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

MARCH 22, 1985

The meeting of the Senate Public Health, Welfare and Safety Committee was called to order by Chairman Judy Jacobson on Friday, March 22, 1985 at 12:30 in Room 410 of the State Capitol.

ROLL CALL: All members were present, however, Senator Tom Hager arrived late. Karen Renne, staff researcher, was also present.

There were many, many visitors in attendance. See attachments.

CONSIDERATION OF HOUSE BILL 235: Representative Ray Peck of Havre, the chief sponsor of House Bill 235, gave a brief resume of the bill. This bill is an act to require an anesthesiologist, anesthetist, or other trained professional to administer and monitor general anesthetics during dental procedures; to grant the Board of Dentistry authority to adopt rules regulating dental anesthetics and dental advertising.

Representative Peck stated this bill would protect the people of Montana. HB 235 was introduced because of the deaths which have occurred as an apparent result of the administration of anesthesia provided by the surgeon while simultaneously performing the surgery. This does happen here in Montana. There were 50 deaths in the United Stated last year as a result of this and it seems to be getting worse. Seventeen states now require training beyond that learned in general dentistry. This is a real problem.

Greg Kegel, a brother to Casey Kegel of Billings, stood in support of the bill. He stated that last fall his brother went to his dentist to have some oral surgery done. He never was monitored and consequently did die in the dentist chair. He was only in his early 20's. The dentist cannot monitor and do surgery at the same time.

Dr. Doug Smith of Big Fork, a dentist and also a staff anesthesiologist within a medical-surgical hospital stood in support of the bill. He handed in a packet of testimony to the Committee for their further consideration. See attachments.

Roger Tippy, representing the Montana Dental Association, stood in support of the thrust of the bill. He stated that the Board of Dentistry needs to make a decision and establish some policy. He offered some amendments which he felt would improve the bill.

George Gilbert, the father-in-law of Casey Kegel, stood in support of the bill. He stated that there must be a precise clear-cut bill.

Greg Munro, an attorney from Billings representing the Kegel Family in their suit, stood in support of the bill. He stated that it is very important to state very clearly in the bill, who does the monitoring. He felt that it was a good bill and one that is much needed.

Joe Shipman, mother-in-law of Tammy Koehler, stood in support of the bill. Tammy shipman is suffering from brain damage caused from improper monitoring while undergoing oral surgery. Tammy has been in a nursing home for the past three years. She stated that she feels that it is very necessary to have another person there to monitor the patient while the dentist is doing surgery. She stated that she would object to any proposed amendments.

Dr. Jack Noonan, vice president of the Montana Board of Dentistry, stood in support of the bill. Dr. Noonan handed in written testimony for their consideration. See attachments.

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

Dr. Donald Robert, of Billings stood in opposition to the bill. He stated that the use of general anesthesia in the past was very wide-spread. Over the years oral surgeons have felt that definite action by the professions, both medical and dental, to insure a high standards of anesthesia in the out-patient setting is necessary. The timely, energetic response of oral surgeons has resulted in the upgrading of office anesthesia facilities, acceptance of office anesthesia evaluation, initiation of morbidity and mortality studies, review for training of oral surgery auxilliary personnel and renewed interest in clinical research in outpatient anesthesia. Dr. Roberts handed in written testimony for the committee to consider. It was part of a large package for the opposition. See attachments.

Dr. Paul Simms of Butte, an oral surgeon, stood in opposition to the bill. He stated that the Board is goind to have to make sone significant rules. If these patients have to go to the hospital to have their oral surgery, there will be a large fiscal impact and the costs will increase greatly.

Dr. George Cason, a pediatric dentist of Bozeman, stood in opposition to the bill. He handed in written testimony for the Committee. See attachments. He stated that this bill would increase the dental costs for the people of Montana.

Dr Robert Torgerson a dentist from Missoula stood in opposition to the bill. He stated that there is considerable amount of misinformation being circulated regarding the out-patient general anesthesia. There is a need for regulation of outpatient anesthesia which would be directed at optimizing safety standards. A method of accomplishing this developed by the California Society of Oral Surgeons and further refined and endorsed by the American Society of Oral Surgeons revolves around the issuance of a permit by the State Board of Dentistry. In order to qualify for a permit by the State Board of Dentistry educational requirements must be met. The applicant must be a board qualified or board eligible oral surgeon or must have completed a residency training program in anesthesia. He must also undergo an onsite inspection of his office which reviews emergency procedures and evaluates his anesthesia technique. Reexamination would be required at regular intervals.

With no further opponents, the chairman opened the meeting to a question and answer period from the Committee. Hearing none, Representative Peck closed. He stated that the dentist and the medical doctors of Montana are not resisting this bill. The only opponents are the oral surgeons. Representative Peck stated that this is a good bill which will give the Board the authority that they need. The added costs to the patients do not outweigh the cost against the loss of a life or the cost of someone being permanently disabled for life. He asked the committee to give the bill favorable consideration.

SUBCOMMITTEE: Senator Jacobson appointed a subcommittee consisting of Senator Stephens, Senator Lynch and herself to work with Representative Peck and the opponents to reach some agreement regarding the bill that they could all live with.

