MINUTES OF THE MEETING BUSINESS AND LABOR COMMITTEE MONTANA STATE HOUSE OF REPRESENTATIVES

March 8, 1985

The meeting of the Business and Labor Committee was called to order by Chairman Bob Pavlovich on March 8, 1985 at 8:00 a.m. in Room 312-2 of the State Capitol.

ROLL CALL: All members were present with the exception of Representative Ray Brandewie, who was excused by the chairman.

SENATE BILL 120: Hearing commenced on Senate Bill 120. Senator Paul Boylan, District #39, sponsor of the bill by request of the Governor's State Building Construction Advisory Countil, stated this eliminates the restriction on submission of bids by public contractors working beyond contract time. Senator Boylan distributed to committee members Exhibit 1 which is attached hereto.

Proponent Bob Sletten, representing Sletten Construction in Great Falls, stressed the necessity of Senate Bill 120 due to the way the state administers their contracts.

Proponent Wayne Edsall, representing Edsall Construction in Bozeman, explained that it is impossible for all contracts to be completed at the same time. There are many delays that occur without the contral of the contractor. The law currently prevents a contractor from bidding on any other project if he is overdue on another project. This is impossible to police, added Mr. Edsall.

Proponent Clarence Hester, representing the Architectural and Engineering Division, stated the liability in determining if a contract is over or not is tremendous. The threat of a law suit also presents a problem. With a number of the projects having federal funding difficulty is encountered.

In closing, Senator Boylan explained that a contractor cannot bid on a political subdivision if a previous project is not completed. Senate Bill 120 will insure quality construction in the state.

SENATE BILL 79: Hearing commenced on Senate Bill 79.

Senator Christiaens, District #17, sponsor of the bill, explained that an occupational therapist treats the physical and emotionally disabled, provide them with equipment and make people of all ages able to exist. Senate Bill 79

is the "Occupational Therapy Practice Act" and establishes a Board of Occupational Therapy Practice to regulate that profession. Occupational therapists contribute to shorter hospital stays, lower hospital costs and help develop an independent living situation. Thirty-four percent of all occupational therapists practice in a hospital. This is one of the fastest growing occupations and Senate Bill 79 will help insure public safety, added Senator Christiaens.

Proponent Debbie Ammondson, a registered occupational therapist and a member of the board of directors of the American Occupational Therapy Foundation, supplied written testimony which is attached hereto as Exhibit 2.

Proponent Connie Grenz, department supervisor of Occupational and Physical Therapy at Boulder River School and Hospital and Vice-President of the Montana Occupational Therapy Association, supplied written testimony which is attached hereto as Exhibit 3.

Proponent Linda Bottan, Director of Occupational Therapy in Bozeman and Livingston, explained that she practices primarily pediatric occupational therapy. The handling of infants and young children is a very fragile process and Senate Bill 79 will help to insure the care given to these young persons. Ms. Bottan supplied Exhibit 4 which is attached hereto.

Proponent Ann Abernathy of Helena and foster parent of a brain damaged child described her experience of occupational therapists. She explained that after one year of treatment by an occupational therapist the child was ready to be placed up for adoption. The quality in care varied drastically during the year period. There was not a board to write to and express the type of inadequate care that was being received. Those that are injured need professional care and a board to examine and regulate this field will help to alleviate the kind of frustration suffered by Mrs. Abernathy.

Proponent Betty Hiner, representing the Easter Seal Society, stated that she is also an audiologist in Helena. Experiencing the recent licensing of audiologists, Ms. Hiner explained that this does help the profession.

Opponent Dennis Rau, a licensed physical therapist, stated the generality and broadness in Senate Bill 79 the reason for his opposition. In the physical therapy occupation a patient must be referred to a physical therapist before the therapist can

treat the individual. With malpractice growing, this serves as an excellent filtering system having the referral service, added Mr. Rau.

Opponent Carol Barnes, representing the Montana Chapter, Physical Therapy Association, supplied the amendments and testimony which is attached hereto as Exhibit 5.

In closing, Senator Christiaens, explained that occupational therapists are recognized by Medicare and Medicaid. The physical therapists were worked with throughout the process of this bill and the committee should review the fiscal note, added Senator Christiaens.

Representative Bachini asked Carol Barnes if the substance of the bill meets her concerns. She explained that an amendment should be incorporated into the bill and these provisions should not be in the rules and regulations.

Representative Wallin asked Linda Bottan if patients are referred to an occupational therapist by a medical doctor. Ms. Bottan stated that they are.

Representative Simon asked Debbie Ammondson who occupational therapists are currently licensed with. Ms. Ammondson explained that they are licensed with the American Occupational Therapy Association.

Representative Simon asked Shirley Miller, Bureau Chief, Professional and Occupational Licensing Bureau, Department of Commerce how many additional boards will be created if all bills concerning boards pass and how many boards there are currently. Ms. Miller explained that there three maybe's that will create boards and 30 boards in existence.

There being no further discussion by proponents and opponents, all were excused by the chairman and the hearing on Senate Bill 79 was closed.

SENATE BILL 143: Hearing commenced on Senate Bill 143. Senator Joe Mazurek, District #23, sponsor of the bill, stated this changes from 1% to 1/4 of 1% of a saving and loan's total outstanding loans the total of loans that may be made by the savings and loan to a development corporation. The current limit for savings and loans is out of line with other lending institutions. This change will

bring saving and loans into conformance with banks, added Senator Mazurek.

Proponent Dick Bourke, President, Development Corporation, explained Senate Bill 143 will provide consistence between saving and loans and banks. Mr. Bourke distributed to committee members Exhibit 6 which is attached hereto.

Representative Schultz asked Dick Bourke what kind of loans they make and to who. Mr. Bourke explained that they make equity investment loans and to qualified individuals.

Representative Schultz then asked Mr. Bourke if they have many loans in existence. He explained that there is approximately \$160,000 outstanding.

Representative Wallin asked Mr. Bourke who examines their records. Mr. Bourke stated that an annual examination is performed by the Commission of Financial Institutions.

There being no further discussion by proponents and no opponents to the bill, all were excused by the chairman and the hearing on Senate Bill 143 was closed.

SENATE BILL 39: Hearing commenced on Senate Bill 39. Senator Joe Mazurek, District #23, sponsor of the bill, explained this revises the law to allow an all-beverages licensee who has a security interest in another all-beverages license to obtain temporary ownership on default. A license can be held for 180 days, this is particularly important for private individuals and lending institutions, added Senator Mazurek.

