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

March 13, 1985

The meeting of the Human Services and Aging Committee was called to order by Chairperson Nancy Keenan on March 13, 1985 at 4:00 p.m. in Room 312-2 of the State Capitol.

ROLL CALL: All members were present with the exception of Representative Bradley who was excused by the Chair.

HOUSE BILL NO. 907: Hearing commenced on House Bill No. 907. Representative Kurt Krueger, District #69, sponsor of the bill stated that an act raising certain vehicle registration fees by $1 and appropriating the increased revenue to the physically disabled persons program of the Department of Social and Rehabilitation Services was needed. Krueger also stated that 100,000 people die or are seriously injured each year as a result of head injuries. Most of these injuries range in the age group of under 30. Representative Krueger also supplied amendments to this bill for the Committee review.

Proponent Bob Frazier, representing the PFP Disability Fund stated that funding was needed from the sale of vehicle revenue that being $1.00 from each sale was needed to enable some of these people retrained. Dr. Susan Bertrand of Missoula stated that in a head injury study done on three continents, automobile accidents consistently were the cause of the largest number of persons with head trauma seeking attention in emergency rooms, and these persons made up an even larger percentage of those who required admission and further care. People with these problems frequently "fall through the cracks". Their combination of deficits may make them "too severe" for competetive employment and therefore ineligible for vocational rehabilitation services because they are too severe for competitive employment and they may not meet the criteria for social security disability. If eligible for services through vocational rehabilitation, medicaid or medicare, those services are often deemed unusual, excessive or too costly for the current budget. Dr. Bertrand also supplied a chart of the incidence of persons surviving traumatic head injury in the U.S. Exhibit 1 was supplied as Dr. Bertrand's testimony. Representative Joan Miles also indicated her support of this legislation. Maria S. Nyberg, representing the Missoula Community Hospital Rehabilitation Center supplied Exhibit 2. Ms. Nyberg stated that the head injured individual, usually male, head of household, primary breadwinner is often incapacitated sufficiently to impede him from returning to work or fulfilling his other roles or responsibilities in the home or community. He often becomes a major financial

and emotional burden on the family as they attempt to cover his medical costs and provide for his personal care. Often with the young families the only existing insurance is limited to auto insurance. These benefits are often exhausted during the initial care. Ms. Nyberg also stated that automobile accidents are by far the most common cause of head injuries, both severe and minor. Bob Donaldson representing the Montana Department of Social and Rehabilitation Services indicated his support of this legislation.

Opponent Jim Manion objected to the matter of funding from license plate sales but does not object to the program in itself. Representative Norm Wallin also opposes to the means of funding this program but does not object to the program in itself.

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

Questions were then called for. Representative Campbell questioned the money figures in the amendments which Krueger had proposed. Representative Simon asked why swimming pools were not considered as a funding means. Simon also asked why drivers licenses could not have a revenue attached to them. Representative Gilbert asked how many of these vehicles would be taxed and also questioned as to why semi-tractor trailers would also fall into this category of funding.

There being no further discussion on House Bill No. 907, the hearing was closed.

SENATE BILL NO. 329: Hearing commenced on Senate Bill No. 329. Senator Regan, District #47, sponsor of the bill said that an act revising provisions relating to freedom of choice of medical assistance provided through the Department of Social and Rehabilitation Services was needed.

Proponent Pat Gadbout, representing the Montana Department of Social and Rehabilitation Services indicated her support of this legislation by saying that because of a recent lawsuit this legislation was needed to give carte blanche to SRS to enable SRS to "do their job properly."

Opponent Don Allen, representing the Montana Hospital Association stated that the Statement of Intent which is attached to this bill restricts the service of health care providers and that the bill is not necessary for

what the Montana Department of Social and Rehabilitation Services wanted to accomplish. Jerry Loendorf, representing the Montana Medical Association opposes this legislation. Roland D. Pratt, executive director the the Montana Optometric Association said that this legislation takes away the freedom of choice; it gives the welfare patients a second class system; it was the first step in creating a socialist health care system; nursing home patients could possibly be moved from their home town districts to a facility cheaper in cost; SRS does what they want anyway; by-pass of the current fee schedules. Exhibit 3 indicates Pratt's opposition. Chad Smith, representing the Montana Hospital Association said that the legislation as it stands is adequate.