CONSIDERATION OF HOUSE BILL 472: House Bill 472 was introduced at the request of the Department of Health and Environmental Sciences. Representative Dorothy Bradley, the chief sponsor of House Bill 472, of Gallatin County gave a brief resume of the bill.

HB 472 is an act requiring licensed health care facilities to be inspected annually; deleting the requirement that facilities applying for license renewal submit reports documenting that they meet minimum standards.

Representative Bradley stated that this bill is because of a request by the federal government which would affect Medicaid and Medicare funds. This would enable the funds to continue in the future and is necessary to be in the statutue.

Dr. John Drynan, director of the Department of Health and Environmental Sciences, stood in support of the bill. He stated that the federal government has stated that Montana is out of compliance and it should be corrected as soon as possible.

Rose Skoogs, executive Director of the Montana Health Care Association, raised the question of the relationship between Senate Bill 287 and this bill. SB 287 calls for unannounced annual inspection.

Joe Upshaw, representing the Legacy Legislature and the Retired People of Montana, stood in support of the bill. He stated that all three bills dealing with this are seperate and should be handled as such.

Wade Wilkinson, Low Income Senior Citizens Advocacy, stood in support of the bill in the present form.

Don Allen, representing the Montana Hospital Association, stood in support of the concept of the bill.

Charlie Briggs, representing the Governor's Office, stood in support of the bill. He stated that this bill simply corrects the present statutue and brings it into compliance with the federal government.

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 Towe asked Representative Bradley the status of the other three bills dealing with this subject.

Representative Bradley closed. She stated that HB 472 stands on its own merits and is needed to bring Montana into compliance with the federal government. She asked the Committee to give the bill favorable consideration.

CONSIDERATION OF HOUSE BILL 676: Representative Gene Donaldson of Helena, the chief sponsor of House Bill 676, gave a brief resume of the bill. This bill is an act to amend the Montana Hazardous Waste Act to allow the Department of Health and Environmental Sciences to adopt rules setting requirements for underground storage tanks containing petroleum or other hazardous substances; requiring tank owners or operators to report leaks and providing an immediate effective date.

This bill was requested by the Department of Health and Environmental Sciences.

Vic Anderson, representing the Department of Health and Enviromental Sciences, stood in support of the bill. He stated that leaking underground fuel storage tanks have affected near surface aquifers in virtually every corner of Montana. Over forty petroleum and chemical related groundwater contamination problems have been reported in the past two years. Generally, when a toxic product is introduced into an aquifer, the water supply is irreversibly contaiminated. Clean up is expensive and difficult and only 70 percent efficient. Mr. Anderson handed in written testimony with some charts to the Committee for their further consideration. See attachments.

Linda Stoll-Anderson, a County Commissioner from Lewis and Clark County, stood in support of the bill. This is a much needed first step toward controlling the contamination of our groundwater drinking supplies from petroleum and other hazardous waste substances. The town of Lincoln is currently being subjected to pollution from petroleum products which have leaked from underground storage tanks. The State Health Department has not been able to effect a resolution to this problem. In large part because of lack of resources and lack of specific rule making authority to deal with leaking underground storage tanks. The commissioners also support the wording in HB 676 which includes all underground storage tanks within the bounds of their requirements. They feel that because of the serious nature of this problem and the potential for disrupting large numbers of people and their drinking water supplies that no one should be exempted from these requirements. It is the only fair and equitable way to deal with this problem.

Eugene Reagan, Beaverhead County Sanitarian, stood in support of the bill. He stated that there are 50 acres which are affected by one leaking underground tank.

Bob Kelly, state fire marshall, stood in support of the bill. He stated that the fire services usually become involved after the fact. There is no conflict between him and the Department of Health regarding this matter, he feels that it is a good bill.

Mike Stephens representing himself as a landowner in the Helena Valley, stood in support of the bill. He lives ¼ mile from a contaminated area. It is still contaminated by an unknown source which cannot be detected. The land values go down when this happens. He suggested that this bill should include all underground tanks.

Russ Brown, representing the Northern Plains Resource Council, stood in support of the bill. He handed in written testimony to the Committee for their further consideration. See attachments.

Ray Blehm, representing the Montana Fire District Association, stood in support of the bill. He stated that it is a real detective chore to find the problems.

George Ochenski, representing the Environmental Information Center, stood in support of the bill. He handed out three pages of information which was broken down by individual counties. See attachments.

Edward G. Zuleger, representing the Missoula City-County Health Department, stood in support of the bill He stated that this is a good bill and one that is much needed.

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

Tom Harrison, representing Montana Auto Dealer Association, stood as neutral on the bill. He stated that his association would like to see the bill amended on page 9,line 19, Section 5.

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

Senator Stephens stated that he felt that perhaps a bill should be introduced next session which would require all tanks to be above ground.

Senator Himsl asked Frank Crowley, legal division of the Montana Department of Health, how many tanks are placed underground at the present time.

Senator Himsl also asked Frank Crowley what the requirements will be on people with underground tanks. Mr. Crowley stated that he could not answer that question at this time, that he did not have the answer.

Senator Towe addressed Section 5, the savings clause. He stated that this is not a grandfather clause.

Senator Himsl asked if service station operators were going to have to keep records regarding the input and outgo of their underground tanks. No one could answer his question.