Proponent Howard Heffelfinger, Administrator, Liquor Division, Department of Revenue, stated Senate Bill 39 will rectify a serious inequity that exists in the present law.

Representative Pavlovich asked Howard Heffelfinger what will happen to a license after 180 days if it is not sold. Mr. Heffelfinger explained that the license would lapse.

Representative Ellerd asked Mr. Heffelfinger is a license lapses would the department pay the owner for the license. e explained that they do not the license is gone.

There being no further discussion by proponents and no opponents to the bill, all were excused by the chairman and the hearing on Senate Bill 39 was closed.

SENATE BILL 40: Hearing commenced on Senate Bill 40. Senator Joe Mazurek, District #23, sponsor of the bill by request of the Department of Revenue and the Revenue Oversight Committee, stated this allows the use of administrative procedures in the forgeiture of seized resalable alcoholic beverages through administrative procedures and requires the Department of Revenue to destroy seized alcoholic beverages unsuitable for resale. Currently the department must go to court and Senate Bill 40 will save the department from filing a number of law suits.

Proponent Rick Day, Program Manager, Investigation Program, Department of Revenue, supplied written testimony which is attached hereto as Exhibit 7.

Representative Jones asked Rick Day where the liquor comes from. Mr. Day explained that it is confiscated from unlicensed persons, those that do not pay their tax, etc.

Representative Bachini asked Mr. Day if those alcoholic beverages that are suitable for resale are placed in the states inventory. Mr. Day stated that was correct.

Representative Schultz asked Mr. Day why 1,200 bottles of wine would be destroyed. Mr. Day explained that a liability risk is the main reason.

There being no further discussion by proponents and no opponents to the bill, all were excused by the chairman and the hearing on Senate Bill 40 was closed.

ACTION ON SENATE BILL 39: Representative McCormick moved DO PASS on Senate Bill 39. Second was received, Senate Bill 39 will BE CONCURRED IN by unanimous vote.

ACTION ON SENATE BILL 40: Representative Brown moved DO PASS on Senate Bill 40. Second was received, Senate Bill 40 will BE CONCURRED IN by unanimous vote.

ACTION ON SENATE BILL 120: Representative Ellerd moved DO PASS on Senate Bill 120. Second was received, Senate Bill 120 will BE CONCURRED IN by unanimous vote.

ACTION ON SENATE BILL 143: Representative Brown moved DO PASS on Senate Bill 143. Second was received, Senate Bill 143 will BE CONCURRED IN by unanimous vote.

Representative Pavlovich asked the committee if they would consider drafting a committee bill similar to the lottery bill introduced in the senate.

ACTION ON HOUSE BILL 527: Representative Simon made a motion to reconsider previous action on House Bill 527. He explained that the purpose is to place the amendments on in committee rather than doing so on the house floor. The necessary signature have been received and House Bill 527 will be brought up for second reading on the floor of the house. The motion did not carry. House Bill 527 will not be reconsidered.

ADJOURN: There being no further business before the committee, the meeting was adjourned at 10:30 a.m.

Repl Bob Pavlovich

Chairman

DAILY ROLL CALL

ABOR COMMITTEE

49th LEGISLATIVE SESSION -- 1985

Date March 8, 1985

NAME Bob Pavlovich	PRESENT	ABSENT	EXCUSED
Les Kitselman			
Bob Bachini	· · ·		
Ray Brandewie			1
Jan Brown	V		
Jerry Driscoll	V		
Robert Ellerd	/		
William Glaser	V		
Stella Jean Hansen	/		
Marjorie Hart			
Ramona Howe			
Tom Jones	~		
Mike Kadas			
Vernon Keller			
Lloyd McCormich			
Jerry Nisbet	V		
James Schultz			
Bruce Simon			
Fred Thomas	/		
Norm Wallin	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

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Rep. Mobert Paviovich, Chairman.

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MR. SPEAKER				
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Sep. Sobert Paviovica, Chairman.

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DO PASS

Rep. Robert Pavlovich. Chairman.

GOVERNOR'S STATE BUILDING CONSTRUCTION ADVISORY COUNCIL Submitted by:

Senato Boyla

BACKGROUND INFORMATION

The 48th Legislature appropriated funds to support this Council and the Governor created the Council and appointed fifteen members representing the Legislature, the construction industry, the design professions, and state agencies. The Executive Order directed the Council to review and recommend improvements to existing policies and procedures to ensure they are effectively serving the needs of the state and providing a functional system of checks and balances.

The Council held nine meetings, conducted a comprehensive review of the state's construction process, and studied and made recommendations on forty issues, thirteen of which required legislation for implementation.

Council Members

Legislative Members

Senator Jack Haffey, Anaconda - Chairman Representative W. Jay Fabrega, Great Falls - Vice-Chairman Senator Harold Dover, Lewistown Representative Joe Quilici, Butte

Design Professional Members

Martin Crennen, architect Dave Davidson, architect Jim Spring, engineer

Construction Industry Members

Duane "Bud" Anderson, supplier
Norman Carey, mechanical contractor
Wayne Edsall, general contractor
Robert Sletten, general contractor
Art Stuart, retired electrical contractor
Claude Wilson, heating, sheet metal contractor

State Agency Members

William "Bill" Lannan, Montana University System Carroll South, Department of Institutions

GOVERNOR'S STATE BUILDING CONSTRUCTION ADVISORY COUNCIL (GSBCAC) RECOMMENDATIONS

The following recommendations were made by the GSBCAC. Those that require legislation to be implemented appear first followed by those that require administrative action. Recommendations that support current procedure appear last.

Recommendations Requiring Legislation:

- 1. Amend the current law that requires legislative consent to construct any building costing more than \$25,000 to increase this amount to \$100,000.
- 2. The Department of Administration should have the authority to appoint design professionals on projects costing under \$100,000 without concurrence or approval by the Board of Examiners.
- 3. The DOA should review and accept plans, specifications, and cost estimates.
- 4. The state should have the authority to waive bid, performance, and labor and materials bonds on projects up to \$25,000 on a project-by-project basis at the discretion of the contracting agency.
- 5. Dispense with the wording in the law that allows individual sureties.
- 6. Repeal the law that prevents a contractor from bidding on a public project when he is working past time on another public project.
- 7. When the bids cause the project cost to exceed the appropriation, the state should have the flexibility to negotiate with the low responsible bidder, or bidders, in the case of multiple contracts, to bring the cost within the budget as long as negotiation would not affect the scope of the project.
- 8. The Department of Administration shall award all construction contracts. However, any contract award which is protested or the contract is awarded to a bidder other than the lowest bidder, shall be subject to the approval of the Board of Examiners.
- 9. Make a statutory change placing the authority for approval of change orders with the Director of the Department of Administration unless the change order would:
 - a. Change the scope of the project, or
 - b. Force the cost of the project to exceed the appropriation.

