

MINUTES OF THE MEETING
HUMAN SERVICES SUBCOMMITTEE
MONTANA STATE
HOUSE OF REPRESENTATIVES

January 17, 1985

The meeting of the Human Services Subcommittee was called to order by Chairman Cal Winslow on January 17, 1985 at 8:00 a.m. in Room 108 of the State Capitol.

ROLL CALL: All members were present, with the exception of Representative Bradley, who arrived shortly after Roll Call was taken.

Chairman Winslow introduced Peter Blouke from the LFA office to give a brief summary of all the executive action taken in the meeting on January 16. Then the End Stage Renal Disease (ESRD) program was discussed.

Peter Blouke (12:A:011) discussed the executive actions taken in yesterday's meeting, the changes made in the budgets, and the conceptual action on the funding. The committee also included seven modified programs: The enhancement of nursing staff, Family Planning, Perinatal program, Cleft Palate, WIC, Child Nutrition, and Behavioral Risk Surveillance program. Specific action was made that impacted the allocation of both the PHB Grant and the MCH Block Grant that has committed a portion of those funds that will tie up some of the other funds:

	<u>FY86</u>	<u>FY87</u>
<u>MCH</u>		
Newborn Transport	\$ 66,000	\$ 66,000
Mouthrinse program	15,000	--0--
Cleft Palate modified	52,500	52,500
Perinatal modified	204,599	220,819

	<u>FY86</u>	<u>FY87</u>
<u>PHB</u>		
Microbiology Lab mod.	\$ 34,000	\$ 34,000
Mouthrinse	--0--	15,000
Nursing modified	(Will be reduced)	
Family Planning mod.	11,649	11,653

Chairman Winslow announced there will be an executive session on Saturday, January 19, but was unsure of the time.

ENVIRONMENTAL SCIENCES DIVISION

End Stage Renal Disease (ESRD)

Robert Solomon (12:A:120), manager of the ESRD program, was introduced for his presentation of the ESRD program

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(EXHIBIT 1). He also presented Jan Saeman, who has been assigned to work with him. He highlighted the charts and additional information included with his presentation.

Questions followed concerning the first-come, first-serve basis for payments and the eligibility criteria for applying to the ESRD program. Mr. Solomon gave everyone the uniform application used for the ESRD program (EXHIBIT 2).

Representative Budd Gould testified in support of the ESRD program. He stressed the importance of helping the new person who is just coming on the program. He also supported home dialysis. He said he felt the recommended appropriation of \$125,000 will not do the job.

Dick Norrick (12:A:560), from the Montana Kidney Patients Association, also testified in support of the ESRD program. He stated that he wants to see an increase of the recommended level of funding. When the program was first started in Missoula, there were 17 people on the program; at the present time there are 65 people that are being serviced on the ESRD program in Missoula.

Further testimony was heard from Paul Peterson from the Montana Kidney Patients Association. He voiced concerns about going into the work force, the worries about taking over the accumulated bills after going to work. He said he would like to see a phasing out of the assistance as people return to the work force.

OCCUPATIONAL HEALTH BUREAU

Larry Lloyd (13:A:039), Chief of the Occupational Health Bureau, gave a presentation of his bureau (EXHIBIT 3). He mentioned the bureau is staffed at the same level with more patients. His budget modification request is for one additional health physicist for inspection of X-ray machines.

Questions followed concerning how often these X-ray machines are inspected; their National Concentration Control Program directors recommends there should be one X-ray inspector for every 400-600 machines which calculates to be 3-5 people. The Occupational Health Bureau has one and they are asking for one more.

WATER QUALITY BUREAU

Steve Pilcher (13:A:322), Chief of the Water Quality Bureau, presented a brief overview of the programs in the bureau (EXHIBIT 4). The bureau is proposing to operate with a current level of 37.25 FTE and a modified request of two additional FTE in FY86 and one in FY87.

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Water Quality Bureau is requesting general fund support in the amount of \$43,000 to provide a core staff of 1.5 FTE and related operating expenses. Remaining program costs up to the authorized 4.0 FTE level would be taken by review fees.

Questions followed concerning the contracts with local units of local health department for assistance, the request of 2 additional FTE in FY86 and the reduction of 1 FTE in FY87, and there was a request for details of the Subdivision Review. A questions was also directed towards the idea of intermingling the bureau's computer with the Occupational Health computer.

Representative Hal Harper (13:A:169) testified in support of the issues that were raised concerning the subdivisions. Their problems are not curing themselves and he said there is a cost to the public and should be done right the first time.

FOOD AND CONSUMER SAFETY BUREAU

James Peterson (13:B:237), Chief of the Food & Consumer Safety Bureau, presented a brief summary of this bureau (EXHIBIT 5).

Chairman Winslow informed everyone on the committee the Director's Office of the Environmental Sciences Division will be discussed on Monday and executive action will be taken on EMS, Health Planning, Licensing & Certification, and Environmental Sciences Division on Friday. There will be additional executive action taken on Saturday morning.

The meeting was adjourned at 9:55 a.m.



