

MINUTES OF THE MEETING  
JOINT SUBCOMMITTEE  
ON EDUCATION APPROPRIATIONS  
MONTANA STATE  
HOUSE OF REPRESENTATIVES

March 8, 1985

Tape 85 Side A

The meeting of the Education Subcommittee was called to order by Chairman Gene Donaldson at 5:00 P.M. on Friday, March 8, 1985, in Room 104 of the State Capitol.

ROLL CALL: Because the Senate had not yet adjourned, only Chairman Donaldson, Representative Moore, Representative Peck and Representative Hand were present. The Senators jointed the meeting later on.

The purpose of the meeting was hearing of House Bill 344 and House Bill 669.

HOUSE BILL 344: "AN ACT PROVIDING TRAINING FOR FAMILY PRACTICE RESIDENT PHYSICIANS; LIMITING USE OF FUNDS; APPROPRIATING FUNDS; AND PROVIDING AN EFFECTIVE DATE."

Representative Rex Manuel (85:A:012) (EXHIBIT 1), District 11, introduced House Bill 669. He explained that the bill would provide a program for training of family practice resident physicians. The program has already done a lot of good in the state. The appropriation requested is \$100,000 for the biennium.

PROONENTS:

Sandy Norris (85:A:031) (EXHIBIT 2), Director, Family Practice Residency Satellite Program, said that since she appeared before the Subcommittee in January, the program has added six residency programs. There are a total of 20 satellite communities participating in the state of Montana, and there are 59 preceptor/physicians in the state. These are primarily family physicians, although there are representatives from other areas of the medical profession. The program has had nine new resident contacts in the last month and a half. These are residents who want to come into the state for rotation, she said.

One of the program's objectives is to expose physicians to rural practice opportunities and what practice in such a setting would entail. Ms. Norris said it takes \$120,000 - \$150,000 per year to operate the Family Practice Residency Satellite Program.

Education Subcommittee

Minutes

March 8, 1985

Dr. Jack McMahan (85:A:114), Helena surgeon, Co-Chairman of the Legislative Committee for the Montana Medical Association, said he became involved in the Satellite Program about five years ago. He said a decision was made to make the program available to any family practice residency in the United States. He said it would be absurd to suggest that most of the larger communities of the state need more physicians. On the other hand, it's equally absurd to suggest that all of the state is adequately served by physicians. He said this bill represents the best interests of people in the rural communities of the state.

Bill Leary (85:A:150), President, Montana Hospital Association, said the 57 member hospitals of the association are in full support of House Bill 344. The returns from this program during its short two-year existence demonstrate its effectiveness.

Howard Purcell (85:A:166), Administrator, St. Peter's Hospital, said over the years he has learned that physicians recruit physicians. This program has demonstrated that it has the ability to attract physicians to the communities in which it exists, and to other communities as well. The aging of the physician population in Montana is a concern to a great many people. There are a number of small communities that are presently being served by physicians who will soon have to be replaced because of their age. The state must find ways to recruit physicians into Montana. This is especially difficult because there is not a graduate medical program in the state. This program has demonstrated its ability to recruit physicians into the state, and Mr. Purcell strongly urged support of House Bill 344.

Dr. Sidney Pratt (85:A:199) (EXHIBIT 3), Chief of the Clinical Programs Bureau, Department of Health, noted that he was also testifying in behalf of Dr. John Drynan, Department of Health. He said House Bill 344 will make possible the continuation of this valuable post-graduate medical education program which has already brought two family physicians to Montana, one into Big Timber and one into Hardin, with two more physicians opening practice in July, one in Boulder and one in Helena.

Dr. Pratt said from 1939 to 1966 he practiced in Miles City until, for physical reasons, he was forced to abandon his practice and assume administrative activities. Locating and keeping physicians in eastern and southeastern Montana is an ever present problem. The track record has demonstrated the value of the Family Practice Residency Satellite Program, and it would be short-sighted to abandon this activity since it is bringing primary care providers to the people of the state, he said.

Education Subcommittee  
Minutes  
March 8, 1985

Jerry Lendorf (85:A:238), representing the Montana Medical Association, said there are 50 small towns in the state that have one to three physicians; 22 of those only have one physician. This program doesn't spend a lot of money on any one individual. Instead of having all their training in major medical schools and major medical centers, these individuals are able to see in a short time that they are able to practice in a small town with limited facilities. This is an opportunity they would otherwise never have, he said.

John Schantz (85:A:258) said he helped to develop the Family Practice Program after the last legislative session. He said he thinks it would be difficult to find a more cost-effective program for bringing people into the state than this one.

Paul Donaldson (85:A:277), family physician, Helena, said he was also representing the Montana Academy of Family Physicians, which has been on record as supporting the program. The Academy has supported the program by offering training programs for preceptors. He said the program forces physicians like himself to think and study and stay on top of things in order to stay up with the students.

James Nickel (85:A:295), Helena obstetrician, said the Family Practice Residency Satellite Program is one that works, and he hopes that, even though it was referred to as a "cat and dog bill", it will not be neutered.

OPPONENTS: None

COMMITTEE DISCUSSION:

Representative Moore said he thinks if it will help to entice the WAMI students to practice in the state, \$50,000 per year is highly worthwhile. Chairman Donaldson said the original intent of the program was to be self-funding, and in previous discussions Ms. Norris indicated that money for the program had not become available. He asked Ms. Norris if there had been any change in that situation. Ms. Norris said the situation has not improved. No stones have been left unturned, she said, and they simply have not been able to find additional funding. In response to a question from Representative Hand, Ms. Norris said if the program is not funded by the state, it will probably not be possible to maintain operations as they are now.

Representative Manual closed by thanking the proponents, who did a good job of stating the case for House Bill 344, and he urged that a DO PASS be given to the bill.

Chairman Donaldson noted that in spite of the terrible financial crunch, a little money might be set aside for the "dogs and cats."

Education Subcommittee

Minutes

March 8, 1985

HOUSE BILL 669: "AN ACT ESTABLISHING AN EXCELLENCE IN EDUCATION PROGRAM; PROVIDING A FUNDING SOURCE FROM THE COAL SEVERANCE TAX; PROVIDING AN APPROPRIATION; AMENDING SECTIONS 15-35-108, 20-2-121, AND 90-6-205, MCA; AND PROVIDING AN APPLICABILITY DATE AND AN IMMEDIATE EFFECTIVE DATE."

House Bill 669 was introduced by its sponsor, Representative Dorothy Bradley (85:A:458), District 79. She explained that the bill would set up a system and a funding method to promote excellence in education. The thrust of the measure is two-fold. The first part of the program is a program for pilot projects. The initiative for these would come out of local school districts or individuals in the community who are interested. The second part of the program is a scholarship and loan program which would help to attract and retain teachers.

Representative Bradley pointed out that Section 3 of the bill would put the basic overall guidance of the program under the Board of Public Education. The main function of the Board would be to set up the rules, and those rules would first of all devise the criteria with which to judge the applications and the overall selection process of the pilot programs. The bill specifically spells out that preference would be given to those programs that came from districts that were willing to contribute financial support. The bill would also set up rules by which to evaluate the results of the pilot programs.

Section 4 of the bill would provide that the school districts identify and conduct pilot programs to improve educational quality. Section 7 deals with the money (EXHIBIT 4). It proposes to take 2 percent of the coal tax, which at this time goes to local impact and the education account. That overall sum of the half of the trust that the state spends is 37 1/2 percent, so if the 2 percent is taken away it would be decreased to 35 1/2. More specifically, this would come directly from the local impact and would leave the education part of the fund intact. The 15 1/2 percent that goes to local impact would be decreased. Basically, 2 percent of the half would be used; or if the entire coal trust pie is looked at, then it would take 1 percent. It is anticipated that the 1 percent would bring in approximately \$1 million per year. Of this, a specific sum of \$100,000 would be set aside for the loan and scholarship program. Whatever the remainder is would be used for the pilot programs, Representative Bradley said.

