Human Services and Aging Committee  
Page 2  
House Bill No. 733

AMENDED AS FOLLOWS:

- 1) Title, line 7.  
Following: "AUTHORITY"  
Insert: "; AMENDING SECTION 50-15-201, MCA"
- 32) Page 3, lines 14 and 15.  
Following: "organizations"  
Strike: remainder of line 14 through "delinquency" on  
line 15  
Insert: "or incorporated nonprofit organizations that address  
child abuse prevention issues"
- 43) Page 4.  
Following: line 15  
Insert: "Section 6. Section 50-15-201, MCA, is amended  
to read: "50-15-201. Birth certificate to be  
filed -- fee. (1) Within the time prescribed by  
the department, a birth certificate shall be filed  
with the local registrar of the district in which  
the birth occurred by:  
    (1) (a) the physician, midwife, or other  
legally authorized person if the birth is attended;  
    (2) (b) one of the parents if the birth is  
unattended.  
    (2) The local registrar shall collect a \$10  
fee from the person filing the birth certificate.  
Fees collected must be transmitted every 3 months  
by the registrar to the state treasurer for deposit  
in the childrens' trust fund account established  
by [section 1]."
- 2) Insert: "NEW SECTION:" : beginning line 10, page 1  
22, "  
9, 3  
4, 4  
11, "

Human Services and Aging Committee  
Page 3  
House Bill No. 733

STATEMENT OF INTENT

Section 3 requires the children's trust fund board to adopt rules implementing the child abuse and juvenile delinquency prevention program.

The rules should:

- (1) provide for an overall state plan for the program;
- (2) develop criteria for the receipt of program funds;
- (3) establish priorities among funded services and activities;
- (4) provide a method of monitoring the effectiveness of funded services and activities and the expenditure of funds from the children's trust fund account; and
- (5) address other matters necessary to implementation of the program.

AS AMENDED  
DO PASS WITH STATEMENT OF INTENT

# STANDING COMMITTEE REPORT

February 20 ..... 19 65 .....

Page 1 of 4

MR. ....Speaker.....

We, your committee on .....Human Services and Aging.....

having had under consideration .....House..... Bill No. ....758.....

first ..... reading copy ( white )  
color

**Require screening committees to review child placement in a  
care facility**

Respectfully report as follows: That .....House..... Bill No. ....758.....

**AMENDMENTS ATTACHED**

**DO PASS**



Human Services and Aging  
House Bill No. 753

AMENDED AS FOLLOWS:

- 1) Title, line 6.  
Following: "IN"  
Strike: "YOUTH CARE FACILITIES"  
Insert: "CHILD-CARE AGENCIES"
- 2) Title, lines 7 through 9.  
Following: "REQUIREMENTS;"  
Strike: remainder of line 7 through "MCA" on line 9  
Insert: "AND PROVIDING BASIC STANDARDS FOR THE CONDUCT OF  
COMMITTEE DELIBERATIONS"
- 3) Page 1, line 13.  
Following: "(1)"  
Strike: "In each judicial district, the"  
Insert: "The"
- 4) Page 1, line 24.  
Following: "a"  
Strike: "mental health professional"  
Insert: "representative of the department of institutions  
who is involved in mental health and residential  
services"  
Following: ";"  
Strike: "and"
- 5) Page 2, line 1.  
Following: "states"  
Strike: "."  
Insert: "; and (a) a representative of the department of  
institutions who is involved in corrections."
- 6) Page 2, line 5.  
Following: "child in a "  
Strike: "youth care facility"  
Insert: "child-care agency"
- 7) Page 2, lines 6 through 8.  
Following: "evaluate the" on line 6  
Strike: "case plan"  
Insert: "treatment recommendations"  
Following: "of" on line 6  
Strike: remainder of line 6 through "child" on line 8  
Insert: "any professional person who has evaluated or treated  
the youth"

Human Services and Aging  
House Bill No. 758

- 3) Page 2, line 13.  
Following: "developmental"  
Insert: "and treatment"
- 9) Page 2, line 14.  
Following: "placement"  
Insert: "and the relative costs of care in the child-care agencies considered as appropriate placements"
- 10) Page 2, line 15.  
Following: "standards"  
Insert: "and budgetary limitations for child-care placements"
- 11) Page 2, line 18.  
Following: "in a"  
Strike: "facility"  
Insert: "child-care agency"
- 12) Page 2, line 21.  
Following: "section"  
Strike: "3"  
Insert: "2"
- 13) Page 2, line 24.  
Following: "the"  
Strike: "youth care facility"  
Insert: "child-care agency or agencies"
- 14) Page 2, line 25.  
Following: "as"  
Strike: "a"  
Following: "placement"  
Strike: "resource"  
Insert: "resources"
- 15) Page 3, line 2.  
Following: line 1  
Insert: "(1)"
- 16) Page 3, line 4.  
Following: line 3  
Strike: "(1)"  
Insert: "(a)"
- 17) Page 3, line 6.  
Following: ";"  
Insert: "and"

Human Services and Aging  
House Bill No. 753

- 18) Page 3, line 7.  
Following: line 6  
Strike: "(2)"  
Insert: "(b)"
- 19) Page 3, line 8.  
Strike: "youth care facilities"  
Insert: "child-care agencies"
- 20) Page 3, line 9.  
Following: "state"  
Strike: "; and"  
Insert: "."
- 21) Page 3, lines 10 through 15.  
Strike: subsection (3) in its entirety  
Insert: "(2) Because of the individual privacy involved, meetings of the committee, reports of the committee, and information on individuals' cases shared by the committee members are confidential and subject to confidentiality requirements developed by the department."
- 22) Page 3, line 16.  
Strike: section 5 in its entirety
- 23) Page 3, line 25 through line 20, page 5  
Strike: section 6 in its entirety  
Renumber: subsequent sections
- 24) Page 6, line 2.  
Following: "through"  
Strike: "5"  
Insert: "4"
- 25) Page 6, line 5.  
Following: "through"  
Strike: "5"  
Insert: "4"