CAL WINSLOW, Chairman

DAILY ROLL CALL

Human Services Subcommittee

49th LEGISLATIVE SESSION -- 1985

Date 1-17-85

[illegible]

MONTANA DEPARTMENT OF HEALTH & ENVIRONMENTAL SCIENCES

End Stage Renal Disease

The Montana End Stage Renal Disease Program (ESRD) was established by the 1975 State Legislature. Funded with \$125,000 a year of state general funds, the program was located in the Vocational Rehabilitation Division, then the Economic Assistance Division of SRS until May of 1983. The 1983 Legislature transferred the program to the State Department of Health and Environmental Sciences (DHES), that year and made several changes in the law.

The major change was one dealing with eligibility. The only economic criteria a patient must now show for eligibility is "severe economic imbalance" as a result of having end stage renal disease. The other criteria for eligibility is a medical verification of non-reversible chronic end stage kidney disease, certified by a nephrologist or specialist in internal medicine.

When DHES took over the program, there were 40 patients eligible for services and no good estimate of how many ESRD patients there were in the state. Current patient and caseload data are attached.

Services covered by the program for dialysis patients are insertion and maintenance of the access site, physician and hospital service for dialysis, certain medications for the kidney disease problem only, modification of plumbing and wiring of home dialysis machines, home dialysis supplies and materials, and rental, purchase, and repair of home dialysis equipment. Assistance for transplant patients covers preliminary workup for the transplant, transportation costs for the transplant patient to the transplant center, hospital and physician costs associated with the transplant, certain medications, and medical follow-up related to monitoring of the transplanted kidney. Cyclosporine is one of the drugs covered for transplant patients. Payments are made to the doctor, hospital, pharmacy, or other vendor of services. Payments are not made directly to patients or patients' families. The program pays after Medicare and other insurance carriers have paid.

Information about the program is available from each of the four dialysis centers in the state, or from the ESRD Program, Montana Department of Health and Environmental Sciences, Cogswell Building, Helena, Montana 59620.

ESRD/011485

RLS/kk/6-A

MONTANA DEPARTMENT OF HEALTH & ENVIRONMENTAL SCIENCES

SUMMARY: TOTAL ESRD Patient Distribution by Major Age Group
Montana, April, 1983 through January 10, 1985

<u>Method of Treatment</u>	<u>Age Group</u>						Age Unknown	TOTAL
	0-8	9-20	21-35	36-50	51-65	66+		
Dialysis	1	6	25	38	60	45	19	194
Deaths	-	1	1	5	7	13	5	32
Subtotal	1	7	26	43	67	58	24	226
Transplants	-	4	17	7	1	-	5	34
Deaths	-	-	-	-	1	-	-	1
Subtotal	-	4	17	7	2	-	5	35
Treatment Pending and/or unknown	-	-	2	3	6	8	25	44
Deaths	-	-	-	-	-	1	1	2
Subtotal	-	-	2	3	6	9	26	46

GRAND TOTAL	1	11	45	53	75	67	55	307
	.3%	3.5%	14.6%	17.3%	24.4%	21.8%	17.9%	

NOTE: These figures reflect a 17% increase in the ESRD caseload since 9/24/84

Source: Central Registry of the Montana End Stage Renal Disease Program (ESRD)
Montana Department of Health and Environmental Sciences

ESRD/011485

RLS/kk/6-A

ESRD Program caseload 4/83 through 1/10/85

<u>Mode of Treatment</u>	<u>Number</u>	<u>ESRD Program Eligible</u>
Dialysis (hemo & peritoneal)	194	146 (75%)
Deaths	32	19 (59%)
Transplants	34	24 (71%)
Deaths	1	--
Treatment pending and/or unknown	44 2	-- --
<hr/>		
GRAND TOTAL	307	189 (62%)*

*** of the 189 patients eligible for ESRD Program assistance, 63 (33%) had other third party insurance to supplement Medicare. This figure is deceiving in that a large portion of the patients with private insurance have policies that have the same Medicare disallowances and sometimes exclude out-patient hospital services.

ESRD/011485

RLS/kk/6-A

Projected costs (after Medicare) for the ESRD Patient:

Dialysis patient --

hospital	4,200/yr
physician	375/yr
drugs	<u>780/yr</u>
	5,355/yr

Transplant (Cyclosporine) --

hospital	
& M.D.	500/yr
drugs	<u>7,100/yr</u>
	7,600/yr

Transplant (Immuran) --

hospital	
& M.D.	500/yr
drugs	<u>600/yr</u>
	1,100/yr

ESRD Projected total costs to manage 146 stable dialysis patients:

$$146 \times 5,355 = \$781,830.00$$

ESRD Projected total costs to manage 24 transplant patients (36 months post-transplant)

$$24 \times 1,100 = \$26,400.00$$

Dialysis projection: \$781,830.00

Transplant projection: \$24,400.00

\$808,230.00

The above balances (projections) reflect only those amounts after Medicare or Medicare disallows.

The above projection reflects the typical cost of the stable patient with no complications. A dialysis patient usually will have access site complications of some type during a twelve month time period. This increases the balances after Medicare significantly.

The above projections do not include the typical costs incurred of approximately \$12,000 for the dialysis patient that is not a candidate for home training. These patients have a three month waiting period before Medicare coverage begins.