CONSIDERATION OF HOUSE BILL 766: Representative Bob Ream of Missoula, the chief sponsor of House Bill 766, gave a brief resume of the bill. The bill was requested at the request of the governor. House Bill 766 is an act authorizing the Department of Health and Environmental Sciences to take remedial action to prevent or alleviate release of hazardous or deleterious substances into the environment; establishing a special fund for remedial action; providing for the funding of the special fund and providing effective dates.

This bill is referred to the "mini superfund". The governor placed this on his priority list of things to be done this session.

Brace Hayden, representing the governor's office, stood in support of the bill. He stated that the bill was requested by the governor in recognition of a significant increase in hazardous waste site problems in Montana. The bill provides for state action at hazardous waste sites that would not be added to the national priority list by the Environmental Protection Agency. There is a growing list of these sites in Montana, many of which demand immediate action to protect the public health of the people of this state. Mr. Hayden handed in written testimony for the record. See attachments.

Dr. John Drynan, director of the Department of Health and Environmental Sciences, stood in support of the bill. He stated that there is not enough money to clean up all of the problem sites. He then stated that this problem needs to be addressed immediately to save our environment.

George Oschenski, representing the Environmental Information Center, stood in support of the bill. He stated that we need to take some steps to clean up Montana and keep it what it is.

Lee Ann Schroeder, representing the Montana Fertilizer Association, stood in support of the bill. However, she handed in an amendment which her Association felt was necessary for the protection of everyone. See attachments.

Linda Stoll-Anderson, representing the Lewis and Clark County Commissioners, stood in support of the bill. She stated that the rights of the people need to be protected.

Mary Lindy, representing the Northern Lights, stood in support of the bill.

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 about the punitive damages in the bill. He stated that he felt that there needs to be more of a incentive than the way it is set up.

Senator Himsl commented that the funding comes from the assessments and the fines which are collected.

Senator Towe addressed the amendments submitted by the Montana Fertilizer Association. A permit is required to use the fertilizers and hazardous waste substances.

Senator Towe stated that he feels that the air and water quality standards are broad.

Representative Ream closed. He stated that HB 766 would establish an urgently needed mechanism whereby Montana can, after notification of responsible parties, proceed with remedial actions at hazardous waste sites when necessary to protect the public health from imminent harm.

ANNOUNCEMENTS: The next meeting of the Senate Public Health Welfare and Safety Committee will be held on Saturday, March 23, 1985 in Room 410 beginning at 8:00 a.m. to take executive action on some of the bills remaining in Committee.

ADJOURN: With no further business the meeting was adjourned.

Judy Jacobson

SENATOR JUDY JACOBSON
CHAIRMAN

eg

ROLL CALL

PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

49th LEGISLATIVE SESSION -- 1985 Date 3/22/85

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

Each day attach to minutes.

DATE _____

COMMITTEE ON _____

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Check One: Oppose
Eugene Regan	Beaverhead Co	676	✓	
John Elliott	Beaverhead	676		
Ralph W Rowe	Kegels	235	✓	
Douglas C Smith DMD	SELF	235		
GREG MUNRO	KEGELS	235	✓	
Dan Kegel	"	235	✓	
[illegible] Thompson	Bd of Dentistry	235	Amend	
Police C Kimble	Self	235		✓
Don Montenyohl	Self	235		✓
Tee Upham	AARP / Legis Legislative	472	✓	
Tom Haines		711		✓
Margaret B Haines		711		✓
Gary Rowe	SELF		✓	
Georg Lippert	"	235	✓	
Joan Lippert	"	235	✓	
Don Peters	SELF	235		✓
Pat Keller	State Fire Marshal	676	✓	
Fred Peres	Great Falls Fire Marshal	676	✓	
Vic Anderson	Dept of Health & E S	676	✓	
Mark Mudrud	Self	235		✓
Bob Torgerson	Self	235		✓
Paul Sims	Self	235		✓
Dale Taylor	DHES	472	✓	
Charles Brooks	Governor's Office	472	✓	
Tom Hopgood	Self	235		✓
Ted Hall	Self	235		✓

(Please leave prepared statement with Secretary)

DATE _____

COMMITTEE ON _____

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Check One: Oppose
Will Selen	Lic Co. Health	HB676	✓	
" "	" "	HB766		
George R. Caron DDS	MONT. SOC. of PEDIATRIC DENTISTS	HB 235		✓
[illegible]	DHES	972 676-766	✓	
Leah Dillaman	MT Ag Bureau Assn	HB766	✓ with Amendments	
[illegible]				
[illegible]	MOMS		✓ with AMENDMENTS	
[illegible]				
[illegible]	SOL	HB 235	✓	
[illegible]	[illegible]	HB676	✓	
		HB766	✓	
		HB711	✓	
[illegible]	[illegible]	HB 235 HB 472	✓	
[illegible]	[illegible]	HB472	✓	
Mike O'Toole	Self	HB 676 HB 766	X	
Shirley Theunis	Montana Nurses Assn	HB472	✓	
Shirley Theunis	Self	HB-235	✓	

(Please leave prepared statement with Secretary)

NAME: Dr. Douglas C Smith DATE: 3-22-85

ADDRESS: P.O. Box 366 Bigfork, MT. 59911

PHONE: 857-4813

REPRESENTING WHOM? SELF.

