

MINUTES OF THE MEETING
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE
MONTANA STATE SENATE

FEBRUARY 13, 1985

The meeting of the Public Health, Welfare and Safety Committee was called to order by Chairman Judy Jacobson on Wednesday, February 13, 1985 at 12:30 in Room 410 of the State Capitol.

ROLL CALL: All members were present, however, Senators Hager and Newman arrived late. Karen Renne, staff researcher, was also present.

There were visitors in attendance. See attachments.

ACTION ON SENATE BILL 296: Senator Larry Stimatz is the chief sponsor of this bill. SB 296 is an act to revise the examination grade requirements and reexamination procedures for a license to practice medicine.

A motion was made by Senator Towe that the bill be amended as follows: Page 2, line 16; Following: "more than"; strike: "three"; Insert: "two additional". Motion carried.

Senator Norman addressed the question concerning the effective date. He stated that the new codes do not come out until after the examination would have already been given this year.

A motion was made by Senator Towe that SB 296 be given a DO PASS AS AMENDED recommendation from the Committee. Motion carried.

CONSIDERATION OF SENATE BILL 310: Senator Judy Jacobson of Senate District 36, the sponsor of SB 310 have a brief resume of the bill. This bill is an act to include community homes for physically disabled persons and developmentally disabled persons who require nursing care in the definition of a community residential facility.

Mike Musckiewicz, representing the Developmental Disabilities Division of SRS, stood in support of the bill. He stated that the reason for SB 310 are 1) The department has established group homes for the physically disabled, who are not currently included under this exemption; 2) The Specialized Family (Foster) Care program funded by the last legislative session provides foster care to children who may occasionally require nursing care; 3) Some of the residents of current group homes require occasional nursing care; 4) It may be necessary in 1986 for purposes of securing renewal of the

SENATE PUBLIC HEALTH

PAGE TWO

FEBRUARY 13, 1985 Medicaid Waiver to ensure that group homes funded by the Waiver could be converted to Intermediate Developmental Care certified facilities. Mr. Muszkiewicz handed in written testimony and also some proposed amendments which would address the Montana Health Care Association's concerns.

Steve Davis of Billings, representing the Disabilities Coalition stood in support of the proposed bill and also the proposed amendments.

Bob Frazier representing the Priorities for People Team, stood in support of the bill as amended.

With no further proponents, the opponents were called upon. Hearing none, the meeting was opened to a question and answer period from the Committee.

Senator Towe asked about the licensing of intermediate nursing homes. This bill really only redefines community group homes.

Senator Jacobson closed.

CONSIDERATION OF SENATE BILL 282: Senator William Farrell of Missoula, the sponsor of SB 282, gave a brief resume of the bill. This bill is an act authorizing the Department of Commerce to establish expiration dates for the licenses of social workers, speech pathologists, and audiologists.

Senator Farrel stated that this is only design is to make for uniform expiration dates of the licenses.

Mary Lou Garrett, representing the Department of Commerce, stood in support of the bill. She explained that at the present time license renewal for social workers, speech pathologists and audiologist is biennial. The workload for the department needs to be spread more evenly through out the year. SB 282 would give the department rule making authority in establishing uniform expiration dates for licenses for social workers, speech pathologists, and audiologists.

With no further proponents, the chairman called on the opponents. Hearing none, the meeting was opened to a question and answer period from the Committee.

Senator Stephens asked Mrs. Garrett to explain the process the department goes through at the present time.

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Senator Farrell closed.

ACTION ON SENATE BILL 282: A motion was made by Senator Towe that SB 282 DO PASS. Motion carried.

A motion was made by Senator Towe that the Statement of Intent to SB 282 be adopted. Motion carried.

CONSIDERATION OF SENATE BILL 329: Senator Pat Regan of Senate District 47, the chief sponsor of SB 329, gave a brief resume of the bill. This bill is an act revising provisions relating to freedom of choice of medical assistance provided through the Department of Social and Rehabilitation Services.

Before enacting any administrative rule limiting free choice of medical providers under the medicaid program, the Department would have to take certain steps.