DO PASS  
AS AMENDED

# STANDING COMMITTEE REPORT

February 20

19 85

Page 1 of 2

MR. Speaker

We, your committee on Human Services and Aging

having had under consideration House Bill No. 743

first reading copy ( white )  
color

Subrogation rights of seniors - 3rd party liability for medical  
benefits

Respectfully report as follows: That House Bill No. 743

STATEMENT OF INTENT ATTACHED

XEROX

Human Services and Aging  
House Bill 743

STATEMENT OF INTENT

Under the amendment set forth as 53-2-612 (3), the legislature intends that the department recover all medical expenses paid, less its share of reasonable attorney's costs, in those cases where the total recovery net of attorney fees and costs is sufficient to pay the department and allow the recipient at least one-third of the net recovery. Where the net recovery is insufficient to reimburse the department for its costs and the recipient for other damages, this section requires the department to compromise its claim but only to the extent necessary to allow the recipient one-third of the net recovery. A recipient would not, under this statute, receive more than one-third of the net recovery unless and until the department has been reimbursed for its costs, net of attorney fees.

DO PASS  
WITH STATEMENT OF INTENT

# STANDING COMMITTEE REPORT

February 20 ..... 19 85  
Page 1 of 2

MR. Speaker

We, your committee on Human Services and Aging

having had under consideration House Bill No. 793

first reading copy ( white )  
color

Montana long term care residents' bill of rights act

Respectfully report as follows: That House Bill No. 793

AMENDMENTS ATTACHED

XXXX PASS

Human Services and Aging  
House Bill No. 783

AMENDED AS FOLLOWS:

- 1) Page 1, line 24.  
Following: "59-5-101(19)"  
Insert: , except for those state-operated long-term care facilities  
for the mentally disabled that already must recognize  
residents' rights pursuant to Title 53, chapter 20  
or 21"
- 2) Page 3, line 13.  
Following: "use."  
Insert: "No resident may be confined to a locked room."
- 3) Page 6, line 18.  
Following: "possessions."  
Insert: "Each resident has the right to be informed of the  
facility's policies regarding loss, theft, or des-  
truction of a resident's property retained at the  
facility."
- 4) Page 7, lines 7 through 9.  
Strike: subsection 17 in its entirety  
Renumber: subsequent subsections

AS AMENDED  
DO PASS

(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 2/20/85 House Bill No. 489 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 PASS AS AMENDED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



(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 2/20/85 House Bill No. 772 Time \_\_\_\_\_

NAME	YES	NO
Nancy Keenan	X	
Bud Gould		X
Toni Bergene	X	
Dorothy Bradley		
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 table  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(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 2/20/85 House Bill No. 540 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 pass. Vote was taken and  
votes were 9 for and 9 against. House Bill No. 540 was  
then sent out WITHOUT RECOMMENDATION

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

STATEMENT BEFORE THE HOUSE HUMAN SERVICES COMMITTEE

February 20, 1985

RE: HB 783

BY: Molly Munro, Executive Secretary

The Montana Association of Homes for the Aging wishes to go on record in support of HB 783.

This bill brings state regulations into conformity with federal regulations. Our member facilities already have these bills of residents' rights posted in their nursing and retirement homes.

We urge your support of HB 783.

## SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE

1739 GRAND AVENUE/BILLINGS, MONTANA 59102  
PHONE 406-248-5420

EXECUTIVE DIRECTOR

Rena J. Wheeler

PRESIDENT OF THE BOARD

Katharin A. Kelker

VICE PRESIDENT

Gene Wade

SECRETARY-TREASURER

Tom Hannah

MEMBERS

Doug Cochran-Roberts

Robert B. Jam. Jr.

Ann E. Wilcox

Dan Petersen

Lynn Klaber

Jim Halter

Greg Todd



February 15, 1985

Rep. Nancy Keenan  
Capitol Station  
Helena, MT 59624

Dear Rep. Keenan:

I am writing to urge the support of the Human Services Committee for HB 798 sponsored by Rep Joan Miles. This bill provides enabling legislation for the development of services to a poulation of disabled adults who have previously been ineligible for any services through the State of Montana. It would permit the physi- cally disable to have residential options other than nursing homes. I am also urging that the administration of this program be though the Rehabilitative Services Division of SRS.

Enclosed is a letter to the chair of the Joint Appropriations Subcommittee on Human Services which examined the proposed budget for these services. The purpose of this letter was to express my strong feelings regarding the need for services to disabled individuals who do not qualify for services as being developmentally disabled. Please give your positive consideration to this legislation and the necessary appropriation to implement services.

Sincerely,

A handwritten signature in cursive script that reads "Rena J. Wheeler".

Rena J. Wheeler  
Director

cc Rep. Joan Miles

Mental Health Association of MT.  
201 South Last Chance Gulch  
Helena, MT 59601  
February 20, 1985

Representative Nancy Keenan, Chair  
Human Services and Aging Committee  
State Capitol, Room 312-2  
Helena, MT 59620

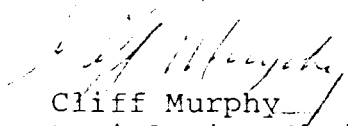
Madam Chairman and Members of the Committee:

House Bill 805 seeking to fund "two model projects designed to meet the mental health needs of aging persons" addresses a problem the Board of the Mental Health Association of Montana has repeatedly noted. Representative Bergene is to be commended for her efforts to raise citizen awareness of the problem and to take a step towards its solution.

The problem is the limited and unevenly distributed availability of senior-citizen-oriented mental health services in the State. It appears to be a truism of those who specialize in offering mental health services for the aged that potential patients need to be located and the services brought to them. The supposed "stigma" associated with mental illness is very real to the older generations. According to our information, only two mental health centers regularly take services to the elderly in their homes.

Without knowing what the diversion of funds by your bill would do to an ongoing program, I must express some reservation about endorsing the bill in the name of the Association. What I wish to state positively is Association policy both that mental health services should be available to all citizens and that the State should take a lead, but not always the major, role in the effort to make these services available. Those policies dictate support of H.B. 805 in what it seeks to do.

