

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

March 14, 1985

The meeting of the Human Services Subcommittee was called to order by Chairman Cal Winslow on March 14, 1985 at 7:08 a.m. in Room 108 of the State Capitol.

ROLL CALL: All members were present, with the exception of Representative Rehberg and Senator Story, who were excused.

HOUSE BILL NO. 805

Hearing commenced on HB 805. Representative Bergene, District #41, sponsor of the bill, stated that this money would be set aside for mental health needs of aging persons.

PROPOSERS

Kelly Morse (69:B:048), director of the Mental Disabilities Board of Visitors, said that a review done by the board she represents indicated that there is only one facility in Montana that serves the elderly with a formal program. Her board is in support of HB 805 and said that those mental health programs need to be taken out to the senior because they are reluctant to seek help.

Charlie Briggs, State Aging Coordinator for the Office of the Governor, said there is an increasing and growing need to address the mental health concerns of the elderly. He mentioned elder abuse, Alzheimer's Disease, and the stress put on primary care givers.

Curt Chisolm, deputy director for the Department of Institutions, said the department does not wish to take a position on HB 805, but would like to offer the services of the department. He said the department would be in a position to coordinate this bill's effort if the committee wishes to amend this into the bill.

There were no opponents.

Senator Christiaens asked what kinds of programs the Spokane Model did, and Representative Bergene said she would get copies to all committee members of this model. He also asked if this requested amount is enough to really do an adequate study or one pilot project. He also asked if there had been some work done to see if money could be used as a hard match.

There being no further discussion on HB 805, the hearing was closed.

HOUSE BILL NO. 835

Hearing commenced on HB 835. Representative Bergene, District #41, sponsor of the bill, said she had a small amendment and would give copies to the committee at a later date.

PROPOSERS

Stanlee Dull (69:B:316), executive director of the American Diabetes Association-Montana Affiliate, Inc., read from her prepared testimony (EXHIBIT 1).

Marilyn Moore, president of the Montana affiliate of the American Diabetes Association, said she is a firm believer in the education diabetics receive. She also said that those diabetics in rural areas do not have the chance to visit with other diabetics about the psychological and medical complications of the disease.

Brian Ruckman, the health educator for the American Diabetes Association-Montana Affiliate, said that the association has been able to provide a lot of education for all people concerned with diabetes, not only diabetics.

Senator Manning asked what type of response is being received for these programs, and how many people attend.

There were no opponents.

There being no further discussion on HB 835, the hearing was closed.

HOUSE BILL NO. 810

Hearing commenced on HB 810. Representative Bradley, District #79, sponsor of the bill, pointed out that this funding is a phasing out of state support that started one year ago, and that this program is closer to being self-sufficient now. She listed those things that are part of their budget. She also asked two questions that she wanted to examine herself: Is there duplication, and is this program really reaching the people?

PROPOSERS

Bill McDonald (69:B:587), executive director of Five Valleys Health Care, which is presently administering the Montana Health Information Center, discussed what the center is now doing. The center's goal is to get

people into a better lifestyle and to cut down health care costs. He pointed out that the center has been able to provide a consortium of health care providers in Montana.

Anne Murphy (70:A:040), a practicing internist at The Western Montana Clinic in Missoula, said that she supports HB 810 because it is very difficult to answer the patient's questions and to deal with their diseases over a long period of time. She said that herself and the 40 physicians she works with have found the Montana Health Information Center to be an excellent resource in making information available to patients. She read a letter from nine physicians in support of HB 810 (EXHIBIT 2).

Susan Mann, a rehabilitation counselor in Missoula, has found the Montana Health Information Center to be a very good resource for herself and the families she serves. She said that education and prevention of disease is excellent for the people of Montana.

There were no opponents.

Chairman Winslow expressed some concern about how much duplication there is with these kinds of services.

Discussion followed concerning the possibility of finding additional funding.

Senator Christiaens asked Bill McDonald if he would furnish the committee with a copy of his budget and expenditure projections over the next two years.

There being no further discussion on HB 810, the hearing was closed.

Chairman Winslow announced the committee will probably take action on these bills the beginning of next week.

At this point in the meeting, the committee recessed until 7:30 p.m., where HB 731 was heard in Room 312C.

HOUSE BILL NO. 731

Hearing commenced on HB 731. Representative Dan Harrington, District #68, sponsor of the bill, stated that this bill is to prohibit copayments by a Medicaid recipient because it is expensive and difficult to administer.

PROPOSERS

James Dor Johnson discussed health care clients that have been denied services because of copayments. He said that the legislature has never voted on this issue.

Jane Perkins, representing the National Health Law Program, spoke from her written testimony (EXHIBIT 3).

Sam Ryan, representing the Montana Senior Citizens Association, said people should not have to make choices between health care, rent, food, medicine, and other necessities.

Senator Judy Jacobson, District #36, discussed SRS deciding for themselves to initiate copayments, and she said there cannot be the ability for any department to make any rules when it comes to people's well-being. She pointed out that the numbers according to the copayments are not right, and discussed the fiscal note attached to HB 731.

Voni Dors discussed the administrative costs quoted by SRS and the validity of those numbers. She also discussed not being able to receive from SRS the copayments figures.

Ron Brown discussed not knowing there was a cap on Medicaid copayments, and also about the money he has put into Medicaid bills. He also discussed not going to the hospital to see a specialist because it would cost too much.

Roland Pratt, president of the Optometric Association, discussed the amount of money a person really pays to Medicaid with copayments for each medical visit.

Tom Ryan discussed the \$1 per visit, and said that his wife would probably not get the proper medical care if he had only thirty cents in his pocket. He also submitted a petition with 475 signatures in support of HB 731 (EXHIBIT 4).

There were no opponents.

Discussion followed concerning the amount of money listed in the fiscal note, the shortage of extra money, and the \$1 copayment.

Senator Christiaens discussed going over the fiscal note and redoing it. He also pointed out the current deficit this committee has to deal with, and the large amount of dogs and cats bills that are being heard.

HUMAN SERVICES SUBCOMMITTEE
March 14, 1985
Page Five


Representative Harrington submitted an amendment to be inserted into HB 731 (EXHIBIT 5).

Dorothy Bompert did not speak, but submitted her written testimony (EXHIBIT 6).

Louise Kunz submitted four letters in support of HB 731 (EXHIBIT 7).

There being no further discussion on HB 731, the hearing was closed.

The meeting was adjourned at 8:15 p.m.



CAL WINSLOW, Chairman

DAILY ROLL CALL

Human Services Subcommittee

49th LEGISLATIVE SESSION -- 1985

Date 3-14-85

[illegible]



**American
Diabetes
Association**

MONTANA AFFILIATE, INC.

Exhibit 1
3-14-85
HB 835
Dull

600 Central Plaza

• Box 2411

• Great Falls, Montana 59403

• (406) 761-0908

There are 23,000 persons with diabetes in Montana. Because of their disease, it is necessary for them to learn to live with a daily regimen of diet, exercise and medication to avoid devastating complications such as blindness, stroke, and amputations.

A key to success with the complex, life-long diabetes therapeutic regimen is responsible self-care. Increasingly, emphasis is being placed on tight control and patient compliance to help patients maintain optimum health and to delay or prevent complications.

Diabetes patient education is an integral component of care and treatment. Effectively conducted, it can improve the diabetic individual's ability to care for himself/herself. Individuals will not carry out good health behavior unless they have at least a minimum level of health motivation and knowledge. We believe that people must be involved in the promotion of their own health and well-being. As an Association, we actively promote and provide continuous re-enforcement through patient education and family services, camps and youth activities, support groups and seminars.

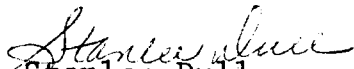
It has been demonstrated that educational services diminish medical costs by 50-60%. Diabetes care and education is costly and not readily available in many rural areas. The American Diabetes Association, Montana Affiliate, is currently the only organization able to provide this continuous education, free of charge, in the rural areas as well as the urban areas of Montana.

Recognizing the fact, that the health professional community is an important part of this educational process, the Association also provides work shops and seminars for physicians, nurses, social workers, dietitians, pharmacists and other health care professionals across the state.

The American Diabetes Association, Montana Affiliate's sole purpose is the well-being of people with diabetes and of their families. A state wide system whereby all diabetics in Montana will be informed about diabetes is a vital part of our long-range plan. It is our goal with the funds from this grant to continue to design and implement support programs that will improve the quality of life of the diabetic.

We sincerely appreciate your consideration of our request for funds to carry out this program.

Sincerely,


Stanlee Dull
Executive Director

bz



THE WESTERN MONTANA CLINIC

515 WEST FRONT STREET

P.O. Box 7609

MISSOULA, MONTANA

59807

Exhibit 2

3-14-85

HB 810

TELEPHONE (406) 721-5600

Murphy

March 12, 1985

INTERNAL MEDICINE

CARDIOLOGY

HAROLD A. BRAUN, M.D.
G.A. DIETERT, M.D.
J.F. KNAPP, JR., M.D.

DIAGNOSTIC

C.G. "PAT" MCCARTHY, M.D.
T.H. ROBERTS, M.D.
M.C. LANGENDERFER, M.D.
A.M. MURPHY, M.D.
H.E. HUGHSON, M.D.

ENDOCRINOLOGY

W.A. REYNOLDS, M.D.

GASTROENTEROLOGY

R.G. MURNEY, JR., M.D.

HEMATOLOGY-ONCOLOGY

B.D. COLWELL, M.D.
J.M. TRAUSSCHT, M.D.

HEMATOLOGY

W.W. WILSON, M.D.