Pat Godbout, representing the Department of Social and Rehabilitation Services, stood in support of the bill. Ms. Godbout expanded on what Senator Regan said about the Department having to take certain steps, those being:

- 1) Present the proposed rule to the Montana Medical Advisory Council for review and comment. This Council is made up of 3 physicians, Director of the Department of Health, Recipients, Governor's Coordinator on Aging, and SRS Staff;
- 2) Follow all procedures in the administrative procedures act including holding a public hearing prior.
- 3) Submit the proposed rule to the Health Care Financing Administration for review and approval. The Department must make certain assurances to the Administration.. Such as a) Adequate services will be available under any competitive bidding process. b) There are adequate standards for provider participation, and c) Guarantee reasonable access, taking into account geographical location and reasonable travel time. SB 329 tries to clarify the problem that the SRS now is faced with.

With no further proponents, the chairman called on the opponents.

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Chad Smith, representing the Montana Hospital Association, stood in opposition to the bill. Mr. Smith stated that there are already provisions in the codes at the present time to cover this type of problem. Hospitals will start to negotiate with the SRS beginning in March. There is a lot of control already and, therefore, this bill is not needed and is an unnecessary expense.

Jerry Loendorf, representing the Montana Medical Association, stood in opposition to the bill. Mr. Loendorf stated that one of his main concerns is "(c)" on page 2 of the bill. He stated that it appears that the Department would be setting fees and he has some real concerns about that.

Don Pratt, representing the Montana Optometric Association, stood in opposition to the bill. He stated that the Department is already doing most of what is spelled out in the bill. Mr. Pratt questioned whether or not everyone who receives Medicaid for their eye glasses would all be wearing the same style of glasses or possibly even two styles of glasses.

Roger Tippy representing a group of practicing clinical psychologists, stood in opposition to the bill. He stated that his group is opposed to SB 329 as written because it would tend to validate a present Medicaid rule of questionable validity. This is the rule which limits recipients to 22 hours a year with a clinical psychologist while setting no limits on recipients' access to psychiatrists for the same services.

A fair hearing held last November on the psychologists' claims resulted in a decision that the psychologists were entitled to payment for services rendered beyond the 22 hours a year in fiscal year 1983 on the grounds the fiscal agent had failed to inform anyone of the limit. The decision did not reach fiscal year 1984 and did not hold that the present rule violates the freedom of choice when a recipient is shopping for psychotherapy. However, there are good legal arguments on both sides of the freedom of choice issue and SB 329 looks like departmental concern that its arguments might not prevail the next time. A simple amendment to the bill would alleviate the psychologists' grievance while giving the department the authority it seeks in all other provider areas. Mr. Tippy handed in written testimony and a proposed amendment to the bill. See attachments.

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Judy Olson, representing the Montana Nurses Association, stood in opposition to the bill. She stated the her group is concerned that nurse specialists would not qualify to receive third party payments if this bill passes as written. She asked the Committee to think about what this bill really does do. The department would be setting standards for everyone if this bill passes.

With no further opponents, the meeting was opened to a question and answer period from the Committee.

Senator Jacobson asked about the competitive bid process. Pat Godbout explained the process and told about the different prices on oxygen for example and the problem that arose with the oxygen two years ago.

Senator Towe asked about the qualifications of the providers and the medicaid patients. Chad Smith stated that he felt the bill needs alot of interpretation.

Senator Hims1 stated that this is not a negative bill. This is being done in California already.

Senator Hims1 stated that state law must comply with the federal regulations. A plan must be submitted to the Montana Medical Advisory Council for review and comment and the proposed rule must also be submitted to the Health Care Financing Administration for review and approval.

There are 20,000 people with Medicaid cards in Montana.


Senator Towe addressed the question brought out by Mr. Tippy regarding the 22 hours a year with a clinical psychologists, while setting no limits on recipients' access to psychiatrists for the same services.

Senator Regan closed. She stated that the opponents are showing a lack of trust in the SRS. She stated that she feels that more efficient bidding process will come about with the passage of this bill. It is a good bill and she urged the Committee to give it a favorable consideration.

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ANNOUNCEMENTS: The next meeting of the Public Health, Welfare and Safety Committee will be held on Friday, February 15, 1985 to consider SB 287, and 314 in Room 410 of the State Capitol.

ADJOURN: With no further business the meeting was adjourned.