There were no further proponents and opponents present. Senator Regan was then excused by the Chair.

Representative Waldron asked if the rates for medicaid were now a set rate or if a doctor who opposed the rate system could refuse to see a patient and the answers were both yes. Representative Gilbert questioned the 800% mark up on the sale of oxygen. Senator Regan stated that this figure was from a Washington survey. Gilbert also stated that competitive bids would not be feasible in smaller towns. Representative Simon questioned the preferred provider system. Gadbout stated that SRS would like the right to try this type of system. Representative Wallin questioned the "freedom of choice."

There being no further discussion on Senate Bill No. 329, the hearing was closed.

SENATE BILL NO. 458: Hearing commenced on Senate Bill No. 458. Senator J.D. Lynch, District #34, sponsor of the bill stated that an act relating to the adequate habilitation of patients in mental health facilities; requiring qualified staff in sufficient numbers to provide adequate habilitation of patients admitted to the Montana State Hospital in Warm Springs; granting the Department of Institutions rulemaking authority was needed. Lynch also said that more staffing was needed in Warm Springs. The less staff the less treatment for patients.

Vice-Chairman Gould indicated that Representative Keenan did wish to voice her support of this legislation. Senator Jack Haffey said that he supported the health care of the patients rather than the additional jobs necessary for their care. Terry Minow, representing the Montana Federation of Teachers indicated her support. Shirley Thennis, representing the

Montana Association of Nurses' supplied Exhibit 4. Ms. Thennis stated that the Association felt that it is the fundamental right of patients at Montana State Hospital to have care by qualified staff in numbers sufficient to provide adequate habilitation. The maintenance of a minimum ratio of permanent full time professional staff to patients at the hospital was needed. Representative Bud Campbell also indicated his support.

Curt Chisholm, representing the Montana Department of Institutions is a neutral speaker on this legislation. The problem of the ratio of patients and staff is important. Good patient care is the main objective.

There were no further proponents nor opponents present. Senator Lynch was then excused by the Chair.

Representative Waldron asked Mr. Chisholm what the ratio system was at Warm Springs State Hospital and how the patient limit ranged. Mr. Chisholm stated that the "the doors would be closed" if the personnel could not meet the needs of the patients. Waldron then asked if voluntary admissions could be turned down and Chisholm stated that they could. Vice-Chairman Gould asked the researcher to explain the Short-Doyle Act. Representative Simon asked Mr. Chisholm to explain the fiscal note attached to this legislation.

There being no further discussion on Senate Bill No. 458, the hearing was closed.

SENATE JOINT RESOLUTION NO. 22: Hearing commenced on Senate Joint Resolution No. 22. Senator Tom Towe, Districe #46, sponsor of the bill said that a joint resolution of the Senate and the House of Representatives of the State of Montana urging the United States Congress to reauthorize the Indian Health Care Improvement Act was needed. Senator Towe supplied as Exhibits 5 and 6, the draft position paper of the veto of the Indian Health Care Amendments and a Memorandum of Disapproval from The White House. This is the withholding of approval of the congressional legislation which was signed by the President. Senator Towe also supplied an amendment to this legislation.

Proponent Gary Kimball, representing the Office of Indian Affairs stated that if the federal government does not provide the health care needs of the Indian population, the cities and counties will then in turn

be responsible for the financial obligations of these people through welfare programs. Jerry Loendorf, representing the Montana Medical Association stated that the Association felt that the legislation proposed would benefit Montana.

There were no further proponents and opponents present. Senator Towe was then excused by the Chair.

There being no further discussion on Senate Joint Resolution No. 22, the hearing was closed.

ADJOURN: There being no further business before the Committee, the meeting was adjourned at 6:42 by Vice-Chairman Gould.