The difficult question is, "How do you justify taking this money that could be used for the foundation program and earmarking it for a separate program?" Representative

Education Subcommittee  
Minutes  
March 8, 1985

Bradley said she struggled with this question. Right now, the state is experiencing a particularly difficult budget year, and it will probably get more difficult. What the Legislature must do, she said, is ensure that every dollar spent yields maximum returns. The Legislature meets every two years and literally pours millions of dollars into education, and yet legislators have really very little knowledge of what those dollars buy. She said the Legislature is trying to provide a good basic education for all of the children of the state, and also trying to avoid property tax warfare at the local level. This bill, if passed, would allow the Legislature, for the very first time, to get a report back on the money that was spent. It would define what works and what does not work. Such a program would enable the Legislature to have a concrete idea of how to promote excellence in education, she said.

Representative Bradley said every school district would have a chance to go after this money. Competition would promote a lot of innovative thinking at the district level. Instead of simply sitting back and hoping they will be funded at a reasonable level, the local districts would be able to formulate new and innovative ideas, present these ideas to the state and then go after their dollars. That kind of competition and reward at the district level would, in itself, promote excellence in education, she said. This is a unique concept, and even in a budget-short year, an idea like this makes good sense.

PROPONENTS:

Michael Pichette (85:A:643) (EXHIBIT 5), Administrative Assistant to the Governor, read a statement from Governor Schwinden, which said that House Bill 669 encourages accountability by providing the Board of Public Education a tool to test innovations in education before large sums of money are invested.

Tape 85 Side B

Mr. Pichette continued with the Governor's statement, which said Montanans deserve the best possible educational system, and improvements should always be pursued. The Montana Board of Education began an effort to identify Montana's problems in this context in 1983. They sponsored the "School Night for Excellence" meetings throughout the state, and over 10,000 citizens turned out to discuss their schools and respond to suggestions for improvements. Subsequently, Governor Schwinden proposed the Excellence in Education program which is embodied in House Bill 669 to the Board of Public Education. The Board agreed that, as the body responsible for overall policy in the public schools, that they also have the responsibility to seek improvements and welcomed the tools that this program would provide.

Education Subcommittee  
Minutes  
March 8, 1985

The Governor's statement said that he fully expects teachers, administrators and board members throughout Montana to respond enthusiastically and thoughtfully if given the opportunity to prove the merits of an idea their experience tells them will make education in the state better. The statement closed by saying that the Governor "respectfully asks that the Legislature help provide them--and the school children of the state--that opportunity by acting favorably on House Bill 669."

Ted Hazelbaker (85:B:030) (EXHIBIT 6), Chairman, Board of Public Education, said the Board is charged with developing policies for K - 12 education in Montana. Given this responsibility, the Board should be allowed to have the proper tools to examine all policies and projects to improve education in the light of cost and value so that money is not wasted in the name of "excellence" or "improvement". He urged passage of House Bill 669 as a proper tool for the Board to use in making its policies more effective.

Eric Feaver (85:B:063), President, Montana Educators Association, said this bill is an excellent idea and a great innovation. It is cautious, prudent and cost-effective. It uses the scientific method of trial and error. He said if he had to set priorities as to where the state's money should be spent, this bill would not be at the top of the list. But the bill should be funded, and he said that when the Legislature attains the degree of wisdom which it should have, it will endorse the bill, along with all of those other items which are of great importance to education in the state.

Hidde Van Duym (85:B:094) (EXHIBIT 7), Executive Secretary, Board of Public Education, said the concept of House Bill 669 is the end product of a good deal of discussion between the Governor's office, the Board of Regents, the Board of Public Education and all segments of the educational community. The funding source for House Bill 669 is not new. It consists of presently existing funds which are being re-allocated. The purpose of the funds is to encourage and support school districts in the use of promising practices which will demonstrate improved performance within selected areas of policy. The funds would be available to all school districts, not just those blessed with professional grant writers, he said.

Philip Sherman (85:B:118), Montana Federation of Teachers, said on behalf of MFT, he urges support of House Bill 669.

Education Subcommittee  
Minutes  
March 8, 1985

Carrol Krause (85:B:122), Montana University System, said that by 1990 there will be a severe shortage of teachers. He said he is particularly interested in that portion of House Bill 660 which creates scholarships and loans for students. This program is one way that the state can demonstrate the desire on its part to have excellence in teacher education, he said.

OPPONENTS:

Chip Erdmann (85:B:140), Montana School Board Association, said his association is a reluctant opponent of House Bill 669. Excellence in education is, of course, vital, and House Bill 669 is a good concept. But at this time there are basic needs that should be addressed first. The state foundation program that is there to fund the basic needs of the state is experiencing a critical funding status. The Montana schools are doing a good job, he said, but it takes money to get the basics done. This is just not the year for House Bill 669. In any other year the Montana School Board Association would wholeheartedly endorse the bill, but this year the 2 percent should be diverted to the foundation program, Mr. Erdmann said.

Senator Dave Brown who was not able to be at the hearing earlier, joined the meeting. Representative Bradley asked if he might speak as a proponent of House Bill 669, and Chairman Donaldson consented.

Senator Dave Brown (85:B:202), District 72, and one of the sponsors of House Bill 669, said a recurring theme of many of the reports on the nation's education systems is the importance of the teacher. He said the very best students often do not go into education. He said he thinks it would be a good idea to offer a scholarship to college students with high grade point averages, provided they enter the teaching profession for three years after graduation. This bill does something of that sort; it offers an inducement for outstanding students to enter the teaching profession.

COMMITTEE DISCUSSION:

Senator Hammond said he agrees with the effort to hire good people for education, but as far as he is concerned one of the prerequisites for a teacher's success is the ability to enjoy working with young people. Representative Bradley said the language of the bill is that it seeks "to attract and retain highly qualified teachers."

Representative Peck (85:B:381) noted that he is a signer of House Bill 669. He said the farmers, foresters and

Education Subcommittee

Minutes

March 8, 1985

others have come before the Subcommittee and said there is a need for research. But where do you see research taking place in the Montana Public School System? It really isn't there, he said. This is an excellent bill, and he said he is proud to be a co-sponsor of it.

Representative Bradley said that Representative Peck's statement was a fine closing statement.

Chairman Donaldson closed the hearing on House Bill 669.

Senator Hammond (85:B:420) moved that the Subcommittee reconsider its action of eliminating \$1.5 million from the Secondary Vo-Ed program.

Representative Peck said he has read statements in the newspaper that were not heard in the Subcommittee when that action was taken. He said it's important that the Subcommittee members see data in regard to federal funds that would be lost, and that he would like to know more before any action is taken.

Chairman Donaldson asked Senator Hammond if he would wait on this motion and allow the Subcommittee to study the data regarding the federal funds. Senator Hammond agreed to this and withdrew the motion.

ADJOURN: The meeting adjourned at 6:20 P.M.



Gene Donaldson

Gene Donaldson, Chairman

## DAILY ROLL CALL

EDUCATION SUB COMMITTEE

49th LEGISLATIVE SESSION -- 1985

Date March 8, 1985 (P.M.)

## VISITORS' REGISTER

EducationSub COMMITTEE

BILL NO.

HR 344

DATE

March 8, 1955

SPONSOR

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Gene R. Christensen	Helena		
Phillip Sherman	Helena / Mt Fed. of Teachers		
Span Zins	MT. Medicia (DEN)	✓	
Paul P. Donaldson	Helena		✓
Judy Norris	Helena	✓	
John Whittaker	Helena	—	
Jerome T. Pendleton	"	✓	
William E. Farny	Montgomery Ass't Helena	X	
Howard G. Smith	St. Peters Hosp. Helena	✓	
J. C. Pratt Jr.	D. H. E. S.	X	
Rep. Dorothy Bradley		✓	
Sen. Bob Brown		✓	
Mike Pichette	Gov's ofc	✓	
Ted Hazelbaker	Bd Pub Ed	✓	
Hiddle Van Duyne	"	✓	
John M. Smith	Helena	—	
Carol Kowar	Helena	—	
Lauri Craig	Helena		

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

**VISITOR'S REGISTER**

HOUSE \_\_\_\_\_

## COMMITTEE

BILL 4/B 888

DATE \_\_\_\_\_

**SPONSOR** \_\_\_\_\_

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

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

JAMES A. MEYER, M.D., P.C.  
809 SUNSET BOULEVARD  
PONDERA MEDICAL-DENTAL CLINIC  
CONRAD, MONTANA 59425-1798

Telephone (406) 278-7511

February 11, 1985

Rex Manuel, Representative  
R.R. 1, Box 42  
Fairfield, MT 59436

Dear Rex:

The Montana Family Practice Residency Satellite Program brought it to my attention that you have introduced HB 344 seeking to assist them with continued partial state funding for the next biennium. I would like to add my support for this as being a worthwhile cause. I would also like to thank you for introducing this bill as I do think it is an important issue for the state.