SENATOR JUDY JACOBSON
CHAIRMAN

eg

ROLL CALL

PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

49th LEGISLATIVE SESSION -- 1985

Date 2/13/85

SENATE
SEAT
#

NAME	PRESENT	ABSENT	EXCUSED
6 <u>SENATOR JUDY JACOBSON, CHAIRMAN</u>	<u>✓</u>		
5 <u>SENATOR J. D. LYNCH, V. CHAIRMAN</u>	<u>✓</u>		
42 <u>SENATOR TOM HAGER</u>	<u>late</u>		<u>✓</u>
30 <u>SENATOR MATT HIMSL</u>	<u>✓</u>		
17 <u>SENATOR TED NEWMAN</u>	<u>late</u>		
45 <u>SENATOR BILL NORMAN</u>	<u>✓</u>		
14 <u>SENATOR STAN STEPHENS</u>	<u>✓</u>		
26 <u>SENATOR TOM TOWE</u>	<u>✓</u>		

Each day attach to minutes.

STANDING COMMITTEE REPORT

February 13, 1985

MR. PRESIDENT

We, your committee on **Public Health, Welfare and Safety**

having had under consideration **Senate Bill** No. **282**

Introduced reading copy (**white**)
color

LICENSE EXPIRATION DATES FOR SOCIAL WORKERS, SPEECH PATHOLOGISTS, AUDIOLOGY

Respectfully report as follows: That **Senate Bill** No. **282**

DO PASS

DO NOT PASS

STATEMENT OF INTENT ATTACHED

Senator Judy Jacobson

Chairman.

STANDING COMMITTEE REPORT

February 13

35

19.....

MR. PRESIDENT

We, your committee on..... **Public Health, Welfare and Safety**

having had under consideration..... **Senate Bill** No. **296**

Introduced reading copy (**white**)
color

REVISE GRADE AND REEXAMINATION AREAS OF LICENSE TO PRACTICE MEDICINE

Respectfully report as follows: That..... **Senate Bill** No. **296**

is amended as follows:

1. Page 2, line 16.

Following: **"more than"**

Strike: **"three"**

Insert: **"two additional"**

AND AS AMENDED

DO PASS

DO NOT PASS

.....
Senator Judy Jacobson

Chairman.

FEBRUARY 13, 1985

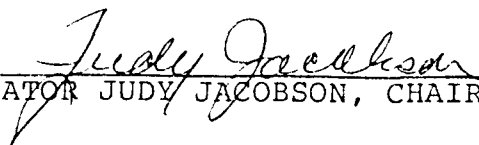
MR. PRESIDENT:

WE, YOUR COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY
HAVING HAD UNDER CONSIDERATION SENATE BILL NO. 282, ATTACH THE
FOLLOWING STATEMENT OF INTENT.

STATEMENT OF INTENT

SENATE BILL 282

A statement of intent is required for this bill because it authorizes the department of commerce to adopt rules establishing uniform expiration dates for licenses for social workers, speech pathologists, and audiologists. It is the intent of the legislature that, in establishing a standard expiration date, the rules take into account any credit a person may have in what would have been his licensure period. The rules should also take into account the expiration dates of other licenses in order to spread the workload more evenly over the year.


SENATOR JUDY JACOBSON, CHAIRMAN

DATE _____

COMMITTEE ON _____

VISITORS' REGISTER

[illegible]

(Please leave prepared statement with Secretary)

NAME Mike Muszkiewicz Bill No. SB 310
ADDRESS _____ DATE 2/13
WHOM DO YOU REPRESENT SRS
SUPPORT ☒ OPPOSE _____ AMEND ☒

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

DEPARTMENT OF
SOCIAL AND REHABILITATION SERVICES



TED SCHWINDEN, GOVERNOR

P.O. BOX 4210

STATE OF MONTANA

HELENA, MONTANA 59604

February 11, 1985

TO: Senator Judy Jacobson

FROM: Michael S. Muszkiewicz, Administrator
Developmental Disabilities Division

RE: Rational For Legislation Regarding Zoning For DD Group Home Proposed Amendments

Since our initial exchange requesting SB 310 which was to amend M.C.A. 76-2-314, the Montana Health Care Association, through Rose Skoog, has indicated that the bill as written would pose a threat to nursing homes. We were notified of this difficulty on Friday, February 8.

Since that time we have drafted the attached amendments which appear to both satisfy the needs of the department and the concerns of the Montana Health Care Association.

Current Montana law (M.C.A. 76-2-314) permits "community residential facilities" to be located in any residential zone, including those zones designated for single family dwellings.

However, a community residential facility is currently defined as "a group, foster, or other home specifically provided as a place of residence for developmentally disabled or handicapped persons WHO DO NOT REQUIRE NURSING CARE."