APPEARING ON WHICH PROPOSAL: HB 235

DO YOU: SUPPORT? _____ AMEND? C/ES. OPPOSE? _____

COMMENTS: Amend HB 235 - Dental Practice Act. Chpt 4, Part 1 (24101) (i) administer an anesthetic of any nature, subject to the limitations provided in [section 2], in connection with a non-dental operation provided the dentist anesthetist has completed an approved medical residency in anesthesiology and has met the requirements established by the board of dentistry and is subject to disciplinary actions set forth by the board.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

February 26, 1985

Matt Himsl,Senator
District 1
State Montana
Helena, Montana 59620

Dear Senator Himsl:

I have enclosed several items relating to myself and my training as well as information relating to HB 235 introduced by Rep. Ray Peck and recently passed by the House. It is to be introduced to your committee very soon.

You may recall our earlier conversation in October of last year when I came to your home to seek advice on the introduction for the change of the present dental statutes in the definition of the practice of dentistry in Chapter 4, Part 1, 37-4-101, Paragraph (i). Please refer to the enclosure.

I am presently the only qualified dentist in the State of Montana to practice non-dental anesthesia, that is, I am the only dentist that has completed an approved medical residency in anesthesiology. I worked with the Board of Dentistry to introduce a bill (HB 290) to allow dentists that have completed an approved medical residency to practice non-dental anesthesia in a hospital environment.

Unfortunately, a death occurred in an oral surgeons office and the death is apparently related to the administration of anesthesia provided by the surgeon while simultaneously performing the surgery. The death occurred in Billings in November of 1984. The death prompted the introduction of HB 235 with the original intent to limit the administration of anesthesia to physician anesthesiologists or nurse anesthetists qualified to practice anesthesia. Again, those introducing the bill was unaware of my qualifications to administer general anesthesia. I was able to get an amendment to include an "another health professional" who has received at least 1 year of postgraduate training to administer general anesthesia (for dental procedures).

I have enclosed a copy of HB 235 as amended. Please refer to page 3, paragraph (i). I would like you to support to amend HB 235 to read as follows:

> (i) administer an anesthetic of any nature , subject to the limitations provided in [section 2] in connection with a dental operation, or in connection with a non-dental operation provided the dentist anesthetist has completed an approved medical residency in anesthesiology and has met the requirements established by the board of dentistry and is subject to disciplinary actions set forth by the board.

I have enclosed a copy of the State of Washington Practice Act revised in in 1982 allowing a dentist to practice non-dental anesthesia. I have not included the language pertaining to approval by the surgeon, obstetrician, or psychiatrist and disciplinary action by the medical board. I believe the dental board could adopt rules as directed to the board by the legislature in HB 235.

I would like to be present to testify on behalf of my proposed amendment when the bill comes before your committee. I will provide the same personal information in written form and oral information as necessary.

I would sincerely appreciate any comments by you and your personal feeling. Obviously, I cannot express my many frustrations I have encountered over the past 1½ years since completing my residency in July of 1983. The limitation of my anesthesia practice and the recent increases of malpractice insurance of 100% has left me with frustrations regarding my future to practice in Montana.

I may be reached by calling me at the office of R.D. Smith, DDS, 755-4371 or at my residence in Bigfork, 837-4813.

Respectfully,

Douglas C. Smith, DMD
P.O. Box 266
Bigfork, MT. 59911

IN THE LEGISLATURE
of the

STATE OF WASHINGTON

CERTIFICATION OF ENROLLED ENACTMENT

SUBSTITUTE HOUSE BILL NO. 1047

CHAPTER NO. .....

Refer to pg 2

Passed the House February 15, 1982

Yeas 95 Nays 0

Passed the Senate March 8, 1982

Yeas 39 Nays 2

CERTIFICATION

I, Tim T. Chiechi, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is enrolled Substitute House Bill No. 1047 as passed by the House of Representatives and the Senate on the dates hereon set forth.

Tim T. Chiechi

Tim T. Chiechi, Chief Clerk

SUBSTITUTE HOUSE BILL NO. 1047

State of Washington
47th Legislature
1982 Regular Session

by Committee on Human Services (originally sponsored by Representatives Johnson, Mitchell, Kreidler, Grimm, Tupper, Teutsch, Cantu, Hankins, Winsley, McGinnis, Lundquist, Lewis, Brown, Hine, Vander Stoep and Ellis)

Read first time February 10, 1982, and passed to Committee on Rules for second reading.

AN ACT Relating to health care; and amending section 19, chapter 192, Laws of 1909 as last amended by section 5, chapter 171, Laws of 1975 1st ex. sess. and RCW 18.71.030.