NEPHROLOGY

JOHN H. REITER, M.D.

RHEUMATOLOGY

HENRY W. BUSEY, M.D.
K. FREMONT-SMITH, M.D.

NEUROLOGY

ADULT AND PEDIATRIC

S.F. JOHNSON, M.D.
ETHAN B. RUSSO, M.D.

PEDIATRICS

CHARLES E. BELL, M.D.
BRUCE G. HARDY, M.D.
SCOTT WERNER, M.D.
LEONARD W. SNELLMAN, M.D.

NEONATOLOGY

D.A. HARPER, M.D.

SURGERY

DAVID H. FARNHAM, M.D.
P.C. NATURALE, M.D.
GEORGE C. ROTH, JR., M.D.

OBSTETRICS AND GYNECOLOGY

INFERTILITY

T.J. CAMPBELL, M.D.
O.S. SOHLBERG, M.D.
L.A. RICHARDS, M.D.

OTOLARYNGOLOGY

B.T. MORRIS, M.D.

DERMATOLOGY

PATRICK E. WATSON, M.D.

UROLOGY

R.S. MUNRO, M.D.

ORTHOPAEDIC SURGERY

L.J. TODER, M.D.
D.L. WOOLLEY, M.D.

RADIOLOGY

GARY E. GRAN, M.D.

CLINICAL PSYCHOLOGY

P.J. BACH, Ph.D.
E.H. TRONTEL, Ph.D.

PODIATRIC MEDICINE

NICHOLAS R. WILLIAMS, D.P.M.

LOLO FAMILY PRACTICE

NANCY E. FITCH, M.D.
JONAH S. FREEDMAN, M.D.

SOUTHGATE MALL NOW CARE

721-0918

ADMINISTRATION

THOMAS B. MCALEB, FACMG
JAMES F. SCHWERING

House Appropriation's Committee Members
Capitol Station
Helena, MT 59620

RE: House Bill ~~810~~
Montana Health Information Center

We are writing in support of House Bill ~~810~~, appropriating funds for the continuation of the Montana Health Information Center. We have found this to be a very valuable source of information for not only our patients but ourselves. Several of us have referred patients and other health care workers to this information source and have found them to be quite helpful in providing accurate information on a range of topics. They are unique in providing information about diverse topics which cannot be found in any single physician's office, County Health Department, or other Public Health agency. They have questions coming in from all over the State and the feedback that we are aware of has been uniformly positive.

We realize this is a difficult year in terms of finances. Because this service has a good chance of becoming self sufficient, we would strongly recommend that you continue funding through one more session, so that the good work that has already been done can continue uninterrupted.

Thank you for your consideration.

Sincerely yours,

① Anne M. Murphy MD
Anne M. Murphy MD

② Hal A. Brown MD
Hal A. Brown MD

③ H. Eric Hughson MD
H. Eric Hughson

④ T.H. Roberts MD
T.H. Roberts MD

AMM/ea

⑤ William A. Gromko MD
William A. Gromko MD

⑥ Judy McDonald MD
Judy McDonald MD

⑦ Don Spivey M.D.
Don Spivey MD

⑧ C. Paul Loehnen MD.
C. Paul Loehnen MD.

⑨ John R. Stone MD
John R. Stone MD

Exhibit 3
3-14-85
HB 731
Perkins

Statement by
Jane Perkins, Esquire
THE NATIONAL HEALTH LAW PROGRAM
Los Angeles, California
Washington, D.C.

Before the
Committee on Appropriations
Human Services Subcommittee
MONTANA GENERAL ASSEMBLY

Wednesday, March 13, 1985

The National Health Law Program, Inc. ("NHeLP") submits this testimony in support of House Bill Number 731. Specifically, the legislation prohibits the use of copayments for Medicaid services.

NHeLP is a health law support center funded by the Legal Services Corporation to provide professional advice and assistance to legal services advocates and their clients. We have extensive and ongoing contact with poor people and their representatives throughout the country regarding a variety of health subjects, including Medicaid, which are of vital concern to them. This testimony is presented pursuant to 45 C.F.R. 1612.5.

Based on our experience in providing professional assistance to clients and our extensive knowledge of the Medicaid program, it is our view that the use of copayments for Medicaid services causes dangerous and harmful restrictions on poor people's access to medically necessary health care.

Background

The fundamental purpose of the Medicaid program is to provide necessary medical care for poor people who cannot otherwise afford it. Accordingly, from the inception of the program, all recipients of categorical assistance -- Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI)¹ -- have been mandatorily eligible for Medicaid. Furthermore, categorical assistance recipients were, until 1982, exempted from copayment charges for those crucial medical services which all states must

1. Included within the SSI program are elderly, blind, and disabled persons.

include in their Medicaid programs.² The rationale for the exemption still makes sense today: categorical assistance recipients lack the resources to pay for copayments and will be denied access to basic health care when they are imposed.

Concern with spiraling health care costs led the Administration and Congress to include provisions in the Tax Equity and Fiscal Responsibility Act of 1982, which permit states, for the first time, to impose copayments on AFDC and SSI recipients who use physician and hospital services.³ All services to children, all pregnancy and birth related services to pregnant women, services to institutionalized persons required to spend all but their personal needs allowance on health care, and all emergency care are exempted from copayments. Clearly, the group hardest hit by the copayment requirement is the elderly poor who do not live in institutions.

To comment adequately upon the proposed legislation, then, it is important to understand the reasons that Medicaid costs have increased. Since 1968, Medicaid expenditures have grown from combined federal and state spending of \$3.5 billion to an estimated \$42 billion in 1985. This increase is primarily due to three factors:

- ° First, inflation has driven up the costs of Medicaid. Almost one half of the increases in Medicaid expenditures are attri-

-
2. These services include: inpatient and outpatient hospital services, laboratory and x-ray services, skilled nursing facility services for persons over age twenty-one, physician services, and home health care. 42 U.S.C. 1396a(a).
 3. 42 U.S.C. §1396(a)(14) and Section 1916 of the Social Security Act. Only three states appear to have added the copayment requirement on mandatory services. (Rymer, 1984). Montana implemented such a requirement administratively in late 1983. .

butable to general inflation. Between 1972 and 1982, the average payments per Medicaid recipient grew from \$358 to \$1,363. Of this \$1,000 increase, \$500 was caused by general inflation. (Rymer, 1984).

- ° Second, until recent years, the number of Medicaid beneficiaries was growing. In 1977, when the program reached its peak of enrollment, 22.9 million persons received Medicaid benefits. This represented an 87% increase in beneficiaries since 1968. In recent years, however, the Medicaid recipient population has declined by about 1 million persons. (Rymer, 1984) This decline is due partly to the fact that eligibility has become more restricted as income eligibility levels for cash assistance programs have, for the most part, not kept pace with inflation. In addition, states undertook limitations and cutbacks in Medicaid eligibility following passage of the federal Omnibus Budget and Reconciliation Act of 1981.
- ° Long-term institutional care costs are consuming a higher proportion of the Medicaid budget -- from 30% in 1968 to 43% in 1982. Nursing home residents comprise only 7.3% of the total Medicaid population but account for over 43% of all Medicaid expenditures. In fact, in 1982, the Medicaid program covered just under half of the United States' total nursing home bill. (Rymer, 1984).

The impact of these factors on Medicaid cannot be overstated. Looking only at changes in annual Medicaid payments per recipient, it

appears that Medicaid expenditures per capita have more than tripled between 1970 and 1980. However, adjusted for inflation, payments per recipient have only increased by 33% over these ten years. This is actually less than the increase in real per capita health spending for the population as a whole.

Medicaid spends no more on health care than is spent for the average American citizen. Medicaid expenditures for the poor are not incongruous with what you and I privately spend on medical care.

This does not mean we should not be concerned about Medicaid costs. More than one-half of the nation's poor are not eligible to receive Medicaid benefits; the number of poor and uninsured Americans is increasing; there is enormous competition for limited federal, state, and local dollars among health and other human service programs. We cannot continue to meet the health needs we now cover unless the spiraling cost of health care is controlled.

With this in mind, I would like to discuss the proposed legislation which is under consideration today. In determining whether prohibiting Medicaid copayments will be a wise legislative decision, two questions must be asked:

- ° Do copayments impose significant harmful effects on Medicaid beneficiaries?
- ° Do copayments achieve significant cost savings?

We believe that copayments have negative effects on Medicaid beneficiaries and produce no significant cost savings. In fact, copayments can result in increased costs.

Impact on Medicaid Recipients

Categorical assistance recipients cannot afford copayments. It is undisputed that their assistance grants do not allow for them. On the contrary, categorical assistance "standards of need" cover only the minimal, bare essentials of life --- food, shelter, and personal maintenance needs --- and no more.⁴ As noted by the Senate Finance Committee when referring to Medicaid copayments, "cash assistance recipients...have been determined to have no income or resources to meet such charges." Sen. Rpt. No. 744, 88th Cong., 2d Sess. (1968); 1967 U.S. Code Cong. & Admin. News 2834, 3024.

Categorical assistance recipients will have to fund their copayments from amounts deemed minimally necessary for food, clothing, and rent. Unfortunately, those amounts are themselves typically inadequate to provide for even the basic necessities of life.

To illustrate, cash assistance grants under SSI, the categorical assistance program for the needy elderly, blind, and disabled, are \$325 per month (\$488 for a couple) as of January 1, 1985. SSI does not purport to cover health care costs. While all recipients suffer from the copayment burden, a burden which, parenthetically, is compounded for families based on the cumulative copayments of family members, the elderly and disabled poor are particularly hard hit. They tend to have a higher incidence of medical needs, and so will face a greater number of agonizing choices and a greater likelihood that needed care will not be received.