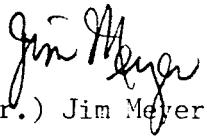
There are several reasons that I feel this way.

1. I recently had the opportunity to serve as a preceptor for a Family Practice resident. A program such as this helps a community even if the Family Practice resident doesn't stay as it makes the precepting physician more aware of his own medical practice and the way he practices. It also makes him examine closely the reasons in which he treats the patient the way he does. The result is better medical care from the precepting physician.
2. Exposure of this sort gives the resident a chance to take a serious, close look at a community in which he may be interested in practicing. In the days prior to the formal Montana Family Practice Residency Satellite Program, I was able to take a preceptorship in Sidney, MT, and evaluate that as a possible site of practice. It turned out that that was a very useful thing for me, both in getting to know the town of Sidney specifically, but also the demands of rural Family Practice. Family Practice in a larger town, such as a residency program might primarily be situated in, is similar in many respects but does not allow one to experience the stresses that a small town family physician has. Therefore, I think it is better for the small community to be exposed to this type of situation.
3. Inaddition, there are some studies which suggest that a high percentage of residents practice within a relatively small radius of the area in which they were trained. I don't recall the exact figures but it was over 50% of the residents practice within a 65 mile radius I believe. I think it was approaching 70% of those residents. Certainly I think by training in these areas of Montana, I think that we can exert a favorable impact for the retention of quality physicians in the state.

Because of the above reasons, I therefore, feel quite strongly that this Family Practice Satellite Program is a very beneficial program for the state of Montana and would recommend to other legislators that they seriously consider voting favorably for your HB 344.

It would seem to me that over the long run, this program would have a positive financial impact on the state of Montana due to better health care for its residents at a relatively minimal cost. Once again, I do appreciate your introducing this bill and would like to add my support as a bill certainly worthy of consideration in this time of difficult financial decisions for the legislators.

Sincerely,

  
(Dr.) Jim Meyer

jb



Montana State University  
Bozeman, Montana 59717

WAMI Program/Medical Science

Telephone (406) 994-4411

March 1, 1985

Francis Bardanouve, Chairman  
Appropriations Committee  
Capitol Station  
Helena, MT 59620

Dear Mr. Bardanouve:

I am writing you in support of House Bill 344 which would provide funding for the Family Practice Residency Satellite Program in Montana. Not only does this program have great merit on its own, but it also enhances the effectiveness of the WAMI Medical Program in achieving its goals of providing access to medical education for Montana residents and providing well-trained and appropriately located physicians for Montana citizens.

By spending the first year of medical school in Bozeman and by having the opportunity to spend shorter periods of time during the third and fourth year of medical school in Billings, Great Falls, Missoula or Kalispell, our medical students have an opportunity to learn what kind of medical care is needed in Montana and what kind of practice opportunities may be available to them when their training is completed. However, after graduation from medical school physicians must still obtain from three to five years of post-graduate training before they have sufficient experience to begin their independent career. If it were not for the Family Practice Residency Satellite Program, physicians would have little opportunity to spend any time in Montana during this extensive period of training. Not only does this program give resident physicians an opportunity to learn about medical needs and medical opportunities in Montana, but also, on the basis of a rotation in the state, they may be able to structure the remainder of their education in such a way as to be appropriate for the medical needs of Montana.

In summary, I think that it is an excellent program and that it is exactly what we need at this stage in the evolution of medical education in Montana.

Sincerely,

Stephen J. Guggenheim, M.D.  
Director, WAMI Medical Program

SJG:nan



Regionalized Medical School for Washington, Alaska, Montana & Idaho

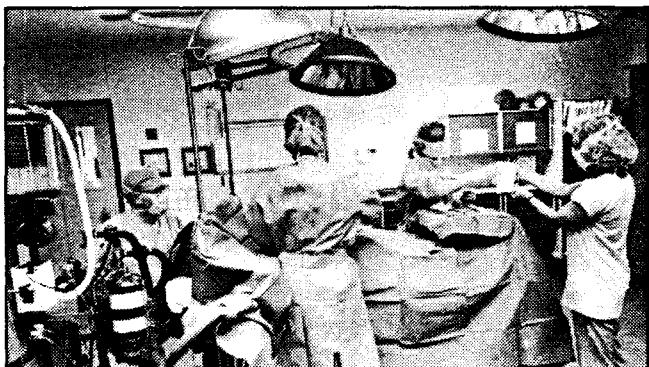
Exhibit 2

3-8-85

HB 344

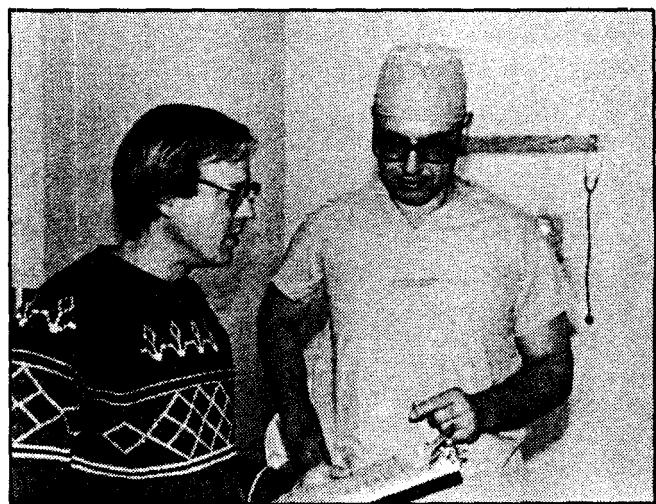


# You're Invited



As your Family Practice elective, we invite you to experience the practice of rural medicine in Montana. Our program has a limited number of one and two month rotations available in several locations throughout the state. We will match the city and hospital size to your interests, be it small (1,000 people/6 beds) or medium (80,000 people/374 beds).

During an elective period of your second or third year of residency training, you would practice with a Board-Certified Family Physician. We can also arrange rotations with specialists in other fields appropriate for the type of exposure you prefer.

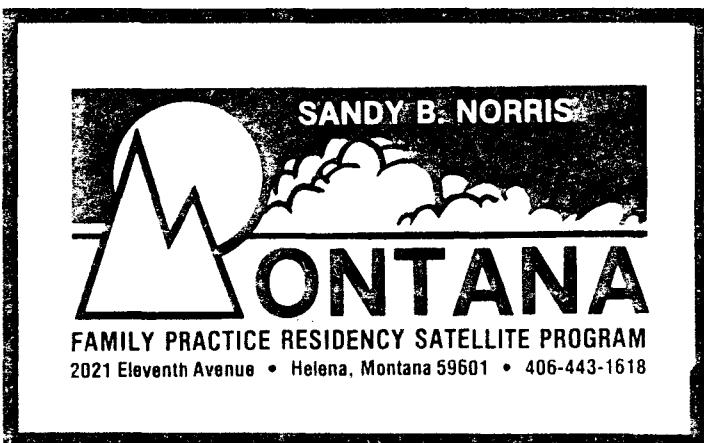
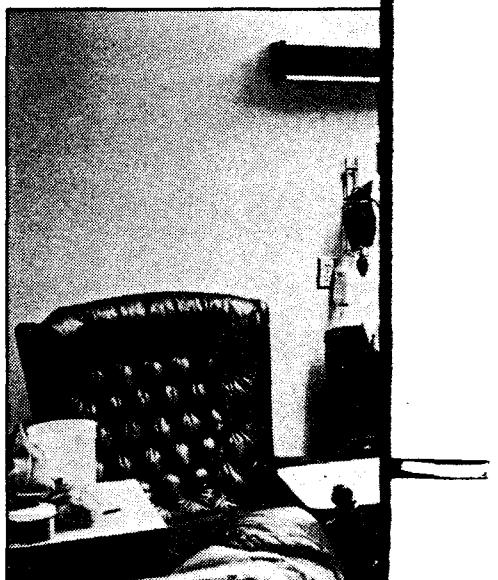


This Satellite Program was initiated through the cooperative efforts of the Montana Academy of Family Physicians, the Montana Medical Association, the Montana Hospital Association, and Governor Ted Schwinden. The program is operated by a nonprofit foundation whose Board of Trustees is composed of representatives of these organizations.

