

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

January 21, 1985

The meeting of the Human Services Subcommittee was called to order by Chairman Cal Winslow on January 21, 1985 at 8:05 a.m. in Room 108 of the State Capitol.

ROLL CALL: All members were present.

Chairman Winslow opened by announcing Thursday's meeting will be held in the old Supreme Court chambers. The Department of Social and Rehabilitation Services (SRS) will present their agency overview and budget, and the Priorities for People (PFP) process will be presented. That meeting will start at 8:00 a.m.

Ray Hoffman (16:B:017) introduced the three areas of the Financial Management Division and their chiefs:

- 1) Division Administration--Ray Hoffman
- 2) Vital Records & Statistics Bureau--John C. Wilson
- 3) Fiscal Services Bureau--Charles Stohl

Financial Management Division

Vital Records & Statistics Bureau

John Wilson, chief of the Vital Records & Statistics Bureau, pointed out some differences between the executive and LFA budget:

- 1) Searching & issuance of certified copies of certificate;
- 2) Funds for the printing of certificates in connection with new standard certificates that will be placed in use January 1, 1988.

He used a chart that showed the number of certified copies issued from 1950 to 1984 showing a definite increase in the copies issued. He gave everyone a sample of the Certification of Birth the department now uses (EXHIBIT 1). This is used if the person does not ask for a photocopy. He also gave everyone on the committee samples of certificates involving birth, death, fetal death, marriage, divorce, and abortion (EXHIBIT 2). Mr. Wilson stressed that his bureau needs additional funds to print these certificates.

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Fiscal Services Bureau

Charles Stohl, chief of the Fiscal Services Bureau, presented the committee with his overview of the bureau (EXHIBIT 3). According to Mr. Stohl, the LFA budget does not include enough travel funds for his bureau auditor for state travel. Their modified request is for \$25,000 for the authority to contract for required audits.

Division Administration

Ray Hoffman (16:B:235) briefly presented his bureau which controls budgets, reports grants, and maintains monthly budget status reports.

Director's Office

Dr. John Drynan, Director of the department, outlined the various positions in the Director's office. His office is responsible for the direction, administration, and management of the Department of Health and Environmental Sciences. His office also coordinates with The Board of Health; they are responsible for giving administrative assistance. The Board of Health meets six times a year.

E X E C U T I V E A C T I O N

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Before executive action was taken, Peter Blouke summarized the action the committee has taken thus far. Approximately, the total monies of the Preventive Health Block Grant that are available is \$82,000. He pointed out that it is the committee's decision whether to accept the higher estimate of \$823,000 of Title X funding, or to accept the lower estimate of \$788,000 of Title X funding. The higher number would lower the amount of PHB to be used, and the lower number would raise the amount of PHB to be used. He also highlighted some changes that have been made concerning the perinatal program, grants to counties, PHB & MCH Grants, and family planning on two spread sheets he furnished for everyone (EXHIBITS 4 & 5).

Peter further pointed out that these sheets accept the lower anticipated Title X funding, which maybe a more realistic estimate, which will increase the amount of funds that the committee can set aside as grants to counties. Because of the way the funding is, and the inflation that was added to the grants by both the executive and LFA proposals, does not allow additional funds to be transferred to the perinatal program in FY87. The perinatal program would be maintained at the same level and maintain the grants to counties in FY87 as

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as described in the adjusted column. He has coined this 'Option B'.

Senator Story made a motion to accept 'Option B'.

Chairman Winslow clarified Option B: If it is accepted, everything will be left at the current level as proposed. Family Planning would be increased to pick up for the decrease in Title X. The counties would be receiving \$100,000 more in FY86, and \$25,000 more in FY87.

Representative Rehberg made a motion to make it known that it is the intent of the committee that if additional federal funds come in, they should go to County Grants.

The motion PASSED.

Representative Rehberg made a motion to clarify language in the minutes in case there is additional monies. "If funds are received in excess of or less than \$1,897,421 in FY86 and \$1,897,421 in FY87 for the MCH Block Grant; and \$632,187 in FY86 and \$632,187 in FY87 for the PHB Grant, they must be distributed to the counties. Distribution of excess funds will not obligate increased general fund support for the next biennium."

Dr. John Drynan said he was concerned with the Department of Health going with Requests for Proposals with the PHB Grant. Chairman Winslow asked Dr. Drynan if he would mind the language pertaining just to the MCH Block Grant and would take a separate motion on the PHB Grant. Representative Rehberg agreed and pointed out that he wanted the same language for both MCH and PHB Grant motions. Peter Blouke said he would work out the specific wording for this motion. Representative Rehberg requested voting on the intent of the motion.

The motion PASSED.

(Environmental Sciences Division)

Solid Waste Management Bureau (EXHIBIT 6)

Hazardous Waste Inventory

Senator Manning (17:A:318) made a motion to accept the modified level for funding for the EPA Hazardous Waste Dump Inventory Funds of \$41,941 in FY86 and \$41,801 in FY87.

The motion PASSED.

Senator Manning made a motion to accept the modified level of the RIT & EPA Superfund funding of \$2,082,558 in FY86 and \$2,759,270 in FY87.

The motion PASSED.

Representative Rehberg made a motion to accept the modified level of .5 FTE attorney and \$15,414 for funding in FY86 and .5 FTE attorney and \$15,420 for funding in FY87.

The motion PASSED.

Air Quality Bureau (EXHIBIT 7)

Representative Rehberg made a motion to accept the executive request of 18 FTE in FY86 and 18 FTE in FY87.

The motion PASSED.

Representative Rehberg made a motion to accept the LFA current level for personal services of \$498,173 in FY86 and \$499,371 in FY87.

The motion PASSED.

Representative Rehberg made a motion to accept the executive request for operating expenses of \$217,691 in FY86 and \$218,984 in FY87.

Discussion followed concerning the large difference in vehicle and lab equipment repair between the LFA and the executive. There was an overhaul and a rebuilt engine.

The motion PASSED.

Representative Rehberg made a motion to accept the executive request for equipment of \$5,905 in FY86 and 0 in FY87.

Discussion followed concerning the issue of the executive not including calibration devices in FY87.

Senator Manning made a substitute motion to accept the LFA current level for equipment of \$5,500 in FY86 and \$5,000 in FY87.

There was discussion on why the executive left out the funding for calibration devices and the funding source for the equipment.

The substitute motion PASSED with Representative Winslow voting NO.

Representative Rehberg made a motion to accept the execu-

tive request for grants of \$95,000 in FY86 and \$95,000 in FY87.

The motion PASSED.

Representative Rehberg made a motion to accept the executive request for funding of \$827,322 in FY86 and \$823,898 in FY87.

The motion PASSED.

Representative Rehberg made a motion to add the funding for the Scobey Project of \$30,000 in FY86 and 0 in FY87.

The motion PASSED.

Representative Rehberg made a motion to accept the modified level for Tribal Assistance of 1 FTE and funding of \$48,412 in FY86 and 1 FTE and funding of \$48,509 in FY87.

The motion PASSED.

Representative Rehberg made a motion to accept the modified level of .5 FTE attorney and \$15,414 for funding in FY86 and .5 FTE attorney and \$15,420 for funding in FY87 for the Air Quality Bureau. The motion is to state that additional air quality grant monies may be available; not enough to replace the total general fund, but if the committee would give the executive staff the latitude to apply the remaining federal dollars against this and whatever is left would have to be picked up with general fund.