4. Some states also provide for qualified recipients' "special needs", but these are specifically defined and don't relate to medical costs.

It is hard for persons with adequate incomes to understand what copayments on medical care for the poor will mean. After all, most middle and upper income Americans would not delay going to a doctor or having a prescription filled because of a 50 cent or \$1 copayment. But for the poor, a copayment does just that -- it causes them to delay or avoid entirely the seeking of medical care when ill, or forces them to do without other necessities of life. The following examples illustrate the harsh effects of copayments:

--- A poor couple in San Antonio sought admission to a clinic for the wife's complaints of coughing and congestion. Unable to pay the facility's \$3 charge (the husband had only 18 cents in his pocket), they were turned away. Two days later, the wife died of double pneumonia. ---

--- A 41-year-old man we represented suffered from Parkinson's disease and required medical services at least twice a month and several prescriptions. Out of his \$312.50/month (in 1972) income, he supported his wife, daughter, and household. He could not afford to pay for dental work he and his daughter needed, his car and household appliances were in need of repair, and he could not afford to pay all the copayments on the services he needed. ---

--- A San Francisco woman we represented at the time of the California copayment experiment had been recently hospitalized with malnutrition. She had a chest condition, had lost one lung, and suffered emotional problems requiring psychiatric care. Her small V.A. benefit was supplemented by categorical assistance up to the cash maximum, and she received Medicaid. She could not afford to meet her necessary living expenses, including her desperate need for improved food, and still pay the [\$1] copayment for each of several physician visits she truly needed. She lived in dread of emergencies, unable to meet the copayments. ---

These cases illustrate how copayments can create significant barriers to receipt of necessary medical care by the poor and place their health - and lives - in serious jeopardy. Representative Claude Pepper (D. Fla.) aptly summarized the deleterious effects of copayments when he stated:

For the elderly poor, a fifty cent copayment which seems insignificant to most of us can mean the difference between a needed prescription and a quart of milk or a loaf of bread. What right do we have to ask them to make this choice?⁵

The oft-expressed purpose of copayment schemes is to curb overutilization of Medicaid services by beneficiaries. When analyzed, these concerns regarding overutilization are clearly misplaced. There is scant evidence to support the contention that Medicaid patients overutilize medical services. The President's Council of Economic Advisers (CEA) in January 1985 gave the Medicaid program a clean bill of health in this area, stating that perceptions that poor people abuse their Medicaid privileges are largely inaccurate. Data from the Rand National Health Insurance Experiment suggest that, without copayments, the poor make about the same number of visits to physicians as the nonpoor.

In fact, if health services were used according to need, the poor would use more services than the nonpoor. The poor are less healthy than the nonpoor. The elderly poor show a higher incidence of diseases of the heart, high blood pressure, and diabetes than the elderly nonpoor.

It is a well-known fact about our health care system that physicians, not patients, determine the amount and kind of medical services provided. In terms of utilization, recipients have little power over the expenditure of health care costs. They cannot diagnose, prescribe treatment or medication, or grant themselves an

5. House Select Committee on Aging, Comm. Pub. No. 96-181 (1979), p.28.

unnecessary hospital admission. It is the provider who controls access to these health services. Indeed physicians alone direct or control more than 70% of all health care expenditures. See "Doctors Play Key Role in Determining How High Health Costs Climb," National Health Insurance Report, Vol. 9, No. 24, Capital Publications (Wash. 1978). As the age of the patient increases, physician-initiated care increases (National Health Care Expenditures Study #3, 1984). Thus, legitimate utilization control devices should focus on the nature of care sought rather than, as copayments do, on an individual's attempt to seek care.

The impact of copayments on beneficiaries can be devastating. Copayments do not distinguish between medically necessary health care and unneeded care. The requirement can act to deny necessary medical care to the needy poor, especially the elderly and disabled.

Assessments of the Cost Savings of Copayment Schemes

Copayments are also introduced to contain health care cost. The rationale is as follows: If care is free, people will seek more services. If, on the other hand, there is a direct personal cost for medical care, consumers will comparison shop for the services they use and will not use too many of them. This logic may well be applicable for the higher income population who can afford copayments. For low income populations, however, the approach raises fundamental problems.

A number of studies have analyzed the affect of copayments. These studies do not support the contention that copayments curtail unnecessary health care utilization and, as a result, contain medical care costs. To the contrary:

- A 1974 study found that after the imposition of copayments in Saskatchewan, Canada, the demand for physician services among poor families decreased by 18% compared to a decrease of 6% for all families. (Beck, 1974)
 - Imposition of a 25 percent coinsurance charge in 1967 on all physician services in a Stanford University health plan in Palo Alto, California caused the per capita number of physician services to fall 24.1 %. Interestingly, while a decline among all age, sex and occupation groups was experienced, physician use fell more for the occupation group with the lowest income. (Scitovsky and Shyder, 1972)
 - A UCLA study found that the imposition of Medicaid copayments in California in 1971 resulted in a reduction in needed primary care and over \$1 million in increased hospitalization costs because care had been delayed. (Roemer, 1975). A 1978 study by the Rand Corporation supported these conclusions. (Helms, Newhouse, and Phelps, 1978).
 - The most recent report from the Rand copayment study concludes that cost sharing, in nominal amounts, does not encourage patients to compare health care prices and seek service from the least costly provider. (Marquis, 1984).
- Experience with copayments in a number of states supports the above findings:

- The state of Washington found that only 12% of the emergency room copayments implemented in 1981 were paid by recipients, while the remaining 88% were written off as bad debts. (Focus On, 1984) (The costs of bad debt are often shifted to

private pay patients.) The state determined that the copayment applied to only 38.8% of all Medicaid patients, primarily the elderly, blind, and disabled.

- Idaho eliminated the copayment when it determined that it was not cost effective, that it resulted in cost shifting to private pay patients, and that it caused patients to delay needed medical care. (Idaho Medical Care Advisory Committee, May 19, 1983)
- Georgia eliminated copayments in 1982 when it determined that the federal TEFRA requirements regarding exemptions made the program too costly to administer. The copayment cost approximately \$1.10 for every \$1 taken in. (Atlanta Constitution, Oct. 13, 1982)

Admittedly, copayments reduce utilization by the poor. This decreased utilization, however, most often occurs at the expense of needed medical care. In the long term, medical costs have been shown to increase because care is delayed.

Conclusion

Passage of House Bill Number 731 that prohibits use of a Medicaid copay will have a minimal effect on health care costs in Montana. In the long run, it may actually reduce them. Access for the poor, especially the elderly and disabled poor, to necessary medical care will be protected. Such protections are all the more important in this era when the poor are experiencing barriers to care over and above those already present. The vast majority of states limit the amount, duration, and scope of health care services to Medicaid recipients. The problem of poor provider participation in

the Medicaid program is reaching alarming proportions in many areas of the country. Nationally, one-fifth of all physicians see no Medicaid patients at all; 6% of all physicians care for one-third of all Medicaid patients. (Mitchel and Cromwell, 1980). Copayments can introduce an insurmountable barrier to care for the Medicaid poor and are an inappropriate device for controlling the use of basic medical services by the poor.⁷

In conclusion, the National Health Law Program supports the legislation under discussion here today. We urge the Committee to support its passage.

Respectfully submitted,

Jane Perkins
Staff Attorney
NATIONAL HEALTH LAW PROGRAM
2639 South La Cienega Boulevard
Los Angeles, California 90034

1302 18th Street, N.W., Suite 701
Washington, D.C. 20036

7. Among the more appropriate cost control devices are: locking in Medicaid beneficiaries who overutilize the program, locking out Medicaid providers who overutilize the program, pre-admission screening, second opinions, fiscal control of institutionalized care and hospital and physician rate setting.

Exhibit 4

3-14-85

HB 731

Ryan

Petitions from the Montana Senior Citizens Association from all over the state of Montana.

Twenty-Eight Towns including: Ryegate, Kalispell, Sheridan, Circle, Brockway, Hinsdale, Butte, Glasgow, Saco, Laurel, Fort Peck, Wolf Point, Cascade, Hobson, Great Falls, Catherine, Moccasin, Stanford, Utica, Custer, Glendive, Livingston, Savage, Sidney, Billings, Worden, Pompey's Pillar, Ballantine

The petition reads:

We the undersigned citizens of Montana express opposition to Medicaid co-payments. Co-Payments are regressive means of funding the Medicaid program and primarily affect the aged, blind, and chronically disabled.

We the undersigned citizens of Montana express our opposition to Medicaid Co-payment.
Co-payments are a regressive means of funding the Medicaid program and primarily
affect the aged, blind and chronically disabled.