The department is requesting enactment of SB 310 (and the amendments, attached) since:

- 1) The department has established group homes for the physically disabled, who are not currently included under this exemption; and
- 2) The Specialized Family (Foster) Care program funded by the last legislative session provides foster care to children who may occasionally require nursing care.
- 3) Some of the residents of current group homes require occasional nursing care.
- 4) It may be necessary in FY 86, for purposes of securing renewal of the Medicaid (Title XIX) Waiver to ensure that group homes funded by the Waiver could be converted to Intermediate Developmental Care certified facilities.

Thank you.

AMENDMENTS TO SB #310
PROPOSED BY THE DEPARTMENT OF
SOCIAL AND REHABILITATION SERVICES

1. Page 1, line 7
Following: "AND"
Insert: "FOR"
2. Page 1, line 16
Following: "a"
Insert: "COMMUNITY"
3. Page 1, line 16
Following: "group"
Strike: ", foster, or other"
4. Page 1, line 17
Following: "developmentally"
Insert: ", "
5. Page 1, line 18
Strike: "disabled or"
Following: "physically"
Insert: "OR MENTALLY"
6. Page 1, line 19
Following: ~~"care"~~
Insert: "WHICH DOES NOT PROVIDE SKILLED OR INTERMEDIATE
NURSING CARE"
7. Page 1, line 20
Following: "youth"
Insert: "FOSTER HOME OR YOUTH"
8. Page 1, line 24
Following: "persons;"
Strike: "or"
9. Page 1, line 25
Following: "home"
Strike: "."
Insert: "; OR (5) A LICENSED INTERMEDIATE DEVELOPMENTAL
CARE FACILITY AS DEFINED IN 50-5-101(19)(d).

INTRODUCED BY Senate BILL NO. 310
J. Gallahan

BY REQUEST OF THE DEPARTMENT OF SOCIAL
 AND REHABILITATION SERVICES

A BILL FOR AN ACT ENTITLED: "AN ACT TO INCLUDE COMMUNITY
 HOMES FOR PHYSICALLY DISABLED PERSONS AND ^{FOR} DEVELOPMENTALLY
 DISABLED PERSONS WHO REQUIRE NURSING CARE IN THE DEFINITION
 OF A COMMUNITY RESIDENTIAL FACILITY; AMENDING SECTION
 76-2-411, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 76-2-411, MCA, is amended to read:

"76-2-411. Definition of community residential
 facility. "Community residential facility" means:

(1) a group, ~~foster or other~~ home specifically
 provided as a place of residence for developmentally,
 disabled or handicapped physically or mentally disabled persons who do
 not require nursing care; WHICH DOES NOT PROVIDE SKILLED OR INTERMEDIATE NURSING CARE
POSITIVE HOME OR YOUTH
 (2) a youth group home as defined in 41-3-1102;

(3) a halfway house operated in accordance with
 regulations of the department of health and environmental
 sciences for the rehabilitation of alcoholics or drug
 dependent persons; ~~or~~

(4) a licensed adult foster family care home; ^{or}

(5) A LICENSED INTERMEDIATE DEVELOPMENTAL CARE FACILITY
 AS DEFINED IN 50-5-101(27)(d).

INTRODUCED BILL
 SB 310

facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, and adult day-care centers.

(11) "Health maintenance organization" means a public or private organization organized as defined in 42 U.S.C. 300e, as amended.

(12) "Health systems agency" means an entity which is organized and operated in the manner described in 42 U.S.C. 300l-2 and which is capable, as determined by the secretary of the United States department of health and human services, of performing each of the functions described in 42 U.S.C. 300l-2.

(13) "Home health agency" means a public agency or private organization or subdivision thereof which is engaged in providing home health services to individuals in the places where they live. Home health services must include the services of a licensed registered nurse and at least one other therapeutic service and may include additional support services.

(14) "Hospice" means a coordinated program of home and inpatient health care that provides or coordinates palliative and supportive care to meet the needs of a terminally ill patient and his family arising out of physical, psychological, spiritual, social, and economic stresses experienced during the final stages of illness and dying and that includes formal bereavement programs as an essential component.

(15) "Hospital" means a facility providing, by or under the supervision of licensed physicians, services for medical diagnosis, treatment, rehabilitation, and care of injured, disabled, or sick persons. Services provided may or may not include obstetrical care, emergency care, or any other service as allowed by state licensing authority. A hospital has an organized medical staff which is on call and available within 20 minutes, 24 hours per day, 7 days per week, and provides 24-hour nursing care by licensed registered nurses. This term includes hospitals specializing in providing health services for psychiatric, mentally retarded, and tubercular patients.