We are excited about the new financial arrangements our program offers your residency program. We reimburse your program for your salary. In addition, we generally pay the costs of travel for your family as well as yourself to come to Montana (up to \$1,000 maximum). Also, you are furnished with housing and a temporary medical license.

Montana offers a wide variety of recreational opportunities — fishing, skiing, hiking, water sports, camping, and hunting. Yellowstone and Glacier National Parks offer spectacular sightseeing. We are also proud of our theaters and symphonies, as well as our artists, galleries, and museums.

If you are interested in Montana, please contact us at 2021 Eleventh Avenue, Helena, Montana 59601, or call us at (406) 443-1618. We have some slots available this year, and are taking reservations for next year. Generally, three months notice is needed before you wish to come.



If your program director is not familiar  
with Montana's unique Satellite Program,  
have him or her contact us for details at:

**(406) 443-1618**



## Iowa physician plans on opening practice in Boulder

By CINDY KING  
IR Staff Writer

An Iowa physician who spent one month this summer as a visiting resident practicing in Helena will return to Montana next July to set up a permanent practice in Boulder.

Dr. Doug Kuntzweiler, 34, is making a lot of people happy with his decision to practice in Boulder. First, he's pleased the non-profit Elkhorn Mountain Health Service — made up of Boulder residents — which was formed earlier this year for the purpose of finding a doctor and raising money for health equipment. Chairman Drew Dawson said

the group interviewed about ten doctors from all over the country but chose Kuntzweiler because of his interest in a rural Montana practice.

Second, Kuntzweiler pleased the Montana Family Practice Satellite Unit, which brought him to Montana for a one-month residency in Helena. The program is "designed to have exactly this happen," said one of the Helena coordinators. "Ideally, some of the visiting residents decide they like Montana and set up practice here," she said.

Third, the National Health Service Corps will be pleased. The organization provides financial aid

"But we expect him to stay far beyond that," Dawson added. He said that Kuntzweiler's willingness to settle in Boulder for a long while was a large part of the reason he was chosen over the other physicians who applied.

Finally, it appears that Kuntzweiler has pleased himself and his family with his decision to set up practice in Boulder. His interests

include running, backpacking and skiing — activities which would seem to be more prevalent in Montana than in Iowa, where Kuntzweiler attended medical school and is now finishing up his residency.

He is interested in history and folk music, and his family — a wife and three children — is interested in horses.

Kuntzweiler worked as a visiting resident on the Rocky Boy Reservation in north-central Montana during the summer of 1981, which also might have sparked his interest in Montana, the Residency Satellite Unit spokeswoman surmised. Before Kuntzweiler arrives in Boulder, the Elk Mountain

Health Service is working to set up a clinic for him and raise funds to purchase some equipment. The two most necessary pieces of equipment, Dawson said, are an electrocardiogram and a microscope.

Dawson said he wasn't sure how long Boulder had been without a doctor, but estimated it had been some years. The most recent physician, Dr. Jersich, stayed only six months, Dawson said. Before that, Dr. Stan Skinner practiced for four years, but then returned to school to study neurology.

Before that, Dr. Pallister had been Boulder's doctor for more than 30 years, Dawson said.

Independent Record 10/11/84

1984-85 Postgraduate Year Rotations

<u>Resident</u>	<u>Home Program</u>	<u>Satellite Location</u>	<u>Date</u>
Dr. Steven Horne	Bristol, TN	Choteau	7/84
Dr. William Parke	Barberton, OH	Choteau	8/84
Dr. Glenne Gunther	Rochester, NY	St. Ignatius	7/84
Dr. John Kaiser	Harrisburg, PA	St. Ignatius	8/84
Dr. Phillip Bell	Pine Bluff, AR	Havre	8/84
Dr. Steven Fiedler	Orlando, FL	Helena	7/84
Dr. Gary Jones	Orlando, FL	Helena	8/84
Dr. Leonard Guth	Orlando, Fl	Hamilton	7/84
Dr. Mark Raine	Portland, OR	Conrad	9/84
Dr. Greg Jones	Spokane, WA	Townsend	8/84
Dr. Arthur Freeland	Kansas City, MO	Townsend	9/84
Dr. Douglas Kuntzweiler	Sioux City, IO	Helena	9/84
Dr. Tad Latimer	Travis AFB, CA	Havre	9/84
Dr. David Hurley	Ft. Wayne, IN	Choteau	9/84
Dr. James Ashizawa	Reading, PA	Sidney	11/84
Dr. Ray Tidman	Minneapolis, MN	Helena	12/84
Dr. Mark Byler	Kansas City, MO	Missoula	11/84
Dr. Paul Andrews	Glen Cove, NY	Red Lodge	12/84
Dr. Nilda Jo Tensen	Mount Holly, NJ	Deer Lodge	12/84
Dr. Gary Jones	Duluth, MN	Red Lodge	2/85
Dr. Warwick Charlton	Bristol, TN	Choteau	3/85
Dr. Michael Fetterolf	Franklin, PA	Hamilton	3/85
Dr. Albert Fisher	Kalamazoo, MI	Red Lodge	3/85
Dr. Richard Sanders	Bogalusa, LA	Choteau	4/85
Dr. Richard Early	Sylvania, OH	Billings	4/85
Dr. Michael Moran	Columbus, GA	Red Lodge	4/85
Dr. Sanjay Patel	Norristown, PA	Sidney	5/85
Dr. Richard Heiss	Hinsdale, IL	Deer Lodge	6/85
Dr. Mike Mulligan	Denver, CO	Kalispell	6/85
Dr. George Mulcaire-Jones	Long Beach, CA	Helena	6/85



FAMILY PRACTICE RESIDENCY  
SATELLITE PROGRAM

2021 11th Avenue #10 • Helena, Montana 59601 • 406-443-1618

## BUDGET FOR FY86 and FY87 - PROGRAM ADMINISTRATIVE OFFICE

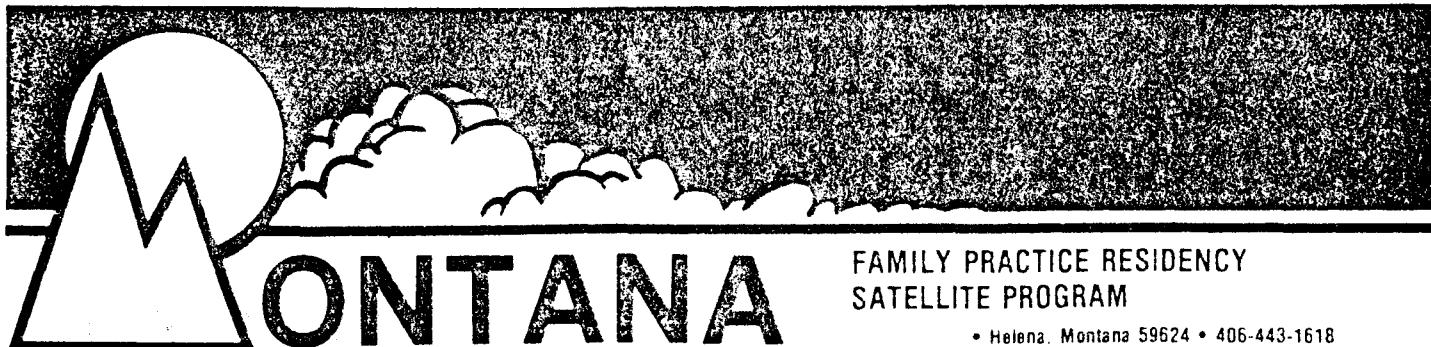
<u>Personnel</u> - 2 employees		<u>Total</u>
Executive Director & Secretary	Salary + Benefits	
Total	\$40,000	\$8,000
<u>Consulting costs</u>		2,000
<u>Operational costs</u> Supplies, printing, copies, etc.		4,000
<u>Communications</u> Postage & telephone		4,000
<u>Travel</u>		7,000
<b>TOTAL</b>		<b>\$65,000</b>

We will need \$130,000 for the next two years of operations. This reflects a small reduction in some of the start-up activities and costs, but a full level of operations.