NAME

ADDRESS

1. Blanche M. Marn 1470 - 9th St So
 2. William J. J. 1420 - 9th St So Great Falls, Montana
 3. Clara F. Keller 1420 - 9th St So Great Falls Mt
 4. Joe Lucidotto 1417 - 9th St So Great Falls, Mont.
 5. Mary Lynn - 1208 - 9th St So Great Falls, Mont.
 6. J. Stiles 600 13th Ave S. apt 213 Great Falls, Mont. 59405
 7. Mildred Stiles 100 13th Ave S. apt. 213 Great Falls, MT. 59405
 8. Betty Shue 3252 - 8th Ave So Great Falls Mt. 59401
 9. Marion Stewart 2615 - Central Ave Great Falls, MT. 59401
 10. JOHN N SHINE 3252 8th Ave N.
 11. Audrey C. French 132 Ave 5th St Great Falls
 12. Percy Stone 2621 - 1st Ave N. Great Falls
 13. Gene Marshall 2227 - 3rd Ave So
 14. Ernest Tabak 2605 - 4th Ave So Great Falls, Mt.
 15. Carl Bauer. P.R. 2554 109th Terrace Great Falls 59401
 16. Frank Labaree 2605 - 4th Ave So Great Falls
 17. Jimmy J. Ranson 2309 8th Ave So Great Falls
 18. Dorothy M. Ranson 2309 8th Ave So Great Falls, Mont.
 19. Arthur E. Vogelbeil 1717 1st Ave So Great Falls, Mont.
 20. Myrtle Petrini 1319 - 7th St So Great Falls
 21. Helen White - 1315 7th St S. #40 Great Falls
 22. Mary Sundberg 1113 - 1st Ave S. W.
 23. A. J. Schroder 110 - 23rd St. So.
 24. Maurice J. Stephens 434 - 36th Ave. Northeast, Great Falls, MT
 25. Joseph M. Dizon 1518 - 12th Ave So
 26. Miller Stewart 2615 - Central Ave
 27. Don H. Cooper 425 - 34th St NW
 28. Edith Dizon 1518 - 13th Ave So Great Falls, Mt 59405
 29. Florence & Alan Higgins 2122 Central Ave Great Falls MT 59401
 30. E. J. Marsham 911 Fair Ave. Great Falls, Mont

cut along this line

INSTRUCTIONS

1. Obtain as many signatures as possible in your community-if you need more petitions let us know. 443-5541
2. Return the original to our Helena office before February 28th.

We the undersigned citizens of Montana express our opposition to Medicaid Co-payments.
Co-payments are a regressive means of funding the Medicaid program and primarily
affect the aged, blind and chronically disabled. 7B731

NAME	ADDRESS	CITY
1. Lisa C Murphy	3217-1st Ave N	Gr. Falls
2. Ralph Brown	3215-5th Ave N	Gr. Falls
3. Bob Brown	" "	"
4. John S. Carmichael	1214 2nd St SE	Gr. Falls
5. David Johnson	1214 2nd St SE	Gr. Falls
6. Katie Anderson	610-36th St N	Gr. Falls
7. Patricia Johnson	2006-8th Ave N	Gr. Falls
8. John Johnson	3208-8th Ave N	Gr. Falls
9. John Johnson	3116-4th Ave N	Gr. Falls
10. Phil Paul	504-1st Ave. So	Gr. Falls
11. John S. Johnson	4611 2nd Ave N	Gr. Falls
12. Nancy Krawley	3017 9th Ave So	59405 Gr. Falls
13. George Seidel	528-29th Ave NE	Gr. Falls Mt 59405
14. Donald C Seidel	528-29th Ave NE	Gr. Falls Mt 59405
15. Elmer J. Chester	411-5th Ave So	Gr. Falls Mt 59405
16. Arnold R. R. R.	City	City
17. Lillian Corneal	3116-2nd Ave So, Gr. Falls	Gr. Falls
18. Ruth Bloy	1717-9th Ave S.	Gr. Falls
19. John R. R. R.	774 1st Ave No.	Gr. Falls
20. G. Kramer	623 2nd Ave N	Gr. Falls
21. Victor R. R.	613-6th Ave N	Gr. Falls
22. Victor R. R.	726-1st Ave N	Gr. Falls
23. John S. Malini	410-4th Ave. N	City
24. Michael R. R.	1319-7th Ave So	City
25. Mary F. R.	625-9th Ave SW	City
26. John R. R.	11-95th So. #23	Gr. Falls Mt 59405
27. Virginia R. R.	110-10th St South	Gr. Falls
28. Frances A. R.	213 Parkdale	Gr. Falls
29. John R. R.	3434 11th Ave S.	Gr. Falls
30. John R. R.	724-1st Ave. So	Gr. Falls

cut along this line

INSTRUCTIONS

1. Obtain as many signatures as possible in your community-if you need more petitions let us know. 443-5341
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We the undersigned citizens of Montana express our opposition to Medicaid Co-payments.
Co-payments are a regressive means of funding the Medicaid program and primarily affect the aged, blind and chronically disabled.

NAME

ADDRESS

1. Mrs. Ben Sedeman	1656 Lake Hills
2. Mr. R. D. Duke	1640 Lake Hills Dr.
3. Corrine Duke	1640 Lake Hills Dr.
4. F. O. Walther	1640 Lake Hills Dr.
5. Janet Biegel	1632 Lake Hills Dr.
6. Janet Biegel	1632 Lake Hills Drive
7. Judy Spooner	1637 Lake Hills Dr.
8. Judy Spooner	" "
9. Will Allington	319 Tam O'Shanter
10. Jim H. Kane	1661 Lake Hills Dr. Billings
1. Jerry Haine	" "
2. Gary Pausell	1674 Lake Hills Dr. Billings
3. Sandra Pausell	1674 " " "
4. Dave Kacilley	230 Tam O'Shanter, Billings
5. Rosalie M. Lynch	231 TAM O'SHANter, BILLING
6. Edith Sando	212 Tam O'Shanter Billings
7. Edward Carlson	1689 Lake Hills Drive, Billings
8. Myrtle M. Carlson	" " " "
9. Myrtle M. Carlson	1681 Lake Hills Dr. Dep. Mt.
10. Donald Morich	Shelburne Wyo
1. Nancy Cutler	Casper Wyo.
2. Herma Morich	Shelburne, Wyo.
3. Hazel Baden	33 Almaden Billings
4. Theresa Baden	33 Almaden Billings
5. Nancy Halverson	" "
6. Nancy Halverson	1823 St. Andrews
7. Jack Reiter	1833 St. Andrews
8. Putnam Natural	1911 St Andrews Billings
9. Sammie Hjorth	1921 St. Andrews Billings
10. James K. Struter	1928 St. Andrews Billings

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Cuts proposed by the administration, particularly those affecting Medicare and Medicaid. Provisions are not out to help the rank and file people. We petition Congress to call a halt to all discriminatory cuts and to begin restoring buying power and equality to the American people. Furthermore we propose that all previous cuts that have been made this program be restored.

NAME

ADDRESS

1. Angelo Ferro	2203 Brentwood	Billings, MT
2. Arthur L. Lomaack	2121 Brentwood	11
3. Carl E. Lomaack	2515 Lewis Ave.	Billings, Mont
4. Joel M. Johnson	Box 241	Great Mt.
5. John Collins	1010 Ave D	Billings, MT
6. Fred Skarnwood	905 So 32 St.	Billings, Mont
7. Pearl Skarnwood	905 So 32 St	Billings, Mont
8. Leo Padilla	4337 N. Carlton SW	Billings, Mont
9. Pearl Padilla	4111 Bennett av. R3	Billings, Mont
10. Pearl Padilla	4337 N. Carlton SW	Billings, Mont
11. Leo Padilla	4111 Bennett av. R3	Billings, Mont
12. Mally Thack	2515 Lewis Ave.	Billings, Mont
13. John L. Paul	1034 Princeton	" "
14. Michael M. Bush	2323 W. 4th St. N	" "
15. Ellen M. Bush	" "	" "
16. James J. Hester	2113 Walter Rd	Billings, Mont
17. Louis Hester	2020 H. H. H.	Billings, Mont
18. Martin K. Boye		Great, mt.
19. Lisle Boyd		" "
20. Mark Anderson		" "
21. Cliff Andersen		" "
22. Agnes Brink	1026 Ave D	Billings
23. Link M. Hester	1600 Ave E	Billings
24. L. Hester	2902 Hester Rd	Billings, Mont.
25. L. Hester	2515 Hester St	Billings, Mont.
26. Sam J. Long	69 Prairie View Dr	Billings, Mont 5910
27. Pauline M. Long	" " " "	" "
28. Elsie Anderson	Blue Creek Rd	Billings, Mont 59101
29. L. Hester	87 Morris Ct	3, 11, 12, 95
30. L. Hester	012 Ave C	Billings, MT 5910
31. L. Hester	2550 Lewis Ave	Billings, MT 5910
32. Frank Paul	2556 Lewis Ave	Billings, MT 5910
33. M. A. Ferro	2203 Brentwood	Billings, MT 59102

INSTRUCTIONS:

1. Save all original petitions to present on April 30th during the National Medicare Alert activity.
2. Obtain 3 copies of the petitions and mail one to each senator and to your representative.
 - Senator Max Baucus - 1107 Dirksen Senate Office Bldg. - Washington, D.C. 20510
 - Senator John Melcher - 253 Russell Senate Office Bldg. - Washington, D.C. 20510
 - Rep. Ron Marlenee (Eastern Mont.) House of Rep. - 409 Cannon House - Washington, D.C. 20515
 - Rep. Pat Williams (Western Mont.) House of Rep. - 1512 Longworth House - Washington, D.C. 20515
3. Encourage people to write letters to their representatives in addition to signing the petition.

The undersigned citizens of Montana express our opposition to Medicaid Co-payments.
 Co-payments are a regressive means of funding the Medicaid program and primarily
 affect the aged, blind and chronically disabled.