ESRD/011485

Random Patient Profile (ESRD) -- twelve months of care

Sex	Age	Family Unit	Income	Insurance	Mode of Treatment	Total cost	ESRD Payment	Patient Liability
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Stable Patients:

M	60	6	12,900	Medicare only	In-Center dialysis	26,080.28	4,469.93	864.53
M	35	3	8,112	Medicare only	Home dialysis	23,189.09	3,793.81	709.07
F	32	4	12,000	Private Ins. Transplant No Medicare If patient had no private insurance ESRD payment projection is \$7,155.64	Transplant (drugs only)	7,155.64	1,423.13	-0-

Patients with multiple complications:

F	38	3	13,596	Medicare only	In-Center dialysis	34,762.60	3,025.55	2,070.55
M	37	6	11,628	Medicare only	Home dialysis	62,995.76	9,306.01	2,456.37
M	34	3	15,780	Medicare only	Transplant during period	78,844.36	5,705.55	579.46

End Stage Renal Disease Program (ESRD)

APPLICATION

Exhibit 2
1-17-85

In order to make application to the End Stage Renal Disease Program (ESRD), complete this application and mail it to:

End Stage Renal Disease Program
Department of Health & Environmental Sciences
Cogswell Building
Helena, Montana 59620

Please print or type; keep copy for your records.

Patient Information

Name: _____ Date of birth: _____

Address: _____

Phone: _____

Social Security Number: _____

Primary physician & address: _____

Other physicians you may have: _____

Family Information--Spouse and dependents under age 18; if 18 or over must be either full time student or disabled.

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provider Profile--List the name of the physicians, hospitals, and drug stores and/or suppliers you are currently using for treatment of your renal disease. (Include name and complete address--attach additional sheets if needed.)

Income InformationMonthlyYearly

Income from employment (self)
(spouse)

Public Assistance

Social Security

Unemployment Compensation

Workers Compensation

Retirement or Pension Income

Armed Forces Allotment

Money from Indian Tribal Funds
B.I.A. and/or I.I.M.

Income from dividends,
interest, rent, etc.

Other (describe)

TOTAL INCOME:

Monthly Expense Profile

Rent or house payment

Utilities (gas, electricity, water, phone)

Groceries

Medical Insurance

Auto Insurance and gas

Medical Expenses (not covered by insurance)

Other (describe)

TOTAL AVERAGE MONTHLY EXPENSES:

Insurance

Are you covered by medicare?

Are you covered by medicaid?

Are you eligible for Indian Health Service?

Are you eligible for Veterans Medical Assistance?

Do you have a "hospital indemnity policy"?
(Daily reimbursement while in-patient)

Do you have private health insurance?

If yes, complete the following section (page 3)

Name of Insured _____
Relationship to Patient _____
Name of Health Insurance Company _____
Address Insurance Claims are sent to _____

Group/Policy # _____
Certificate # _____

This insurance covers: _____ Insured only
_____ Insured and children only
_____ Insured and entire family
_____ Insured and spouse only

Is this insurance a medicare supplement policy? _____ Yes _____ No

I am applying for services under the End Stage Renal Disease Program, Montana Department of Health and Environmental Sciences. I authorize release of medical and insurance records/information to the End Stage Renal Disease Program (ESRD) in order that appropriate plans for my medical care can be made. I understand that the program will pay for services only after all insurance pays or denies payment of care. I agree to make application for medical assistance to all other private and/or public programs I may be eligible for. I declare that I have examined this application and that to the best of my knowledge and belief it is true, correct, and complete. If I have willfully misrepresented any information, benefits from the ESRD Program may be terminated.

*Applicant's Signature _____ Date _____
Witness Signature _____ Date _____

*Application and release are good for 12 months (one year) from date of signature.

CERTIFICATION OF ECONOMIC NEED

I, _____, verify that I am unable to obtain complete and adequate treatment for my "renal disease" without causing a severe economic imbalance within my family unit.

Date _____

END STAGE RENAL DISEASE PROGRAM
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
COGSWELL BUILDING
HELENA, MONTANA 59620

MEDICAL VERIFICATION OF CHRONIC RENAL DISEASE

Patient's Name: _____ Birthdate: _____

Address: _____

_____ Telephone: _____

Primary Diagnosis: _____

Prognosis: _____

Secondary Diagnosis: _____

Treatment: _____ Hemodialysis Date Started _____

_____ Peritoneal Dialysis Date Started _____

_____ Transplant

The above named patient is verified as having "chronic" end stage renal disease.

_____ M.D.

_____ Address

_____ City & zip

_____ Date

Comments:

Exhibit 3
1-17-85

Department of Health and Environmental Sciences
Occupational Health Bureau

FY 1986 & 1987 Budget Request Presentation
to the
Appropriation Subcommittee for Human Services

Prepared By
Larry Lloyd, Chief
Occupational Health Bureau
444-3671

OCCUPATIONAL HEALTH BUREAU

Program Description

I. Bureau Description

The Occupational Health Bureau conducts two primary programs - Occupational Health and Radiological Health.

During the past few years there has been an ever increasing public demand for services provided by the bureau. The number of public requests for services has grown from approximately 40 per year to over 600 per year during the past decade.