Nancy Keenan

NANCY KEENAN, Chair

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

49th LEGISLATIVE SESSION -- 1985

Date March 13, 1985

NAME	PRESENT	ABSENT	EXCUSED
NANCY KEENAN	X		
BUDD 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		

EXHIBIT 1
March 13, 1985

SUSAN T. BERTRAND, M.D., P.C.

2825 FORT MISSOULA ROAD • MISSOULA, MONTANA 59801 • (406) 721-5294

The incidence of persons surviving traumatic head injury in the United States varies widely. Krause et. al in one of the more conservative studies estimates 20 moderate to severe head injuries per 100,000 population per year. Other studies estimate 10 times that number. Kurtzke indicated prevalance of 800/100,000 population and the attached chart compares the prevalence of moderate and severe head injuries in Montana to other neurologic and problems and the magnitude of the problems evident.

In the head injury study done on three (3) continents by Jennet and Teasdale, Automobile accidents consistently were the cause of the largest number of persons with head trauma seeking attention in emergency rooms. But, they made up an even larger percentage of those who required admission and further care.

With improved emergency care and intensive top quality neurosurgical care, more severely and moderately injured accident victims are surviving. Many cognitive impairments; including problems with memory, judgement, impulse control, drive, and learning ability. These deficits are usually multiple and are frequently compounded by physical limitiations in motor control, balance, fine motor control of the hand or speech problems.

Persons with multiple sclerosis and younger stroke victims have some of the same physical and mental deficits. People with these problems frequently "fall through the cracks". Their combination of deficits may make them "too severe" for competetive employment and therefore ineligible for Vocational Rehabilitation Services; of if ineligible for services for Vocational Rehabilitation because they are too severe for competitive employment they may not meet the criteria for Social Security Disability. If eligible for services through Vocational Rehabilitation, Medicaid or Medicare, those services are often deemed unusual, excessive, or too costly for the current budget.

Ben Yishay at NYU has demonstrated that with proper treatment many brain injured persons are able to return and maintain substanstantial gainful employment who previously were labled as "too severe". This has proven to be cost effective. Several states have adopted this approach since the initial work in New York and have confirmed it's cost effectivenss. The current proposal provides Montanans with the opportunity to fund services for victims of head injury accidents who have "fallen through the cracks" and who have not received services which would improve their quality of life and ability to return to productivity. It also provides those funds by going to the source of the largest numbers of those injuries, the automobile.

INCIDENCE OF PERSONS SURVIVING TRAUMATIC HEAD INJURY IN THE UNITED STATES *

SEVERITY OF BRAIN DAMAGE	INCIDENCE/100,000/YR	NATIONALLY	MONTANA**
Mild	131	294,750	900+
Moderate	14	30,500	100+
Severe	6	13,500	50

* Kraus et al, American J. Epidemiol, 1984

** Extrapolated based on 700,000 + population of Montana

PREVALENCE OF BRAIN DAMAGE FROM TRAUMA VERSUS OTHER NEUROLOGIC DISABILITIES***

DISORDER	PREVALENCE / 100,000	EXTRAPOLATED FOR MONTANA
Traumatic Brain Injury Moderate to Severe	800	5600
Spinal Cord Injury	50	350
Multiple Sclerosis	60	420
Cerebral Palsy	250	1750
Muscular Dystrophies	20	140

*** Kurtzke, J. E., Neuology 32:1207, 1982

EXHIBIT 2
March 13, 1985

Missoula Community Hospital Rehabilitation Center

GRANT M. WINN, EXECUTIVE DIRECTOR

MC 2827 FORT MISSOULA ROAD, MISSOULA, MONTANA 59801
MC MISSOULA COMMUNITY MEDICAL CENTER (406) 728-4100

March 13,1985

Traumatic brain injury is the fastest growing disablility in America today. It has been called the "silent epidemic". According to the National Head Injury Foundation approximately 500,000 people a year are admitted to the hospital with Closed Head Injury. Of these, 100,000 die and 100,000 survive with severe neurological deficits. By comparison, statistics show 10,000 spinal cord injuries a year.

Head injury is most prevelant in the age group under 40. Males out number females as victims of Head Injury. This has a major impact on families and society.