NAME	ADDRESS
1. [Signature]	[Signature] Billings
2. [Signature]	[Signature]
3. Jerry Camp	4242 [Signature]
4. David L. Kuehn	3104 Glacier Dr.
5. [Signature]	528 Leonard Lockwood
6. [Signature]	8351 Jefferson Hwy, 271
7. [Signature]	1109 South 5th St.
8. [Signature]	508 [Signature]
9. [Signature]	609 So. 31st, 308 [Signature]
10. Mark Allen Hagen	227 N. Rodney Apt 47
1. [Signature]	[Signature] Helena
2. Patricia Tancred	Billings, MT 59101
3. [Signature]	" " "
4. [Signature]	" " "
5. Jerry White	2822 MINN. AVE
6. [Signature]	216 1/2 So 29
7. [Signature]	309 S. 29
8. Robert E. Lee	202 South 29th
9. Frank Kurtz	210 1/2 South 29th
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INSTRUCTIONS

- Obtain as many signatures as possible in your community-if you need more petitions let us know. 443-5541
- Return the original to our Helena office before February 28th.

MSCA
 Box 423
 Helena, MT 59624

We the undersigned citizens of Montana express our opposition to Medicaid co-payments.
Co-payments are a regressive means of funding the Medicaid program and primarily
affect the aged, blind and chronically disabled.

NAME

ADDRESS

1. John T. Kump
2. Paul W. Smith
3. Larin Pabbell
4. Susan Coleman
5. Louise Black
6. Mary Morrison
7. Margaret J. Strandberg

Pipestone MONT.
Pipestone MONT.

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We the undersigned citizens of Montana express our opposition to Medicaid Co-payments. Co-payments are a regressive means of funding the Medicaid program and primarily affect the aged, blind and chronically disabled.

NAME	ADDRESS
James R. Carter	Worden, Mt
Carol S. Williams	Pony's Bluff, MT.
Linda J. Helms	Ballantine, Mt
Shelly J. Jalkan	Worden, MT 59088
Bill J. Jorgensen	Worden MT 59088
Robert J. Jorgensen	Worden MT
John C. Nupoll	Worden, Montana
Steve Carlstrom	Worden, Montana
Paula Powell	Worden, Montana
Myron W. Warkentin	Worden, Mt
R. K. Brodum	Worden, Mt.
Melma Peterson	Worden, Mt.
Lory Peterson	Worden, Mt.
Wanda L. Riddle	Worden, Mt.
John Sacco	Ballantine, Mont.
Amelia Balzer	Worden, Mt
Harold Thomahlen	Worden, Montana
Edna L. Fricke	Worden, Mt.
Norman C. Fricke	Worden, Mt
Walter Ingwers	Worden, Mt
Isabel Graves	Worden, Mt.
Hermon Thomahlen	Worden, Mt.
Norma S. Sander	Ballantine, Mt
Elizabeth Ohlander	Worden, Mt. 59088
Leona Spurnan	Worden, Mt 59088
John House	Ballantine, Mt 59088
Harold House	Ballantine, Mt 59088
Pete Hickey	Ballantine, Mt 59088
Catherine	Catherine, Mt. 59088
La. Anna R. Krupp	Box 1561 Worden, MT 59088

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INSTRUCTIONS

- Obtain as many signatures as possible in your community-if you need more petitions let us know. 443-5341
- Return the original to our Helena office before February 28th.

We the undersigned citizens of Helena express our opposition to the aid to payments.
 Aid to payments are a regressive means of funding the Medicaid program and primarily
 affect the aged, blind and chronically disabled.

NAME

ADDRESS

1. Harry Berg 9275 av N. Kalispell Mt.
 2. Myrtle Carter 1037 Rose Crossing Kalispell, Mont.
 3. J. F. Carter " " " "
 4. Ref B Wood 1035 4th St N Kalispell Mt.
 5. Agnes A Wood " " " "
 6. Robert J Johnston 1100 E. Ave Kalispell Mt 5990
 7. Margaret Gardner - 346 4th Ave E Kal.
 8. Florence M. Mott 750 - Lowell Road
 9. Vernice L Hanson 304 - 4th ave west
 10. Gerald Turner 615 Lincoln St - Kalispell Mt 5990
 11. Clarence C. Vestre 113 - 3rd E Kalispell Mt
 12. Helen - L. Henry 490 Lincoln St. - Kalispell, Mt.
 13. Lillian Lyons 1721 Selma Blvd #4 Kalispell, Montana
 14. Henry Soderman 3020 Hwy 93 South Kalispell Mont
 15. Ernie Gilchrist 1320 5th ave E Kalispell mont
 16. Joseph L. Lysen 1721 - Selma Blvd Dr. Kalispell Mont.
 17. David J. Juma 1001 7th Ave Dr Kal.
 18. Hazel L. Hudson 2206 Center St. Kalispell Mt 5990
 19. Grace Vestre 113 - 3rd Ave East Kalispell, Mt.
 20. Eleanor Jensen 1338 7th Ave East Kalispell, MT 5990
 21. Vidette Helchrist 1320 - 5th Ave E Kalispell Mt
 22. Michael A. Wollan - 2-4th Ave " #5 - Kalispell, Mt 5990
 23. Lora P. Jensen 6010 Mt 35 - Bigfork Mont -
 24. Rhonda Conrad 1512 5th Ave E Kalispell Mt
 25. Helen M. Conrad 1512 - 5th Ave E Kalispell Mt
 26. Deloris K. Lyons 419 - 2nd Ave W, Kalispell, Mt
 27. Jean Linn 6010 Mt 35 - Bigfork Mont.
 28. Stan But 584 4th Ave. N Kalispell
 29. Howard F. Brown 540 Cherry Lynn Kal. Mt
 30. Josephine Siderman 3020 Hwy 93 So Kalispell, 5990
 31. Marie Barge 973 Bernard Rd. Kalispell

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We the undersigned citizens of Montana express our opposition to Medicaid Co-payments.
Co-payments are a regressive means of funding the Medicaid program and primarily
affect the aged, blind and chronically disabled.

NAME	ADDRESS
Ruth Marie Maschera	Box 35 Savage, Mt. 59262
Howard Sanders	Box 54 Savage, Mt. 59262
Harold E. Telford	Box 104 Savage, Mt. 59262
Edward J. Masterton	192 Avenue A Savage, Mt. 59262
Ellen G. Maschera	Box 35 Savage, Mt. 59262
Charles Nelson	Box 191 Savage, Mt. 59262
Byron Jensen	Box 3664 Savage, Mt. 59270
Rosa Conidine	Box 101 Savage, Mt. 59262
Ruth M. Bradley	Box 1 Box 3505 Lima, Montana 59260
Rose Mary Boyer	511 G St. S.E. Sidney, Mt. 59700
Marian Nelson	Box 121 Savage, Mt. 59262
Harold F. Eruster	Box 185 Savage, Mt. 59262
Myrtle Swell	Box 14 Savage, Mt. 59262
Josephine Bureau	Savage, Mt. 59262
John J. Horn	Box 183 Savage, Mt. 59262
John Horn	Box 183 Savage, Mt. 59262
Harold Hoffmann	Box 183 Savage, Mt. 59262
John W. Brudley	Savage, Mt. 59270
Herman Bergstedt	Box 199 Savage, Mt. 59262
John Jensen	Box 7 - Box 3664 - Sidney, Mt. 59700
Esther M. Hansen	Box 184 Savage, Mt. 59262
Mrs. Harold Hoffmann	Box 183 Savage, Mt. 59262
Dora Shugart	Box 23 Savage, Mt. 59262
Armina Han	Box 125 Savage, Mt. 59262
Donna J. Jorgensen	Box 125 Savage, Mt. 59262

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Co-payments are a regressive means of funding the Medicaid program and primarily
affect the aged, blind and chronically disabled.

NAME

ADDRESS

1. Florence Loeffler 306 N. 5th St. Livingston, Mt 59047
2. Lyle C. F. Byrnes 109 W. Lewis Livingston, Mt. 59047
3. Opal L. Finmore 109 West Lewis Livingston 59047
4. Myrtle Ford 325 - So Main St 201
5. Mildred J. Hoglund 109 W. Lewis Livingston, Mt. 59047
6. (unclear) 325 So. Main Livingston, Mont.
7. Emmett Roy 320 So. 13 Livingston Mont.
8. Peter J. Anderson 325 - So. Main St. (Sherwood Inn)
9. Sylvia L. Anderson 325 So. Main St. Phone 222-2328
10. Emma Chamberlain 815 2nd Avenue " 222-0445
1. Leah Myers 325 So. Main Livingston
2. Harriette Embler 314 So. C. St. Livingston
3. Capt. Mattison 109 W. Lewis Livingston
4. Joel J. Case Wildall, Mont.
5. Shirley Skillman
6. Eugene J. Knolle 107 So. 2nd City
7. Beena Van Aken 220 W. Montana Livingston
8. Anne Galby 5-5 Trachet St. Box 15, City
9. Ralph Roberts Nefferson 419 So. H Livingston
10. (unclear) Box 382 Livingston
1. Carl Leach 112 So. H. St. Livingston, Mt.
2. Alice Terleson East Apt Livingston Mt
3. A. W. Sims Sr. 325 S. Main 405 Livingston
4. (unclear) 226 So 7th
5. (unclear) 226 So 7th
6. (unclear) 226 So 7th
7. Ray Holman Rt 38 Box 220 Livingston Mt.
8. (unclear) 226 So 7th
9. W. V. Vanaken 220 W. Montana Livingston Mont.
- 10.

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HECA
Box 423
Helena, MT 59624

We the undersigned citizens of Montana express our opposition to Medicaid co-payments.
Co-payments are a regressive means of funding the Medicaid program and primarily
affect the aged, blind and chronically disabled.

NAME

ADDRESS

Mary Woistaber 1102 Cook apt 4 Billings MT
Pete Anderson P.O. Box 783 Livingston MT
Sylvia Anderson P.O. Box 783 - Livingston Mont.