The bureau staff consists of the Bureau Chief who is a professional Health Physicist, a Health Physicist responsible for conducting the medical X-ray program, an Industrial Hygienist who conducts the occupational health program, and an Administrative Assistant who provides secretarial support and assists with public information and data reduction and reporting.

II. Occupational Health Section

The occupational health section is primarily response oriented. Of the complaints and requests received by the bureau, over 400 per year are handled by the occupational health section.

The primary goal of the occupational health section is to achieve and maintain such conditions in the workplace as will protect human health and safety.

To achieve this goal, potentially unhealthful workplaces are inspected to determine compliance with occupational health standards. Corrective action is initiated to eliminate unhealthful conditions when they are identified.

Because the occupational health section has essentially the only capabilities in the state for determining human exposure to toxic and irritating dusts, fumes, mists, and gases, as well as asphyxiants, the bureau is frequently called upon to identify such exposures in areas other than workplaces.

The bureau is frequently called upon for emergency response assistance. When vehicles carrying hazardous materials are involved in accidents which result in spillage or potential loss of control, the Occupational Health Bureau is called upon to provide information regarding the toxicity of the material, necessary protective clothing, necessary respiratory protection, and proper clean-up and disposal procedures. When requested, occupational health personnel assist in the actual recovery and clean-up efforts for hazardous material spills.

The bureau routinely analyzes compressed breathing air supplies for carbon monoxide content. Essentially all local law enforcement agencies and fire departments using compressed breathing air participate in this program.

In addition, the occupational health section provides training and technical assistance to local health departments to assist in the development of better occupational health capabilities on the local level.

III. Radiological Health Section

Radiological health activities in Montana were begun in 1963 with the initiation of a voluntary medical X-ray inspection program. Montana's first radiation control laws were enacted in 1967. The Radiation Control Program was staffed and state radiation control regulations were promulgated in 1969.

The goal of the radiological health program is to protect Montanans from exposure to ionizing radiation which may cause injury or cause health risks such as increased susceptibility to cancer. Ongoing programs designed to achieve this goal are:

A. Medical X-Ray Program

All X-ray equipment in Montana is registered with the bureau. Presently 1880 X-ray machines are registered.

Through the medical X-ray program, all X-ray facilities and machines are periodically inspected for radiation safety. The calibration of each X-ray machine is also checked during the inspection. Where necessary, facility personnel are instructed in radiation safety procedures and may also be assisted in the development of proper X-ray techniques.

Reports of each inspection are mailed to each facility inspected. Compliance actions are initiated where necessary.

Specific X-ray technique improvement programs are routinely conducted for the purpose of reducing patient and operator exposure to radiation and to improve the diagnostic quality of the films.

B. Radiology Plan Evaluations

The plans for all new radiology facilities in hospitals and for most other offices are evaluated for radiation safety by the bureau. In all cases, minimum shielding requirements for each facility are calculated and provided to the individual requesting the service.

This plan evaluation program assists in providing adequate protection at a minimum of cost and assures that the facility will be in compliance with Montana radiation control rules when inspected.

C. Emergency Response

The bureau assumes the lead role in responding to all incidents involving radiological emergencies or loss of control of radioactive materials.

During the past years there have been, on the average, two to four radiological incidents per year in which the radiological health section has assumed the lead role in protecting public health, safety, and property until control of the hazard was gained.

E. Environmental Surveillance

The radiological health section conducts limited activities pertaining to environmental radiation surveillance. During periods of atmospheric nuclear testing, milk samples are collected for radioanalysis and air samples are collected and measured for radioactivity on a daily basis.

Drinking water supplies in the Helena area have been analyzed for radioactivity. Numerous private water supplies containing radioactivity in excess of the standards for public drinking water supplies have been located. Further investigation of drinking water supplies will be continued if staff time becomes available.

* * * * *

There are three funding categories for which the Legislative Fiscal Analyst (LFA) has recommended substantially less funding than that requested by the Department of Health and Environmental Sciences (DHES)/OBPP. A comparison of these recommendations is shown in Table A.

TABLE A

DHES/OBPP and LFA Funding Recommendations for the Occupational Health Bureau Communications, Utilities and Equipment for FY 1986 and FY 1987.

Category	FY 1986		FY 1987	
	DHES/OBPP	LFA	DHES/OPBB	LFA
Communications	4,764	4,119	4,764	4,119
Utilities	2,520	0	2,520	0
Equipment	7,500	2,200	0	0

The effect of reduced funding recommended by LFA for each funding category is discussed below.

Communications

The LFA-recommended communication budget will not fund the communication needs of the Occupational Health Bureau. For the period July 1 through November 30, 1984, the monthly telephone averaged \$372/month. At this rate, the FY '85 expenditure for telephone services will be \$4464. The DHES/OBPP

recommended budget of \$4764 leaves only \$300/year for postage and mailing above anticipated telephone service costs. The communication budget recommended by LFA will necessitate substantial cuts in technical assistance given to local health agencies by telephone. The return of missed incoming calls from out of town will also have to be discontinued. Overall, the LFA recommended communication budget will lower the operating efficiency of the Occupational Health Bureau.