The motion PASSED.

Occupational Health Bureau (EXHIBIT 8)

Representative Rehberg (17:B:028) made a motion to accept the executive request for 4 FTE in FY86 and 4 FTE in FY87.

The motion PASSED.

Representative Rehberg made a motion to accept the LFA current level for personal services of \$124,207 in FY86 and \$124,316 in FY87.

The motion PASSED.

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Representative Rehberg made a motion to accept the LFA current level for operating expenses of \$50,092 in FY86 and \$47,637 in FY87 with the appropriate adjustments made for legal services.

The motion PASSED.

There was a question as to why the lab gas is not included in the LFA current level the committee just voted on.

Representative Bradley made a motion to include the \$2,000 for laboratory gas under operating expenses in the Occupational Health Bureau for FY86 and FY87.

The motion PASSED.

Representative Rehberg made a motion to accept the LFA current level for equipment of \$2,200 in FY86 and 0 in FY87.

The motion PASSED with Representative Bradley and Senator Manning voting NO.

Representative Rehberg made a motion to accept the LFA current level for funding of \$176,499 in FY86 and \$171,953 in FY87.

The motion PASSED.

Chairman Winslow introduced the modified level for X-ray inspections and discussion followed concerning the annual inspections and whether or not the bureau could contract the inspections from a private company.

Senator Manning made a motion to accept the modified level of funding for X-ray inspections of \$41,072 in FY86 and \$34,084 in FY87.

The motion PASSED.

Food and Consumer Safety Bureau (EXHIBIT 9)

Representative Rehberg made a motion to accept the executive request for 9 FTE in FY86 and 9 FTE in FY87.

The motion PASSED.

Representative Rehberg made a motion to accept the LFA current level for personal services of \$275,649 in FY86 and \$276,551 in FY87.

The motion PASSED.

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Representative Rehberg made a motion to accept the LFA current level for operating expenses of \$64,624 in FY86 and \$67,099 in FY87 with the appropriate adjustments made for legal services.

Representative Bradley made a substitute motion to accept the LFA current level with the adjustment made of deleting \$359 for supplies.

The substitute motion PASSED.

Representative Rehberg made a motion to accept the executive request for equipment of \$155 in FY86 and \$155 in FY87.

The motion PASSED.

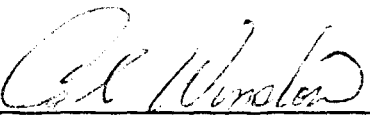
Representative Rehberg made a motion to accept the executive request for grants of \$204,000 in FY86 and \$206,000 in FY87.

The motion PASSED.

Representative Rehberg made a motion to accept the LFA current level for funding of \$544,773 in FY86 and \$549,650 in FY87 with the appropriate adjustments made.

The motion PASSED.

The meeting was adjourned at 10:10 a.m.



CAL WINSLOW, Chairman

Exhibit 1
1-21-85

NOTE:

Please record your birth number and indicate your number on any correspondence directed to the MONTANA DEPARTMENT of HEALTH and ENVIRONMENTAL SCIENCES

This birth certification card is an official document issued by the MONTANA DEPARTMENT of HEALTH and ENVIRONMENTAL SCIENCES as legal proof of the recorded facts of birth.

TO REMOVE CARD - CAREFULLY SEPARATE FROM FORM

| MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES | | | |
|---|------------|-------------|-----|
| CERTIFICATION OF BIRTH | | | |
| BIRTH NUMBER | DATE FILED | DATE ISSUED | SEX |
| NAME | | | |
| SPECIMEN | | | |
| BIRTH PLACE | COUNTY | BIRTH DATE | |
| This is a true certification of name and birth facts recorded in this office. Any alteration or erasure voids this card. | | | |
| John C. Wilson | | | |
| Chief, Bureau of Records and Statistics | | | |
| HELENA, MONTANA 59620 | | | |



VS 24

CERTIFICATE OF DEATH

Exhibit 2
1-21-85

| LOCAL FILE NUMBER | | | | STATE FILE NUMBER | | | |
|--|--|---------------|---|---|---|---|---|
| DECEDENT - NAME FIRST | | | MIDDLE | LAST | | SEX | DATE OF DEATH (Mo., Day, Yr.) |
| 1. RACE - White, Black, American Indian, etc. (Specify) | | | AGE - Last Birthday (Years) | UNDER 1 YEAR Mos. Days | | UNDER 1 DAY Hours Min | DATE OF BIRTH (Mo., Day, Yr.) |
| 4. CITY, TOWN, OR LOCATION OF DEATH | | | HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) | | | IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) | |
| 7b. STATE OF BIRTH (If not in U.S.A., name country) | | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | SURVIVING SPOUSE (If wife, give maiden name) |
| 8. SOCIAL SECURITY NUMBER | | | 9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10. KIND OF BUSINESS OR INDUSTRY | | 11. WAS DECEDENT EVER IN U. S. ARMED FORCES (Specify Yes or No) |
| 12. RESIDENCE - STATE | | COUNTY | 13a. CITY, TOWN, OR LOCATION | | INSIDE CITY LIMITS (Specify Yes or No) | STREET AND NUMBER | |
| 15a. | | 15b. | 15c. | | 15d. | 15e. | |
| FATHER - NAME FIRST | | | MIDDLE | LAST | | MOTHER - MAIDEN NAME FIRST MIDDLE LAST | |
| 16. INFORMANT - NAME (Type or Print) | | | 17. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP | | | | |
| 18a. CEMETERY OR CREMATORY - NAME | | | 18b. LOCATION CITY OR TOWN STATE | | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | | 19b. MORTUARY OR OTHER - NAME AND ADDRESS | | | | |
| 19c. DATE OF DISPOSITION (Month, Day, Year) | | | 20. PERSON IN CHARGE OF DISPOSITION License Number | | | | |
| 21. | | | 22. (Signature) | | | | |
| To be Completed by CERTIFYING PHYSICIAN Only | | | | To be Completed by CORONER Only | | | |
| 23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | | | | 24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. | | | |
| (Signature and Title) | | | | (Signature and Title) | | | |
| DATE SIGNED (Month, Day, Year) | | HOUR OF DEATH | | DATE SIGNED (Month, Day, Year) | | HOUR OF DEATH | |
| 23b. | | 23c. M | | 24b. | | 24c. M | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | PRONOUNCED DEAD (Mo., Day, Yr.) | | | |
| 23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) | | | | 24d. ON 24e. AT M | | | |
| 25. LOCAL REGISTRAR | | | | DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Yr.) | | | |
| 26a. (Signature) | | | | 26b. | | | |
| 27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | | | | |
| PART I (a) | | | | | | Interval between onset & death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | Interval between onset & death | |
| (b) | | | | | | Interval between onset & death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | Interval between onset & death | |
| (c) | | | | | | Interval between onset & death | |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a) | | | | | | | |
| ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify) | | | | DATE OF INJURY (Mo., Day, Yr.) | | HOUR OF INJURY | |
| 30a. | | | | 30b. | | 30c. M 30d. | |
| INJURY AT WORK (Specify Yes or No) | | | | PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | LOCATION: STREET OR R.F.D. NO. CITY OR TOWN STATE | |
| 30e. | | | | 30f. | | 30g. | |