Assuming that we host 30 residents/year @ \$500/resident month administrative fee, we could anticipate \$30,000 income. Therefore, we would need state support of \$100,000 for the biennium to allow full operation of this program.

Consulting costs would be used to contract for the development of a more extensive evaluation tool and for designing a research project based on data collected from participating residents regarding the practice location selection process and the effect of rural rotations upon that selection.

This budget does not reflect the monies spent by each community in hosting the resident rotations. These figures vary between \$2000 and \$3500 per resident month. For an average of 30 residents per year, the community support of the program would range between \$60,000 and \$105,000.



James N. Beggs MD  
Diplomate, American Board of Family Practice

Samuel J. Kevan MD  
Diplomate, American Board of Family Practice

## CHINOOK FAMILY PRACTICE CLINIC

Post Office Box 309 — Chinook, MT 59523 — (406) 357-2294

February 18, 1985

Francis Bardanouve  
Box 367  
Harlem, Montana 59526

Dear Representative Bardanouve,

I am writing to request your support of House Bill #344, the Family Practice Training Act of 1985. Having been deeply involved with the residency training program from its planning stages several years ago, and currently chairman of its Board of Directors, I am well aware of the need for this program. Montana has many rural areas such as our own, which are underserved by physicians, and have an extremely difficult time recruiting physicians. This innovative program has brought residents near the end of their training into the state and most especially, into rural practice locations. One must remember that most training institutions are of necessity in large cities, and that residents feel most comfortable practicing in situations similar to that in which they were trained. This means, that without such a program, it is almost impossible to even get a residency trained family physician to consider locating in rural Montana.

It has been my experience from the residents I have hosted and others I have met, that they are often surprised that high quality medical care can be delivered in a rural setting, and the experience has led many of them to change their longterm career plans. The physicians involved with the program have been uniformly supportive and enthusiastic about it and the patients have generally enjoyed the extra attention they get.

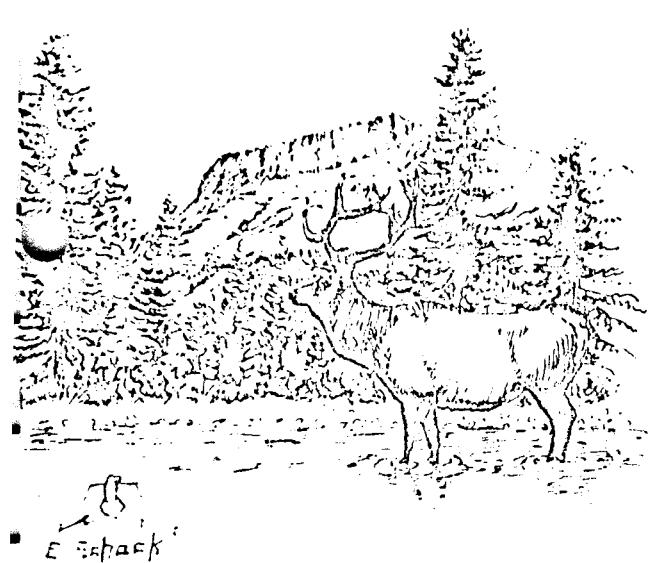
I am aware of no other program in the country that can so effectively reach the physician that rural areas need most, the well trained family physician. The bulk of the expense of the program, funding for the resident's travel, salary, and in some cases lodging, is handled by the local community hospital. A central office and administrator, however, are necessary to coordinate the large numbers of residency programs involved, the individualizing of resident requests for location, and the precepting locations and preceptors within the state. The funding requested for this central administration is quite small compared to the value of the program especially to rural Montana.

I hope you will support this legislation and I stand ready to answer any questions or concerns you may have about the program and its operation. Thank you for your consideration.

Yours truly,

James N. Beggs, M.D.

JNB/mbh



# Marcus A. Johnson, M.D., P.C.

M A JOHNSON, M.D.

DIPLOMATE ABFP  
P O BOX 180  
CHOTEAU MONTANA  
59422

PHONE 466 2630

February 19, 1985

Representative Francis Bardanouve  
Chairman, Appropriations Committee  
House of Representatives  
Capitol Station  
Helena, Montana 59620

Dear Representative Bardanouve:

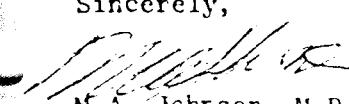
I am writing you with regard to House Bill 344. I am a rural family physician who has been practicing in a small community for over 15 years now. Rural Montana has a shortage of physicians and an even greater shortage of well trained physicians. Montana Family Practice Residency Satellite program offers us an opportunity to bring young physicians interested in Family Practice to our State for part of their training. Also, this works as a recruiting program.

I have been directly involved with this program since its' inception and we have been directly involved with the residents here in Choteau and the program has been very well received by our community.

We have seen neighboring communities go through very serious problems because of the lack of a stable medical community. These communities have paid large sums of money to obtain the services of a physician and many of these physicians come in to the community, work a year and leave, or sometimes just for weeks at a time and leave. They have resulted in the patients going elsewhere for their medical care. Bringing these young well trained physicians into our rural communities offers an opportunity for developing quality medical services in the communities and adding stability to the medical community. Without this, I feel that rural Eastern Montana will have growing problems in the future.

I truly believe that through this program, there is hope for continued quality medical care for the population of rural Eastern Montana.

Sincerely,



M. A. Johnson, M.D.

cc: Sandy Norris

**ADVISORY COMMITTEE**

Edmund Gray, M.D. - Colville  
Kenneth Gudgel, M.D. - Spokane  
Charlotte Hardt, R.N., B.S.N. - Ritzville  
Roy Holmes - Toppenish  
Robert Larrabee - Clarkston  
Gerry Leahy - Spokane  
Claude Manning, M.D. - Spokane  
Kaye Via Mickelson - Spokane  
Thomas Miller, M.D. - Spokane  
John Moyer, M.D. - Spokane  
James Pippard, Ph.D. - Cheney  
Marshall Thompson, M.D. - Davenport

**RURAL-URBAN  
HEALTH COALITION**

S. 522 DIVISION • SPOKANE, WA. 99202  
(509) 747-10

February 22, 1985

**Francis Bardanoue**  
Chairman, Appropriations Committee  
House of Representatives  
Capital Station  
Helena, Montana 59620

Dear Representative Bardanoue:

I am a member of the faculty of Family Medicine Spokane, the University of Washington-affiliated training program for family physicians here in Spokane.

One of our residents, Dr. Greg Jones, recently had the opportunity to spend a month's elective time in a rural community in Montana, sponsored by the Family Practice Residency Satellite Program. He was assisted in this placement by Sandy Norris, Executive Director of that program.

I'm impressed that Montana is using this vehicle to attempt to increase the placement of family physicians in underserved rural communities. The Spokane family practice program was started about twelve years ago, and for the first three or four years most of our graduates ended up in Spokane or other urban areas.