Sincerely,

  
Cliff Murphy  
Legislative Chair

HOUSE BILL 772

Testimony by William E. Leary, President, Montana Hospital Association

Madame Chair, Members of the Committee on Human Services and Aging, for the record, I am Bill Leary, president of the Montana Hospital Association, appearing here today in support of the passage of House Bill 772 and will offer some amendments to clarify the intent and direction for this bill.

The swing bed concept, the utilization of hospital acute care beds for provision of extended care or nursing home care within the hospital setting, is not a new issue as the federal law was adopted in 1980 and established the use of hospital beds for extended care services. This was adopted by the Title 18 Medicare program. I have copied Section 1883 and Section 1913 for your review as this gives a more definitive description of the law.

You will note that in the federal law, the only qualification a hospital must meet in order to declare swing beds is (1) the hospital must be located in a rural area and have less than 50 beds; and (2) the hospital has been granted a certificate of need for the provision of long term care services from the state health planning agency. There is no restriction for mileage in the federal law, a point which we were unable to get across in our negotiations with SRS last spring prior to the Montana rule change, which is what we are attempting to amend today.

As of February 19, 1985, 25 of our small rural under 50 bed hospitals have received approval for swing beds from the State Department of Health, from as few as 2 to as high as 13, a total of 162 approved swing beds. We anticipate most, if not all of these beds, will be utilized primarily for Medicare patients with a very few utilized by the Medicaid patients, due to their location in small rural communities. The greatest number of Medicaid recipients reside in the five major communities, none of which have a hospital under 50 beds. Thus we do not anticipate any financial strain on the Medicaid funds in allowing us to utilize the approved swing beds on a temporary basis for the Medicaid patients who may need them.

It has never been the intent of the swing bed legislation, either at the federal level or at the state level, to put patients in swing beds and keep them there permanently. Rather, it is a program which is to be considered as a temporary utilization of beds and services while waiting for an opening of a nursing home bed. Some of the patients, because of their need for rather intensive nursing home services, may not be adaptable to the regular nursing home, thus it might

not be a bad idea to retain some of those patients in the hospital swing bed on a temporary basis.

What the original rule failed to recognize was the temporary arrangement and therefore, I would offer the following amendment to clarify the true intent of utilization of swing beds for Medicaid recipients on a temporary basis.

I would move to amend on page 1, section 1, line 25, following the word "patient." , the new sentence to read as follows:

"It shall be the responsibility of the hospital to contact all nursing homes within the 25 mile radius at ten day intervals of the admission of the patient to the swing bed, to determine the availability of a nursing home bed."

We would then continue on with subsection (2) on page 2, line 1, which would stipulate that once an appropriate nursing home bed is found within the 25 mile radius, then the hospital would move the patient within 72 hours to the appropriate nursing home bed. Thus the nursing home industry has our assurance that there will be continual contacts made on a regular basis and once a bed is available, the patient would be transferred.

Of course any time you talk about a mile radius, whether it be 100 miles or 25 miles, there is confusion as to how the miles are counted. We ran into this same situation in the sole community provider exemption and I would, therefore, suggest that there is need to define in this rule the 25 miles radius and I would suggest an amendment on page 2, line 10, following the word "service." the following sentence:

"(4) For the purposes of this act, the 25 miles radius is defined as highway miles measured by the Montana Highway Department from one facility's entrance door to the other facility's entrance door."

The opponents of House Bill 772 may well argue that adoption of House Bill 772 will be too costly to the state of Montana. My only response to that is to reaffirm that the bulk of the Medicaid population is not in the small rural communities where the approved swing beds are. Consequently the utilization of a hospital swing bed in a smaller community on a temporary basis which would avoid the Department paying transportation by ambulance to a nursing home 99 miles away will in the long run prove to be more cost effective and actually will save the state of Montana money.

If the Department officials argue that utilization of swing beds for Medicaid patients is a threat to the waiver program, this is untrue, as the waiver program is currently being implemented in communities such as Missoula, Great Falls and Billings, large communities, where it is prohibited because of the size of the hospitals, from having swing beds for either the Medicare or the Medicaid program. This is a small community bill and should go a long way towards helping the small rural hospitals survive and provide a reasonable level of services to the Medicare patients and all other patients, and to the very few Medicaid patients located in those communiites.

I urge your support of House Bill 772.



**History:**

Sec. 507(a) of the "Social Security Disability Amendments of 1980" (P.L. 96-265).

## [¶ 17,124] HOSPITAL PROVIDERS OF EXTENDED CARE SERVICES

[42 U.S.C. § 1395tt]

**Sec. 1883. (a)(1)** Any hospital (other than a hospital which has in effect a waiver under subparagraph (A) of the last sentence of section 1861(e)) which has an agreement under section 1866 may (subject to subsection (b)) enter into an agreement with the Secretary under which its inpatient hospital facilities may be used for the furnishing of services of the type which, if furnished by a skilled nursing facility, would constitute extended care services.

**(2)(A)** Notwithstanding any other provision of this title, payment to any hospital for services furnished under an agreement entered into under this section shall be based upon the reasonable cost of the services as determined under subparagraph (B).

**(B)(i)** The reasonable cost of the services consists of the reasonable cost of routine services (determined under clause (ii)) and the reasonable cost of ancillary services (determined under clause (iii)).

**(ii)** The reasonable cost of routine services furnished during any calendar year by a hospital under an agreement under this section is equal to the product of—

**(I)** the number of patient-days during the year for which the services were furnished, and

**(II)** the average reasonable cost per patient-day, such average reasonable cost per patient-day being the average rate per patient-day paid for routine services during the previous calendar year under the State plan (of the State in which the hospital is located) under title XIX to skilled nursing facilities located in the State and which meet the requirements specified in section 1902(a)(28), or, in the case of a hospital located in a State which does not have such a State plan, the average rate per patient-day paid for routine services during the previous calendar year under this title to skilled nursing facilities in such State.

**(iii)** The reasonable cost of ancillary services shall be determined in the same manner as the reasonable cost of ancillary services provided for inpatient hospital services.