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

Section 1. Section 19, chapter 192, Laws of 1909 as last amended by section 5, chapter 171, Laws of 1975 1st ex. sess. and RCW 18.71.030 are each amended to read as follows:

Nothing in this chapter shall be construed to apply to or interfere in any way with the practice of religion or any kind of treatment by prayer; nor shall anything in this chapter be construed to prohibit:

(1) The furnishing of medical assistance in cases of emergency requiring immediate attention;

(2) The domestic administration of family remedies;

(3) The practice of dentistry, osteopathy, osteopathy and surgery, nursing, chiropractic, podiatry, optometry, drugless therapeutics or any other healing art licensed under the methods or means permitted by such license;

(4) The practice of medicine in this state by any commissioned medical officer serving in the armed forces of the United States or public health service or any medical officer duty with the United States veterans administration while such medical officer is engaged in the performance of the duties prescribed for him by the laws and regulations of the United States;

(5) The practice of medicine by any practitioner licensed by another state or territory in which he resides, provided that such practitioner shall not open an office or appoint a place of meeting patients or receiving calls within

this state;

(6) The practice of medicine by a person who is a regular student in a school of medicine approved and accredited by the board: PROVIDED, HOWEVER, That the performance of such services be only pursuant to a regular course of instruction or assignments from his instructor, or that such services are performed only under the supervision and control of a person licensed pursuant to this chapter;

(7) The practice of medicine by a person serving a period of postgraduate medical training in a program of clinical medical training sponsored by a college or university in this state or by a hospital accredited in this state: PROVIDED, That the performance of such services shall be only pursuant to his duties as a trainee;

(8) The practice of medicine by a person who is regularly enrolled in a physician's assistant program approved by the board: PROVIDED, HOWEVER, That the performance of such services be only pursuant to a regular course of instruction in said program: AND PROVIDED FURTHER, That such services are performed only under the supervision and control of a person licensed pursuant to this chapter;

(9) The practice of medicine by a registered physician's assistant which practice is performed under the supervision and control of a physician licensed pursuant to this chapter;

(10) The practice of medicine, in any part of this state which shares a common border with Canada and which is surrounded on three sides by water, by a physician licensed to practice medicine and surgery in Canada or any province or territory thereof;

(11) The administration of nondental anesthesia by a dentist who has completed a residency in anesthesiology at a school of medicine approved by the board of medical examiners: PROVIDED, That a dentist allowed to administer nondental anesthesia shall do so only under authorization of the patient's attending surgeon, obstetrician, or psychiatrist: AND PROVIDED FURTHER, That the medical disciplinary board shall have

jurisdiction to discipline a dentist practicing under this exemption and enjoin or suspend such dentist from the practice of nondental anesthesia according to the provisions of chapter 18.72 RCW.

Passed the House February 15, 19[illegible]

Speaker of the House

Passed the Senate March 8, 1982.

President of the Senate.

DOUGLAS CARLTON SMITH
P.O. Box 266
Bigfork, Montana 59911

OBJECTIVE: A position as STAFF ANESTHESIOLOGIST within a medical-surgical hospital.

SUMMARY

. . Completed a two-year anesthesiology residency at Boston City Hospital, Boston's major trauma center, obtaining clinical anesthesia experience in the major medical disciplines.

. . Completed a rotational Dental Internship at Denver General Hospital 1969-1970 with rotations and clinical experience in anesthesiology and oral surgery.

. . Conducted a private dental practice for eleven years in a rural area, received Certification in Advanced Cardiac Life Support, and participated in, and initiated, a First Responder Rescue Unit within our community.

PROFESSIONAL EXPERIENCE

SURGICAL ANESTHESIOLOGY RESIDENT- Boston City Hospital, Boston, MA (1981-1983)

This 500-bed medical-surgical facility is one of New England's major trauma centers, and, along with University Hospital, is the primary teaching affiliation of Boston University School of Medicine. The surgical anesthesiology residency program is based in this hospital, with additional clinical training at Kennedy Memorial Hospital for Children, Massachusetts Hospital for Crippled Children, and University Hospital. My training also includes two months of pediatric anesthesiology at the Children's Hospital of Buffalo, New York. As a surgical anesthesiology resident my responsibilities were to:

. . Attend daily general lectures on various subjects pertaining to anesthesiology, which are delivered by attending and resident staff members of Boston City Hospital and University Hospital... Give numerous lectures on various aspects of anesthesiology.

. . Rotate through the various resident program hospitals, gaining clinical experience with the anesthesiology aspects of obstetrical, neurosurgical, cardiac, pediatric, orthopedic, ENT, ophthalmic, and general surgery.

. . Rotate through the Surgical ICU and participate in the pre-operative and post-operative management of the surgical patient.

. . Provide emergency anesthesia services during 24-hour rotations at Boston City Hospital and The Children's Hospital of Buffalo, handling a wide range of trauma cases, as well as cardiac and respiratory arrests.

DENTAL INTERNSHIP-DENVER GENERAL HOSPITAL-Denver, Colorado (1969-1970)

. . Rotation included two months clinical experience in anesthesiology, three months of oral surgery training, and two months of pediatric dentistry at The University of Colorado Medical School Hospital.

DENTAL PRACTITIONER- Private Practice, Bigfork, MT. (1970-1981)

. . Established and conducted the practice of dentistry, including eleven years of experience in the administration of intravenous sedation. EMT and CPR Instructor Trainer for laymen and the instruction of CPR to dentists and office staff.