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INSTRUCTIONS

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HSCA
Box 423
Helena, MT 59624

We the undersigned citizens of Montana express our opposition to Medicaid Co-payments.
Co-payments are a regressive means of funding the Medicaid program and primarily
affect the aged, blind and chronically disabled.

NAME	ADDRESS	
1. Ella Waldon Sklose	801 Rose St.	Glendive, MT 59330
2. Harold D. Millard	10550 Madison	" " "
3. Martha M. Little	306 E. Williams	Glendive MT 59330
4. Mrs. Walter Perkins	212 E. Hughes	Glendive MT 59330
5. Hazel Kiemart	515 E. Bell	Glendive MT 59330
6. Marika Schlegel	3026 Hughes	Glendive MT 59330
7. Estech Taylor	421 N. 4th	Glendive MT 59330
8. Bernice Vashus	Box 26, Spr. Dr. 7/0	Glendive, 59330
9. Bertha L. Barnick	118 W. Mann	Glendive, MT 59330
10. Anna Latka	612 Pine St	Glendive MT 59330
11. Gene Garone	205 S. BURGENT AV.	Glendive 59330
12. Albert Latka	612 Pine St	Glendive MT 59330
13. Legatus in Raul	Box 531	Glendive, MT 59330
14. Raymond Q. Mandigo	Box 717	Glendive, MT 59330
15. Milton W. Mandigo -	Box - 717	Glendive, MT - 59330
16. Harold T. Wilman	507 E. Taine St	Glendive 59330
17. Marvin William Carter	340 Jefferson Ave	Glendive MT 59330
18.		
19.		
20.		
21.		
22.		
23.	Glendive Chapter NSCA	
24.		
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27.		

NAMT

ADDRESS

Mulbred White

Christine Bott

Lord Carlstrom

Milton C. White

Nazel F. Smith

We the undersigned citizens of Montana express our opposition to Medicaid Co-payments.
Co-payments are a regressive means of funding the Medicaid program and primarily affect the aged, blind and chronically disabled.

NAME

ADDRESS

Ruben Christian	Missoula, MT 59462
Ivan Khun	Hobson, MT 59452
Charles Hill	Hobson, MT 59452
Eleanor Adams	Hobson, MT 59452
Ivan Zimmer	Stanford, MT 59479
P. Paul	Hobson, MT 59452
Ralph Carmichael	Hobson, MT 59452
Margaret M. Phillips	Hobson, MT 59452
Angela Paul	Hobson, MT 59452
Carol Davis	Hobson, MT 59452
Marlene Heynold	Hobson, MT 59452
Mildred Tourman	Helena, MT 59452
Elizabeth Pittenger	Hobson, MT 59452
Leslie Watson	Hobson, MT 59452
John Watson	Hobson, MT 59452
Laura Roeman	Helena, MT 59452
Janette Stevenson	Hobson, MT
Walt Peterson	Hobson, MT
Burnaby Christian	Missoula, MT
Chris Peterson	Hobson, MT

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HSCA
Box 423
Helena, MT 59624

Ind. & River Senior Citizens
Rob Christian President
Missoula, MT 59462

We the undersigned citizens of Montana express our opposition to Medicaid Co-payments.
Co-payments are a regressive means of funding the Medicaid program and primarily affect the aged, blind and chronically disabled.

NAME

ADDRESS

1. <u>Harold Lindquist</u>	<u>PO Box 626</u>	<u>Cascade Mt. 59421</u>
2. <u>Ruby Anderson</u>		
3. <u>Helen Warehime</u>	<u>PO Box 237</u>	<u>Cascade Mt. 59421</u>
4. <u>Ralph Seaton</u>	<u>P.O. Box 185</u>	<u>Cascade Mt. 59421</u>
5. <u>Dorothy H. Capland</u>	<u>Box 313</u>	<u>Cascade Mont. 59421</u>
6. <u>Pauline Osholt</u>	<u>Route 1</u>	<u>Cascade Mt. 59421</u>
7. <u>Alfred Seaton</u>	<u>P.O. Box 185</u>	<u>Cascade, Mont. 59421</u>
8. <u>Mildred Obruch</u>	<u>Rt 1 Box 1385</u>	<u>Cascade, Mont. 59421</u>
9. <u>Nora Breen</u>	<u>Box 11</u>	<u>Cascade Mt. 59421</u>
10. <u>Marshall O. Nelson</u>	<u>4163 Highway 60</u>	<u>Helena, MT</u>
1. <u>Leola S. LaFontaine</u>	<u>Box 273</u>	<u>Cascade,</u>
2. <u>Dorothy R. Keyes</u>	<u>Box 243</u>	<u>Cascade,</u>
3. <u>Lucille Armstrong</u>	<u>Box 22</u>	<u>Cascade</u>
4. <u>E. Ernest Lindquist</u>	<u>Box 2523</u>	<u>"</u>
5. <u>Lena Watson</u>	<u>Box 192</u>	<u>" "</u>
6. <u>Dorothy Bradford</u>	<u>Box 24</u>	<u>" "</u>
7. <u>Jane F. Lee</u>	<u>Box 324</u>	<u>" "</u>
8. <u>Elise Corbett</u>	<u>Box 37</u>	<u>" "</u>
9. <u>Ronald A. Betsy</u>	<u>Rt 1 So.</u>	<u>Cascade</u>
10. <u>Fred McElroy</u>	<u>93rd St So.</u>	<u>Cascade, Mt.</u>
1. <u>Jeanne Burtch</u>	<u>Rt 1 So. Box 2573</u>	<u>Cascade</u>
2. <u>Winifred Giblin</u>	<u>Box 266</u>	<u>Cascade</u>
3. <u>Roger N. Langston</u>	<u>Rt 1 So.</u>	<u>Cascade</u>
4. <u>Clay Corbett</u>	<u>Box 37</u>	<u>Cascade</u>
5. <u>William Jones</u>	<u>Box 311</u>	<u>Cascade</u>
6. <u>Frank E. Murphy</u>	<u>Rt 1 East</u>	<u>Cascade</u>
7. <u>Ben Brown</u>	<u>Box 27</u>	<u>Cascade</u>
8. <u>Bethur Dupuis</u>		<u>Cascade</u>
9. <u>Edith Lindquist</u>	<u>Box 626</u>	<u>Cascade</u>
10.		

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MSCA
Box 423
Helena, MT 59624

We the undersigned citizens of Montana express our opposition to Medicaid Co-payments.
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NAME	ADDRESS
1. Evelyn Hamill	Box 63 Fort Park, Mont 59201
2. Thomas Cook	323 Benton St Wolf Point
3. Eric Morrison	525 Fairweather " "
4. Clonie Kachue	Box 37 Wolf Point, MT.
5. Esther Cusker	830 3rd Ave Wolf Point, Mt.
6. Esther Peterson	401-5th Ave. S. Wolf Point Mt.
7. Alma Jess	404 Johnson Wolf Point, Mont
8. Ingelborg Camrud	312 Garfield W. P. "
9. Jerry H. Hunter	1000-6th Ave Wolf Point, MT
10. Hattie Mullen	420- Custer St Wolf Point
11. Paul Kachue	Wolf Point, Mont Box 37
12. Edna Higgins	784 Knappe St Wolf Point, MT. 59201
13. Charles Meyer	234 Fallon St, Wolf Point 59201
14. Stanley Peterson	Box 2252 Wolf Point 59201
15. Lora Peterson	Box 2252 Wolf Point 59201
16. Carl Leroy	224 Garfield " " " "
17. Thelma Berglund	301 Custer Wolf Point 59201
18. Dennis Jensen	731-2nd Ave N. Wolf Point 59201
19. Cora L. Drenth	731-2nd Ave N. Wolf Point, 59201
20. Esther Hesse	429 Benton " "
21. Esther Hesse	409 Dawson " "
22. Velma Bolder	Box 4006 - WOLF POINT
23. Gilbert Hesse	" "
24. John Bolder	" "
25. Melvin Thompson	" "
26. Viola Hentges	Wolf Point, Mt.
27. Agnes Anderson	Wolf Point, MT
28. Cecile Lunday	Wolf Point, Mt.
29. Ruth Lunday	" "

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INSTRUCTION

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Gertrude Nelson	Box 758	Half Pint Milk	59201
Ella C. Thurman	"	"	"
Harold Olsen	"	"	"
John Mikolios	Vida	"	5927
Paul Brown			
Paul Kuehn			

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HSCA
Box 423
Helena, MT 59624

We the undersigned citizens of Montana express our opposition to Medicaid Co-payments.
Co-payments are a regressive means of funding the Medicaid program and primarily
affect the aged, blind and chronically disabled.

NAME

ADDRESS

Tom J. Hale	Circle
Finn Jensen	Circle
Alan H. Amundson	Circle
Margaret Amundson	Circle
Helen S. Murphy	Circle
Minnie Ross	Circle
Arthur Waldbauer	Circle
Robert J. Hines	Circle
Alfred J. Hines	Circle
Jessie R. Rasmussen	Circle
Clara E. Idland	Circle
Wm. H. Hackett	Circle
Edith H. Hackett	Circle
Gertrude H. Hackett	Circle
Irene H. Hackett	Circle
Amelia Marie	Circle
Verna D. Carlson	Circle
Edith H. Hackett	Circle

We the undersigned citizens of Montana express our opposition to Medicaid Co-payments.
Co-payments are a regressive means of funding the Medicaid program and primarily
affect the aged, blind and chronically disabled.