**(b)** The Secretary may not enter into an agreement under this section with any hospital unless—

**(1)** except as provided under subsection (g), the hospital is located in a rural area and has less than 50 beds, and

**(2)** the hospital has been granted a certificate of need for the provision of long-term care services from the State health planning and development agency (designated under section 1521 of the Public Health Service Act) for the State in which the hospital is located.

**(c)** An agreement with a hospital under this section shall, except as otherwise provided under regulations of the Secretary, be of the same duration and subject to termination on the same conditions as are agreements with skilled nursing facilities under section 1866 and shall, where not inconsistent with any provision of this section, impose the same duties, responsibilities, conditions, and limitations, as those imposed under such agreements entered into under section 1866; except that no such agreement with any hospital shall be in effect for any period during which the hospital does not have in effect an agreement under section 1866, or during which there is in effect for the hospital a waiver under subparagraph (A) of the last sentence of section 1861(e). A hospital with respect to which an agreement under this section has been terminated shall not be eligible to enter into a new agreement until a two-year period has elapsed from the termination date.

**(d)** Any agreement with a hospital under this section shall provide that payment for services will be made only for services for which payment would be made as post-hospital extended care services if those services had been furnished by a skilled nursing facility under an agreement entered into under section 1866; and any individual who is furnished services, for which payment may be made under an agreement under this section, shall, for purposes of this title (other than this section), be deemed to have received post-hospital extended care services in like manner and

to the same extent as if the services furnished to him had been post-hospital extended care services furnished by a skilled nursing facility under an agreement under section 1866.

(e) During a period for which a hospital has in effect an agreement under this section, in order to allocate routine costs between hospital and long-term care services for purposes of determining payment for inpatient hospital services, the total reimbursement due for routine services from all classes of long-term care patients (including title XVIII, title XIX, and part C pay patients) shall be subtracted from the hospital's total routine costs before calculation is made to determine title XVIII reimbursement for routine hospital services.

(f) A hospital which enters into an agreement with the Secretary under this section shall be required to meet those conditions applicable to skilled nursing facilities relating to discharge planning and the social services function (and staffing requirements to satisfy it) which are promulgated by the Secretary under section 1861(j)(15). Services furnished by such a hospital which would otherwise constitute post-hospital extended care services if furnished by a skilled nursing facility shall be subject to the same requirements applicable to such services when furnished by a skilled nursing facility except for those requirements the Secretary determines are inappropriate in the case of these services being furnished by a hospital under this section.

(g) The Secretary may enter into an agreement under this section on a demonstration basis with any hospital which does not meet the requirement of subsection (b)(1), if the hospital otherwise meets the requirements of this section.

#### 1980 Amendments:

Section 1883 was added by section 904(a) of the "Medicare and Medicaid Amendments of 1980," effective on the date on which final regulations, promulgated by the Secretary to implement such amendments, are first issued; and those regulations must be issued not later than July 1, 1981.

#### History:

Sec. 904(a) of the "Medicare and Medicaid Amendments of 1980" (P.L. 96-499).

### [§ 17,125] PAYMENTS TO PROMOTE CLOSING AND CONVERSION OF UNDERUTILIZED HOSPITAL FACILITIES

[42 U.S.C. § 1395uu]

→ **Caution:** See Sec. 2353 of P.L. 98-369, § 17,798S, regarding the implementation of Sec. 1884, below.

Sec. 1884. (a) Any hospital may file an application with the Secretary (in such form and including such data and information as the Secretary may require) for establishment of a transitional allowance under this title with respect to the closing or conversion of an underutilized hospital facility. The Secretary also may establish procedures, consistent with this section, by which a hospital, before undergoing an actual closure or conversion of a hospital facility, shall have a determination made as to whether or not it will be eligible for a transitional allowance under this section with respect to such closure or conversion.

(b) If the Secretary finds, after consideration of an application under subsection (a), that—

(1) the hospital's closure or conversion—

(A) is formally initiated after September 30, 1981,

(B) is expected to benefit the program under this title by (i) eliminating excess bed capacity, (ii) discontinuing an underutilized service for which there are adequate alternative sources, or (iii) substituting for the underutilized service some other service which is needed in the area, and

(C) is consistent with the findings of an appropriate health planning agency and with any applicable State program for reduction in the number of hospital beds in the State, and

(2) in the case of a complete closure of a hospital—

(A) the hospital is a private nonprofit hospital or a local government hospital, and

(B) the closure is not for replacement of the hospital,

the Secretary may include as an allowable cost in the hospital's reasonable cost (for the purpose of making payments to the hospital under this title) an amount (in this section referred to as a "transitional allowance"), as provided in subsection (c).

**1984 Amendments:**

Section 2367(b) of the "Medicare and Medicaid Amendments of 1984," effective as provided in section 2367(c) of these Amendments at ¶ 17,798S, substituted "State plan for medical assistance shall" for "State plan for medical assistance may" in subsection (a).

**1977 Amendments:**

Section 1912 was added by section 11(b) of the "Medicare-Medicaid Anti-Fraud and Abuse Amendments," effective October 25, 1977.

**History:**

Sec. 11(b) of the "Medicare-Medicaid Anti-Fraud and Abuse Amendments" (P.L. 95-142); as amended by sec. 2367(b) of the "Medicare and Medicaid Amendments of 1984" (P.L. 98-369).

**[¶ 17,391] HOSPITAL PROVIDERS OF SKILLED  
NURSING AND INTERMEDIATE CARE SERVICES**

**[42 U.S.C. § 1396 I]**

**Sec. 1913.** (a) Notwithstanding any other provision of this title, payment may be made, in accordance with this section, under a State plan approved under this title for skilled nursing facility services and intermediate care facility services furnished by a hospital which has in effect an agreement under section 1883.

(b)(1) Except as provided in paragraph (3), payment to any such hospital, for any skilled nursing or intermediate care facility services furnished pursuant to subsection (a), shall be at a rate equal to the average rate per patient-day paid for routine services during the previous calendar year under the State plan to skilled nursing and intermediate care facilities, respectively, located in the State in which the hospital is located. The reasonable cost of ancillary services shall be determined in the same manner as the reasonable cost of ancillary services provided for inpatient hospital services.