EDUCATION

University of Oregon Health Sciences Center, Portland, Oregon
D.M.D. 1969

University of Montana 1955-1956, Missoula, Montana

University of Colorado 1961-1965, Boulder, Colorado

RESIDENCY

Boston City Hospital, Boston, Massachusetts
Surgical Anesthesiology, 1981-1983

Denver General Hospital, Denver, Colorado
Rotational Dental Internship, 1969-1970

PROFESSIONAL AFFILIATIONS

American Society of Regional Anesthesia
International Anesthesia Research Society
American Dental Society of Anesthesiology
American Dental Association
Montana Dental Association

PERSONAL

Date of Birth: February 4, 1938 - Married, and 3 Married Children

CITY OF BOSTON
DEPARTMENT OF HEALTH AND HOSPITALS

818 HARRISON AVENUE
BOSTON, MASSACHUSETTS 02118

Tel. No. (617) 424-4107

August 19, 1983

Administrator
North Valley Hospital
Highway 95 South
Whitefish, Montana 59937

Re Douglas C. Smith, D.D.S.

This is in reply to your request for my opinion of Douglas Smith, D.D.S. who completed a two year residency in anesthesiology here on June 30, 1983.

During his years here, Doug was one of twenty one (21) residents in the combined Boston City Hospital - Boston University Medical Center residency program. This is a mixed group of American M.D.'s foreign M.D.'s and dentists. Regardless of their degree or their previous training, Doug beat them all and became our very best resident. Whenever we wished to send our top resident to represent our department, we sent Doug Smith. In short, in the area of clinical competence, he is simply excellent.

On a personal basis, he is equally as recommendable. He is a mature man who gets on well with surgeons and O.R. personnel alike. He treats patients with courtesy and kindness. We thought so highly of him that we wanted to keep him here as a staff member of our own department, but he is anxious to return to his home in Montana.

I am pleased to recommend him to you without reservation.

Sincerely,

Dean Crocker, M.D.
Director
Division of Anesthesia
Boston City Hospital

DC/dmn

UNIVERSITY OF SOUTHERN CALIFORNIA
DEPARTMENT OF ORTHOPAEDICS
2300 SOUTH FLOWER STREET, SUITE 202
LOS ANGELES, CALIFORNIA 90007

September 1, 1983

Administrator
North Valley Hospital
Highway 93 South
Whitefish, Montana 59937

RE: Douglas Smith, M.D.

To Whom It May Concern:

I am writing in support of Doctor Douglas Smith's application for staff anesthesiology privileges at the North Valley Hospital. I worked with Doctor Smith at Boston City Hospital during the academic year July, 1982 through June, 1983. At that time I was the associate director of orthopaedic services and Doctor Smith was senior resident in the department of anesthesiology.

Doctor Douglas Smith very simply was the most outstanding resident in his class. His maturity, self confidence and knowledge were a notch above the rest. He was respected and well liked by his peers, the operating room nursing staff and the surgeons alike. Working in a large urban hospital such as Boston City, Doctor Smith was exposed to a very broad spectrum of patients, pathology, and complications. He handled this experience with enthusiasm, dedication and skill.

I would also add that Doctor Smith spent his elective time in the surgical intensive care unit, caring for the critically ill and multiply injured patient. His knowledge and expertise in this area may be a valuable addition to your hospital staff. Doctor Smith is an extremely competent, hard working individual who is well trained in all facets of anesthesia. In my opinion, the North Valley Hospital cannot afford to pass up an opportunity to retain the services of such a gifted individual. I recommend him to you without reservation or qualification.

Yours sincerely,

Donald A. Wiss, M.D.
Assistant Professor
Department of Orthopaedics/USC

DAW:dp

University Hospital

75 East Newton Street
Boston, MA 02118

617/247

September 12, 1983

Administrator
Kalispell Regional Hospital
310 Sunnyview Lane
Kalispell, Montana 59901

RE: Doug Smith

To Whom It May Concern:

I am more than happy to recommend Dr. Doug Smith to conduct the service of Anesthesiology on any patient in the greater Montana region based on the following observations I have made while working with him for two years. I have found him to be quite competent in terms of physiologic management of the anesthetised patient, and in particular, his ability to handle patients in a trauma situation in which hypotension, hypoxia, acidosis and imminent death were the order of the day. Doug has, in my opinion as well as the opinion of others, stood up well under this extreme pressure and has always maintained a cheerful and bright and very pleasant attitude and onlook on life. I know of his interest to do further fellowships to make himself even more expert in the field of Anesthesiology. I feel quite confident at this time that he would be able to pass any Anesthesia Boards were he to take them and would be more than adequate in any hospital environment in the United States as an anesthesiologist with primary patient responsibility.

Should you have any questions relative to his capabilities or any further thoughts relative to Dr. Smith, please do not hesitate to contact me.

Sincerely yours,

Dennis F. Devereux, M.D.
Assistant Professor of Surgery
Director of Surgical Oncology
Boston City Hospital

DFD/MTS/ljm
9/12/83

cc: Dr. Doug Smith

CITY OF BOSTON
DEPARTMENT OF HEALTH AND HOSPITALS

818 HARRISON AVENUE
BOSTON, MASSACHUSETTS 02118

Tel. No. (617) 424-4107

September 15, 1983

Dale Jessup
Administrator
Northvalley Hospital
Highway 95 South
Whitefish, Montana 59937

Re Dr. Douglas Smith

Dear Mr. Jessup:

I have known Dr. Doug Smith for three years as a resident here at Boston City Hospital and have followed his career with keen interest. While here he consistently performed extremely well academically, and has been most responsible and keen to excel.