During the past 3 years I have dealt with families of Head Injured in the capacity of a Medical Social Worker. The effects on the family systems are devistating. The Head Injured individual usually male, head of household, primary breadwinner is often incapacitated sufficiently to impede him from returning to work or fulfilling his other roles or responsibilities in the home or community. He often becoomes a major financial and emotional burden on the family as they attempt to cover his medical costs and provide for his personal care. Often with the young families the only existing insurance is limited to auto insurance. These benefits are often exhausted during the initial care.

If no programs or funding exist for the Head Injured, these individuals remain unable to resume their responsibilities in the family or society. The families are at a high risk of disintegrating. If this occurs, the care of the Head Injured falls on the community which is ill prepared to address the needs. Institutional care costs for the Head Injured are very high.

According to Dr. Thomas J. Ball, neuropsychologist at the University of Alabama an authority on Head Injury, "Automobile accidents are by far the most common cause of head injuries, both severe and minor." Given that automobiles are main source of Head Injuries, and often insurance benefits due not cover the needed services, I would support obtaining addtional revenue for services for the Head Injured by increasing licensing costs.

Maria Nyberg

Maria S. Nyberg, BSW
Medical Social Worker

EXHIBIT 3
March 13, 1985

Senate Bill #329

For the record , my name is Roland D. Pratt. I am the executive director for the Montana Optometric Association.

The MOA opposes Senate Bill #329 for the following reasons:

1) Takes away the freedom of choice- makes the welfare patient a capitive segment of the health care system.

2) Present system has reasonable restraints but does allow freedom of choice.

3) Create a welfare health system and a for-pay system, giving the welfare patients a second class system.

4) First step in creating a socialist health care system.

5) Nursing home patient could end up being moved from their home community to one 50 miles down the road because the home down the road put in a cheaper bid.

6) Create welfare glasses like the old GI glasses.

7) SRS track record in the past is not good. They hold hearings, talk to practitioners and receipients, get recommendations from advisory board and they do what they what. Example: Co-payments

8) This is an attempt to by-pass the current fee schedule for providers and replace with a bid for services system.

9) There are no limits- SRS could put in a system where by providers would have to bid everytime a service was provided.

10) They could require patients to travel outside of their home area to receive services because either no provider bid or it is cheaper in the next town.

EXHIBIT 4
March 13, 1985

TESTIMONY SB 458

The Montana Nurses' Association would like do go on record supporting SB458. We believe it is a fundamental rights of patients at Montana State Hospital do have care by qualified staff in numbers sufficient to provide adequate habilitation.

SB 458 would require the Dept. of Institutions to maintain a minimum ratio of permanent full-time professional staff to patients at Mont. State Hosp. in order to provide habilitation. This bill will benefit a population of Montana residents who have great need of professional care.

Please give this bill a DO PASS recommendation.

Respectfully submitted,
Eileen Robbins, Montana Nurses' Association 3/13/85

EXHIBIT 5
March 13, 1985

DRAFT POSITION PAPER ON THE VETO OF THE INDIAN HEALTH CARE AMENDMENTS '84

"PUBLIC LAW 94-437, THE INDIAN HEALTH CARE IMPROVEMENT ACT EXPIRED ON SEPTEMBER 30, 1984. THE EXPIRATION WAS CAUSED BY THE VETO OF THE INDIAN HEALTH CARE AMENDMENTS (S-2166) BY PRESIDENT RONALD W. REAGAN ON OCTOBER 19, 1984.

THE AMERICAN INDIANS IN THE STATE OF MONTANA UNANIMOUSLY AGREE THAT THE PRESIDENT OF THE UNITED STATES HAS COMMITTED ONE OF THE GREATEST INJUSTICES THAT ANY LEADER OF A NATION COULD DO TO ITS RELATIONSHIP WITH THE NATIVE PEOPLES OF THE LAND. OCTOBER 19, 1984 WILL GO DOWN IN "INFAMY" WITH AMERICAN INDIANS AS DID DECEMBER 7, 1941 WITH ALL AMERICAN PEOPLE.