Conditions If Any Which Gave Rise To Immediate Cause Stating The Underlying Cause Last

STATE COPY

MONTANA
CERTIFICATE OF LIVE BIRTH

125

LOCAL FILE NUMBER

BIRTH NUMBER

| CHILD | | MOTHER | | FATHER | | CERTIFIER | |
|--|---|--|---|---------------------------------------|--|-----------|--|
| 1. CHILD - NAME First | Middle | Last | 2. DATE OF BIRTH (Month, Day, Year) | 3. SEX | | | |
| 4. HOSPITAL - NAME (if not in hospital, give street and number) | 4b. CITY, TOWN OR LOCATION OF BIRTH | 4c. COUNTY OF BIRTH | 4d. HOUR | 4e. MINUTE | | | |
| I certify that the stated information concerning this child is true to the best of my knowledge and belief. | | | | | | | |
| 5a. (Signature) | 5b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | 5c. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) | | | | | |
| 6a. CERTIFIER - NAME AND TITLE (Type or Print) | 6b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | 6c. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) | | | | | |
| 7a. LOCAL REGISTRAR | 7b. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Yr.) | | | | | | |
| 8a. MOTHER - MAIDEN NAME FIRST | MIDDLE | 8b. STATE OF BIRTH (if not in U.S.A., name country) | 8c. AGE (At time of this birth) | | | | |
| 8a. RESIDENCE - STATE | 8b. COUNTY | 8c. CITY, TOWN OR LOCATION | 8d. STREET AND NUMBER OF RESIDENCE | 8e. (Inside City Limits (Yes or No)) | | | |
| 9a. FATHER - NAME FIRST | MIDDLE | 9b. LAST | 9c. STATE OF BIRTH (if not in U.S.A., name country) | 9d. AGE (At time of this birth) | | | |
| 10a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. | 10b. MOTHER'S MAILING ADDRESS (if same as above, enter zip code only) | 10c. DATE OF BIRTH (Month, Day, Year) | 10d. STREET AND NUMBER OF RESIDENCE | 10e. (Inside City Limits (Yes or No)) | | | |
| 11a. (Signature of Parent) | 11b. DATE | | | | | | |

| CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY | | | |
|---|---|---|---|
| 12. RACE - FATHER White, Black, American Indian, etc. (Specify) | 13. EDUCATION - Specify highest grade completed Elementary or Secondary (0-12) College (1-4 or 5+) | 14. MOTHER'S BLOOD TESTED - Specify Yes or No - Date | 15. PREGNANCY HISTORY (Complete each section) |
| 12. RACE - MOTHER White, Black, American Indian, etc. (Specify) | 13. EDUCATION - Specify highest grade completed Elementary or Secondary (0-12) College (1-4 or 5+) | 14. APGAR SCORE 1 min. 5 min. | 15. LIVE BIRTHS (Do not include this child) 18a. Now Living 18b. Now Dead |
| 15. DATE LAST NORMAL MENSTRUATION BEGAN (Month, Day, Year) | 16. MONTH OF PREGNANCY PRENATAL CARE BEGAN - First, second, etc. (Specify) | 17a. PRENATAL VISITS - Total number (if none, so state) | 17b. OTHER TERMINATIONS (Spontaneous and induced) 18d. Before 20 wks. 18e. After 20 wks. |
| 19. THIS BIRTH - Single, Twin, Triplet, etc. (Specify) | 20a. IF NOT SINGLE BIRTH - Born first, second, third, etc. (Specify) | 20b. DATE OF LAST LIVE BIRTH (Month, Year) | 18f. DATE OF LAST OTHER TERMINATION (Month, Year) |
| 21a. COMPLICATIONS OF PREGNANCY (Describe or write "none") | 21b. WHAT PROPHYLACTIC USED IN EYES? | 22. BIRTH WEIGHT | 23. BIRTH LENGTH |
| 22. CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "none") | 23. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or write "none") | 24. OPERATION FOR DELIVERY (Describe or write "none") | 25. FETAL DEATH(S) |
| 27. FETAL DEATH(S) | 28. FETAL DEATH(S) | 29. FETAL DEATH(S) | 30. FETAL DEATH(S) |

CERTIFICATE OF FETAL DEATH

| LOCAL FILE NUMBER | | STATE FILE NUMBER | |
|--|------------------------------------|---|----------------------------------|
| HOSPITAL NAME (If not in hospital, give street and number) | | COUNTY OF DELIVERY | |
| 1a. | CITY, TOWN OR LOCATION OF DELIVERY | 1b. | DATE OF DELIVERY (Mo., Day, Yr.) |
| 1c. | 2a. | 2b. | 3. |
| I certify that this delivery occurred on the date stated above and the fetus was born dead | | DATE SIGNED (Month, Day, Year) | |
| 4a. (Signature) _____ | | 4b. _____ | |
| CERTIFIER - NAME AND TITLE (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | |
| 4c. | | 4d. | |
| LOCAL REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | |
| 5a. (Signature) _____ | | 5b. | |
| MORTUARY OR OTHER - NAME AND ADDRESS | | PERSON IN CHARGE OF DISPOSITION (Signature) | |
| 6a. | | 6b. _____ | |
| MOTHER - MAIDEN NAME FIRST MIDDLE LAST | | AGE (At time of this delivery) | |
| 7a. | | 7b. | |
| RESIDENCE - STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER | | INSIDE CITY LIMITS (Specify Yes or No) | |
| 8a. | | 8b. | |
| 8c. | | 8d. | |
| 8e. | | 8f. | |
| FATHER - NAME FIRST MIDDLE LAST | | AGE (At time of this delivery) | |
| 9a. | | 9b. | |
| 10. PART I Fetal or maternal condition directly causing fetal death. | | IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | |
| (a) | | Specify Fetal or Maternal | |
| (b) | | Specify Fetal or Maternal | |
| (c) | | Specify Fetal or Maternal | |
| PART II OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER: | | PHYSICIAN'S ESTIMATE OF GESTATION | |
| 11. Conditions contributing to fetal death, but not related to cause given in (a) | | 12. Weeks | |
| FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY. UNKNOWN (Specify) | | AUTOPSY (Specify Yes or No) | |
| 13. | | 14. | |

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

| RACE - FATHER | | EDUCATION - SPECIFY HIGHEST GRADE COMPLETED | | PREGNANCY HISTORY (Complete each section) | | | |
|---|--|--|---|---|---|--|-------------------------------|
| White, Black, American Indian, etc. (Specify) | Elementary or Secondary (0-12) | College (1-4 or 5+) | | LIVE BIRTHS | | OTHER TERMINATIONS (Spontaneous and Induced) | |
| 14. | 15. | | | 18a. Now Living | 18b. Now Dead | 18d. Before 20 wks. | 18e. After 20 wks. |
| 16. | 17. | | | Number _____ | Number _____ | Number _____ | Number _____ |
| DATE LAST NORMAL MENSES BEGAN (Month, Day, Year) | MONTH OF PREGNANCY PRENATAL CARE BEGAN - First, second, etc. (Specify) | PRENATAL VISITS - Total number (If none, so state) | | None <input type="checkbox"/> | None <input type="checkbox"/> | None <input type="checkbox"/> | None <input type="checkbox"/> |
| 19. | 20a. | 20b. | | DATE OF LAST LIVE BIRTH (Month, Year) | DATE OF LAST OTHER TERMINATION (As indicated in d. or e. above) (Month, Year) | | |
| THIS BIRTH - Single, Twin, Triplet, etc. (Specify) | IF NOT SINGLE BIRTH - Born first, second, third, etc. (Specify) | WEIGHT OF FETUS | | 18c. | 18f. | | |
| 21a. | 21b. | 22. | | COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "none") | | | |
| COMPLICATIONS OF PREGNANCY (Describe or write "none") | | | 24. | | | | |
| 23. | | | CONGENITAL MALFORMATIONS OR ANOMALIES OF FETUS (Describe or write "none") | | | | |
| 25. | | | 26. | | | | |

CLERK OF
COURTMONTANA
MARRIAGE APPLICATION

State File No.