On a personal level he is most honest, direct and kind expressing a great empathy for his patients. He, therefore, gets along elegantly with both his supervisors, peers and patients. He has also demonstrated a great zeal in community involvement and improvement of emergency services.

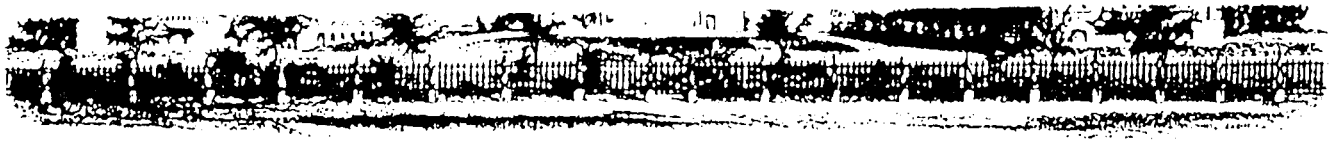
I cannot recommend Dr. Smith to you too highly. He is a superb anesthesiologist and most certainly will be a credit to your staff.

Yours very truly,

Charles T. Kendrick

Charles T. Kendrick, DMD
Staff Anesthesiologist
Division of Anesthesia
Boston City Hospital

CTK/dmn



Boston, June 30, 1983

This certifies that Douglas C. Smith, D.M.D.

has faithfully served Anesthesiology Service

Boston City Hospital,

Department of Health and Hospitals

Junior Assistant Resident, Senior Assistant Resident

July 1, 1981 to June 30, 1983

President Medical Staff — Edward Alexander, M.D.

Secretary Medical Staff — Richard P. Parkinson M.D.

Dean Crocker M.D.
Chief of Service

Chairman Board of Department — J. Healy

Secretary Board of Department — Ruth M. Lynch

Commissioner — Lu Tollock

Anesthesia Services

Principle

Anesthesia care shall be available when the hospital provides surgical or obstetrical services.

Standard I

Anesthesia services shall be organized, directed, and integrated with other related services or departments of the hospital.

Interpretation

Anesthesia services shall be directed by a physician member of the medical staff. Whenever possible, the director of anesthesia services shall be a physician specializing in anesthesiology. The director shall have overall administrative responsibility for anesthesia services. The director's responsibilities shall include, but need not be limited to, the following:

- Recommending privileges for all individuals with primary anesthesia responsibility. Clinical privileges shall be processed through established medical staff channels.
- Monitoring the quality and appropriateness of anesthesia care rendered by anesthetists anywhere in the hospital, including surgical, obstetrical, emergency, ambulatory care, psychiatric, and special procedure areas.
- Recommending to the administration and medical staff the type and amount of equipment necessary for administering anesthesia and for related resuscitative efforts, assuring through at least annual review that such equipment is available.
- Developing regulations for anesthetic safety.
- Assuring that the quality and appropriateness of anesthesia care are monitored and evaluated and that appropriate action based on findings is taken.
- Establishing a program of continuing education for all individuals who have clinical privileges in anesthesia. The program shall include in-service training and be based in part on the results of the evaluation of anesthesia care. The extent of the program shall be related to the scope and complexity of anesthesia services provided.
- Participating in the development of policies relating to the functioning of

anesthetists, the administration of anesthesia in various departments/services of the hospital, and the hospital's program of cardiopulmonary resuscitation. When pertinent, the director should provide consultation in the management of problems of acute and chronic respiratory insufficiency as well as in a variety of other diagnostic and therapeutic measures related to patient care.

Representatives of the anesthesia department/service should participate as instructors in the hospital's program of continuing education. The extent of their participation should be related to the scope and complexity of anesthesia services and may include the provision of programs involving cardiopulmonary resuscitation and respiratory therapy, as well as the use of related equipment.

Standard II

Staffing for the delivery of anesthesia care shall be related to the scope and complexity of services offered.

Interpretation

Anesthesia care shall be provided by anesthesiologists, other qualified physician or dentist anesthetists, qualified nurse anesthetists, or supervised trainees in an approved educational program. A qualified anesthetist shall be available to provide anesthesia care for patients whenever and wherever it is required in the hospital. Except for specific emergency situations, the administration of anesthesia shall be limited to areas where it can be given safely, in accordance with the policies and procedures of the anesthesia, surgical, obstetrical, emergency, ambulatory care, and other concerned departments or services. The same competence of anesthesia personnel shall be available for all procedures requiring anesthesia services, whether elective or emergency.

Physician anesthetists must be able to perform all the independent services usually required in the practice of anesthesiology, including the ability to

- perform accepted procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, and other pain-producing clinical maneuvers, and to relieve pain-associated medical syndromes;
- support life functions during the administration of anesthesia, including induction and intubation procedures;
- provide appropriate preanesthesia and postanesthesia management of the patient; and
- provide consultation relating to various other forms of patient care, such as respiratory therapy, cardiopulmonary resuscitation, and special problems in pain relief.