THE CURRENT AND FUTURE HEALTH STATUS OF AMERICAN INDIANS HAS BEEN SERIOUSLY JEOPARDIZED BY PRESIDENT REAGAN'S VETO OF S-2166. THE PRESIDENT FAILS TO ADDRESS THE FOLLOWING CRITICAL BUDGETARY AND POLICY ISSUES:

1. THE PRESIDENT CLAIMS TO "SUPPORT THE INTENT AND OBJECTIVES OF THE INDIAN HEALTH CARE IMPROVEMENT ACT" AS EVIDENCED BY HIS SIGNING OF THE CONGRESSIONAL CONTINUING RESOLUTION FOR FY-85. HE FAILS TO POINT OUT THAT HIS ADMINISTRATION'S BUDGET REQUEST FOR FY-85 AMOUNTED TO A REDUCTION OF $82 MILLION LESS THAN THE 1984 HEALTH CARE LEVEL, WITH THE ELIMINATION OF THE COMMUNITY HEALTH REPRESENTATIVE (CHR) PROGRAM, URBAN INDIAN HEALTH PROGRAMS AS WELL AS ALL TRIBAL MANAGEMENT AND CONSTRUCTION FACILITY MONIES.

2. THE PRESIDENT'S REJECTION OF THE "MONTANA PROVISION", WHICH DESIGNATES THE INDIAN HEALTH SERVICE AS THE PRIMARY PROVIDER OF CARE, IS SIMILARLY WOITHOUT MERIT. WHILE HE FINDS THIS TO BE A "TOTALLY UNACCEPTABLE" PROVISION WHICH WOULD "SET A PRECEDENT FOR POTENTIALLY CHANGING THE FUNDAMENTAL RELATIONSHIP OF THE INDIAN HEALTH SERVICE TO STATE AND LOCAL ENTITIES", HE FAILS TO RECOGNIZE THE UNIQUE RELATIONSHIP BETWEEN THE FEDERAL GOVERNMENT AND INDIAN TRIBES WHICH HUNDREDS OF TREATIES AND LAWS HAVE ADDRESSED, IN THE SIGNIFICANT AREA OF HEALTH CARE.

3. THE PRESIDENT ALSO OPPOSES THE ELEVATION OF THE DIRECTOR OF THE INDIAN HEALTH SERVICE, AS PROVIDED IN SECTION 602(D) OF S-2166, AS BEING "UNCONSTITUTIONAL". THIS HAS NO VALIDATION INASMUCH AS THE U.S. SENATE AND HOUSE OF REPRESENTATIVES HAVE CONCLUDED THERE IS NO CONSTITUTIONAL PROBLEM WITH THE PROCESS ADDRESSED IN S-2166. THIS ELEVATION WOULD MAKE INDIAN HEALTH SERVICE MORE ACCOUNTABLE TO BOTH THE FEDERAL GOVERNMENT AND AMERICAN INDIANS.

4. PRESIDENT REAGAN VIEWS THE FEDERAL OBLIGATION TO INDIAN PEOPLE AS HE DOES OTHER DOMESTIC PROGRAMS. THE PROGRAMS WHICH ARE APPLIED TO MEET FEDERAL OBLIGATIONS TO INDIAN PEOPLE ARE NOT DOMESTIC OR WELFARE PROJECTS. THEY ARE A FULFILLMENT OF THOSE LEGAL OBGLIGATIONS AND HAVE BEEN PRE-PAID BY OUR INDIAN PEOPLE. THE PRESIDENT NOW SETS ASIDE THE "WORD AND HONOR" OF THE UNITED STATES.

THE ENACTMENT OF THE INDIAN HEALTH CARE IMPROVEMENT ACT (PL94-437) IN 1976 REPRESENTED THE MOST IMPORTANT STATEMENT EVER MADE ABOUT THE FEDERAL GOVERNMENT'S COMMITTMENT TO IMPROVING THE HEALTH CARE STATUS OF AMERICAN INDIANS AND ALASKA NATIVES. AS PROVIDED IN THE ACT, THE CONGRESS DECLARED "IT IS THE POLICY OF THIS NATION, IN FULFILLMENT OF ITS SPECIAL RESPONSIBILITIES AND LEGAL OBLIGATIONS TO THE AMERICAN INDIAN PEOPLE, TO MEET THE NATIONAL GOAL OF PROVIDING THE HIGHEST POSSIBLE HEALTH STATUS TO INDIANS AND TO PROVIDE EXISTING INDIAN HEALTH SERVICES WITH ALL RESOURCES NECESSARY TO EFFECT THAT POLICY."