(16) "Infirmiry" means a facility located in a university, college, government institution, or industry for the treatment of the sick or injured, with the following subdefinitions:

(a) an "infirmiry-A" provides outpatient and inpatient care;

(b) an "infirmiry-B" provides outpatient care only;

(17) "Joint commission on accreditation of hospitals" means the organization nationally recognized by that name with headquarters in Chicago, Illinois, that surveys health care facilities upon their requests and grants accreditation status to any health care facility that it finds meets its standards and requirements.

(18) "Kidney treatment center" means a facility which specializes in treatment of kidney diseases, including freestanding hemodialysis units.

(19) (a) "Long-term care facility" means a facility or part thereof which provides skilled nursing care, intermediate nursing care, or intermediate developmental disability care to a total of two or more persons or personal care to more than four persons who are not related to the owner or administrator by blood or marriage. The term does not include adult foster care licensed under 53-5-303, community homes for the developmentally disabled licensed under 53-20-305, boarding or foster homes for children licensed under 41-3-503, hotels, motels, boardinghouses, roominghouses, or similar accommodations providing for transients, students, or persons not requiring

institutional health care, or juvenile and adult correctional facilities operating under the authority of the department of institutions.

(b) "Skilled nursing care" means the provision of nursing care services, health-related services, and social services under the supervision of a licensed registered nurse on a 24-hour basis.

(c) "Intermediate nursing care" means the provision of nursing care services, health-related services, and social services under the supervision of a licensed nurse to patients not requiring 24-hour nursing care.

(d) "Intermediate developmental disability care" means the provision of nursing care services, health-related services, and social services for the developmentally disabled, as defined in 53-20-102(4), or persons with related problems.

(e) "Personal care" means the provision of services and care which do not require nursing skills to residents needing some assistance in performing the activities of daily living.

(20) "Mental health center" means a facility providing services for the prevention or diagnosis of mental illness, the care and treatment of mentally ill patients or the rehabilitation of such persons, or any combination of these services.

(21) "Nonprofit health care facility" means a health care facility owned or operated by one or more nonprofit corporations or associations.

(22) "Observation bed" means a bed occupied for not more than 6 hours by a patient recovering from surgery or other treatment.

(23) "Offer" means the holding out by a health care facility that it can provide specific health services.

(24) "Outpatient facility" means a facility, located in or apart from a hospital, providing, under the direction of a licensed physician, either diagnosis or treatment, or both, to ambulatory patients in need of medical, surgical, or mental care. An outpatient facility may have observation beds.

(25) "Patient" means an individual obtaining services, including skilled nursing care, from a health care facility.

(26) "Person" means any individual, firm, partnership, association, organization, agency, institution, corporation, trust, estate, or governmental unit, whether organized for profit or not.

(27) "Public health center" means a publicly owned facility providing health services, including laboratories, clinics, and administrative offices.

(28) "Rehabilitation facility" means a facility which is operated for the primary purpose of assisting in the rehabilitation of disabled persons by providing comprehensive medical evaluations and services, psychological and social services, or vocational evaluation and training or any combination of these services and in which the major portion of the services is furnished within the facility.

(29) "Resident" means a person who is in a long-term care facility for intermediate or personal care.

(30) "State health plan" means the plan prepared by the department pursuant to 42 U.S.C. 300m-2(a)(2).

History: Ap. P. Sec. 2, (Ch. 197, L. 1967; and Sec. 28, Ch. 349, L. 1974; Sec. 69-4102, R.C.M. 1947; Ap. P. Sec. 159, Ch. 197, L. 1967; and Sec. 1, Ch. 290, L. 1969; and Sec. 1, Ch. 197, L. 1971; and Sec. 1, Ch. 448, L. 1973; and Sec. 1, Ch. 150, L. 1974; and Sec. 1, Ch. 447, L. 1975; and Sec. 22, Ch. 187, L. 1977; R.C.M. 1947, 69-4102(1), 69-5201; and Sec. 1, Ch. 347, L. 1979; and Sec. 22, Ch. 187, L. 1977; R.C.M. 1947, 69-4102(1), 69-5201; and Sec. 1, Ch. 347, L. 1979;