Marriage License No.

1.

License issued: County

2.

Date License

3. issued:

Month Day Year

4.

Groom - Name: First Middle Last

5.

Residence: State

County

City, Town, or Location

6a.

6b.

6c.

Street and Number

Where Born: (city & state or country)

Date of Birth: Month Day Year

Age

6d.

7.

8a.

8b.

Father - Name: First Middle Last

Where Born: (state or country)

Mother - Maiden Name

Where (state or country)

9a.

9b.

10a.

10b.

Race: (white, negro, american indian, etc.)

Sex

Education: specify highest grade completed

11.

12.

13a.

13b.

Number of
this marriage

Terminated by

Name of

Previous Marriage

Place where dissolved:
(county or state)

Date terminated

14.

15a.

15c.

15d.

Bride - Name: First Middle Last

Maiden Name (if different)

16a.

16b.

Residence: State

County

City, Town, or Location

17a.

17b.

17c.

Street and Number

Where Born: (city & state or country)

Date of Birth: Month Day Year

Age

17d.

18.

19a.

19b.

Father - Name: First Middle Last

Where Born: (state or country)

Mother - Maiden Name

Where (state or country)

20a.

20b.

21a.

21b.

Race: (white, negro, american indian, etc.)

Sex

Education: specify highest grade completed

22.

23.

24a.

24b.

Number of
this marriage

Terminated by

Name of Husband

Previous Marriage

Place where dissolved:
(County or State)

Date terminated

25.

26a.

26b.

26c.

26d.

Date of Marriage: Month Day Year

Place of Marriage:

County

27.

28.

Officiant

Religious or Civil Official

(Specify)

29.

30.

Local Official Making Report to State Health Department
(signature and title)Date Received by
Local Official

Month Day Year

31a.

31b.

Names and Birth Dates of Children Whose Parental Rights and Whose
Parent/Child Relationship Has Not Been Terminated.

32.

Are the parties related to each other?

Relationship

33a.

33b.

Prior application rejected?

Reason and Date

34a.

34b.

Either party under the influence of intoxicating liquor or narcotic drug?

35.

Future Address: State

City

Street and Number

36a.

36b.

36c.

Groom's Signature

37.

Bride's Signature

38.

Subscribed and sworn to before me this

_____ day of _____, 19____.

Clerk of Court

By _____

Deputy

39.

Recorded: Book _____ Page _____

40.

☐ Permission granted pursuant to
40-1-213 M.C.A.☐ Permission granted pursuant to
40-1-212 M.C.A.

Date _____, 19____.

District Judge

TYPE
OR PRINT
IN
PERMANENT
INK
SEE
HANDBOOK
FOR
INSTRUCTIONS

MONTANA

REPORT OF

☐ DISSOLUTION OF MARRIAGE (FORMERLY DIVORCE)

☐ INVALID MARRIAGE (FORMERLY ANNULMENT)

STATE FILE NUMBER

| | | | | | | | | | | |
|--|--|---|--------|--------------------|---|---|---|------------------------------------|---|--|
| HUSBAND - NAME | | First | Middle | Last | DATE OF BIRTH (Month, Day, Year) | | STATE OF BIRTH (if not in U.S.A., name country) | | | |
| 1. USUAL RESIDENCE - CITY, TOWN OR LOCATION | | | | | 2. COUNTY | | 3. STATE | | | |
| 4a. RACE - HUSBAND | | EDUCATION - Specify Highest Grade Completed | | | 4b. NUMBER OF THIS MARRIAGE | | IF PREVIOUSLY MARRIED, HOW MANY ENDED BY | | | |
| White, Black, American Indian, etc. (Specify) | | Elementary or Secondary (0-12) College (1-4 or 5 +) | | | First, Second, etc. (Specify) | | DEATH? DISSOLUTION OR INVALID MARRIAGE? | | | |
| 5. WIFE - MAIDEN NAME | | First | Middle | Last | 7. DATE OF BIRTH (Month, Day, Year) | | 8a. DEATH? 8b. STATE OF BIRTH (if not in U.S.A., name country) | | | |
| 9. USUAL RESIDENCE - CITY, TOWN OR LOCATION | | | | | 10. COUNTY | | 11. STATE | | | |
| 12a. RACE - WIFE | | EDUCATION - Specify Highest Grade Completed | | | 12b. NUMBER OF THIS MARRIAGE | | IF PREVIOUSLY MARRIED, HOW MANY ENDED BY | | | |
| White, Black, American Indian, etc. (Specify) | | Elementary or Secondary (0-12) College (1-4 or 5 +) | | | First, second, etc. (Specify) | | DEATH? DISSOLUTION OR INVALID MARRIAGE? | | | |
| 13. PLACE OF THIS MARRIAGE - CITY | | 14. COUNTY | | | 15. STATE (if not in U.S.A., name country) | | 16a. COUNTY WHERE LICENSE ISSUED | | | |
| 17a. DATE OF THIS MARRIAGE (Month, Day, Year) | | 17c. DATE COUPLE SEPARATED (Month, Day, Year) | | 17d. DATE OF ENTRY | | 18. PETITIONER - HUSBAND, WIFE, BOTH OR OTHER (Specify) | | LEGAL GROUNDS FOR INVALID MARRIAGE | | |
| 19a. NUMBER OF CHILDREN EVER BORN ALIVE OF THIS MARRIAGE (Specify) | | 19b. ADDRESS STREET OR RFD NO. | | 20. CITY OR TOWN | | 21. STATE | | ZIP | | |
| 22a. ATTORNEY FOR PETITIONER - NAME (Type or print) | | 22b. ADDRESS STREET OR RFD NO. | | 22c. CITY OR TOWN | | 22d. STATE | | ZIP | | |
| I certify that the marriage of the above named persons was dissolved on: | | | | | 23a. COUNTY OF DECREE | | 23b. JUDICIAL DISTRICT OR TRIBAL COURT | | 23c. CASE NUMBER | |
| 23d. CERTIFYING COURT OFFICIAL | | | | | 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z. | | 23aa. 23ab. 23ac. 23ad. 23ae. 23af. 23ag. 23ah. 23ai. 23aj. 23ak. 23al. 23am. 23an. 23ao. 23ap. 23aq. 23ar. 23as. 23at. 23au. 23av. 23aw. 23ax. 23ay. 23az. | | 23ba. 23bb. 23bc. 23bd. 23be. 23bf. 23bg. 23bh. 23bi. 23bj. 23bk. 23bl. 23bm. 23bn. 23bo. 23bp. 23bq. 23br. 23bs. 23bt. 23bu. 23bv. 23bw. 23bx. 23by. 23bz. | |
| 23i. (Signature and Title) ▶ | | | | | | | | | | |