THE INDIANS OF MONTANA NOW ASK THE CONGRESS OF THE UNITED STATES TO REINTRODUCE THE INDIAN HEALTH CARE AMENDMENTS OF 1984 AS WAS UNANIMOUSLY AGREED TO BY THE CONGRESS FOR PASSAGE, AND SUBMITTED TO THE PRESIDENT IN OCTOBER, 1984.

NO CHANGE IN ANY FORM OF S-2166 IS DESIRED. THE URGENCY OF THIS ACTION IS OF THE UTMOST IMPORTANCE TO OUR AMERICAN INDIAN AND ALASKA NATIVE PEOPLE.

EXHIBIT 6
March 13, 1985

STR 22

THE WHITE HOUSE

Office of the Press Secretary

October 19, 1984

For Immediate Release

MEMORANDUM OF DISAPPROVAL

I am withholding my approval of S. 2166, the "Indian Health Care Amendments of 1984," which would extend and amend the Indian Health Care Improvement Act.

Although I fully support the intent and objectives of the Indian Health Care Improvement Act, I believe this bill is seriously deficient in fulfilling those goals. My disapproval of the bill will in no way affect the continued delivery of health care services to our country's Indian population. Earlier this month I signed the Continuing Resolution Appropriations Act for fiscal year 1985, which includes $855 million for the Indian Health Service, an increase of $30 million over the prior year.

A number of serious flaws in S. 2166 compel my disapproval of this bill. Two provisions are especially troublesome.

First, a provision that I find totally unacceptable would actually reduce access to health services for Indians. That provision would have the effect of making Indians residing in Montana ineligible for certain benefits of State and locally supported health programs until and unless the availability of such benefits from the Indian Health Service has been exhausted. In my view, this provision for Indian citizens of Montana would set a precedent for potentially changing the fundamental relationship of the Indian Health Service to State and local entities, as well as depriving eligible Indians of benefits that should be due them by virtue of their citizenship in the State. As a matter of both principle and precedent, I cannot accept this provision.

Second, the mechanism established in section 602(d) of the bill for effecting the removal of the Indian Health Service from the Health Resources and Services Administration (HRSA) is unconstitutional and can have no legal effect. The Department of Justice has advised me that the Congress may not constitutionally delegate to a congressionally appointed body, such as the Commission on the Organizational Placement of the Indian Health Service established by this bill, the legislative authority to determine when legislation will take effect. Because section 602(d) does not comply with the clear requirements of the Constitution, I cannot give my approval to this bill.

Other serious flaws in S. 2166 that compel my disapproval would:

-- duplicate existing authorities in most of its provisions;

-- unnecessarily and wastefully change the organization of the Indian Health Service; and

-- place increased emphasis on services that are not oriented toward the primary mission of the Indian Health Service.

The bill would allocate a significant portion of funding for various peripheral projects, such as unnecessary reports, interagency agreements, and regulations development. This would lead either to an unacceptable increase in total funding or to underfunding of the most critical area -- provision of clinical health services to reservation Indians. The Administration has, on the other hand, proposed using most Indian health funds for this purpose, so that resources can be most effectively spent where the need is the greatest.

For all these reasons, I find S. 2166 unacceptable.

As I indicated earlier, the action I am taking will have no adverse impact on the delivery of health services to Indians living on or near a reservation because the existing provisions of the Snyder Act provide all necessary authority for such services. Since 1955, utilizing the Snyder Act authorities:

-- 30 hospitals have been constructed;

-- 30 clinics and 58 field health stations have been constructed;

-- Annual admissions to Indian Health Service and contract hospitals have more than doubled; outpatient visits have multiplied by approximately eight times; and the number of dental services provided has increased ten-fold.