(2) With respect to any period for which a hospital has an agreement under section 1883, in order to allocate routine costs between hospital and long-term care services, the total reimbursement for routine services due from all classes of long-term care patients (including title XVIII, title XIX, and private pay patients) shall be subtracted from the hospital total routine costs before calculations are made to determine reimbursement for routine hospital services under the State plan.

(3) Payment to all such hospitals, for any skilled nursing or intermediate care facility services furnished pursuant to subsection (a), may be made at a payment rate established by the State in accordance with the requirements of section 1902(a)(13)(A).

**1984 Amendments:**

Section 2369(a) of the "Medicare and Medicaid Budget Reconciliation Amendments of 1984," applicable with respect to payments for services furnished on or after July 18, 1984, made the following changes in subsection (b):

Substituted "Except as provided in paragraph (3), payment" for "Payment" in paragraph (1).

Added paragraph (3).

**1980 Amendments:**

Section 1913 was added by section 904(b) of the "Medicare and Medicaid Amendments of 1980,"

effective on the date on which final regulations, promulgated by the Secretary to implement these provisions, are first issued; and those regulations shall be issued not later than July 1, 1981 (regulations were issued July 20, 1982).

**History:**

Sec. 904(b) of the "Medicare and Medicaid Amendments of 1980" (P.L. 96-499); as amended by sec. 2369(a) of the "Medicare and Medicaid Budget Reconciliation Amendments of 1984" (P.L. 98-369).

**[¶ 17,392] WITHHOLDING OF FEDERAL SHARE OF  
PAYMENTS FOR CERTAIN MEDICARE PROVIDERS**

**[42 U.S.C. § 1396m]**

**Sec. 1914.** (a) The Secretary may adjust, in accordance with this section, the Federal matching payment to a State with respect to expenditures for medical assistance for care or services furnished in any quarter by—

(1) an institution (A) which has or previously had in effect an agreement with the Secretary under section 1866; and (B)(i) from which the Secretary has been unable to recover overpayments made under title XVIII, or (ii) from which the Secretary has been

MONTANA STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES  
HEALTH SERVICES AND MEDICAL FACILITIES DIVISION  
Helena, Montana

August 1984

\*Accredited - Joint Commission on Accreditation of Hospitals

LICENSED HOSPITALS

<u>Hospitals</u>	<u>No. of Beds</u>
*Community Hospital of Anaconda 401 W. Pennsylvania Avenue Anaconda, Montana 59711 Tel: 563-5261 Adm: Warren Croston D of N: Mrs. Dorothy Ryan, R.N.	40
Fallon Memorial Hospital 320 West Hospital Drive Box 820 Baker, Montana 59313 Tel: 778-3331 Adm: Wayne Nelson (Interim) D of N: Debby Roberts, R.N.	19
Big Sandy Medical Center P. O. Box 530 Big Sandy, Montana 59520 Tel: 378-2188 Adm: Jerry Beaudette D of N: Amber Beaudette, R.N.	9
Sweet Grass Community Hospital West Fifth Street Big Timber, Montana 59011 Tel: 932-5917 Adm: Miss Lois K. Williams, R.N. D of N: Karon Kougioulis, R.N.	17
*Billings Deaconess Hospital 2813 Ninth Avenue North P. O. Box 2547 Billings, Montana 59103 Tel: 657-4000 Adm: Lane Basso D of N: Elaine Watkins, R.N.	253
*Saint Vincent Hospital 1233 North 30th Street P. O. Box 35200 Billings, Montana 59107-5200 Tel: 657-7000 Adm: William M. Murray D of N: Sister Therese, R.N.	230

APPROVED  
SILING BED  
AS 7/2/96

8

7

6

Licensed Hospitals

Page 2

<u>Hospital</u>	<u>No. of Beds</u>
Bozeman Deaconess Hospital 15 West Lamme Bozeman, Montana 59715 Tel: 586-8511 Adm: Ed Dahlberg D of N: Corrine Nelson, R.N.	104
*St. James Community Hospital 400 South Clark Street 2500 Continental Drive P. O. Box 3300 Butte, Montana 59701 Tel: 782-8361 Adm: Sister Mary Serena Sheehy D of N: Mrs. Janie Cromwell, R.N.	180
Liberty County Hospital Chester, Montana 59522 Tel: 759-5181 Adm: Richard O. Brown D of N: Jere Schaub, R.N.	11
Teton Medical Center 915 - 4th Street N.W. Box 820 Choteau, Montana 59422 Tel: 466-5763 Adm: Richard P. Spilovoy D of N: Pat Thorn, R.N.	22
McCone County Hospital Box 195 Circle, Montana 59215 Tel: 485-2445 Adm: Jim Adams D of N: Patricia Wittkopp, R.N.	20
Stillwater Community Hospital 44 West Fourth Street P. O. Box 959 Columbus, Montana 59019 Tel: 322-5316 Adm: John Bartos D of N: Rose Blenkner, R.N.	27
*Pondera Medical Center P. O. Box 757 Conrad, Montana 59425 Tel: 278-3211 Adm: Rick Ojala D of N: Karen Black, R.N.	49

Licensed Hospitals

Page 3

<u>Hospital</u>	<u>No. of Beds</u>	
Roosevelt Memorial Hospital P. O. Drawer 419 Culbertson, Montana 59218 Tel: 787-6621 Adm: John Solheim D of N: Cheryl Hofman, R.N.	14	4
Memorial Hospital 802 Second Street Southeast P. O. Box 2398 Cut Bank, Montana 59427 Tel: 873-2251 Adm: Ronald Barnes D of N: Myrna Younk, R.N.	20	
Montana State Hospital - (Galen Campus) Mailing Address: (Montana State Hospital ) ( (Galen Campus) ) (Warm Springs, Montana 59756) R.F.D. No. 1 - Galen Deer Lodge, Montana 59722 Tel: 693-2281 Chief Exec. Officer: Thomas V. Sellars D of N: Mrs. Donna Forkan, R.N.	33	
*Powell County Memorial Hospital 1101 Texas Avenue Deer Lodge, Montana 59722 Tel: 846-2212 Adm: Mr. Fayette L. Nutter D of N: Barbara Simonson, R.N.	35	/ 4
Barrett Memorial Hospital 1260 South Atlantic Dillon, Montana 59725 Tel: 683-2324 Adm: Myron Mortier D of N: Pat O'Neil, R.N.	31	16
Dahl Memorial Hospital P. O. Box 46 Ekalaka, Montana 59324 Tel: 775-8730 Adm: <i>L. E. Hughes</i> D of N: Pat Keith, R.N.	16	
Madison Valley Hospital P. O. Box 397 Ennis, Montana 59729 Tel: 682-4222 Adm: Mr. Marlyn Reinitz D of N: Mrs. Lois Olsen, R.N.	11	