Note: According to the legal staff, any change order that alters the scope of the project would be considered an invalid amendment to the contract. Any change order that causes the project cost to exceed the appropriation would require a budget amendment to be valid. Since the Board of Examiners could not approve these change orders, this motion has

the effect of removing the Board from approving change orders. The legislation is written to reflect this.

- 10. The Department of Administration shall provide project administration for all projects over \$5,000. However, the department may delegate any or all of the project administration activities to a user agency on a project-by-project basis if that agency, as determined by the department, has the expertise to provide the administration.
- 11. Amend the current law to allow funds to be accrued through an inter- or intra-agency agreement between the DOA and the user agency wanting to have the work done. The funds must be expended by the end of the next fiscal year, but may not be carried over the biennium.
- 12. Montana should adopt a competency-based public contractor licensing law using the Nevada contractor licensing law as a guideline. The Council voted to:
 - Prepare legislation to strengthen the existing public contractors licensing law and recommend that the concept of competency-based licensing apply to contractors engaged in private work.
 - Establish a public contractor licensing board and have it consist of a membership which includes one member each: building, engineering, electrical, mechanical, and specialty contractors, and two public members.
 - Require contractors to submit a certified financial statement prepared by a CPA for licensing purposes.
- 13. The state should accept the concept of utilizing federal funds, and let the Department of Administration (DOA) and the Legislature work out the legislation.

NOTE: Currently, the Department of Military Affairs may not accept 100% federal funds for work to be done on federal land without legislative approval. DOA may not act as contracting office for these projects because they are not owned or to be owned by the state as required in MCA 18-2-101. It is anticipated that the legislation mentioned above would expand the definition of the word "building" in MCA 18-2-101 to include facilities of benefit to the state, but not to be owned by the state. This would allow the DOA to act as the contracting officer for these federally funded projects.

14. Montana should adopt a reciprocal contractors' preference law for construction performed for the state and political subdivisions that are specified in 18-1-102, MCA.

Recommendations Requiring Administrative Action:

- 1. With the exception of the University System, facility planning should remain at the current level of centralization. The Department of Fish, Wildlife and Parks may do their own preplanning subject to DOA approval.
- 2. The user agency must notify all local architects or consulting engineers when such design services are required on projects under \$100,000. The notification method used should be at the agency's discretion.
- 3. The state should adopt a statement for design professionals to sign which certifies that they have not paid contingency fees to the contracting agency or its representatives to secure appointment.
- 4. The DOA should contract with private design firms rather than expanding its staff to accomplish work on small projects or larger repair and maintenance jobs that exceed current DOA staff resources. The design costs incurred should be charged to the project funding source.
- 5. The DOA should develop a standard format for the boilerplate of the contract so the information that is similar from project to project has a standard location and content and is kept up to date.
- 6. The DOA, in consultation with the user agency staff, should have the flexibility to decide whether single or multiple prime contracts should be used on a project.
- 7. The Council concurred that the state should have a written policy covering the bidding procedure, which should increase awareness of the DOA's policies and voted specifically that:
- 8. DOA should enforce a deadline of 7 days for issuance of addenda prior to bid opening.
- 9. Prebidding should be allowed if the DOA decides it is in the state's best interest to do so.
- 10. Change order requests from user agencies should be processed as follows: From user agency to the design professional (DP), from the DP to the Architecture & Engineering Division (A/E), from A/E to the DP, from the DP to the contractor.

Recommendations that Support Current Procedure:

- 1. Encourage the use of preplanning of construction projects whenever appropriate.
- 2. The Board of Examiners should not be involved in reviewing or approving the Capital Construction Program.
- 3. The DOA should continue its current design professional selection procedure. Cost should not be part of the selection process nor should design professional services be bid.
- 4. The state should give preference to in-state design firms.
- 5. The state should not hire design professionals on an annual retainer basis to do small projects.
- 6. After-the-fact cost plus contracts for design professional services should not be used.
- 7. Leave the system as it is, with a ceiling of \$25,000 for in-house design and \$5,000 for construction.
- 8. At the present state of the art, the state should not engage in professional construction management.
- 9. The design-build/turnkey method of construction is not a practical option for the state. This concept of construction should be rejected.
- 10. The \$5,000 dollar limit on in-house construction should not be raised.
- 11. The time allowed for advertisement and solicitation of bids should remain unchanged.
- 12. The waiving of bid irregularities should be left to the discretion of DOA.
- 13. Alternates should be handled according to the best interests of the state on a project-by-project basis.
- 14. Upon substantial completion the state should determine how much retainage to hold on a project-by-project basis.
- 15. The state should not contract for any outside independent inspection on projects in addition to that done by the DP or state staff.
- 16. There should be one punch list submitted by the DP in consultation with DOA and the user agency at substantial completion, and at that time a deadline should be negotiated for completion of the punch list items.
- 17. Leave the system as it is, with the contract time and amount of liquidated damages stated in the agreement, and a deadline for completion of punch list items stated in the Certificate of Substantial Completion.

Exhibit 2 3/8/85 SB79 Submitted by:

Debbie Ammondson

Madam-Chairman, members of the committee and friends. My name is Debbie

Ammondson, a registered occupational therapist and a fourth generation

Montanan. I received my formal education from Concordia College in Moorhead

Minnesota, with a B.S. degree in Zoology, and my Masters degree in Occupational

Therapy from Texas Woman's University in Denton, Texas. Prior to returning

to Montana, I worked in Minnesota and North Dakota to increase my knowledge

of occupational therapy practices and refine my skills in the treatment of

patients. I continue to reside in Montana because of the need for occupational

therapy services and the quality of life that exists here. Currently I am objective to directors of the American Occupational Therapy Foundation, which

has given me the opportunity to compare the service of occupational therapy

in Montana with the other practices throughout the United States.