NAME

ADDRESS

Harry A. Odden	207 Mill Sheridan, MT
Evelyn Smythe	Sherman Manor Sheridan MT
Josie Patrick	210 S. Main Sheridan MT.
Dorothy Kennedy	Box 392 Sheridan Mont.
Marie G. Burke	418 Mill St. Sheridan mt.
Floy D. W. Casady	Rt 1 Box 36 D Sheridan, MT
Alberta M. Casady	Rt 1. Box 36 D Sheridan, MT
3 main Frazer	
Aldie La Beck	P.O. Box 414 Sheridan MT
Helen Smith	P.O. Box 326 " "
Cameron Grant	Sheridan Rt 1 Box 18
Frank W. Johnson	Sheridan MT Rt 1 Box 25
Hil Hansen	Ennis Mt. Box 275 597
Jim Ferguson	Sheridan Mont.
Lucia M. Olson	Virginia City, Mont.
Mary Ferguson	Sheridan, Montana.
Patricia Rodgers	Box 167 Sheridan, Montana
Bessie Stine	Box 522 Sheridan MT

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INSTRUCTIONS

1. Obtain as many signatures as possible in your community-if you need more petitions let us know. 443-5341
2. Return the original to our Helena office before February 28th.

We the undersigned citizens of Montana express our opposition to Medicaid Co-payments. Co-payments are a regressive means of funding the Medicaid program and primarily affect the aged, blind and chronically disabled.

NOTE

ADAMS 55

[illegible]

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IBCA
Box 423
Helena, MT 59624

We the undersigned citizens of Montana express our opposition to Medicaid Co-payments. Co-payments are a regressive means of funding the Medicaid program and primarily affect the aged, blind and chronically disabled.

NAME

ADDRESS

Marion Helton Box 447 Helena MT 59241

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MSCA
Box 423
Helena, MT 59624

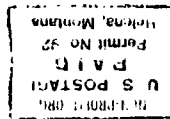
U.S.

We the undersigned citizens of Montana express our opposition to Medicaid Co-payments.
Co-payments are a regressive means of funding the Medicaid program and primarily affect the aged, blind and chronically disabled.

NAME	ADDRESS	
James L. Ross	115 Sheridan Dr.	
Thos. Golden	323 Santa Fe	59044
John Hager	301 1st Ave	
Bonnie Noel	R1, Box 168, Sileria, Mont	59080
E E Hall	R2 Box 1133 Laurel Mont	59044
Earl C. Packer	901 E. 4th St	
Shirley Womack	402-6th Ave	Laurel 59044
Henry Zick	303 West Ave	" 59044
Leslie McKee	221 Santa Fe	Laurel 59044
Don, Faylene	20-7th Ave	Laurel 59044
Esther Berry	2-2 Broadway	" "
Frankie Fitch	702 West 4th	Laurel, Mont
William W. Brown	312 Madison St	Laurel Montana
Bernard Mitchell	2018 Laurel Ave	Laurel Mont 59044
Carl H. Krone	614 5th Ave	Laurel Mont
Frank Lutz	205 3rd Ave	Laurel
M. L. Lipe	5116 Sanford Ave	Big Butte
Barbara Russell	172 Box 825	Laurel 59044
Willie Smith	301-8th Ave	Laurel Mont 59044
Mr. Richard H. Arthur	713-8th Ave	Laurel, Mont. 59044
James & Jean Durand	713-8th Ave. W#7	Laurel Mont 59044
Francis Deering	309 W. 11th	Laurel Mont 59044
Claude & Alice Resnoble	1009 Sunhove Court	Laurel
Mary Deering	299 W. 11th St.	Laurel, Mont.
Leahwig Eichenbach	203 S. 8th	Laurel, Mont.
Beulah Morrison	416 State Ave	" "
Rachel Waiter	214-5th Ave	Laurel "
Esther P. Morrison	416 State Ave	Laurel - Montana
Helen Martin	712 8th Ave	Apr 19,
Bob Martin		Laurel Mont. 59044

Ira H. Williams² 307-2nd Ave. Laurel
 Helen S. Peterson 707 W main Laurel
 Mary Frank 918 7th Ave Laurel
 Helen Morgan 501 E 1 St Laurel
 Alice Trent 411 6th Ave Laurel
 Katie Stroh 413-6th Ave Laurel
 Harold & Vera Wilson 423 Birch, Laurel

Bonnie Noel
 Rt. 1 Box 168
 Siletzia, MI 59080



MONTANA SENIOR CITIZENS ASSN., INC.
 P. O. Box 423
 Helena, Montana 59624

We the undersigned citizens of Montana express our opposition to Medicaid Co-payments.
Co-payments are a regressive means of funding the Medicaid program and primarily
affect the aged, blind and chronically disabled.

NAME	ADDRESS
1. Michael G. Shaughnessy	2005 Aberdeen Butte
2. Evelyn B. Shaughnessy	2005 Aberdeen Butte
3. Ann McHowe	1225 W Broadway Butte
4. Agnes Hanson	2408 Elm Butte
5. Margaret Panish	301 N. Crystal Belle
6. Charles W. Coutts	3204 Quincy St. Butte
7. Ed. Dalton	1619 Cobban Butte
8. H. L. Mahagan	327 N. Adams St. Butte Mt.
9. Phil Hagman	2420 Harvard Ave Butte
10. Marya Kline	459 Basin Cr Rd Butte, Mont
1. Walter Leigh	1127 Schley Butte Mont
2. Louis J. Butala	1501 "A" Street Butte, Mont
3. R. J. Leard	2315 - N. W. Ave Butte
4. E. Leishman	1607 "C" St Butte Mt.
5. H. H. Johnson	2701 Harvard
6. Al Johnson	1725 B St. Butte
7. Duke Johnson	235 Calhoun Butte
8. James Zellmer	3250 Se. Mont Butte
9. Kim J. Rigler	2500 Bayard Butte
10. Harry R. Fogliani	3541 Amherst Butte Mont
1. Ralph C. Oscar	1145 Antimony Butte
2. Pat Harrington	1010 Colorado Butte
3. Lester L. Williams	815 W. Porter Butte, Mont
4. Steve Kromann	3104 Carter Butte mt.
5. Ernest W. Aho	2905 Bayard " "
6. Wm L. M. Dale	1481 Motor park Butte Mont
7. Max Martinich	2104 Hancock " "
8. Earl W. Neumann	2910 Harvard ave " "
9. Tim Shaughnessy	1824 Adams " "
10. Richard Hoffman	125 Holladay RR#1 Butte, Mont.

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DISCA
Box 423
Helena, MT 59624

Mont. Standard lists hearings for
Monday Feb 18th for HB 731
sending these now.

The undersigned citizens of Montana express our opposition to Medicaid Co-payment. Co-payments are a regressive means of funding the Medicaid program and primarily affect the aged, blind and chronically disabled.

NAME

ADDRESS

1. Gene Grace Hoffman 1357 Holladay RR #1 Butte, MT
2. Catherine Hancock 3008 Caroline Butte, MT
3. Walter Lanni 1946 E. 1st St. Butte, MT
4. Kay Johnson 28 W. Front Butte, MT
5. Leanne E. Taulbee 2706 Nettie Butte, MT
6. Dorothy Johnson 3111 S. Mont. Butte, MT
7. Vivian M. Hyler 1847 Texas Butte, MT
8. Emily Witt 15 Laird Butte, MT
9. Mr. Ralph Munkers 1801 Texas Ave. Butte, MT
10. Vivian Lepola 1108 E. Second Butte, MT
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____

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HSCA
Box 423
Helena, MT 59624

Exhibit 5
3-14-85
HB 731
Harrington

AMENDMENT TO HB 731

The Department shall not impose a deductible, co-insurance, co-payment or similar charge upon categorically and medically needy individuals for any service provided in the Medicaid (Medical Assistance) Program.

Exhibit 6
3-14-85
HB 731
Bompart

Mr. Chairman, Members of the Committee. My name is Dorothy Bompart and I am here representing Westmont Home Health Services and Westmont Habilitation Services here in Helena. I wish to speak in support of the elimination of Medicaid co-payments.

I would like to address this in two areas: First, in the area of cost-effectiveness for the provider and Second, from the viewpoint of the developmentally disabled client in a group home.

The reimbursement amounts we are talking about with respect to Medicaid co-payments seem generally out of proportion with the cost to a provider in labor, time and materials. For example, an average of two hours per patient is spent on labor for research and generating a bill, postage and mailing, filing and bookkeeping - all necessary procedures which may in many instances have a rate of return in a co-payment amount of fifty cents.

The group home client has a monthly disposable income fund of forty dollars, which pays for such things as clothing, entertainment and other personal needs. The cap for Medicaid co-payments is \$121.00. Therefore in the worst scenario a group home client who may incur extensive medical bills may use one-quarter of his income annually for Medicaid co-payments. Even group home clients in a regular situation need medical attention frequently, since developmental handicaps often are accompanied by physical maladies. Therefore what might even be considered small co-payment amounts have a severe effect on client budgets.

On behalf of Westmont Home Health and Habilitation Services, I strongly recommend that the Medicaid co-payment procedure be ended. Thank you.

Exhibit 7
3-14-85
HB 731
Kunz

WITNESS STATEMENT

Name LOUISE KUNZ Committee On _____
Address 107 LAWRENCE Date 3/19
Representing MT LOW INCOME COALITION Support HB 731
Bill No. H3 731 Oppose _____
Amend _____

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1. we feel this is just one more hardship placed on an already over burden section of our population.
2. I ASK permission to submit letters from the
3. previous committee hearing.
 1. DR ST-SOHN - Bottle
 2. DR. MCCARTHY - Bottle
4. 3. DON SUDCE / AFL-CIO - HALENA
4. HELEN SCOTT - mikes city

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

Robert M. St. John, M.D., P.C.