Licensed Hospitals

Page 4

<u>Hospital</u>	<u>No. of Beds</u>
Rosebud Community Hospital 383 North 17th Avenue Forsyth, Montana 59327 Tel: 356-2161 Adm: Joyce Asay D of N: Dorothy Gregory, R.N.	20
Chouteau County District Hospital at Fort Benton 1512 St. Charles Street P. O. Box 249 Fort Benton, Montana 59422 Tel: 622-3331 Adm: Robert E. Smith D of N: Mrs. Maxine McDede, R.N.	17
*Frances Mahon Deaconess Hospital 621 Third Street South Glasgow, Montana 59230 Tel: 228-4351 Adm: Kyle Hopstad D of N: Louise Johnston, R.N.	48
*Frances Mahon Deaconess Hospital Chemical Dependency Treatment Center 621 Third Street South Glasgow, Montana 59230 Tel: 524-3665 Adm: Kyle Hopstad D of N: Esther Tulley, R.N.	Alcohol and/or Narcotic Treatment 51
Glendive Community Hospital Ames and Prospect Glendive, Montana 59330 Tel: 365-3306 Adm: John Nordwick D of N: Mrs. Maxine Voorhees, R.N.	46
*Columbus Hospital 500 - 15th Avenue North P. O. Box 5013 Great Falls, Montana 59403 Tel: 727-3333 Adm: Frank Stewart D of N: Mrs. Mary Valacich, R.N.	198
*Montana Deaconess Medical Center 1101 - 26th Street South Great Falls, Montana 59405 Tel: 761-1200 Adm: David R. Cornell D of N: Gretchen Hofland, R.N.	282

Licensed Hospitals

Page 5

<u>Hospital</u>	<u>No. of Beds</u>
Marcus Daly Memorial Hospital 1200 Westwood Drive Hamilton, Montana 59840 Tel: 363-2211 Adm: Richard C. Atkins D of N: Jean Clary, R.N.	48
Big Horn County Memorial Hospital 17 North Miles Hardin, Montana 59034 Tel: 665-2310 Adm: Michael N. Sinclair D of N: Rhonda Harris, R.N.	16
Wheatland Memorial Hospital 530 Third Street N.W. Harlowton, Montana 59036 Tel: 632-4351 Adm: John Johnson D of N: Mrs. June Holmes, R.N.	23
*Northern Montana Hospital P. O. Box 1231 Havre, Montana 59501 Tel: 265-2211 Adm: Gerald W. Bibb D of N: Mrs. Pearl Larson, R.N.	120
*St. Peter's Community Hospital 2475 Broadway Street East Helena, Montana 59601-4999 Tel: 442-2480 Adm: Howard Purcell, Jr. D of N: Connie Sorrels, R.N.	111
Shodair Children's Hospital 840 Helena Avenue Box 5539 Helena, Montana 59601 Tel: 442-1980 Adm: Daniel L. Yazak D of N: Deana Blanchard, R.N.	36
Garfield County Hospital Jordan, Montana 59337 Tel: 557-2465 Adm: Michael R. Piper D of N: Mrs. Maxine Sickles, R.N.	8



Licensed Hospitals

Page 6

<u>Hospital</u>	<u>No. of Beds</u>
*Kalispell Regional Hospital 310 Sunnyview Lane Kalispell, Montana 59901 Tel: 755-5111 Adm: George Clark D of N: Camille Scott, R.N.	93
*Central Montana Hospital 408 Wendell Lewistown, Montana 59457 Tel: 538-7711 Adm: Gary Fletcher D of N: Eleanor Helmer, R.N.	47
*St. John's Lutheran Hospital 350 Louisiana Avenue Libby, Montana 59923 Tel: 293-7761 Adm: Mr. Leigh T. Cox D of N: Kathy Pearson, R.N.	26
Livingston Memorial Hospital 504 South 13th Street Livingston, Montana 59047 Tel: 222-3541 Adm: Ronald E. Jounson D of N: Connie Lehnertz, R.N.	54
Phillips County Hospital, Ass'n 417 South Fourth East Malta, Montana 59538 Tel: 654-1100 Adm: Gene C. McCracken D of N: Merle Williams, R.N.	30
*Holy Rosary Hospital 2101 Clark Street Miles City, Montana 59301 Tel: 232-2540 Exec. Dir: Michael R. Piper D of N: Julianne Kirby, R.N.	109
*Missoula Community Hospital 2827 Fort Missoula Road Missoula, Montana 59801 Tel: 728-4100 Adm: Grant Winn D of N: Diane Hargas, R.N. (Acting)	115

Licensed Hospitals

Page 7

<u>Hospital</u>	<u>No. of Beds</u>	
*Missoula General Hospital 300 North Second Missoula, Montana 59802 Tel: 542-2191 Adm: Karen Foster D of N: Jan Silver, R.N.	57	
*St. Patrick Hospital 500 West Broadway Missoula, Montana 59801 Tel: 543-7271 Adm: Larry White D of N: Sister Rogene Fox, R.N.	213	
Granite County Memorial Hospital P. O. Box 729 Philipsburg, Montana 59858 Tel: 859-3271 Adm: Richard Duke D of N: Stephen Egli, R.N.	10	4
Clark Fork Valley Hospital P. O. Box 768 Plains, Montana 59859 Tel: 826-3601 Adm: Michael D. Billing D of N: Geri Larson, R.N.	18	
Sheridan Memorial Hospital Plentywood, Montana 59254 Tel: 765-1420 Adm: Mark Rinehardt D of N: Mrs. Fauna Allen, R.N.	21	4
*St. Joseph Hospital Skyline Drive Box 1010 Polson, Montana 59860 Tel: 883-5377 Adm: Mary Munsel D of N: Marchita Funke, R.N.	40	
Poplar Community Hospital P. O. Box 38 Poplar, Montana 59255 Tel: 768-3452 Adm: Jay Pottenger D of N: Mrs. Betty Moilanen, R.N.	22	8