NAME JOE CHISHOLM Bill No. 53 310

ADDRESS _____ DATE _____

WHOM DO YOU REPRESENT ISS-OTIS

SUPPORT X OPPOSE _____ AMEND X

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

SUPPORT 2001
IF 2-1-12-175
LTC - 1-1-175
CSR 2-6-1-175

SB 282

49th Legislature

LC 1543

STATEMENT OF INTENT

_____ BILL NO. _____

A statement of intent is required for this bill because it authorizes the department of commerce to adopt rules establishing uniform expiration dates for licenses for social workers, speech pathologists, and audiologists. It is the intent of the legislature that, in establishing a standard expiration date, the rules take into account any credit a person may have in what would have been his licensure period. The rules should also take into account the expiration dates of other licenses in order to spread the workload more evenly over the year.

Before enacting any administrative rule limiting free choice of medical providers under the medicaid program, the Department would have to take the following actions:

- 1) Present the proposed rule to the Montana Medical Advisory Council for review and comment.

Composition of Council: 3 Physicians

Director of the Department of Health

Recipients

Governor's Coordinator on Aging

SRS Staff

- 2) Follow all procedures in the administrative procedures act including holding a public hearing prior.
- 3) Submit the proposed rule to the Health Care Financing Administration (HCFA) for review and approval. The Department must make certain assurances to HCFA:
 1. Adequate services will be available under any competitive bidding process.
 2. There are adequate standards for provider participation.
 3. Guarantee reasonable access, taking into account geographical location and reasonable travel time.

NAME PAT Godhart Bill No. SB329
ADDRESS _____ DATE 2/13
WHOM DO YOU REPRESENT SRS
SUPPORT X OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

NAME Jerome T. Leonard Bill No. 5329
ADDRESS Jerome T. Leonard ^{Helena, Ark} DATE 2-13-82
WHOM DO YOU REPRESENT Mr. J. R. Leonard
SUPPORT _____ OPPOSE ✓ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

BEFORE THE PUBLIC HEALTH COMMITTEE
MONTANA SENATE

Senate Bill 329 by Regan,)
Restrictions by SRS on Medi-)
caid Recipients Free Choice)
of Providers)

STATEMENT IN OPPOSITION

a group of

I am Roger Tippy of Helena, representing ~~the~~ practicing clinical psychologists. ~~the~~. This group is opposed to SB329 as written because it would tend to validate a present Medicaid rule of questionable validity. This is the rule which limits recipients to 22 hours a year with a clinical psychologist while setting no limits on recipients' access to psychiatrists for the same services.

A fair hearing held last November on the psychologists' claims resulted in a decision that the psychologists were entitled to payment for services rendered beyond 22 hours/year in fiscal year 1983 on the grounds the fiscal agent had failed to inform anyone of the limit. The decision did not reach fiscal year 1984 and did not hold, as we had argued, that the present rule violates the freedom of choice when a recipient is shopping for psychotherapy. However, there are good legal arguments on both sides of the freedom of choice issue and SB329 looks like departmental concern that its arguments might not prevail the next time.

A simple amendment to the bill would alleviate the psychologists' grievance while giving the department the authority it seeks in all other provider areas. That amendment is attached to my testimony.

DATED: February 13, 1985.

Amendments proposed to SB329 by the clinical psychologists:

1. Title, line 9

Following: "SERVICES;"

Insert: "Directing the department to amend a rule restricting freedom of choice of certain services;"

2. Page 2, line 13

Following: Section 1

Insert: "NEW SECTION. The department of social and rehabilitation services is directed to amend 46.12.581, Administrative Rules of Montana, to read as follows:

46.12.581 PSYCHOLOGICAL SERVICES, REQUIREMENTS
These requirements are in addition to those contained in ARM 46.12.301 through 46.12.308.

(1) Psychological services are limited to those allowed under 37-17-102(5), MCA.

(2) Group psychological services shall consist of one and one half hour sessions with no more than eight individuals participating in the group.

(3) ~~Psychological-services-are-limited-to-22 hourly-visits-or-the-equivalent,-per-fiscal-year-~~

~~(4)~~ When an eligible child receives psychological services, and the psychologist consults with the parent as part of the child's treatment, time spent with the parent shall be billed to medicaid under the child's name. The provider shall indicate on the claim that the child is the patient and state the child's diagnosis. He shall also indicate consultation was with the parent. Any treatment done in this manner shall be charged against the 22 hours available to the child.