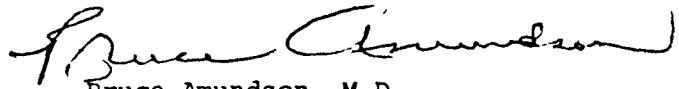
At that point we initiated rural training experiences during the second and third years, periods where residents would spend time in rural communities under the preceptorship of rural physicians. It was of great satisfaction to us that this represented a turning point in our program.

With rural educational experiences, the majority of our graduates have selected the communities of under ten to fifteen thousand people since the mid-1970s. A positive experience in a rural community was composed of several parts: it gave the resident an opportunity to meet the physicians and other residents; it began a process of rooting in the community; and it gave residents confidence that they could in fact provide good quality health services in smaller communities.

While other factors are involved in physicians selecting rural communities, we have found that a program similar to the one you are sponsoring through the Satellite Program has assisted many communities in our area in attracting young, competent family physicians.

If there is any further information that you would like to have about our experience, please don't hesitate to contact me.

Sincerely,



Bruce Amundson  
M.D.  
Director

BA:jac

318 N 29th Ave  
Yakima, WA 98902  
Feb. 21, 1985

Francis Bardanouye, Chairman  
Appropriations Committee  
Capitol Station  
Helena, Mt 59620

Dear Mr. Bardanouye,

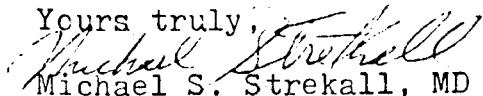
Thank you for returning my phone call regarding House Bill 344, the bill supporting monies for the Montana Family Practice Residency Satellite Program.

As we discussed on the telephone, I am a Board Certified Family Physician and currently practice medicine in Yakima, Washington. I am a Montana native, born in Billings, and graduated from Carroll College in Helena. As a Montana WAMI graduate of the University of Washington School of Medicine, I always intended to return to practice in my home state. However, as I entered and completed specialty training, many obstacles blocked my return.

The main barriers that kept me from returning to my state were: #1-lack of information about practice opportunities in Montana during the final months of residency training; #2-inadequate exposure to the medical communities that were seeking new physicians; #3-the fiscal ability needed to travel with my spouse and children, while looking at job prospects that were 1,000 miles from my residency center; #4- the allure of well advertised and accessable practice opportunities near my residency.

Fortunately, my desire to come back to Montana and practice family medicine will be fulfilled June, 1985, as I join a group of family physicians in Helena. I can honestly say that this change would not have occurred, if it had not been for my very positive experience with the Satellite Program. Through the efforts of St. Peter's Community Hospital and the Family Practice Program, I worked in Helena, March, 1984. This one month rotation broke down all the barriers that kept me out of the State, and allowed my wife and I additional time to explore 8 communities that were seeking physicians.

In summary, the Family Practice Residency Satellite Program is a viable operation, and it addresses the needs of a medically underserved state. I encourage you to support HB 344. It provides funding for continuing this essential link between the WAMI medical school program and the successful return of MD's into our state after residency training.

Yours truly,  
  
Michael S. Strekall, MD

# FAMILY HEALTH CARE, P. C.

Telephone 755-8120

LOREN S. VRANISH, M. D., F.A.A.F.P.  
JAMES R. MARKETTE, M. D.  
RICHARD C. WISE, M. D.

1291 Burns Way - Kalispell, MT 59901

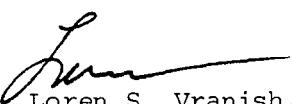
November 5, 1984

Sandy Norris  
Montana Family Practice Residency Satellite Program  
P.O. Box 605  
Helena, MT 59624

Dear Mrs. Norris:

As current President of the Montana Academy of Family Practice I have been instructed to give full support to the Montana Family Practice Residency Satellite Unit Program as directed by the Academy. Our Academy members have been very instrumental in the direction, conception and continuation of this program. The Academy has given strong financial support to this program and its endeavors.

Sincerely,



Loren S. Vranish, M.D.  
President of MAFP

LSV/dks



Montana State University  
Bozeman, Montana 59717

WAMI Program/Medical Science

Telephone (406) 994-4411

March 1, 1985

Francis Bardanouye, Chairman  
Appropriations Committee  
Capitol Station  
Helena, MT 59620

Dear Mr. Bardanouye:

I am writing you in support of House Bill 344 which would provide funding for the Family Practice Residency Satellite Program in Montana. Not only does this program have great merit on its own, but it also enhances the effectiveness of the WAMI Medical Program in achieving its goals of providing access to medical education for Montana residents and providing well-trained and appropriately located physicians for Montana citizens.

By spending the first year of medical school in Bozeman and by having the opportunity to spend shorter periods of time during the third and fourth year of medical school in Billings, Great Falls, Missoula or Kalispell, our medical students have an opportunity to learn what kind of medical care is needed in Montana and what kind of practice opportunities may be available to them when their training is completed. However, after graduation from medical school physicians must still obtain from three to five years of post-graduate training before they have sufficient experience to begin their independent career. If it were not for the Family Practice Residency Satellite Program, physicians would have little opportunity to spend any time in Montana during this extensive period of training. Not only does this program give resident physicians an opportunity to learn about medical needs and medical opportunities in Montana, but also, on the basis of a rotation in the state, they may be able to structure the remainder of their education in such a way as to be appropriate for the medical needs of Montana.

In summary, I think that it is an excellent program and that it is exactly what we need at this stage in the evolution of medical education in Montana.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen J. Guggenheim".

Stephen J. Guggenheim, M.D.  
Director, WAMI Medical Program

SJG:nan



Regionalized Medical School for Washington, Alaska, Montana & Idaho

318 N 29th Ave  
Yakima, WA 98902  
Feb. 21, 1985

Francis Bardanouye, Chairman  
Appropriations Committee  
Capitol Station  
Helena, Mt 59620

Dear Mr. Bardanouye,

Thank you for returning my phone call regarding House Bill 344, the bill supporting monies for the Montana Family Practice Residency Satellite Program.

As we discussed on the telephone, I am a Board Certified Family Physician and currently practice medicine in Yakima, Washington. I am a Montana native, born in Billings, and graduated from Carroll College in Helena. As a Montana WAMI graduate of the University of Washington School of Medicine, I always intended to return to practice in my home state. However, as I entered and completed specialty training, many obstacles blocked my return.

The main barriers that kept me from returning to my state were: #1-lack of information about practice opportunities in Montana during the final months of residency training; #2-inadequate exposure to the medical communities that were seeking new physicians; #3-the fiscal ability needed to travel with my spouse and children, while looking at job prospects that were 1,000 miles from my residency center; #4- the allure of well advertised and accessable practice opportunities near my residency.

Fortunately, my desire to come back to Montana and practice family medicine will be fulfilled June, 1985, as I join a group of family physicians in Helena. I can honestly say that this change would not have occurred, if it had not been for my very positive experience with the Satellite Program. Through the efforts of St. Peter's Community Hospital and the Family Practice Program, I worked in Helena, March, 1984. This one month rotation broke down all the barriers that kept me out of the State, and allowed my wife and I additional time to explore 8 communities that were seeking physicians.

In summary, the Family Practice Residency Satellite Program is a viable operation, and it addresses the needs of a medically underserved state. I encourage you to support HB 344. It provides funding for continuing this essential link between the WAMI medical school program and the successful return of MD's into our state after residency training.

Yours truly,  
  
Michael S. Strekall, MD

Testimony Regarding HB 344  
March 8, 1985

Mr. Chairman and members of the Joint Subcommittee on Education, I am Dr. Sidney Pratt, Chief of the Clinical Programs Bureau of the Department of Health and Environmental Sciences. I am here to support HB 344 and am speaking not only for myself but on behalf of Dr. John Drynan for the entire Department.

HB 344 will make possible the continuation of this valuable post-graduate medical education program which has already brought two family physicians to Montana, one into Big Timber and one into Hardin, with two more physicians opening practice in July, one in Boulder and one in Helena.