REPORT OF INDUCED ABORTION

V.S. 23
(Revised 7-80)
TYPE OR PRINT IN
PERMANENT INK
SEE INSTRUCTIONS

Facility File Number

| | | | | | | |
|----------------------|---|--|--|--|---|--|
| FACILITY | FACILITY-NAME 1a. | | CITY, TOWN OR LOCATION OF ABORTION 1b. | | COUNTY OF ABORTION 1c. | |
| | PATIENT IDENTIFICATION NUMBER 2a. | | DATE OF BIRTH (Month, Day, Year) 2b. | | DATE OF ABORTION (Month, Day, Year) 3. | |
| PATIENT | RACE-White, Black, American Indian, etc. (Specify) 4. | | MARITAL STATUS 5. | | DATE LAST NORMAL MENSES BEGAN (Month, Day, Year) 6. | |
| | RESIDENCE - STATE 8a. | | COUNTY 8b. | | PHYSICIAN'S ESTIMATE OF GESTATION 7. Weeks | |
| | EDUCATION-SPECIFY highest grade COMPLETED Elementary or Secondary (0-12) 9. | | PREVIOUS PREGNANCIES (Complete each section) | | | |
| | | | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> LIVE BIRTHS 10a. Now Living Number _____ None <input type="checkbox"/> </div> <div style="width: 45%;"> 10b. Now Dead Number _____ None <input type="checkbox"/> </div> </div> | | OTHER TERMINATIONS 10c. Spontaneous Number _____ None <input type="checkbox"/> | |
| MEDICAL | TYPE OF ABORTION PROCEDURES | | | | 12. COMPLICATIONS OF ABORTION (Check all that apply) <div style="margin-top: 10px;"> <input type="checkbox"/> - None <input type="checkbox"/> - Hemorrhage <input type="checkbox"/> - Infection <input type="checkbox"/> - Uterine Perforation <input type="checkbox"/> - Cervical Laceration <input type="checkbox"/> - Retained Products <input type="checkbox"/> - Other (Specify) _____ </div> | |
| | 11a. PROCEDURE THAT TERMINATED PREGNANCY (Check only one) <div style="margin-top: 10px;"> <input type="checkbox"/> - SUCTION CURETTAGE <input type="checkbox"/> - SHARP CURETTAGE <input type="checkbox"/> - INTRA-UTERINE SALINE INSTILLATION <input type="checkbox"/> - INTRA-UTERINE PROSTAGLANDIN INSTILLATION <input type="checkbox"/> - HYSTEROSCOPY <input type="checkbox"/> - HYSTERECTOMY <input type="checkbox"/> - OTHER (Specify) _____ </div> | | 11b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (Check all that apply) <div style="margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> | | | |
| | VITAL SIGNS OF FETUS AFTER ABORTION, IF ANY 13. | | | | | |
| | AFTER VIABILITY, PROCEDURES TO PROTECT AND PRESERVE THE LIFE AND HEALTH OF FETUS 14. | | | | | |
| REPORTER | MEDICAL INFORMATION UPON WHICH PREGNANCY WAS DETERMINED 15. | | | | | |
| | IF INFANT WAS BORN ALIVE AND DID NOT SURVIVE, THE APPARENT CAUSE OF DEATH 16. | | | | | |
| | IF FETUS WAS VIABLE, BUT WAS ENDANGERED OR DESTROYED DURING THE ABORTION PROCEDURE PRIOR TO BIRTH, THE REASON THEREFORE 17. | | | | | |
| | CUSTODIAN OF RECORDS OR PHYSICIAN IN CHARGE OF FACILITY SIGNATURE 18a. ▶ | | TITLE 18b. | | DATE (Month, Day, Year) 18c. | |
| CERTIFICATION | <input type="checkbox"/> FACILITY HAS ON FILE STATEMENT OF INFORMED CONSENT, CONSENT TO ABORTION, AND ANY OTHER DOCUMENTS WHICH ARE REQUIRED BY 50-20-110, M.C.A. | | | | | |
| | <input type="checkbox"/> PATHOLOGY REPORT FILED NOTE: FAILURE TO CHECK EITHER OF THE ABOVE MUST BE REPORTED TO THE ATTORNEY GENERAL <input type="checkbox"/> NOTICE GIVEN TO PARENT OR GUARDIAN, IF REQUIRED | | | | | |
| PATIENT | PATIENT-NAME 19a. | | STREET ADDRESS 19b. | | CITY | |
| NOTICE | If Under 18 and Unmarried | | NAME OF PARENTS, CUSTODIAN, OR LEGAL GUARDIAN 20a. | | MAILING ADDRESS - Street or R.F.D. No. City or Town State Zip 20b. | |
| | NAME OF PHYSICIAN (Performing Abortion) 21a. | | | | CITY 21b. | |
| PHYSICIAN | PHYSICIAN-SIGNATURE 22a. ▶ | | | | DATE SIGNED (Month, Day, Year) 22b. | |

FISCAL SERVICES BUREAU

January 18, 1985

The Fiscal Services Bureau is responsible for establishing and operating the Department's accounting system, receipting all cash, paying all bills, procuring all supplies, materials and services, processing incoming and outgoing mail, providing auditing functions, maintaining inventory control, producing federal financial reports, preparing state financial reports, and establishing and maintaining accounts receivable system.

To accomplish these functions, the bureau processes approximately 45,000 to 50,000 accounting documents each fiscal year and handles about 120,000 outgoing pieces of mail and 150,000 incoming pieces of mail. We also handle several hundred requests for repair of machines or the building. This work is done by a staff of eleven in the Bureau and with the assistance of the secretary from Financial Management Division.

We currently produce about 29,000 cash receipts per year. These include fees from birth and death certificates, water testing, lab handling fees, Food and Consumer Safety Licenses, ambulance licenses, hospital and nursing home licenses, EMT certification and supplies, hazardous waste generator fees and fines, septic tank licenses, junk car fees, air and water pollution fines, water and wastewater operator fees and supplies, and other miscellaneous income sources. We also bill about half of these on accounts receivable.

We are currently at the limit of our ability to produce bills and receipts without adding both more FTEs and more equipment.

The budget as presented by the Legislative Fiscal Analyst does not include enough travel funds for my auditor to travel throughout the state to areas that have problems with contracts or grants. If we do not resolve the audit problems, the state could lose the federal grants. I estimate that it will take \$1,200 to \$3,000 per year in additional travel funds. The amount of travel funds needed depends upon the number of audit problems that need to be resolved.

MODIFIED \$25,000

USDA provides the Department with funds that are to be used for audits and reviews of Child Nutrition programs. These audits and reviews must be done to continue receiving the U.S.D.A. funds. These funds were added by Budget Amendment in FY84 and FY85. We are currently contracting for the required audits. These audits will continue to be done by contract auditors and reviewed by the Department and the Legislative Auditor. We will need an additional \$25,000 of authority for this purpose.