Licensed Hospitals

Page 8

<u>Hospital</u>	<u>No. of Beds</u>
Carbon County Memorial Hospital 600 West 21st Street P. O. Box 580 Red Lodge, Montana 59068 Tel: 446-2345 Adm: Frank J. Hilzinger D of N: Mary R. Orlor, R.N.	28
St. Luke Community Hospital 107 - 6th Avenue S.W. Ronan, Montana 59864 Tel: 676-4441 Adm: Jim Oliverson D of N: Rosemary Miller, R.N.	25
Roundup Memorial Hospital 1202 Third Street West Roundup, Montana 59072 Tel: 323-2302 Adm: Fern Mikkelson D of N: Dorothy Harper, R.N.	17
Mission Valley Hospital, Inc. Mission Drive St. Ignatius, Montana 59865 Tel: 745-2700 Adm: Jim Oliverson D of N: Jean Schreffler, R.N.	30
Daniels Memorial Hospital P. O. Box 400 Scobey, Montana 59263 Tel: 487-2296 Adm: <del>Arthur Brown</del> D of N: Barbara Morrison, R.N.	8
Toole County Hospital 640 Park Drive P. O. Box W Shelby, Montana 59474 Tel: 434-5536 Adm: James Holcomb D of N: Jean Ballantyne, R.N.	20
Ruby Valley Hospital 220 E. Crofoot Street P. O. Box 336 Sheridan, Montana 59749 Tel: 842-5778 Adm: Walter Taborski D of N: Kassi Marsh, R.N.	20

Licensed Hospitals

Page 9

<u>Hospital</u>	<u>No. of Beds</u>	
Community Memorial Hospital P. O. Box 671 Sidney, Montana 59270 Tel: 482-2120 Adm: Fred Holbrook D of N: Diane Theil, R.N.	55	
Mineral County Hospital Brooklyn and Roosevelt P. O. Box 66 Superior, Montana 59872 Tel: 822-4841 Adm: Madelyn Faller D of N: Carol Kellett, R.N.	10	3
Prairie Community Hospital Box 156 Terry, Montana 59349 Tel: 637-5511 Adm: W. Todd Hansen D of N: Stacey Howard, R.N.	6	2
Broadwater Community Hospital 100 Oak Street Townsend, Montana 59644 Tel: 266-3186 Adm: G. Kirk Olsen D of N: Barbara Kysar, R.N.	21	9
North Valley Hospital 6575 - Highway 93 South Whitefish, Montana 59937 Tel: 862-2501 Adm: Dale Jessup D of N: Mara Fields, R.N.	44	11
Mountainview Memorial Hospital Box Q White Sulphur Springs, Montana 59645 Tel: 547-3321 Adm: Joy Short D of N: Tina Hedin, R.N.(Acting)	6	
Trinity Hospital 315 K Street Wolf Point, Montana 59201 Tel: 653-2100 Adm: Webster Russell D of N: Bonnie Wemmer, R.N.	42	

---

162

DEPARTMENT OF  
SOCIAL AND REHABILITATION SERVICES

EXHIBIT 4  
February 20, 1985



TED SCHWINDEN, GOVERNOR

P.O. BOX 4210

STATE OF MONTANA

HELENA, MONTANA 59604

Madam Chairman, Members of the Committee, my name is John Larson, Chief of Medicaid Finance. I am here today representing the Department of Social and Rehabilitation Services regarding House Bill 772, reduction in swing bed transferring limit.

I would like to begin my testimony with a brief history and overview of the Medicaid Swing Bed Program. Swing beds are a program by which small rural hospitals may interchangeably use hospital beds for either hospital care or nursing home care depending upon demand. The assumptions underlying the program are that rural areas have an excess of hospital beds and a shortage of nursing home beds. Although rural Montana hospitals have historically been under utilized, a shortage of nursing home beds does not exist in these areas.

The swing bed program was originally implemented by Medicare in July of 1982. It was subsequently adopted by the Medicaid program beginning July 1, 1984 in the form that is being questioned here. I believe it is important to note that at the public hearing held regarding these rules no one spoke in opposition to them and their 100 mile transfer provision.

Swing bed services are intended to be used on a short term basis only. Long stay care provided in swing bed setting is not consistent to quality patient care. Patients are generally isolated from other residents. They do not receive the social interaction that is needed in a long term care setting. Meals are either served in the patients room or a patient must dine in the facility cafeteria with staff and visitors. Activities programs are not generally as comprehensive or as well organized as those offered in a nursing home setting. The point that needs to be made is swing beds are not a long term solution if a bed shortage problem exists. They are only intended as a short term solution if a bed shortage problems exists. To use them in any other fashion only hurts patient care.

It has always been the Department's position that existing nursing home beds should be used prior to the expanding of additional services. Currently existing nursing home beds should be used before swing beds are filled. To do otherwise only wastes scarce resources that have already been allocated for this purpose.

Statements have been made that this measure will not cost any more money than is currently being expended. The Department does not believe this is true. This proposal will definitely increase the number of skilled and intermediate beds available to be filled. Experience has shown us that excess capacity definitely tends to be filled over time. This will be especially true when the hospitals providing the swing bed services are the same people doing discharge planning from the hospital.

any money. It does not require any additional state employees to administer the law. The bill simply requires our judicial and legal system to work at establishing full and equal justice for our children.

I believe that one of the best ways to STOP child abuse is to have good, enforceable laws on the books.

The purpose of HB 854 is to address a few loop-holes in the current law. All the so-called controversial issues have been amended out of the bill. The remaining material deals with the well established civil and legal rights of children born alive.