The health of the people in Montana is dependent to a great degree on the availability of physicians in the small communities throughout the state. Attracting physicians to those small rural towns is not an easy task, as I am certain you are aware. And I can testify to this from my own personal experiences. From 1939 to 1966 I practiced in Miles City until, for obvious physical reasons, I was forced to abandon my practice to assume administrative activities. Locating and keeping physicians in eastern and southeastern Montana is an ever-present problem.

The track record had demonstrated the value of this Family Practice Residency Training Program and I feel it would be shortsighted to abandon this activity since it is bringing primary care providers to the people in our state. Two more brief points: 1) The requested appropriation to the State Department of Health and Environmental Sciences for this program is pass-through money to the corporate body that administers this program. Not one cent is retained in the Department.

2) This program in no way conflicts with or is a substitute for WAMI and WICHE. These two programs are devoted exclusively to medical school education per se and do not furnish any post-graduate education. This Family Practice Residency Training Program is concerned exclusively with the additional training for certification with the American Academy of Family Physicians following graduation from medical school and obtaining the MD degree.

In conclusion I urge you to give favorable consideration to HB 344.

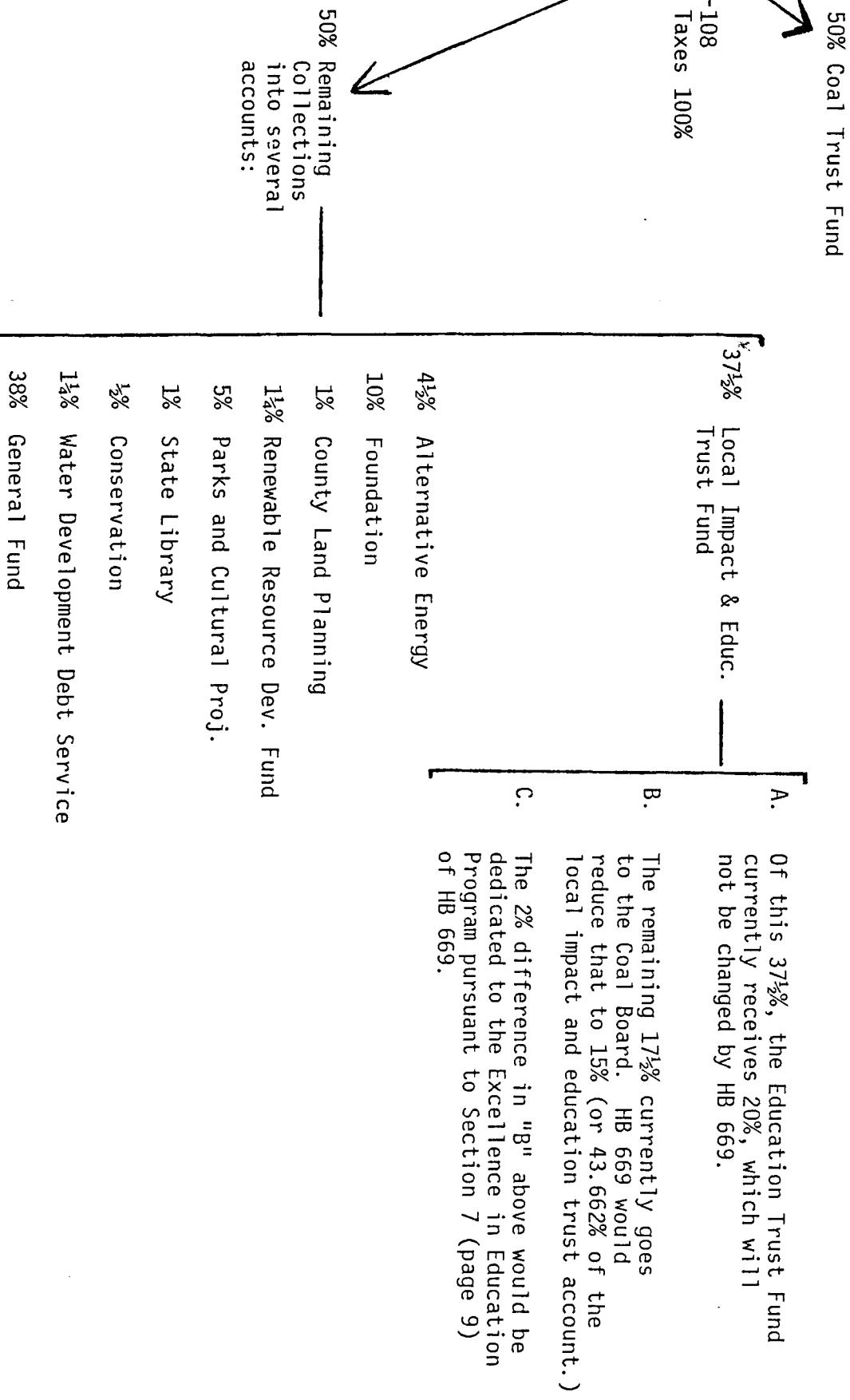
Thank you for your time and patience.

SCP/kk/52-A

Funding Source for the Excellence in Education Program

HOUSE BILL 669

\* 2% out of the Coal Board portion of the Local Impact and Education Trust Fund



State of Montana  
Office of the Governor  
Helena, Montana 59620

TED SCHWINDEN  
GOVERNOR

STATEMENT OF GOVERNOR TED SCHWINDEN

ON HOUSE BILL 669  
March 8, 1985

In my State of the State address two months ago, I commented on the high pricetag that quality education carries, and noted that the challenge now, with tight public budgets, is to maintain quality while controlling costs.

HB 669, which would establish an Excellence in Education program for Montana, encourages accountability by providing the Board of Public Education a tool to test innovations in education before we invest large sums of money.

The national focus on improving education has produced many studies, reports, and articles, most with recommendations of "cures" for education's "ills."

- Many appear sound.
- Some identify maladies not readily found in Montana.
- Most carry a pricetag.

Montanans deserve the best educational system we can provide, and to that end, I believe improvements should always be pursued. But we should seek Montana solutions to Montana problems.

The Montana Board of Education began an effort to identify Montana problems in this context in 1983. They sponsored "School Night for Excellence" meetings throughout the state on Valentine's Day a year ago; over 10,000 Montana citizens turned out that evening to discuss their schools and respond to suggestions for improvements. Subsequently, I proposed the Excellence in Education program embodied in HB 669 to the Board of Public Education. They agreed that, as the body responsible for overall policy in the public schools, they also have the responsibility to seek improvements and welcomed the tools that this program would provide.

Statistics released recently by the U.S. Department of Education rank Montana very high in the nation in several categories measuring financial support for education. But I stress that excellence in education is not just a matter of spending the most money; it's also getting the most for the money spent.

Our Excellence in Education program proposal offers a way to do that. By first testing appealing ideas through pilot programs in individual school districts, we can find out whether a particular idea is in fact effective -- and cost-effective. Perhaps more importantly from a management standpoint, we can find out that another idea, however popular, is not productive, and avoid wasting money on it.

Governor Ted Schwinden  
Statement on HB 669  
March 8, 1985

Other states may have the resources to risk tens or hundreds of millions of dollars by implementing untested ideas, but Montana does not. HB 669 will give us the chance to carry out our responsibility to seek progress, while also helping us avoid costly mistakes.

I fully expect the teachers, administrators and board members throughout Montana to respond enthusiastically and thoughtfully if given the opportunity to prove the merits of an idea their experience tells them will make education in our state better. I respectfully ask that you help provide them -- and our schoolchildren -- that opportunity by acting favorably on HB 669.

### EXCELLENCE IN EDUCATION FUND

The 1985 Legislature will be asked to create an "Excellence in Education Fund" to be managed and administered through the Board of Public Education and the Superintendent of Public Instruction. One percent of coal severance tax revenues is proposed as the funding source for the program.

The purpose of the fund is to provide the Board of Public Education with a policy-making tool for forging Montana solutions to Montana problems in public education. After identifying areas of potential new or revised policy decisions, the Board will fund projects in Montana school districts to test whether proposed improvements are workable, generally applicable, and cost-effective. Subsequent evaluation of the projects will allow the Board to make policy based on sound educational and financial information.