I am hear to testify before you today, to promote maintaining quality care of patients throughout Montana by occupational therapists and also to increase public knowledge of the profession of occupational therapy.

Attention has been called lately to the rising cost of medical treatment and the efforts to reduce that cost. Occupational therapy has consistantly strived to meet that goal and has proved that medical costs can be reduced through the use of occupational therapy services. By utilizing occupational therapy to treat patients with disabiling diseases or injuries, hospitalization stay has been effectively reduced by up to thirty percent. This presents a overall savings to the patient and to the taspayer. By utilizing occupational therapy, a large portion of patients can be sent home earler, reducing the need for longer stays in extended care facilities. For patients in the incoming producing years, occupational therapists strive to return that patient

to a fullfilling occupation, agian reducing the amount of social assistance necessary for these people. Also by returning the worker to their employment they are able to maintain their self respect and worthwhilemess.

In another aspect of occupational therapy, we promote the concept of wellness, helping people maintain a quality life style without requiring unneccessary hospitalization. People are encouraged to take responsibility for their own health through a variety of programs including well-child screening, instruction in Body mechanics and endrgy conservation techniques, and others

While it is true that the American Occupational Therapy Association advocates high standards of professionalism, it must be pointed out that these standards are only VOLUNTARY! This is not adequate to increase-assure that Montana's consumers will be reasonable well protected against ungualified individuals offering occupational therapy services. Several cases of negligence and incompetence have been documented in other states. Why must we wait for such unfortuanate occurences to occur in Montana before enacting legal standards for professional competency of occupational therapy personnel?

Montana does not have the gross negligence that has been found in other states but there a several documented problems that have been discovered; and I would like to give you know for your edicication a copy of potential problems that could occur if occupational therapy services are not provided eerreetly, by a qualified occupational therapist.

During the past several years the profession of occupational therapy has grown considerably in Montana, and with the knowldge of its cost saving benefits, we can only assume that it will continue to grow. As more and more occupational therapists are employed, the public must be assured quality services. Citizens of Montana should hot have to evaluate the professional competence of each individual claiming to be able to deliver occupational therapy services.

This assumes an awareness and understanding of existing standards of practice

Moreover, it is time consuming and costly process to shop around for appropriate treatment. Most individuals when faced with personnel illness or familial problems are not in the right frame of mind to conduct such a search.

Licensure for occupational therapy personnel can be enacted without increased cost to the state or consumer, and without adversly affecting the availablity of occupational therapy services. In fact, liscensing of occupational therapists and assistants has been adopted as a safeguard to public health in twenty-nine other states, in addition to the District of Columbia and Puerto Rico. Six States are currently in the process of legislating the practice of occupational therapy.

Max Witt Story

I would like to urge you in concludion, of the approriateness of enacting this legislation, and helping to protect the public from damageing treatment from untrained individuals.

Exhibit 3
3/8/85
SB79
Submitted by: Connie
Grenz

Dear Representatives,

I am an occupational therapist with 10 years of prefessional experience.

I have worked in Texas, Kansas, Chana, Africa, and Boulder, Montana. I have been a staff therapist and a supervisor. Is department supervisor of Occupational and Physical Therapy at Boulder River School and Mospital;

I supervised up to three registered occupational therapists; four occupational therapy aides; five physical therapy aides; two different physical therapists; and one occupational therapy student every three conths.

I am the Vice President of the Montana Occupational Therapy Association.

I strongly support SB-79.

I feel that Licensure is important to protect the public from unqualified persons providing occupational therapy services and calling themselves occupational therapists. The public is generally not prepared to judge whether or not an occupational therapist is qualified. Licensing occupational therapists would also facilitate employers in deciding if an applicant is qualified and decrease the need for "shopping around", as 2.1. Heard of Boulder River School and Hospital had to do when a recent graduate of an occupational therapy program applied to work at 3 2 3 3 H before she took her national registration exam.

Licensure will not increase the cost of services to the public, and it will not affect third party reimbursement. Occupational therapy is already recognised as a medically necessary service and reimbursed by Medicare,

Medicaid, L 94-11/2 and most commercial insurers.

Licensure of occupational therapists will not cause mannower problems in our state. No other state since the enactment of the first O T licensure law has reported significant shortages.

Occupational therapy has been an important part of the rehabilitation team for over 50 years; working hand in hand with Doctors, nurses, physical therapists, psychologists, social workers, speech pathologists, and in more recent years, teachers.

Licensure will establish a legal definition of occupational therapy in this state and facilitate the coordination of health services to protect the consumer from anskilled practitioners.

As a health cure provider I feel that enactment of this licensure will protect consumers and prevent unqualified individuals from practicing occupational therapy or calling themselves occupational therapists in the state of Montana.

Sincerely, Conne Lang Off

Connie Grenz



Occupational Therapist Linda Bot tan (right) shows Kim Kelly the pro per way to stimulate her baby's responses to sound and sight. Ms. Bottan also teaches parents of high risk infants, like Ms. Kelly, the pro r way to handle and position their infant so as not to promote any abnormal patterns the child may have. (Enterprise photo by Trish Sams)

High risk infants get therapy

By TRISH SAMS

Enterprise Staff Writer
Infants and young children in Park County who require follow-up medical care after birth have been receiving specialized therapy the past year through a program offered by the Park County Health Department.

The High Risk Infant Program, under the direction of Community Health Nurse DeeAnn Durgan, began here in 1983 and has provided parents with information concerning developmental toys for their children, diet and nutrition and developmental testing. And last summer the program was expanded to include the services of Occupational Therapist Linda

Bottan of Bozeman.

Miss Bottan, who has been working with special children within the Livingston school system for the past two years, now includes therapy to infants and young children referred to the High Risk Infant Program

A high risk infant is one who, after birth, shows signs of abnormalities such as cerebral palsy, arthritis, mental retardation, feeding problems or overly high or low muscle tone

Other babies "obviously at risk to have pro-blems later," Ms. Durgan said, are those born rematurely, who weigh only two to three

"For some reason the child had problems prenatally or at birth, which makes them more at risk for complications to develop later in life." Ms. Durgan said of infants targeted by

If the attending physician thinks the baby is at risk for any reason or if the baby's birth "score sheet" shows a high variance from the norm, the physician then can refer the child to the program.

infant born at Livingston Memorial Hospital, a "score sheet" is filled out by attending nurses, Ms. Durgan said. The score sheet is like a fally card where points are given the infant on its condition at birth and

The score shert takes into account whether the baby was born prematurely or with any obvious physical disorder. It also takes inito acother factors, such as whether the mother was diabetic, a smoker, if she was grossly overweight or if she hemorraged during the birth. All of these could affect the baby

After an infant is referred to program, Ms. Bottan makes home visits to these clients. Since last July the program has received 46 client referrals.