I thank you very much for your most valuable time and interest in this bill. I sincerely hope the committee in its wisdom recommends a "do pass" for House Bill 854 as amended.

Thank you.

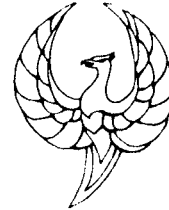
Because of the lateness of this Session and the large amount of business the committee must address, I have not asked anyone to address the committee. I believe the bill as amended stands on its own merits as explained.

Mike Koehnke, my legislative researcher, has worked on most of the important parts of this bill, and if you have any technical questions, I may have to call on him to answer them.

Again, thank you.

# WOMEN'S LOBBYIST FUND

Box 1099  
Helena, MT 59624  
449-7917



February 22, 1985

## TESTIMONY IN OPPOSITION TO HB 854

Madam Chair and Members of the House Human Services and Aging Committee:

My name is Anne Brodsky and I am speaking on behalf of the 3,000 individual and organizational members of the Women's Lobbyist Fund (WLF) in opposition to HB 854. The WLF has a clear, strong position to protect the constitutional right of women to make their private, individual choices regarding reproduction. I have already spoken to this committee in support of legislation to help and support young, single women who choose to carry their pregnancies to term. I speak to you today to encourage you to protect another choice of pregnant women -- a choice that is one of the most basic and private choices a woman may ever have to make, that is the choice to terminate a pregnancy by abortion.

The choice to have an abortion is clearly not an easy choice to make, nor is it an easy subject to talk about. When I first began my work with the WLF, I spent a great deal of time talking with my board and WLF members about the subject. I expressed my feelings that I wished I could somehow talk about the subject on a purely factual and rational basis. But I couldn't. The subject brought knots into my stomach and distress at the pain faced by choice advocates in our attempts to protect this fundamental right of privacy. And I came to understand that the subject of abortion touches the deepest, most internal, biological, spiritual, and perhaps primal parts of ourselves -- it is a subject about life, human dignity, and reproduction.

Women who terminate unintended pregnancies do so to protect themselves from deep social, psychological, and economic trauma. Studies indicate that most women who seek abortions are young and unmarried and that most have abortions for economic reasons. Women do not make the choice easily, nor for superficial reasons. Their own physical and emotional well-being, as well as the well-being of their families and future children are foremost in their consideration.

HB 854 is an anti-choice piece of legislation which is problematic from a constitutional, a policy, and a form perspective. With regard to the constitutional problems, I point to section 1 of the bill -- the purpose section -- which states that the act is not intended to "abridge any existing constitutional rights of either women or children." The body of the bill, however, is in direct conflict with this stated purpose, because its provisions are clearly unconstitutional. Other people following me will speak to you about the constitutional issues.

From a policy point of view, I direct you to section 4 of the bill, related to child abuse. The WLF has spoken before various committees of the Legislature on bills related to preventing child abuse. However,

The DRG system currently utilized by Medicare and under development by Medicaid may be an incentive for hospitals to utilize more swing beds. Since their reimbursement is limited it is to their advantage to swing the bed as soon as possible to capture the additional swing bed funds. Currently there are approximately 134 swing beds licensed in Montana. If 60% of the beds were utilized by Medicaid residents the cost of these beds would be over 1.1 million dollars. Far from a no cost solution.

It has also been said that requiring the transfer of a patient 100 miles away is inhumane. I think it is important to note that 100 miles is the maximum distance of the transfer. Chances of finding an open bed at less distance than that are very good. If the patient is being transferred away from the area in which he or she lives, they may return as soon as an open bed becomes available in the desired location. There is nothing permanent about the admission. Although the Department concedes that it may be an inconvenience for the patient and family for a short time we do not believe such a short period creates a hardship.

In summary the goal of a swing bed program is to provide quality short term skilled or intermediate care in a hospital, when an appropriate nursing home bed is not available. The Department believes its current rule meets these goals. In situations that nursing home beds are not reasonably available swing beds may be utilized.

We believe we have developed rules that adequately address the needs of Medicaid recipients while efficiently utilizing available resources and containing costs. The Department believes these rules should be given an opportunity to work.

TA/a



STATEMENT BEFORE THE HOUSE HUMAN SERVICES COMMITTEE

February 20, 1985

RE: HB 772

BY: Molly Munro, Executive Secretary

The Montana Association of Homes for the Aging opposes changing the present statute from the 100 mile radius to a 25 mile radius on the grounds that the Montana Foundation of Medical Care Utilization teams have used the 100 mile radius when looking for nursing home beds for hospital patients.

It has worked satisfactorily and we can see no need for a change.

We urge you do not pass HB 772.

STATEMENT BEFORE THE HOUSE HUMAN SERVICES COMMITTEE

FEBRUARY 20, 1985

RE: HB 472

BY: Molly Munro, Executive Secretary

The Montana Association of Homes for the Aging supports HB 472 along with HB 165 which has also been brought before this committee. We urge your support also.

There is no fiscal impact. HB 472 would allow the Department of Health and Environmental Sciences to make any additional inspections they felt necessary. Such inspections could be for ~~the~~ quality of care only and these are the kinds of inspections that the seniors are asking for.



## VISITORS' REGISTER

HUMAN SERVICES AND AGING COMMITTEE

BILL NO. HB 821DATE 2/20/85

SPONSOR \_\_\_\_\_

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
David Brunelle	FMD Hosp. Glasgow	X	
Bud Collins	RR 5421 GT Falls	X	
DOUGLAS SETTLES	5620 Collins Helena	X	
Jerome T Cocroft	Helena, MT	X	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

## HUMAN SERVICES AND AGING COMMITTEE

DATE 2/20/85

[illegible]

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER  
HUMAN SERVICES AND AGING COMMITTEE

BILL NO. HB 805 DATE 2/20/85

SPONSOR \_\_\_\_\_

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
Charles Buegg	Governor's office	✓	
Jim Schumdt	self	✓	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

## HUMAN SERVICES AND AGING

BILL NO. HB 772

DATE 2/20/85

SPONSOR

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

## HUMAN SERVICES AND AGING

BILL NO. HB 472

DATE \_\_\_\_\_

[illegible]

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.