Utilities

The LFA recommended zero expenditures for utilities during FY '86 and FY '87. The DHES/OBPP request for \$2520 is for the purchase of methane gas (12 bottles @ \$210/bottle) to purge our Beckman Low Background Alpha-Beta Counter. This counter is used for counting radioactivity in water samples, air samples, wipes from radioactive sources, and other environmental samples. This counter cannot be operated without a methane purge. If this counter is not operated, the cost to the State Department of Highways and the Disaster and Emergency Services Division to have wipes commercially counted will be at least equal to the cost of the methane gas.

Equipment

The DHES/OBPP budget request included \$7,500 for the purchase of a computer system to be purchased during FY '86. The computer system is badly needed for data management and program planning. In the Medical X-ray Program alone, the Bureau manages approximately 30,000 items of data information covering approximately 1900 X-ray machines. The computer system will provide for faster, better and more effective program management. The increased efficiency from use of the computer would pay for the system during the first one to two years of use.

* * * * *

It is requested that the DHES/OBPP budget proposals for communications, utilities and equipment be approved.

Department of Health and Environmental Sciences
Environmental Sciences Division
Occupational Health Bureau

FY '86 - '87
Budget Modification Request

General fund money is requested to support one additional health physicist in the Occupational Health Bureau to inspect X-ray machines. The number of X-ray units in Montana has increased from 1,100 in 1969 when the X-ray inspection program was initiated, to an estimated 2,000 in 1984 (1880 registered). The single health physicist assigned to the X-ray program is unable to maintain an adequate X-ray inspection program to protect public health and safety.

The DHES/OBPP budget modification request would add one FTE to the Occupational Health Bureau staff with costs as shown in the attached budget modification summary.

Budget Modification Summary

<u>Budget Category</u>	<u>FY '86</u>	<u>FY '87</u>
Personnel Services	\$28,372	\$28,384
Contracted Services	\$ 200	\$ 200
Supplies & Materials	500	500
Communications	1,000	1,000
Travel	<u>4,000</u>	<u>4,000</u>
Subtotal	\$ 5,700	\$ 5,700
Equipment:		
1 X-ray Monitor (MDH Model 1015)	\$ 3,280	\$ 0
1 kVp Measuring Instrument	1,900	0
1 High-Low Range Ion Chamber	<u>1,820</u>	<u>0</u>
Subtotal	\$ 7,000	0
TOTAL	<u>\$41,072</u>	<u>\$34,084</u>

NARRATIVE JUSTIFICATION
WATER QUALITY BUREAU PROGRAM BUDGET

Fiscal Year 1986-1987

The Water Quality Bureau currently administers a variety of programs dealing with all aspects of water quality. The Bureau wears many hats in implementing these programs. They range from the role of a policeman in carrying out our regulatory responsibilities to that of a technical advisor in interpreting water quality data for the people of Montana. The Bureau is directly responsible for administration of the Montana Water Quality Act, Montana Law Regarding Public Water Supply, Water/Wastewater Operator Certification Law and the Sanitation in Subdivision Act and numerous rules adopted to implement those acts. The Bureau is proposing to operate with a current approval level of 37.25 FTE's and a modified request of 2 additional FTE's in fiscal year 1986 and 1 in fiscal year 1987. These figures do not reflect the reallocation of legal expense as proposed by the Governor's budget.

The Bureau is organized into sections which correspond to program responsibilities and for the most part, funding sources. They are funded through a varied combination of federal grants, general funds and earmarked revenue. I will discuss the Bureau on a program-by-program basis with a brief explanation of each and more detailed discussion of budget issues.

WATER AND WASTEWATER OPERATOR CERTIFICATION

Montana Law requires the operators of water and wastewater systems serving the public to be certified. Certification to ensure that these individuals meet minimum knowledge and experience requirements is deemed essential to the protection of public health and safety and also to the protection of state waters. The program provides a variety of training materials and administers examinations to test operator capabilities. Approximately 1200 operators are currently certified. Program changes as directed by the last legislative session have been implemented during the current biennium. The program is supported by new and renewal fees paid by certification applicants.

The LFA budget represents a \$213 reduction in the area of instate travel. While that may seem like a minor amount, it represents a significant amount of travel budget for the 0.5 FTE assigned to the program.

PERMITS AND ENFORCEMENT

Montana's wastewater discharge permit program began in 1968. The Federal Water Pollution Control Act Amendments of 1972 established a similar program at the federal level, but included provisions to allow program delegation by states with an approvable permit program. In 1974 Montana received such delegation thereby eliminating possible duplication of effort in that area. The program protects water quality by establishing limits on the quality and quantity of pollutants which can be discharged into state waters. Program staff establishes such limits, reviews monitoring information on the effluent quality and conducts compliance inspections. More than 400 facilities are currently regulated by this permit program.

During 1982 the Board of Health and Environmental Sciences adopted rules to create a similar permit program to protect groundwater quality. Such a program will control the possible discharge of pollutants into shallow groundwater aquifers thereby protecting those waters for domestic supply, livestock water, irrigation, and other beneficial uses.