B

Preventive Health Block Grant

| Page | Page 87 | |
|------|------------|------|
| | Priority | Date |
| | Record Br. | |

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|------------------------|--------|--------|-----------|---------------|----------|---|-----------|---------------|----------|----|
| | Fy84 | Fy85 | Executive | Current total | Adjusted | | Executive | Current total | Adjusted | |
| Director's Office | | | | | | | | | | |
| Repe Case | 10260 | 11542 | 111970 | 11970 | 11970 | | 111970 | 11970 | 11970 | |
| Administration | 41975 | 41975 | 43557 | 48029 | 43557 | | 48615 | 48596 | 48615 | |
| Mgmt Services Div | | | | | | | | | | |
| Micro Lab | 33999 | 34607 | 34600 | 34600 | 34600 | | 34600 | 34600 | 34600 | |
| Health Services | | | | | | | | | | |
| Administration | -0- | -0- | 10150 | -0- | 10150 | | 10150 | -0- | 10169 | |
| Hypertension | 76661 | 24910 | -0- | -0- | -0- | | -0- | -0- | -0- | |
| Risk Reduction | 24309 | 25259 | 75921 | 33258 | 75922 | | 72113 | 33784 | 72112 | |
| Family Planning | 202968 | 203045 | 176472 | 157319 | 163478 | | 113079 | 125803 | 113079 | |
| Diabetes | 34157 | 19157 | -0- | -0- | -0- | | -0- | -0- | -0- | |
| FMS | 167128 | 235255 | 202358 | 198546 | 202358 | | 221586 | 203044 | 221586 | |
| FMS Grants to Counties | -0- | 199872 | -0- | -0- | -0- | | -0- | -0- | -0- | |
| Total | 605457 | 758418 | 526935 | 483122 | 526935 | | 512561 | 457197 | 512561 | |
| Mental Health | | | -0- | | | | -0- | | 15661 | |
| Nursing | | | 11573 | | 92573 | | 91664 | | 91664 | |
| Family Planning | | | 11649 | | 11649 | | 11653 | | 11653 | |
| Preventive | | | | | 41323 | | | | 104 | |
| Total | | | 632157 | 483122 | 632157 | | 615878 | | 630875 | |

Exhibit 4
1-21-85

B

Maternal and Child Health Block Grant

| | | |
|-------------|----------|------|
| Prepared By | Initials | Date |
| Approved By | | |

Fy87

Fy86

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---------------------------|-----------|-----------|---------|-----------|-----------|---------|-----------|-----------|---------|--------|
| | Executive | Community | Private | Executive | Community | Private | Executive | Community | Private | |
| Director's Division | | | | | | | | | | |
| Administration | 282144 | 282264 | 30000 | 30000 | 30000 | 30000 | 30000 | 31592 | 30000 | |
| Grants to Counties | 1272076 | 1199203 | 626539 | 664701 | 672537 | 717922 | 651601 | 664701 | 685594 | 615509 |
| Health Services Division | | | | | | | | | | |
| Administration | -0- | -0- | 23613 | -0- | 33227 | 23613 | 23727 | -0- | 23727 | 23727 |
| Nursing Admin | 251114 | 259711 | 28000 | 28484 | 28500 | 28000 | 28000 | 25041 | 28000 | 27913 |
| Family Planning | 25787 | 273274 | 28000 | 27584 | 28111 | 28000 | 29000 | 27691 | 29000 | 29000 |
| Clinical Admin | 26574 | 41257 | 42214 | 41405 | 42214 | 42214 | 42025 | 43061 | 42015 | 42015 |
| Non-Appropriated Children | 146555 | 632173 | 707628 | 749972 | 707628 | 707628 | 812009 | 786981 | 793009 | 943001 |
| Non-Bur Transport | -0- | -0- | 64000 | -0- | 64000 | 66000 | 66000 | -0- | 66000 | 66000 |
| Total | 2024402 | 1794607 | 1552067 | 1543075 | 1602064 | | 1682361 | 1583068 | 167360 | |
| Monthrate | | | 30000 | | 15000 | 15000 | -0- | | -0- | |
| Chief of Police | | | 52500 | | 52500 | 52500 | 52500 | | 52500 | 52500 |
| Personnel | | | 204599 | | 204599 | 163016 | 220819 | | 220819 | 220819 |
| Total | | | 1829163 | | 1574163 | | 1955680 | 1583068 | 1920679 | |
| Funding Available | | | 1597421 | | 1897421 | | 1597421 | 1897421 | 1997421 | |

Exhibit 5
1-21-85

----- Funding Issues -----

1. The Solid Waste Program is entirely general funded, the Hazardous Waste Program is funded by federal EPA grants with RIT match, and junk vehicle is funded by state junk vehicle revenues. Differences in funding primarily reflect different operating and personal service costs.

2. Committee Issues

Committee Action--Funding

Modified LevelHazardous Waste

FTE of 3.5 and related expenses are requested in response to recent federal legislation lowering the quantity exemption for hazardous waste and proposed regulations governing municipal landfills. This request represents a workload increase.

| | <u>1986</u> | <u>1987</u> |
|------------------------|------------------|------------------|
| FTE | 3.5 | 3.5 |
| Personal Services | \$ 79,998 | \$ 80,029 |
| Contract Services | 30,000 | 30,000 |
| Supplies and Materials | 3,600 | 3,600 |
| Communications | 3,296 | 2,960 |
| Travel | 8,440 | 8,440 |
| Rent | 3,252 | 3,252 |
| Other Expenses | 900 | 900 |
| Equipment | <u>6,000</u> | <u>-0-</u> |
| Total | <u>\$135,486</u> | <u>\$129,181</u> |

Funding

| | | |
|---------------------|------------------|------------------|
| RIT | \$ 20,208 | \$ 21,903 |
| EPA Hazardous Waste | <u>115,278</u> | <u>107,278</u> |
| Total | <u>\$135,486</u> | <u>\$129,181</u> |

Hazardous Waste Inventory

Funds to support 1.5 FTE and related expenses are requested to continue the Hazardous Waste Dump Inventory Program, which conducts preliminary assessments of uncontrolled hazardous waste dump sites.

| | <u>1986</u> | <u>1987</u> |
|------------------------|-----------------|-----------------|
| FTE | 1.5 | 1.5 |
| Personal Services | \$30,792 | \$30,851 |
| Contract Services | 4,000 | 4,000 |
| Supplies and Materials | 750 | 750 |
| Communications | 1,000 | 1,000 |
| Travel | 5,000 | 5,000 |
| Other Expenses | 200 | 200 |
| Equipment | 199 | -0- |
| Total | <u>\$41,941</u> | <u>\$41,801</u> |

Funding

0 EPA Hazardous Waste Dump
Inventory Funds

\$41,941

\$41,801

Superfund

Funding to continue the Superfund Program is requested. The program conducts studies and initiates clean-up of hazardous waste dump sites. The program was initiated in fiscal 1984.

| | <u>1986</u> | <u>1987</u> |
|------------------------|--------------------|--------------------|
| FTE | 2 | 2 |
| Personal Services | \$ 55,323 | \$ 55,359 |
| Contract Services | 2,004,426 | 2,683,102 |
| Supplies and Materials | 3,579 | 3,759 |
| Communications | 2,390 | 2,390 |
| Travel | 12,904 | 12,904 |
| Rent | 1,000 | 1,000 |
| Repair and Maintenance | 406 | 406 |
| Other Expenses | 350 | 350 |
| Equipment | 2,000 | -0- |
| Total | <u>\$2,082,378</u> | <u>\$2,759,270</u> |