Even more important are the achievements in terms of improved health status, which is, after all, the goal of the Indian Health Service:

-- The infant mortality rate has decreased by 77 percent and the maternal death rate by 86 percent;

-- The death rate resulting from pneumonia and influenza has decreased by 73 percent; and

-- Death from tuberculosis has been reduced by 94 percent and the incidence of new active tuberculosis has been reduced by 84 percent.

Over the last decade, the Federal Government has supported the Indian Health Service with over $5 billion. The last budget that I submitted to the Congress projected spending an additional $4 billion through 1989.

My Administration's commitment to ensuring the continuing improvement of health services delivery to Indian people and Alaska natives is strong and clear.

RONALD REAGAN

THE WHITE HOUSE,
October 19, 1984.

# # # # # #

STATE COORDINATOR OF INDIAN AFFAIRS

TED SCHWINDEN, GOVERNOR

1218 EAST SIXTH AVENUE

STATE OF MONTANA

(406) 444-3702
DONALD L. CLAYBORN, COORDINATOR

HELENA, MONTANA 59620

TESTIMONY

SENATE JOINT RESOLUTION NO. 22

MARCH 13, 1985

Chairman Keenan and Human Services Committee Members:

Amendment to Senate Joint Resolution No. 22, A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA URGING THE UNITED STATES CONGRESS TO REAUTHORIZE THE INDIAN HEALTH CARE IMPROVEMENT ACT.

On page 2, line 9 add:

WHEREAS, in the urban areas of Montana there is a critical need for health care provided by the Indian Health Care Improvement Act in the form of grants to urban Indian centers; and

VISITOR'S REGISTER

HOUSE HUMAN SERVICES AND AGING COMMITTEE

BILL SJR 22 DATE 3/13/85

SPONSOR Towe

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
DL Claybourn	HELENA MT.	Indian Affairs	X	
Bob Brant	Helena	MT. Assoc of Counties	V	
Gary Kimble	HELENA	INDIAN AFFAIRS	X	
Jean Rankin	Helena	Mt. Medical Assn	V	
Shirley Hennes	Helena	self	—	

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

FORM CS-23

VISITOR'S REGISTER

HOUSE HUMAN SERVICES AND AGING COMMITTEE

BILL SB 458 DATE 3/13/85

SPONSOR Lynch

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
James Darr v Jhn	mont Legal Servs	Butte	✓	
Edna Robbins	Helena	Montana Nurse Assoc.	✓	
J Lynch	Butte	Senator	✓	
Shirley Hendrickson	Helena	self/MNA	✓	

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

HOUSE HUMAN SERVICES AND AGING COMMITTEE

BILL SB 329 DATE 3/13/85

SPONSOR Regan

NAME	RESIDENCE	REPRESENTING	SUPPORT	OPPOSE
Pat Goddard		SRS	X	
Chad Smith	Helena	Mont Hosp Assn		X
Ed Heidel	MT Optometric	Association Helena		X
Dennis Zander	Mt. Pediatric Assn	Mt. Medical Assn	Yes	✓
Jim Oliver	Helena	MT. Hosp. Ed. Assn		✓
Shirley Harris	Helena	Montana Nurses Assn		—

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WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

FORM CS-23

VISITOR'S REGISTER

HOUSE HUMAN SERVICES AND AGING COMMITTEE

BILL HB 907 DATE 3/13/85

SPONSOR

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
Jim Tjoenday	Helena, Mt.	Mt. Medical Assn	~~✓~~	
Dr Claybourn	Helena Mt.	Indian Affairs		
BOB DONALDSON	Helena	DSRS	X	
Bob Liston	Helena	Governor's Committee on Employment of Hdcp	✓	
Susan Bertrand (MD)	Missoula		✓	
Maria Hysong	Missoula	Msla Community Hosp	✓	
Bill Ford Jr	Bozeman	PFP, Disabled Women's Team	✓	
Joan Marion	Helena	????		X
Floyd Anderson	E. Helena	individual		X

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

FORM CS-33