Alleged violations of water quality laws and rules are coordinated by this section. Complaints are received and investigations scheduled to determine if, in fact a violation has occurred. Depending on the nature and extent of the violation, appropriate legal action is then initiated. Each year 150 to 175 complaints are received and investigated.

SPECIAL STUDIES AND SUPPORT

Staff members in this section provide technical assistance to nearly 11 other programs within the Bureau and directly to the people of Montana. All available water quality data from streams and public water supplies is stored on computer to facilitate easier data handling and retrieval. Bureau involvement in projects being reviewed under the Montana Major Facilities Siting Act are coordinated through this section. Projects such as the Bonneville Power Administration transmission lines, the proposed Cabin Creek coal project, Kootenai Falls hydropower project, Poplar River power plant and others can have significant impacts on water quality that must be identified and addressed during review. Staff members are also responsible for periodic technical review and revision to our state water quality standards which are an important link in our water pollution control effort.

The permits and enforcement section and the special studies and support section are funded through a federal grant for state water pollution control program administration which is received from the Environmental Protection Agency. This grant requires a maintenance level of general fund support to the program which is to be no less than the general fund support provided to the program in fiscal year 1972.

For the biennium we are proposing to commit 11.4 FTE's to these program efforts which is basically the same level of resource commitment as in previous years.

The LFA budget includes a significant reduction in communication expense which was based on current usage and reduces our budget for field monitoring equipment needed to replace inoperable equipment.

CONSTRUCTION GRANTS MANAGEMENT

A federal grant program was initiated in 1956 to assist municipalities in the construction of sewage treatment facilities. The program normally provides funding for 75 percent of the costs associated with planning, design, and construction of such facilities. In the early years of the program the state assisted the Environmental Protection Agency in administering the program. Since 1978 the state role has increased to a point where the entire program has now been delegated to us. Such delegation allows the Bureau to do all the day-to-day program management thus eliminating needless duplicative reviews, time delays and providing one level of government. While we do ^{not} handle the grant funds directly, we are responsible for their expenditure. To date, Montana has received over \$150 million for use in this program with current annual appropriations of approximately \$12 million. The management of the program at the state level is supported by a percentage of that annual appropriation. No general fund support is required for this program, but there is a requirement that general fund support of the water pollution control program not drop below the amount provided in FY 1978.

Currently, 8.2 FTE's are assigned to this program. They are responsible for all management of grants including development of a system for determining project priority ranking, review of application documents, preparation of grant awards, review of payment requests, etc. They must also review and approve facility plans, approve project plans and specifications and conduct interim and final inspections during the construction of the project. At the present time, approximately 150 active projects are in some stage of planning design or construction. The program also provides assistance in wastewater treatment plant operation and maintenance.

SAFE DRINKING WATER PROGRAM

The bureau has been delegated full responsibility of the Federal Safe Drinking Water Act by the Environmental Protection Agency. The program is responsible for over 1900 public water supplies within the state, of which approximately 600 are community systems (cities, towns, subdivisions and trailer courts) and the remainder non-community systems (bars, camp grounds, cafes, and motels). The staff is required to monitor the water served by these supplies to insure that bacterial, chemical and radiological contents remain within safe limits. Additionally, each public water supply system is inspected annually and considerable time spent assisting local operators with operational and maintenance problems. All construction and/or modification to public water and sewer systems must be reviewed and approved by proper engineers. The bureau contracts with local health departments to assist in inspection of non-community public supplies.

A total of 8.2 FTE's are proposed for the biennium for this program. No major changes are anticipated in the program. The program is currently supported by a 75/25 ratio of federal funds to general funds.

The LFA budget has eliminated a scheduled increase in pass-through funding to local health departments who assist us in our inspection responsibilities. It reduces our communication budget request, which again was based on current actual usage, by over \$1700. It also reduces lab testing fees by \$4000. These are funds used by the laboratory division of our agency to maintain a certification program for private laboratories around the state that conduct analyses of public water supplies.

WATER QUALITY MANAGEMENT

The Water Quality Management program is responsible for providing a comprehensive program to prevent, abate and control water pollution as required by the Montana Water Quality Act. Considering the fact that Montana has approximately 16,000 miles of flowing streams plus hundreds of lakes, the collection of data to carry out that responsibility becomes a sizable task. The effort includes not only the collection of chemical and biological data but also the evaluation and management of that data in such a way that it is available for decision-making purposes in other bureau programs. This information aids in determining where construction grant funds are spent, what effluent limits must be established for discharges and what might be the source of drinking water quality problems. Specific responsibilities include monitoring, intensive surveys, planning and evaluation, instream flow reservations, data management and quality control.

Two recent incidents which are indicative of the role played by this section in responding to concerns of Montana citizens are the toxic algae bloom which occurred on Canyon Ferry Reservoir and the public outcry along the Lower Clark Fork River regarding the impact of the discharge from Champion International.

Expertise available in this section allowed us to verify the presence of species of algae known to produce toxins, which had already claimed the lives of 10 cattle, and to properly advise people as to the health risks associated with use of the water.

While the program does not have the resources to carry out an intensive study of the magnitude currently underway on the Clark Fork, we were able to initiate a monitoring program to begin data collection until an alternate source of funding could be arranged.