Ms. Bottan's work includes teaching the parents how to give their in/ant the specialized care he or she needs. For instance, Ms. Bottan said, should an infant have cerebral palsy, the vorst thing the parent could do is to hold the child in an upright position.

"I basically teach parents how to hold a child so they're not encouraging abnormal patterns.
I teach them how to (landle the child) more properly." Ms. Bottan said. "The goal is we want the parent to include this in the daily care of the child. We're not trying to overwhelm a parent. We're trying to make them more com-

occupational therapist's work differs from that of a physical therapist.

"We work with ife tasks, like dressing self, feeding self, and we work with parents to observe their child. We're trying to maximize the child's potential and develop fine motor skills, where physical therapists exercise (the

One case Ms. Bottan is working with twice a week involves/teaching a young mother to observe her baby by watching for the baby's response to sound and sight. Ms. Bottan is also working with the mother so she will know to properly hold her baby and relax the baby's

muscles.
Amber Kelly, 4-month-old daughter of Livingston resdent Kim Kelly, has been treated by Ms. Bottan since January. Amber was referred by her doctor to the High Risk Infant Program when she was just 6-weeks-old. During Amber's fetal development she suffered damage to her brain which resulted in complications involving her vision and muscle tone.
"We work on relaxing Amber's muscle

tone." Ms. Bottan said, as she gently rolated Amber's arm. "It's hard to move her arm because of resistance (stiffness). The focus is to help relax the muscles so they will be able to

During each session at the Kelly home Ms. Bottan works with Amber, while at the same time showing Ms. Kelly how to stimulate Amber into responding to sounds and to focus Amber's eyes on objects or light

"We're not sure about her vision," Ms. Bot-tan noted. "She can see light, but we're not sure how much. Amber can't follow objects so we're trying to focus her eyes. Her strongest sense is

Lightly shaking a rattle next to Amber's ear. Ms. Bottan observes the baby's response to the sound of the rattle.

"They'll turn toward the sound when they're older. Amber's eyes widen now so she kind of knows where the sound is coming from." Ms.

The sessions with Amber and her mother usually last about 45 minutes. Ms. Bottan stresses the importance of the sense of touch, sight and sound to Ms. Kelly so that she'll be comfortable using these methods of stimulation in Amber's everyday care.

Another aspect of Ms. Bottan's therapy is to

emphasize to parents the importance cluding the siblings of the special-needs child in the treatment.

Amber's 2-year-old sister. Trisha, sits on her mother's or Ms. Bottan's lap while Amber's therapy is underway. Trisha is included in the sessions so she'll feel won't feel left out. The High Risk Infant Program is for infants

and young children up to school age. After the child is of school age other programs are offered within the school system

Anyone interested in the High Risk Infant program may call Ms. Durgan.

Mother and child programs offered

SB 79

Exhibit 5
3/8/85
SB79
Submitted by: Carol

montana Chapter of the American Physical Metapys association suggested amendments to SB 79 Suggested amendments:

I. Section 3 (4)d line 3,4

OHIT WORDS "AND LOWER" so it reacls-

extremity prosthetics or upper extremity arthotic devices.

Rationale & le is an infringement of curent physical therapy practice

@ Physical Therapists have better educational preparation and qualifications for the evaluation and treatment of lower entremity discoulty.

I Section 3 (6) line 20,21

change so it reads:

under [this act], who works under the

general supervision of an occupational therapist

and in accordance with the national

occupational therapy assistant standards.

Rationale: O clarify and delineate supervision of the O.T. assistants to insure they are not working or acting as an occupational therapiet because of the assistants Dimited adecation



Exhibit 6 3/8/85 SB143

Submitted by: Dick

ONTANA Bourke

DEVELOPMENT CORPORATION OF MONTANA

555 Fuller Avenue · Post Office Box 916 · Helena, Montana 59624 · (406) 442-3850

BOARD OF DIRECTORS

Allan R. Boyce Burlington-Northern, Inc. Seattle, Washington

Lynn D. Grobel First National Bank of Glasgow Glasgow, Montana

W. A. "Bill" Groff Farmers State Bank Victor, Montana

Earl W. Johnson First Bank Helena Helena, Montana

J. R. "Bob" King Pacific Power & Light Kalispell, Montana

Eldon E. Kuhns Montana Bancsystem, Inc. Billings, Montana

George Lambros Lambros Realty Missoula, Montana

L. Bruce Madsen
D. A. Davidson & Company
Great Falls, Montana

William L. Mathers Mathers Land Company Miles City, Montana

Joseph A. McElwain

'ontana Power Company

utte, Montana

John L. Olson Blue Rock Products Company Sidney, Montana

George D. Ruff Mountain Bell Helena, Montana

Phillip R. Sandquist First Security Bank Bozeman, Montana

Thomas W. Scott Security Banks of Montana Billings, Montana

Frank W. Shaw Norwest Bank Helena Helena, Montana

Raymon F. Thompson Semitool, Inc. Kalispell, Montana

Richard C. Timmerman First Bank Butte Butte, Montana

Roger H. Ulrich The First State Bank Malta, Montana

SENATE BILL 143

ENABLING LEGISLATION PASSED IN 1969 SESSION

DATE OF INCORPORATION: April 22, 1970

OWNERSHIP: Financial Institutions 56%

Corporations 44%

HISTORY:

Active from 1970 to 1976. Inactive from 1976 to 1982. In 1983 Board of Directors decided to become active again as a <u>venture capital company</u>, and raise \$1.5 million in new equity.

CORPORATE PURPOSE:

Provide venture capital (subordinated debt or equity financing) to businesses operating in Montana that have growth potential.

LEVERAGE:

Lines of credit with 104 banks and 6 savings and loans.

CEILING ON LEVERAGE:

Currently, the ceiling on the lines of credit is 3% of capital and surplus for banks, and 1% of outstanding loans for savings and loans.

PURPOSE OF SB 143:

The ceiling does not treat banks and savings and loans equally, relative to their assets. The potential obligation of savings and loans is greater than that for banks. The bill reduces the ceiling for savings and loans from 1% to $\frac{1}{4}$ of 1% of outstanding loans.