Funding

| | | |
|---------------|--------------------|--------------------|
| RIT | \$ 222,256 | \$ 281,327 |
| EPA Superfund | 1,860,302 | 2,477,943 |
| Total | <u>\$2,082,558</u> | <u>\$2,759,270</u> |

Lawyer

A .5 FTE lawyer is requested to exclusively handle legal needs of the Solid Waste Bureau. This request represents a workload increase.

| | <u>1986</u> | <u>1987</u> |
|---------------------|-----------------|-----------------|
| FTE | .5 | .5 |
| Personal Services | <u>\$15,414</u> | <u>\$15,420</u> |
| <u>Funding</u> | | |
| General Fund | \$ 5,138 | \$ 5,140 |
| Junk Vehicle | 5,138 | 5,140 |
| RIT | 3,854 | 3,855 |
| EPA Hazardous Waste | 1,284 | 1,285 |
| Total | <u>\$15,414</u> | <u>\$15,420</u> |

TPLEG:esl:SWB 1-14-5

AIR QUALITY

| <u>PERSONAL SERVICES</u> | <u>1986</u> | <u>1987</u> |
|--------------------------|------------------|------------------|
| Executive FTE | <u>18</u> | <u>18</u> |
| LFA Current Level FTE | <u>17.5</u> | <u>17.5</u> |
| Difference | <u>==.5</u> | <u>==.5</u> |
| Executive | \$508,726 | \$509,914 |
| LFA Current Level | <u>498,173</u> | <u>499,371</u> |
| Difference | <u>\$ 10,553</u> | <u>\$ 10,543</u> |

- - - - - Personal Services Issues - - - - -

1. The executive has transferred two .25 FTE legal support staff to this bureau as part of the proposed reorganization of the Legal Services Bureau.

2. Committee Issues

Committee Action--Personal Services

OPERATING EXPENSES

| | -----1986----- | | | -----1987----- | | |
|-------|-------------------|------------------|-------------------|-------------------|-------------------|-------------------|
| | <u>Base</u> | <u>Inflation</u> | <u>Total</u> | <u>Base</u> | <u>Inflation</u> | <u>Total</u> |
| Exec. | \$209,595 | \$ 8,096 | <u>\$217,691</u> | \$209,855 | \$ 9,129 | <u>\$218,984</u> |
| LFA | <u>232,087</u> | <u>14,321</u> | <u>246,408</u> | <u>232,087</u> | <u>24,811</u> | <u>256,898</u> |
| Diff. | <u>\$(22,492)</u> | <u>\$(6,225)</u> | <u>\$(28,717)</u> | <u>\$(22,232)</u> | <u>\$(15,682)</u> | <u>\$(37,914)</u> |

----- Operating Expenses Issues -----

1. Current level contains \$14,000 more in legal fees than does the executive due to the proposed reorganization of the Legal Services Bureau. Current level also contains \$1,000 more in miscellaneous supplies and materials, \$1,000 more in communications, and \$3,400 more in vehicle and lab equipment repair than does the executive.

2. Committee Issues

Committee Action--Operating Expenses

EQUIPMENT

| | <u>1986</u> | <u>1987</u> |
|-------------------|----------------|------------------|
| Executive | <u>\$5,905</u> | <u>\$ -0-</u> |
| LFA Current Level | <u>→ 5,500</u> | <u>5,000</u> |
| Difference | <u>\$ 405</u> | <u>\$(5,000)</u> |

----- Equipment -----

1. The executive and LFA both fund field monitoring equipment in fiscal 1986. In addition, the executive includes \$485 for legal equipment. Current level funds calibration devices in fiscal 1987, which the executive does not include.

2. Committee Issues

Committee Action--Equipment

| <u>GRANTS</u> | <u>1986</u> | <u>1987</u> |
|-------------------|-------------|-------------|
| Executive | \$95,000 | \$95,000 |
| LFA Current Level | 95,000 | 95,000 |
| Difference | \$ -0- | \$ -0- |

- - - - - Grant Issues - - - - -

1. Both the executive and the LFA include \$95,000 in grants to local governments.

2. Committee Issues

Committee Action--Grants

| <u>FUNDING</u> | <u>1986</u> | | <u>1987</u> | |
|----------------------|--------------|------------|--------------|------------|
| | <u>Exec.</u> | <u>LFA</u> | <u>Exec.</u> | <u>LFA</u> |
| General Fund | \$310,657 | \$310,657 | \$310,657 | \$310,657 |
| Dept. of State Lands | 31,502 | 31,502 | 31,516 | 31,516 |
| EPA Air Quality | 485,163 | 502,922 | 481,725 | 514,096 |
| Total | \$827,322 | \$845,081 | \$823,898 | \$856,269 |

- - - - - Funding Issues - - - - -

1. EPA Air Quality grants require a maintenance of effort equal to the prior year's general fund contribution. Both the executive and the LFA include the anticipated fiscal 1985 level of general fund expenditures. If a higher level of general fund is expended in fiscal 1985, a higher general fund contribution in the 1987 biennium will be required. The current level may overstate the availability of EPA air quality funds.

2. Committee Issues

Committee Action--Funding

Modified Level

Tribal Assistance

One FTE and program costs are requested to continue the Tribal Assistance Program begun by budget amendment in fiscal 1984. The program provides technical assistance to Indian tribes for air monitoring programs.

| | <u>1986</u> | <u>1987</u> |
|------------------------|-----------------|-----------------|
| FTE | 1 | 1 |
| Personal Services | \$24,317 | \$24,414 |
| Contract Services | 11,950 | 11,950 |
| Supplies and Materials | 1,045 | 1,045 |
| Communications | 690 | 690 |
| Travel | 9,310 | 9,310 |
| Repair and Maintenance | 550 | 550 |
| Other Expenses | 150 | 150 |
| Equipment | <u>400</u> | <u>400</u> |
| Total | <u>\$48,412</u> | <u>\$48,509</u> |

Funding

EPA Air Quality

\$48,412

\$48,509

2. Committee Issues

Committee Action--Tribal Assistance

Lawyer

A .5 FTE lawyer is requested. The FTE would exclusively handle all legal requirements of the Air Quality Bureau.

| | <u>1986</u> | <u>1987</u> |
|-------------------|-----------------|-----------------|
| FTE | .5 | .5 |
| Personal Services | <u>\$15,414</u> | <u>\$15,420</u> |
| <u>Funding</u> | | |
| General Fund | <u>\$15,414</u> | <u>\$15,420</u> |

Committee Action--Lawyer

TPLEG:esl:AQ 1-14-5

OCCUPATIONAL HEALTH

| <u>PERSONAL SERVICES</u> | <u>1986</u> | <u>1987</u> |
|--------------------------|----------------|----------------|
| Executive FTE | <u>4</u> | <u>4</u> |
| LFA Current Level FTE | <u>4</u> | <u>4</u> |
| Difference | <u>0</u> | <u>0</u> |
| Executive | \$124,198 | \$124,307 |
| LFA Current Level | <u>124,207</u> | <u>124,316</u> |
| Difference | <u>\$ (9)</u> | <u>\$ (9)</u> |