### BACKGROUND

Montanans have committed themselves in their State Constitution to a system of education that "will develop the full educational potential of each person," (Art. X, Sec. 1). Montanans' commitment to the quality of their system of education was reaffirmed when more than 10,000 citizens attended the School Night for Excellence meetings in February 1984.

Those meetings and the professional follow-up poll conducted in May show that while Montanans feel confident about their school system, they also feel improvements are in order.

Improvements in education have been the focus of attention in virtually every state, with the resulting adoption of far-reaching policies and legislative bills. Prospects for success of the various reforms is mostly unknown. In Montana, the Board of Public Education is responsible for assurance of quality in the public schools. Montana cannot afford to invest large amounts of money in unproven ideas. The Board must adopt policies which have a high potential for improving quality in the schools. The Excellence Fund will provide the Board with the ability to test the effectiveness--and cost effectiveness--of policy before it is implemented.

### PROGRAM OPERATION

#### 1. Management and administration

The funds will be managed and administered (in an amount not to exceed 5 percent of the appropriation) through the Board and the Superintendent of Public Instruction as follows:

The Board shall:

- (1) Establish priorities for each funding cycle;
- (2) Adopt guidelines for application including criteria, deadlines, and expenditure restrictions;

- (3) Approve or reject applications;
- (4) Authorize the Superintendent to disburse funds;
- (5) Have the power to require and review financial and program reports; and
- (6) Evaluate and use results.

The Superintendent shall:

- (1) Disseminate information to potential applicants;
- (2) Recommend application procedures;
- (3) Provide technical assistance with regard to application, eligibility and project management, including facilitating cooperative applications from districts;
- (4) Disburse funds;
- (5) Keep accounting records;
- (6) Report to the Board the amounts available for disbursements; and
- (7) Design evaluation procedures.

2. Application

- (1) Any public school district can apply on behalf of one or more teachers, one or more administrators, one or more districts acting as a consortium;
- (2) Applications can be made for varying amounts;
- (3) Applications will be judged according to criteria established by the Board; replication of projects proven to be successful elsewhere will be considered;
- (4) Preference will be given to projects in which the applicant makes a portion of the financial contribution required to carry out the project; and
- (5) Management of projects is the responsibility of applicants.

3. Scholarship Program

Notwithstanding the provisions above, there shall be established a Scholarship Loan Program with \$100,000 of the Excellence Fund set aside for that purpose. Scholarships/Loans will be used to attract and retain high ability students in the teaching profession. Eligibility and administrative procedures for the Scholarship/Loan Program will be developed and adopted by the Board of Public Education in consultation with the Board of Regents.

4. Examples

The process of identifying and testing potential school improvement measures will also serve as an incentive to strengthen the partnership between the Board of Public Education and local school districts. Projects selected for funding will be those that have the potential for use in other schools and that provide information to the Board for effective statewide policy information. Cooperation among schools of varying sizes will be especially important.

Depending on the priority areas of investigation established by the Board during each biennium, examples of possible projects include:

- o science education for rural schools
- o foreign language instruction for rural schools
- o specialized teacher training
- o instruction in smaller-sized classes
- o student testing
- o drug and alcohol abuse prevention
- o curriculum development
- o identification of promising students (K-2)
- o rural district policy development

#### IMPLEMENTATION

If approved by the Legislature, Excellence in Education Fund activity will begin with procedure development and publicity this spring, followed by application review and project funding for the 1985-86 school year.

## EXCELLENCE IN EDUCATION FUND

DURING THE PAST THREE YEARS, THE FOCUS OF THE NATION HAS BEEN ON EDUCATION AND ANY NUMBER OF PROGRAMS AND POLICIES TO IMPROVE THE BASIC EDUCATION OUR CHILDREN RECEIVE HAVE BEEN DEVELOPED NOT ONLY IN MONTANA BUT ACROSS THE NATION.

THESE PROGRAMS AND POLICIES ARE MANY AND VARIED - FROM INDIANA'S PRIME TIME PROJECT WHICH REDUCES THE STUDENT/TEACHER RATIO IN THE FIRST TWO GRADES WITH SOME EXCELLENT RESULTS TO HARDIN, MONTANA'S VERY FINE INSERVICE TRAINING PROGRAM WHICH GREATLY STRENGTHENS THEIR STAFF. ON THE FACE OF THEM, BOTH WOULD APPEAR TO BE OF VALUE TO EVERY SCHOOL DISTRICT IN MONTANA AND FIRST INCLINATION WOULD BE FOR THE BOARD TO COME TO THE LEGISLATURE IN 1987 AND ASK THAT FUNDS BE APPROPRIATED FOR THESE IMPROVEMENTS.

HOWEVER, GIVEN THE FACT THAT EDUCATION DOLLARS ARE SO PRECIOUS, THE BOARD, WHEN IT CONSIDERS ANY POLICY, MUST MAKE SURE OF TWO THINGS - WHAT THE ACTUAL COST WILL BE, AND THAT THE POLICIES OR PROJECTS ARE, IN FACT, TRULY BENEFICIAL.

THE EXCELLENCE FUND WOULD PROVIDE THE BOARD WITH THE MEANS TO "TEST RUN" THESE OR ANY OTHER PROJECTS OR POLICIES A DISTRICT MIGHT SUGGEST ON A LIMITED SCALE TO VALIDATE THE FACT THAT THERE WILL BE TRUE IMPROVEMENT IN THE BASIC EDUCATION OF THE CHILD, AND SO THAT WE KNOW THE TRUE COSTS.

THE BOARD OF PUBLIC EDUCATION IS CHARGED WITH DEVELOPING POLICIES FOR K-12 EDUCATION IN MONTANA. GIVEN THIS RESPONSIBILITY, WE SHOULD HAVE THE PROPER TOOLS TO EXAMINE ALL POLICIES AND PROJECTS TO IMPROVE EDUCATION IN THE LIGHT OF COST AND VALUE SO THAT MONEY IS NOT WASTED IN THE NAME OF "EXCELLENCE" OR "IMPROVEMENT".

I WOULD URGE PASSAGE OF HB669 AS A PROPER TOOL FOR THE BOARD TO USE IN MAKING THEIR POLICIES COST EFFECTIVE.



## Board of Public Education

### BOARD MEMBERS

#### EX OFFICIO MEMBERS:

Ted Schwinden, Governor

Ed Argenbright, Superintendent of Public Instruction

Irving E. Dayton, Commissioner of Higher Education

#### APPOINTED MEMBERS:

Ted Hazelbaker, Chairman Dillon

James Graham, Vice Chairman Ismay

Sarah "Sally" Listerud Wolf Point

Alan Nicholson Helena

Arthur "Rocky" Schauer Libby

Bill Thomas Great Falls

Thomas A. Thompson Browning

March 8, 1985

Hidde Van Duym  
Executive Secretary

Chairman Donaldson, members of the Committee:

I am Hidde Van Duym, Executive Secretary to the Board of Public Education.

I will limit my testimony to a few major points.

First, the concept of HB 669 is the end product of a good deal of discussion between the Governor's office, the Board of Regents, the Board of Public Education and all segments of the educational community.

Second, the funding source for HB 669 is not new. It consists of presently existing funds which are being re-allocated.

Third, the purpose of these funds is to encourage and support school districts in the use of promising practices which will demonstrate improved performance within selected areas of policy. This is not a repeat of the federal grant system. It is money which helps schools districts determine what kind of flexibility and initiative they need to carry out a program most effectively. HB 669 addresses the problem of balancing local flexibility and state accountability. At present there are no opportunities in the field of education to address that problem.

Fourth, these funds shall be available to all school districts, not just those blessed with professional grant writers. As a matter of fact, districts of various sizes will be encouraged to work together.

Finally, this is not a unilateral Board project. The funds will be held by OPI to be awarded by Board decision to the local district. This project is to be managed in the same manner as all other educational mandates in the state: by maintaining the roles of the state Board, the state Superintendent and the local district.