OTHER STATE'S LAWS:

We feel this was an oversight when the bill was originally drafted. Laws in other states establishing similar companies, such as Wyoming and Kansas, have $\frac{1}{4}$ of 1% of outstanding loans.

Montana Department of Revenue Legal & Enforcement Division Investigations Program Exhibit 7
3/8/85
SB40
Submitted by: Rick Day

Purpose: SB 40 will allow the Department of Revenue to clear title to resaleable alcoholic beverages through administrative procedures. Proposed legislation will also allow the Department to destroy seized alcoholic beverages it determines are not resaleable. The Legislation is intended to provide a less burdensome means of processing seized alcoholic beverages and eliminate the need for time consuming district court actions.

The need for streamlined forfeiture and destruction provisions are demonstrated by a pending forfeiture of 173 cases of liquor, and 246 cases of beer and the need to destroy over 1200 bottles of wine and 100 bottles of liquor.

The need for this legislation has become apparent through the increasing amount of seized liquor in storage and the unavailability of manpower to file court actions.

Fiscal impact: no additional cost as the staff and administrative mechanism is already in place.

BEFORE THE WASHINGTON STATE LIQUOR CONTROL BOARD

IN THE MATTER OF THE CONFISCATION OF A QUANTITY OF CONTRABAND LIQUOR

NO. 433-W

NOTICE OF HEARING

TO:

and

ANY PERSON, FIRM OR CORPORATION claiming any right, title or interest in or to any part of the quantity of liquor specified in the attachment hereto.

IN THE NAME OF THE WASHINGTON STATE LIQUOR CONTROL BOARD, You are hereby notified that a hearing will be held at the Liquor Control Board hearing room, North 111 Vista, Saite 3-D, Spokane, Washington, on the 2d day of March, 1984, at the hour of 10:00 a.m., upon the Notice of Forfeiture of Contraband Liquor, a copy of which is herewith attached and by reference incorporated herein, specifically stating the issues involved. As stated in said Notice of Forfeiture of Contraband Liquor, the hearing will determine whether or not the liquor described therein is contraband and subject to forfeiture.

DATED at Olympia, Washington, this 10th day of February, 1984.

WASHINGTON STATE LIQUORACONTROL BOARD

James B. Strong

Administrative Law Judge

Office of Administrative Hearings

DEPARTMENT OF REVENUE LEGAL & INVESTIGATION DIVISION

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DEPARTMENT OF REVENUE LEGAL & INVESTIGATION DIVISION

EVIDENCE RECEIPT & PROPERTY REPORT

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DEPARTMENT OF REVENUE LEGAL & INVESTIGATION DIVISION

EVIDENCE RECEIPT & PROPERTY REPORT

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BOZEMAN CONVALESCENT CENTER

A Hillhaven Facility

November 16, 1984

To Whom It May Concern:

This letter is written in support of licensure for Occupational Therapists within the state of Montana.

As an administrator of a 100 bed long-term care facility, I find the Occupational Therapy Program closely related to our physical therapy and total rehabilitation programs. Occupational Therapy has been preventative and remedial with emphasis placed on promoting the residents' social and psychological well-being. Our therapist not only performs specific treatments and directs supplementary treatments provided by nursing personnel, but also interprets Occupational Therapy's role in the treatment of the disabled and integrates these services into the entire therapeutic program.

Considerable initiative and judgment is required of the Occupational Therapist in adapting programs to meet the needs of individual patients and in securing the cooperation of patients to participate in programs designed.

It is my sincere belief that the Occupational Therapist should thus have a degree in Occupational Therapy and be licensed by the state to indicate having acquired the minimal standards necessary to practice therein.

Sincerely,

Doug Lizon Administrator

DL/dm

1602 Maple Lane Bozeman, MT 59715 January 9, 1985

To Whom It May Concern:

As a private non-profit agency that provides home training services to families of handicapped infants and children we support licensure of occupational therapists in Montana. We utilize occupational therapists for assessments and consultations in setting up home programs for parents to use with their developmentally disabled children. We feel licensure would help insure quality and uniformity in the practice of occupational therapy in Montana.

Sincerely,

Patty Pagnotta Family Trainer

Marge Fehrer

Service Coordinator

TO WHOME IT MAY CONCERN:

I, ALICE TOMLIN, AM A STROKE VICTIM. A PARALETIC.

I COULD'NT EAT, TALK OR WALK.HAD TO BE FED THROUGH
A TUBE DIRECTLY TO MY STOMABH. IMAGINE NOT BEING ABLE
TO TASTE FOOD FOR MONTHS WHEN ONE ENJOYS EATING LIKE
I DO.(AS THE SCALES NOW TESTIFY). WELL, ONE DAY I OVERHEARD TH' DOCTOR TELL A NURSE, "SHE WILL NEVER BE ABLE
TO EAT OR WALK AGAIN". WELL, THANKS TO THE OCCUPATIONAL
THEOLOGY AND HER PATIENTS, THE EAT EVERYTHING. ALSO,
HOW TO USE MY HANDS AGAIN. SHE ALSO TAUGHT MY HANDS TO

I THINGS THAT SEAMED IMPOSSIBLE. 'THO IT WILL TAKE
A WHIT, BETWEEN HER ND PHYSICAL THERAPIST, I AM SURE
I ILL ONE DAY WALK AGAIN. PRAISE GOD FOR ALL OUR FINT
THERAPISTS. THEY HAVE GIVEN ME A NEW LEASE ON LIFE.

SINSERELY, ALICE TOMLIN

GREAT FALLS ORTHOPAEDIC ASSOCIATES

PHYSICIANS' PROFESSIONAL CENTER, SUITE 5 1300 28TH STREET SOUTH GREAT FALLS, MONTANA 59405

TELEPHONE (406) 761-1410

J. W. BLOEMENDAAL, M.D. PAUL M. MELVIN, M.D.

CHARLES D. JENNINGS, M.D. SURGERY OF THE HAND

March 7, 1985

Chairman Bob Pavlavich
House of Representatives
Business and Labor Committee
Helena, Montana

Dear Representative Pavlavich:

I am writing this letter in support of a bill for licensure for Occupational Therapy in the state of Montana. I believe that this would be a very advantageous, prudent thing to enact to insure quality care in this important medical support field. I am an Orthopaedic and Hand surgeon and utilize occupational therapy services almost exclusively. It is my feeling that they are equally as essential to my practice as physical therapy is to an orthopedist. These people prescribe many different forms of specialized therapeutic exercise and fabricate splints and braces which are essential in the rehabilitation of upper extremity problems.