798 WEST GOLD STREET
PHONE 782-2395
BUTTE, MONTANA 59701

DIPLOMATE AMERICAN
BOARD OBSTETRICS &
GYNECOLOGY

February 15, 1985

To Whom It May Concern:


I wish to address the problem of the copayment now required of all Medicaid patients at the time of service. I am a private practitioner, taking care of a large number of Medicaid patients and find that this copayment has exerted undue hardship on the patients, on laboratories serving these patients, hospitals, and all personnel involved in the actual administration of the copayment. It has been a poorly designed attempt by the State to save money at the expense of the poor patients of the State, the very ones the Medicaid program is supposed to be assisting. It is impossible to implement at the provider level and in many instances has resulted in the patients not receiving necessary care.

At the present time, in order for a patient to be seen, they must provide a copayment for each and every service. If the patient does not have that copayment available, then they are often unable or unwilling to approach a physician's office or an emergency room, no matter how serious their illness may be. Many of these people fear the harassment or embarrassment that will ensue, or fear being rejected or turned away from these facilities if they do not have this copayment. In addition, from the provider's standpoint, at the time of the initial contact, it is impossible to tell the patient how much the copayment is going to be. There is a copayment attached to each and every laboratory service, x-ray service, office visit, etc. No one knows before the patient has been evaluated what these numbers will be. This has resulted in considerable difficulty between the office personnel and the patient when the patients have felt that they paid their copayment and further copayments become necessary. All of this has served to create a wedge between the Medicaid patient requiring medical care and those providing it.

Medicaid has been grossly underfunded for the past few years. Because of this, they have continually sought ways to cut expenses and to transfer costs from the State to private individuals and finally, this last attempt, to the Medicaid recipients themselves. Montana has assumed responsibility for a large patient population by creating the Medicaid program, but then has rejected this responsibility by failing to fund it adequately. We have been told in the past that Montana has an excess of \$55,000,000 in the General Fund and large amounts in other funds, such as the Coal Severance Tax Fund. Since Montana assumes responsibility for the Medicaid recipients, it only seems appropriate that they should release some of these funds to adequately fund this program so that these

February 15, 1985
To Whom It May Concern
Page 2

recipients would get the quality care they deserve.



ROBERT M. ST. JOHN, M. D.

RMSJ/ss

BUTTE PEDIATRICS, INC.

DISEASES OF CHILDREN AND ADOLESCENTS

401 South Alabama
BUTTE, MONTANA 59701

DENNIS J. McCARTHY, M.D.

Phone 406-723-4337

15 Feb 85

to whom it may concern

I would like to lend
my support to Rep. Dean Harrington's
proposed bill to eliminate Medicaid
co-payments. Co-payments are
an unnecessary burden on those
that can ill afford them, and
secondly they will not eliminate or
needless physician or hospital visit decrease

Yours truly

Dennis J. McCarthy M.D.

7
Testimony of Don Judge, MT STATE AFL-CIO 7
2/18/85

Montana State AFL-CIO Supports HB 777,
mandating an income needs study be done in
certain Montana Counties - - -

Montana's constitution is far-sighted in its
recognition of human needs and clear in its
intent to require Montana's officials to act
responsibly in meeting these basic needs.

However, as is often the case, the constitution
does not specifically spell out the criteria used
to determine the basic level of needs mandated
by its provisions.

Section 53-3-204 MCA also seems to require
Montana's state government to provide general relief
assistance to meet a "minimum subsistence compatible
with decency and health"; but, again, doesn't seem
to define exactly what this term means.

HB 777 seeks to attempt to find an answer
to both questions and to give government direction
to meet the goals required by constitution and
law.

Time and time again we have seen ^{proposals made} ~~unwarranted~~
to reduce the levels of assistance to the needy in
our society. One such proposal was addressed
by you this evening, co-payments for medical assistance.

Other proposals before this body include provisions
to limit unemployment compensation benefits, restrict
workers compensation payments and restrict adequate salary
increases for state workers. (The income...)

These proposals all seem to reflect what we all recognize is a tight economy and an even more dire state budget and revenue projection

However, all of these proposals ignore the requirements of our state constitution and state law ---- that of meeting the needs of our citizens "compatible with decency and health".

HB 777 offers us a vehicle for discarding the budget-crunche rhetoric and viewing all proposals -- to raise or to lower assistance to our needy -- on the basis of factual need. Taking into account the actual costs associated with surviving in our society.

~~Obtaining more money on the same before you to~~

We currently have ~~over~~ over 30,000 individuals without jobs and drawing unemployment insurance. We have literally thousands more who have exhausted their benefits or who were never eligible to receive them. These people need help

We don't need rhetoric, we need facts, please support HB 777

3
MRS CHAIRMAN AND MEMBERS OF
THE COMMITTEE;

I AM HELEN SCOTT AND I
HAVE LIVED ALL MY LIFE IN MILES
CITY. BEFORE I RETIRED I
WORKED IN A SERVICE INDUSTRY
WHERE I CAME IN CONTACT WITH
MANY SENIOR CITIZENS AND I CONSIDER
MYSELF ACQUAINTED WITH THE PEOPLE
OF MY TOWN.

I KNOW THAT THE NUMBER OF
POOR PEOPLE IS INCREASING - WE
HAVE 3 TIMES THE NUMBER OF
PEOPLE RECEIVING FOOD BANK
ASSISTANCE THAN WE HAD A
YEAR AGO. IT DISTURBS ME
GREATLY THAT THESE POOR PERSONS -
THE BLIND, THE MENTALLY ILL,
DISABLED AND CHRONICALLY ILL WHO
ARE ON ~~ME~~ MEDICAID ARE ASKED
TO PAY THE CO-PAYMENT, RANGING
FROM \$0.4 TO \$3.00 EACH TIME
THEY VISIT A DOCTOR, DENTIST
OR OPTOMETRIST, FOR EACH
PRESCRIPTION, AND FOR EACH.

(2)

HOSPITAL OR HOME HEALTH VISIT.
AS SEN. CLAUDE PEPPER SAID:
"FOR THE ELDERLY POOR, A 50¢
CO-PAYMENT, WHICH SEEMS INSIGNIFICANT
TO MOST OF US, CAN MEAN THE
DIFFERENCE BETWEEN A NEEDED
PRESCRIPTION AND A QUART OF
MILK OR A LOAF OF BREAD. WHAT
RIGHT HAVE WE TO MAKE THIS
CHOICE?"

WHEN ^{Senior Rehabilitation Service} S.R.S. PUT THE CO-PAYMENT
INTO EFFECT IN 1983, THEY SAID
THEY FELT THAT "CO-PAYMENTS WOULD
ELIMINATE UNNECESSARY MEDICAID
USE OF HEALTH CARE BY MEDICAID
RECIPIENTS AND ENCOURAGE THEM
TO SEEK CARE ONLY WHEN NECESSARY.
A 1984 STUDY CONCLUDED THAT
MONTANA DOES NOT HAVE A PROBLEM
WITH MEDICAID PROGRAM ABUSE
BY RECIPIENTS.

PHYSICIANS, NOT PATIENTS,
DETERMINE THE AMOUNT AND
KIND OF MEDICAL SERVICES.

(3).

A RAND CORPORATION Report SUPPORTED ~~THE~~ A STUDY THAT MEDICAID CO-PAYMENTS IN CALIFORNIA RESULTED IN AN INCREASE OF OVER \$1 MILLION IN INCREASED HOSPITALIZATION COSTS. THESE COSTS WILL BE AN ADDITIONAL EXPENSE FOR MEDICAID.

IN MILES CITY WE ARE DISCUSSING THE EFFECT ON A HOSPITAL-PROVIDER OF CO-PAYMENT. THEY TOLD US IT COSTS \$5⁰⁰ TO SEND OUT AND ADMINISTER A BILL. WHO PICKS UP THIS EXTRA COST TO THE HOSPITAL? THE OTHER PATIENTS, OF COURSE.

WE CLAIM THE CO-PAYMENT IS NOT A VIABLE, FAIR PRACTICE AND WE URGES YOU TO VOTE "YES" ON HOUSE BILL 731.

THANK YOU.

MR. CHAIRMAN & COMMITTEE MEMBERS

VISITORS' REGISTER

Human Services Sub COMMITTEEBILL NO. HRB 731DATE 3-14-85SPONSOR Harrington

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Sam Ryan	Helena	✓	
Tom Ryan	"	✓	
Ron Brown	D. L.	✓	
Idyle Brown	Great Falls	✓	
Louise Jung / mt low income Coalition	Helena	✓	
Jane Perkins ^{National Health Law Program}	Los Angeles, CA	✓	
Tomer Von Schwan	715 Lexington Bulle	✓	
Alana Paking	East 153 Helena	✓	
Dorothy Bampton (West Mont Home Health)	Helena	✓	
Voni Dors	Missoula	✓	
Cindy Palmer	Raynestford, MT	✓	
Kelly Turk	Helena		
Donna	OBAP		
Roland Pratt	MT optometric Assoc	✓	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

Human Services Sub COMMITTEEBILL NO. HB 805DATE 3-14-85SPONSOR Rep. Bergene

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Kelly Morse			
Charles Briggs			
Curt Chisdm			

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

Human Services Sub COMMITTEEBILL NO. HB 835DATE 3-14-85SPONSOR Bergene

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Stanlee Dull	Great Falls	✓	
Brian Ruckman	Great Falls	✓	
Marilyn Moore	Cascade	✓	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Human Services Sub COMMITTEE

DATE 3-14-85

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PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.