In the past, such activities have been overshadowed by planning functions as required by the Federal Clean Water Act. The program proposed for the fiscal years 1986-1987 reflects a minimum level of effort which no longer includes those detailed planning responsibilities. Program staff was reduced to 4.75 FTE's in fiscal year 1984 and we are proposing

to continue program support at that level for the coming biennium. Continuation at the current level will, however, necessitate an increase in general fund support. Limited federal funding is available to support this state effort, but it is not adequate to meet the needs of our minimum level of effort. Section 205(j) of the Federal Clean Water Act authorizes the state to use up to one percent of its construction grant allotment to be used to fund activities necessary to make water quality-based decisions. Based on our current allocation, we will receive approximately \$119,000 each year. We were able to meet our financial needs for fiscal years 1984 and 1985 by utilizing a three year allocation of 205(j) funds, thus reducing the general fund demand. For the coming biennium only two years allocation is expected to be available, and we are requesting an increase in general fund support to make up that difference.

SUBDIVISION REVIEW

The newest program responsibility for the Bureau is subdivision review. This program has received more attention in recent years than all of our other programs together. The program is responsible for administration of the Sanitation in Subdivision Act, which is intended to ensure compliance with health and safety standards for water supply, sewage disposal, and solid waste disposal for parcels of land of less than 20 acres.

The first subdivision law was passed on 1961. From then until fiscal year 1976 the program was supported by general funds and was a part of the water pollution control program. In FY 1976 the Subdivision Bureau was created and a fee system established to cover a portion of review costs. General fund support from 1976 to 1979 ranged from \$59,000 to \$67,000. At the end of FY 1979 a reserve of approximately \$200,000 existed in the earmarked revenue account. From then until 1983 the program operated solely on review fees. Due to a reduction in subdivision activity, the revenue being generated from review fees was not adequate to maintain the program and in November 1982 the Subdivision Bureau was closed down. The 1983 legislature provided a supplemental appropriation of which only \$12,000 was used. They also raised the review fee to \$48. They provided a loan of \$50,000 which was to be repaid by June 30, 1984 and the special session extended that repayment deadline to June 30, 1985. Only \$10,000 of that loan was used and it has been repaid.

Although the program is authorized at a level of 4.0 FTE's, we have operated with only three people in the program to reduce costs in every way. We have survived but are not providing the level of service that is necessary to ensure proper administration of the program. We are requesting general fund support in the amount of \$43,000 to provide a core staff of 1.5 FTE and related operating expense. Remaining program costs up to the authorized 4.0 FTE level would be born by review fees. This would reduce the difficulties caused by fluctuations in subdivision activity.

The LFA budget recommends a decrease of 1 FTE in fiscal year 1987. While projections of future subdivision activity are difficult to make we have seen an increase over our projections for fiscal year 1984. It is our opinion that the level of subdivision activity and the general fund request will be adequate to maintain the staff support at the 4 FTE current level. A significant reduction in subdivision activity would necessitate a corresponding reduction of program staff.

The rules that govern this program have been reviewed and revised in accordance with the directive of HJR 20 of the last session and the program seems to be running on a fairly smooth basis. Partial general fund support and continued authorization at the current level will ensure continued improvement in the integrity and responsiveness of the program.

MODIFICATION REQUESTS

The Bureau is requesting approval of two budget modification requests for the biennium. Each proposal represents expanded services rather than new programs and is in direct response to needs as expressed by the citizens of Montana. Both projects have received budget amendment approval during the current year.

Clark Fork Study --- During the public review process associated with consideration of a revised permit for Champion International, people throughout western Montana and even into Idaho expressed outrage over what they felt were serious water quality problems in the Lower Clark Fork River. In order to answer the questions that were being raised and to gather information that would assist us in making water quality decisions in that river segment a comprehensive study was undertaken. The project is intended to terminate at the end of fiscal year 1986. The Environmental Protection Agency is providing 100% of the funding for this effort.

Ground Water Pollution Control --- As stated previously, Montana adopted rules for a groundwater pollution control program in 1982. Since that time our agency has been receiving complaints of groundwater contamination at an increasing and alarming rate. Contamination has occurred in nearly 50 locations around the state. The contaminants include petroleum products, cyanide, creasote, pentachlorophenol and other materials. Some incidents are small and do not effect current use of groundwater while others, like the contamination of all three municipal wells for the Town of Judith Gap, have major impacts. We may be seeing only the tip of the of the so-called iceberg.

Groundwater contamination investigation is very complicated and quite expensive. The EPA recognizes this growing dilemma and has recently made available a \$100,000 increase in our water pollution control grant for activities in the groundwater area. No general fund match is required as long as the maintenance level of effort is maintained.

FOOD & CONSUMER SAFETY BUREAU
PROGRAMS

The Food and Consumer Safety Bureau has a staff of nine, with one of the professional members being stationed in the Billings office. This Bureau has a wide diversity of program responsibility and a very close working relationship with local public health staff.

The Bureau is charged with the administration of 13 laws which deal with the Food, Drug and Cosmetic Act; food purveying establishments; public accommodations; work camps and youth camps; bed and breakfast operations; mobile home parks and campgrounds; swimming pools and spas; mosquito control; schools; the Clean Indoor Air Act; institutions and jails; pesticide control; upholstery control; nuisances, and the general state and local board of health laws.