I trust that you will vote in favor of this bill for licensure of Occupational Therapist in the state of Montana. Thank you for your consideration.

Sincerely,

Charles D. Jennings, M.D.

CDJ/sc

Dear Committee of Business and Labor

This is a letter to ask for your support of a bill to provide licensure and regulation of occupational therapists and certified occupational therapist assistants.

Regulation of occupational therapy would provide assured continuation of a cinsumer service by a licensed registered therapist.

It would minimize the possibility of claiming ro provide a service without the actual training of the individual providing the service.

Finally, it would systematically regulate the professional competence of occupational therapists and occupational therapy assistants.

Thank you for your attention to theis matter.

Sincerely,

Occupational Therapist, Registered

Dear Committee of Business and Labor

I am writing in regards to the Licensure Bill for Occupational Therapists. I am now residing in Montana and helped to initiate such a bill in the State of North Dakota where licensure has been in effect for one year.

I am pleased to ess this bill considered as it is to the benefit of the consumer to be provided with occupational therapy from a Registered Terapist or an assistant. Licensure has minimized the possibility of claiming to provide a service without the actual training.

Thank you for your attention to this bill.

Sincerely,

SUSAN NORTON OTR

Occupational Therapist, Registered

March 5, 1985

Committee of Business and Labor Montana State Legislature Helena, Montana Gentlemen:

My name is Bob Miller and I am 33 years old. On July 23 I was admitted to St. Vincent Hospital feeling like I had a severe case of the flu. Within a matter of hours I had lost all strength in my arms and legs and most of me memory. It was necessary for me to be placed on a respirator, heart monitor and have multiple Intraveneous tubes to sustain my life. My diagnosis was Guillain Barre'.

During the month I was in the acute care part of the hospital I received Occupational Therapy and Physical Therapy daily. The Occupational Therapist assisted me in basic dressing, grooming and bathing and started work on sitting balance and transfers.

On August 24, 1984 I was transferred to the New Hope Regional Rehabilitation Center. I continued to receive Occupational Therapy twice a day and we worked on skills to make me independent again. These included arm strengthening, balance, coordination for my hands and arms, dressing, bathing and talked about adapting my home. When I was discharged I could take care of myself but needed continued Occupational Therapy for my arm and hand strength and coordination. My outpatient therapy continued for three more months on a daily basis.

I felt the Occupational Therapists made my hospitalization and rehabilitation much shorter than it might have been. People don't think about their coordination and independence so much until they lose it. The Occupational Therapists helped me to get that back.

Occupational Therapists were an important part of my treatment and they need to be recognized. Licensure will guarantee that a good therapist will be available to help other people.

Sincerely,

PERDOCHILLOR

1233 North 30th Street Billings, Montana 59101 406-657-7000

March 5, 1985

Committee of Business and Labor Montana State Legislature Helena, Montana

Dear Madam/Sirs

Occupational Therapy services are a member of the Allied Health Services provided to the consumer. At the present, the Occupational Therapists enterage is pursuing liscensure in the state of Montana.

I highly encourage the Committee of Business and Labor members to endorse enactment of the proposed liscensure law. In making such a move, quality services by qualified and certified Occupational Therapists would be perserved. Further consumer benefits would be founded in that uniform standards and interpretations of O.T. services would be consistent throughout all public and private agencies.

Your support is greatly appreciated by the Montana Occupational Therapy Conclave. Thank you.

Sincerely.

Cathy Holmes, OTR

Occupational Therapy Department

Cally Holines OTR

CH/sz



David F. Sloan, M.D. P.C.

2520 17th ST. WEST, SUITE 100, BILLINGS, MONTANA 59102

TELEPHONE (406) 245-2458

PLASTIC AND RECONSTRUCTIVE SURGERY SURGERY OF THE HAND COSMETIC SURGERY

January 10, 1985

Public Health & Welfare Committee Helena, MT. 59601

Dear Members:

This letter is being written to you in support of state-wide licensing for Occupational Therapists.

I have had the privilege over many years of watching the evolution of this specialty in the ever-expanding field of medical care. Good Occupational Therapists are a critical part of any major hospital practice and are certainly a critical part of my practice in rendering top quality medical care. Hand splinting and Jobst garment measurement are but two of the most critical areas in which I value the services of good Occupational Therapists literally daily. I have come to trust our Occupational Therapists who have extensive educational background and skills in these particular areas. I think that it is imperative to have the State step in with licensing requirements to assure that this high standard of medical care will continue.

Your thoughtful attention to this matter would be deeply appreciated.

Sincerely yours,

DAVID F. SLOAN, M.D., F.A.C.S.

DFS/klh

January 9, 1985 Public Health & Welfare Committee Montoina State Legislature Thelena, Montana To Whom It May Concern: I have been working with the Occupational Therapests at St. Vencent's Hospital for almost 2 years now. I have MS and they have chelped me a great deal in making my home life as easy as possible + Eadaptable to my needs. I was surprised to learn that Occupational Therapist, are not lucensed by the State. I am very lucky to have such good therapests to teen to, but maybe others will not be as lacky of standards are not set up for Occupational Theopests to meet. Therefore,

I feel that by leeening Occupational Therapests in the State of Montana well only insere that the handle appeal 4 chrabled people of Montana well get the best help necessary for the to adapt their leves in the most efficient manner possible. Seneraly) Sewan K. Sayles 1 15 Glenhavon Drive Billings, MT 59105

Lozeman, Most On4 12/1984 To Whom it may concern. On July 27, 1983, I had a stroke paralyzing my left side. It was a devastating How to me as I could not crochet any more. Crocheting was my life I saver being my feet her cryppled with Diabetic meuropothy. I was in The Haspital To dkep and if it hadn't theen For the therapist there I think I would have lost my mind, My husband went blind and Condition we couldn't care for ourselves, so we Came to The O. T. Came to Try Resource and right The to de needlepant with



Special Education Department 404 West Main, P.O. Box 520 Bozeman, Montana 59771-0520 Phone: (406) 586-8211, Ext. 246

Joyce Hynes, Director Special Education

December 18, 1984

Montana Occupational Therapy Association

To Whom It May Concern:

I am writing in support of the proposed licensure legislature for occupational therapists in the state of Montana. I believe there is a need to more clearly establish qualifications and training for those individuals who assume the title of "Occupational Therapist" within the state of Montana. Ultimately, this is a protection of the public and the consumer of service.