- - - - - Personal Services Issues - - - - -

- Differences are due to the calculation of vacancy savings.
- Committee Issues

Committee Action--Personal Services

- - - - - Operating Expenses Issues - - - - -

| <u>OPERATING EXPENSES</u> | <u>1986</u> | | | <u>1987</u> | | |
|---------------------------|------------------|------------------|------------------|-----------------|------------------|---------------|
| | <u>Base</u> | <u>Inflation</u> | <u>Total</u> | <u>Base</u> | <u>Inflation</u> | <u>Total</u> |
| Exec. | \$46,385 | \$1,653 | \$48,038 | \$45,964 | \$ 1,987 | \$47,951 |
| LFA | <u>48,016</u> | <u>2,076</u> | <u>50,092</u> | <u>43,666</u> | <u>3,971</u> | <u>47,637</u> |
| Diff. | <u>\$(1,631)</u> | <u>\$(423)</u> | <u>\$(2,054)</u> | <u>\$ 2,298</u> | <u>\$(1,984)</u> | <u>\$ 314</u> |

- Current level contains \$5,413 in fiscal 1986 and \$1,065 in fiscal 1987 over the executive in legal fees due to the proposed reorganization of the Legal Services Bureau.

The executive contains \$2,500 for laboratory gas and \$680 for communications not included in current level.

2. Committee Issues

Committee Action--Operating Expenses

| <u>EQUIPMENT</u> | <u>1986</u> | <u>1987</u> |
|-------------------|----------------|--------------|
| Executive | \$7,500 | \$-0- |
| LFA Current Level | <u>2,200</u> | <u>-0-</u> |
| Difference | <u>\$5,300</u> | <u>\$-0-</u> |

- - - - - Equipment Issues - - - - -

1. Current level increases equipment by 15 percent from fiscal 1984 levels, which will allow the bureau to purchase a Co monitor. The executive has included funds for the purchase of a computer.

2. Committee Issues

Committee Action--Operating Expenses

| <u>FUNDING</u> | <u>1986</u> | | <u>1987</u> | |
|----------------|------------------|------------------|------------------|------------------|
| | <u>Exec.</u> | <u>LFA</u> | <u>Exec.</u> | <u>LFA</u> |
| General Fund | <u>\$179,736</u> | <u>\$176,499</u> | <u>\$172,258</u> | <u>\$171,953</u> |

1. Committee Issues

Committee Action--Funding

Modified Level

X-Ray Inspections

One FTE and related operating expenses are requested. The FTE would assist in the inspection of x-ray machines. This is a workload increase request.

| | <u>1986</u> | <u>1987</u> |
|------------------------|-----------------|-----------------|
| FTE | 1 | 1 |
| Personal Services | \$28,372 | \$28,384 |
| Contract Services | 200 | 200 |
| Supplies and Materials | 500 | 500 |
| Communications | 1,000 | 1,000 |
| Travel | 4,000 | 4,000 |
| Equipment | <u>7,000</u> | <u>-0-</u> |
| Total | <u>\$41,072</u> | <u>\$34,084</u> |

FUNDING

General Fund

\$41,072

\$34,084

FOOD AND CONSUMER SAFETY

| <u>PERSONAL SERVICES</u> | <u>1986</u> | <u>1987</u> |
|--------------------------|-----------------|-----------------|
| Executive FTE | <u>9</u> | <u>9</u> |
| LFA Current Level FTE | <u>9</u> | <u>9</u> |
| Difference | <u>0</u> | <u>0</u> |
| Executive | \$275,419 | \$276,294 |
| LFA Current Level | <u>275,649</u> | <u>276,551</u> |
| Difference | <u>\$ (230)</u> | <u>\$ (257)</u> |

- - - - - Personal Services Issues - - - - -

1. The differences in personal services are due to the difference in vacancy savings calculations between the executive and the LFA.

2. Committee Issues

Committee Action--Personal Services

| <u>OPERATING EXPENSES</u> | <u>1986</u> | | | <u>1987</u> | | |
|---------------------------|-------------------|------------------|-------------------|-------------------|------------------|-------------------|
| | <u>Base</u> | <u>Inflation</u> | <u>Total</u> | <u>Base</u> | <u>Inflation</u> | <u>Total</u> |
| Executive | \$ 50,444 | \$2,221 | \$ 52,665 | \$ 50,349 | \$ 3,015 | \$ 53,364 |
| LEA Current Level | <u>61,756</u> | <u>2,868</u> | <u>64,624</u> | <u>61,756</u> | <u>5,343</u> | <u>67,099</u> |
| Difference | <u>\$(11,312)</u> | <u>\$ (647)</u> | <u>\$(11,959)</u> | <u>\$(11,407)</u> | <u>\$(2,328)</u> | <u>\$(13,735)</u> |

- - - - - Operating Expenses Issues - - - - -

1. The LFA budget contains \$10,173 more in legal fees than the executive due to the proposed reorganization of the Legal Services Bureau. In addition, current level includes \$359 more in supplies and \$340 more in repair and maintenance than does the executive.

2. Committee Issues

Committee Action--Operating Expenses

| <u>EQUIPMENT</u> | <u>1986</u> | <u>1987</u> |
|-------------------|----------------|--------------|
| Executive | \$ 155 | \$155 |
| LFA Current Level | 500 | -0- |
| Difference | <u>\$(345)</u> | <u>\$155</u> |

- - - - - Equipment Issues - - - - -

1. The LFA and the executive both fund educational films. The executive divides the cost between two years while current level funds to the department's request in fiscal 1986.

2. Committee Issues

Committee Action--Operating Expenses

| <u>GRANTS</u> | <u>1986</u> | <u>1987</u> |
|-------------------|------------------|------------------|
| Executive | <u>\$204,000</u> | <u>\$206,000</u> |
| LFA Current Level | <u>204,000</u> | <u>206,000</u> |
| Difference | <u>\$ -0-</u> | <u>\$ -0-</u> |

- - - - - Grants Issues - - - - -

1. Current level and the executive both fund to the department's request. Grants are made to local boards of health for inspection payments.

2. Committee Issues

Committee Action--Operating Expenses

| <u>FUNDING</u> | <u>1986</u> | | <u>1987</u> | |
|----------------------|------------------|------------------|------------------|------------------|
| | <u>Exec.</u> | <u>LFA</u> | <u>Exec.</u> | <u>LFA</u> |
| General Fund | \$328,239 | \$340,773 | \$329,813 | \$343,650 |
| Local Bd. Insp. Fund | <u>204,000</u> | <u>204,000</u> | <u>206,000</u> | <u>206,000</u> |
| Total | <u>\$532,239</u> | <u>\$544,773</u> | <u>\$535,813</u> | <u>\$549,650</u> |

----- Funding Issues -----

1. The difference in general fund is caused by differences in operating expenses and inflation application.

2. Committee Issues

Committee Action--Funding

VISITORS' REGISTER

Human Services Sub COMMITTEE

BILL NO. _____

DATE 1-21-85

SPONSOR _____

| NAME (please print) | RESIDENCE | SUPPORT | OPPOSE |
|---------------------|-----------|---------|--------|
| Lay Hoffman | DHES | | |
| Dr. John Drynan | DHES | | |
| JD May | OBPP | | |
| Charles F. Stahl | DHES | | |
| John C. Wilson | DHES | | |
| Suzanne Nybo | DHES | | |
| Anne Brockstey | WLF | | |
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IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.