The Bureau also is responsible for 12 administrative rules promulgated to implement the intent of the cited laws.

The Bureau is the primary provider of continuing education, field training consultation, and technical and general support to 64 sanitarians employed by 35 local public health jurisdictions which serve 55 of Montana's 56 counties.

Special support service includes two formal educational conferences and at least two regional meetings at 5 locations per year. Bureau staff visits to each jurisdiction in response to request or need is a significant Bureau activity.

The very special relationship between the Bureau and local sanitarians provides effective and efficient public health protection.

The licensure of 7,792 establishments in the food purveyor, public accommodation and trailer court/campground categories, together with necessary enforcement is a yearly requirement.

Vector control assistance, including efforts toward the biological control of mosquitoes, is provided to local mosquito control agencies, local health agencies, and the general public. All insect and animal disease vector problems are handled.

Special programs include food-borne illness investigations, consumer product complaint services, consultations with industry on facility design and operation, public education programs such as food service sanitation, and local health agency program evaluations.

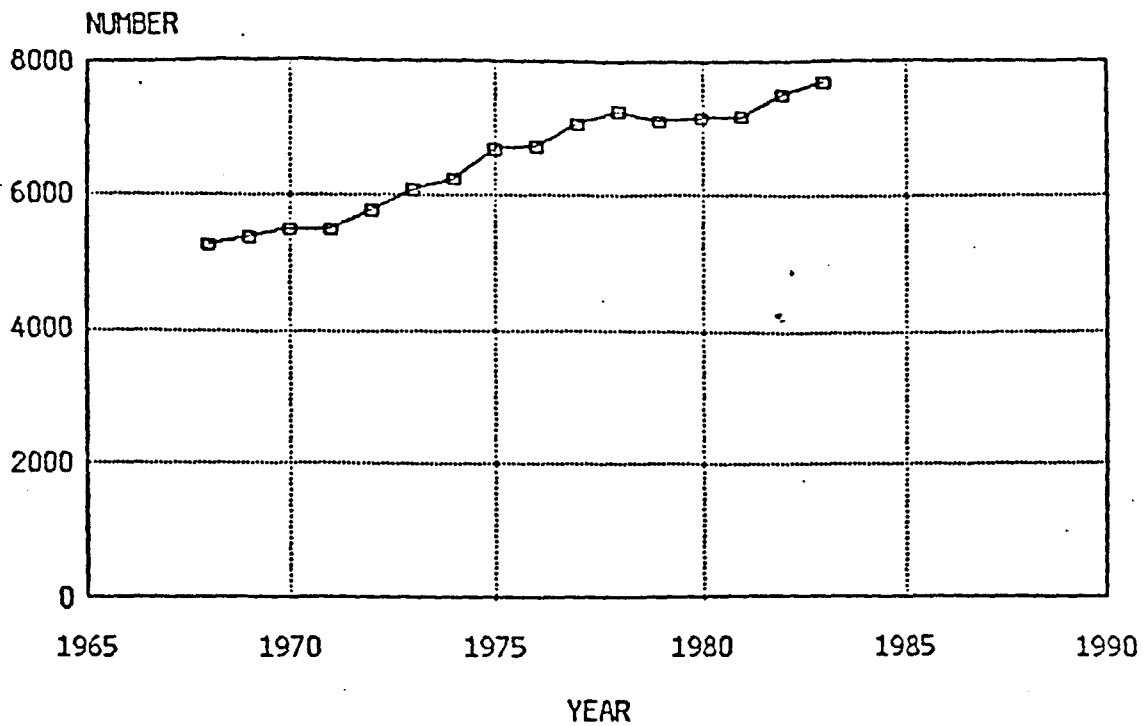
The Bureau has a continuous administrative review process which considers laws, administrative rules, and Bureau procedures for possible changes dictated by variations in public health risks. The goal is to have only that which is necessary to provide an acceptable risk to public health.

Prepared by:

James M. Peterson, Chief
Food & Consumer Safety Bureau
Montana Department of Health &
Environmental Sciences
444-2408 Jan. 1985

LICENSED ESTABLISHMENTS

FOOD & CONSUMER SAFETY BUREAU



TOTAL LICENSES ISSUED ANNUALLY: 1968-1983

VISITORS' REGISTER

Human Services Sub COMMITTEE

BILL NO. _____

DATE 1-17-85

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
<i>Ray Hoffman</i>	DHES		
<i>Ed Gould</i>	Miss - ESRP	X	
<i>Dick Norick</i>	Missouri	X	
<i>Kat F. Tolson</i>	Helena DHES-ESRP		
<i>James M. Peters</i>	HELENA DHES	X	
<i>Larry Lough</i>	Helena DHES	X	
<i>Don Williams</i>	" "	X	
<i>Molly Munro</i>	Helena MONTANA		
<i>James E. Smith</i>	HELENA		
<i>Carl P. Vair</i>	Billings		
<i>Steve Picher</i>	DHES		
<i>Paul Petersen</i>	Missouri		
<i>Deane</i>	DHES		
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