It is our experience that occupational therapy is continuing to expand within the state to a variety of settings including that of education where therapists are employed to be working with physically and multiply handicapped students. Licensure of these individuals would serve to reinforce the standards already established by the Office of Public Instruction that only registered occupational therapists should be employed to work with handicapped students.

Sincerely yours,

Joyce Hynes

Director of Special Education

Bozeman Public Schools



MONTANA OCCUPATIONAL THERAPY ASSOCIATION

March 5, 1985 -

Committee of Business and Labor Montana State Legislature Helena Montana

Gentlemen:

My name is Sue Zimmerman and I am the President of the Montana State Occupational Therapy Association. I have been a practicing Occupational Therapist in Montana for five (5) years.

Occupational Therapy in the state of Montana touches a wide spectrum of people of all ages and with a variety of disabilities including strokes, spinal cord injuries, head injuries, arthritis developmental delays, mental retardation, psychiatric disorders, multiple trauma and muscular, neurologic orsystemic degenerative diseases. Occupational Therapy is provided through state institutions, private, public and non-profit hospitals, private practice, public schools and non-profit organizations.

Occupational Therapists in their daily work promote maximum independence, prevent further disability and maintain health through the use of evaluation treatment and consultation with the disabled individual and the family. Our services are provided individually, in groups or through social systems and include the teaching of daily living skills; developing perceptual motor skills and sensory integrative functioning; developing play skills, prevocational and leisure capacities; designing, fabricating or applying selected orthotic and prosthetic devices or selective adapted equipment; using specifically designed crafts and exercises to enhance functional performance; administering and interpreting tests such as manual muscle and range of motion; and adapting environments for the handicapped.

The Montana Occupational Therapy Association provides all Occupational Therapists in Montana an opportunity to share experiences, knowledge and fellowship to promote growth in our profession.

The state association was established within guidelines from the American Occupational Therapy Association. These guidelines have not only provided us the structure to bring Montana's Occupational Therapists together for a common purpose but promotes the continuation of the highest professional standards possible.

Our bi-annual meetings are rotated throughout the state and consist of a business meeting, and continuing education for the members. Examples of our education opportunities sponsored by the Montana Occupational Therapy Association in the past have included advanced splinting techniques, conducted by a major manufacturer in the United States; a regional Occupational Therapy conference with Wyoming, Utah, Idaho and Montana that included respected authorities in orthopedic surgery, gerontology and neurology and a future course on computer technology for the handicapped to be held this spring.

Another function of this association is to promote public education. Our library contains programs available to any therapist for use at health fairs, vocational fairs and presentation to community groups. Our members also as advocates for the handicapped populations in areas of public transportation, parking, public facility accessibility, home adaptations and communication systems, using the state and national organizations as a resource of information and support.

This licensure bill will provide the residents of the Montana Association an assurance that the high quality of professional Occupational Therapy practice will be available to them in the future.

Respectfully Submitted,

Susan Zimmerman OTR

Susan Zimmerman, OTR
President of the Montana
Occupational Therapy Association

SZ/rre



To: Business + Labor Committee

From: Susan Jones OTR

Regarding: 5B # 19

March 6, 1985

Jam an Occupational Therapist who has practiced in the state of Montana for twelve years in a variety of Attings; has jutals, schools, necessify homes, rehat center, and sheltered workshop.

Decupational Therapiets. I support protection of the Consumer from unqualified fractitioners. I recommend that our professional group follow the Konerican Occupational Therapy ason. precedent to define our services in order to offer safe and competent services to the public.

Sincerely, Ausan Doores OTR 508 M. Ind W. Messoula mo

Carolynn Alverson 603 East Montana Street Livingston, Montana 59047

Oct. 1984

TO WHOM IT MAY CONCLINE:

at was. On February 25, 1983, my husband, suffered a massive stroke, and lay in a coma for a month. When he had regained consciousness, he started occupational and physical therapy almost immediately at a rehabilitation center.

Struke victims often eat very rapidly, and also do not realize that they are "poaketing" fool in the cheek that is paralyzed. Our first experience with occupational therapy began when the therapists sat with him at his meals, and taught him how to feed himself again, to slow down his eating, and how to clear his left cheekly food. All this lessened his tendency to choke. They also taught him to look to the left side of his plate for his food, something which is often neglected by a struke victim. He now hus good contrul of his eating habits.

He was a patient at the rehabilitation center for two months, where he also had physical therapy. Upon his discharge, he was still so low-level in his ability, that it was necessary for him to be in our local convalescent center for two months. I was not able to care for him at this point, in our own home. At his doctor's suggestion, we were very fortunate in having a wonderful occupational therapist come into the convalescent center to see him, and work with him on a regular basis. She exercised his weak arm and hand, and with her positive attitude did much to encourage him. As he became stronger, she taught both my husband and me transfer techniques; that is, the effortless way, with the use of a special belt, to transfer from the bed to the wheel chair and back, and also in and out of our car. We were eventually observed by a Doctor of Physical Medicine, who, after watching our transfers, told us that my husband could be taken home , and be cared for there. We will be forever grateful to that therapist, who made it possible for him to leave the convalescent center, and be in his own home again. Without her help, and the help of a dedicated physical therapist, he would still be sitting in a wheel chair at the nursing home, which is the fate of so many neglected stroke victims. He now with a pronzed cane at home and away from home. The wheel chair is used only to attach an arm and leg exerciser. He reads well, and is fully aware of what is going (His speech was never a_{tr}^{ω} ected.)He is not only contented to be in his own home, but is a part of the outside world in the excursions and visits we make by car. Since heris a diabetic, his meals and sugar count are far more controlled at home than they ever were in the nursing home. He was a private pay putient at the convalescent center, and by being at home, that occupational therapist saved us hundreds of dollars.

He continues to have the help of both and occupational and physical therapist. The occupational therapist exercises his weak arm and hand, and he has had assistance as possible. We will soon resume the finishing of two spinning wheels he had started before the stroke.

I strongly write that occurational therapist be licensed in the State of Mantana.

I have seen first hand the good they do, in the face of a devastating and the situation.

Carolyn allverson

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