Qualified nurse or dentist anesthetists must be able to provide general anesthesia. Their performance shall be under the overall direction of the director of anesthesia services or his qualified anesthetist designee when a full-time anesthesiologist heads the department service; otherwise, their performance shall be under the overall direction of the surgeon or obstetrician responsible for the patient's care. When the physician primarily responsible for the patient's care is other than a surgical specialist or obstetrician, the approval of the director of anesthesia services shall be obtained before any elective general anesthesia is administered to the patient. Qualified nurse or dentist anesthetists shall have the competence necessary to

- induce anesthesia;
- maintain anesthesia at the required levels;
- support life functions during the administration of anesthesia, including induction and intubation procedures;
- recognize and take appropriate corrective action (including the requesting of consultation when necessary) for abnormal patient responses to anesthesia or to any adjunctive medication or other form of therapy; and
- provide professional observation and resuscitative care (including the requesting of consultation when necessary) until the patient has regained control of his vital functions.

The responsibilities of nurse or dentist anesthetists and the corresponding responsibilities of the attending physician must be defined in a policy statement, job description, or other appropriate document. The services that may be provided by nurse or dentist anesthetists and the level of supervision they require must also be defined in a policy statement, job description, or other appropriate document. When the operating anesthesia team consists entirely of nonphysicians (for example, dentist with nurse anesthetist, dentist with dentist anesthetist, podiatrist with dentist or nurse anesthetist), a physician must be immediately available in case of an emergency, such as cardiac standstill or cardiac arrhythmia.

Standard III

Precautions shall be taken to assure the safe administration of anesthetic agents.

Interpretation

Controls shall be established to minimize electrical hazards in all anesthetizing areas, as well as hazards of fire and explosion in areas in which flammable anesthetic agents are used. Anesthetic safety regulations should be developed by, or under the supervision of, the director of anesthesia services and in conjunction with the hospital safety committee. Such regulations shall be approved by appropriate representatives of the medical staff and administration, reviewed annually to assure compatibility with current practice, and enforced. Refer to the Emergency Services, Functional Safety and Sanitation, Hospital-Sponsored Ambulatory Care Services, Infection Control, and Special Care Units chapters of this *Manual* for other standards related to anesthesia services.

Written regulations for the control of electrical and anesthetic explosion hazards shall include, but need not be limited to, the following requirements:

- Anesthetic apparatus must be inspected and tested by the anesthetist before use. If a leak or any other defect is observed, the equipment must not be used until the fault is repaired.
- When electrical equipment employing an open spark (for example, cautery or coagulation equipment) is to be used during an operation, only nonflammable agents shall be used for anesthesia or for the preoperative preparation of the surgical field.
- Flammable anesthetic agents shall be employed only in areas in which a conductive pathway can be maintained between the patient and a conductive floor.

NAME: Barbara Kegel DATE: March 22

ADDRESS: 7h Kalispell

PHONE: _____

REPRESENTING WHOM? Bill 235

APPEARING ON WHICH PROPOSAL: 235

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENTS: We need it desperately for all of Montana people

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

Roger Tippy

BEFORE THE PUBLIC HEALTH COMMITTEE
MONTANA STATE SENATE

HB235 by Peck)
Dental Anesthesia)

TESTIMONY IN SUPPORT
(WITH AMENDMENTS) --
MONTANA DENTAL ASSOCIATION

I am Roger Tippy of Helena, lobbyist for the Montana Dental Association. We are in support of the basic thrust of HB235 but believe that the bill as reported out of the House Human Services Committee needs several amendments in order to achieve the best result. We would define the best result as one which sets out the policy--that no dental patient undergo general anesthesia unless the operating dentist is assisted by a trained person qualified to monitor the patient--in terms that are scientifically accurate and legally effective. Also the Board of Dentistry should be given adequate authority and guidelines to regulate other levels of dental anesthesia.

HB235 as it presently stands does not define general anesthesia in a manner recognized by medicine or dentistry. Amendment No. 1 attached to my testimony offers a recognized definition. The problems with the definition in the bill are that the duration of unconsciousness is not specified, the effect of the adverb "intentionally" is unclear, and the scope of the definition takes in much of what dentists refer to as conscious sedation. They are actually different points on a scale of decreasing cortical activity, as the amendment makes clear.

The heart of HB235 is in section 2 of the bill, on pp. 4-5. The regulatory scheme is not legally as effective as it could be in that it concentrates overmuch on personnel qualifications and fails to regulate the physical facility in which these personnel operate. Amendments 2 and 4 are offered to set up a facility approval process administered by the Board of Dentistry. The Board would utilize on-site inspection teams consisting initially of anesthesiologists who would inspect the oral surgeons, and later consisting of qualified oral surgeons. Rules of the Dental Boards in California, Arizona, Texas, and several other states presently provide for such teams. Amendment No. 7 would tie this information into the statement of intent.

There remains the question of setting the qualifications of the monitoring personnel who assist in the procedure. Amendment No. 3 deals with this situation by setting up an examination procedure. The problem with subsection 2 on page 5 as it now stands is that it goes farther than is necessary to accomplish the desired result.

How soon will the Board act? If you accept amendment No. 6, they can get started right away and they must have not only written the rules but also set up the on-site inspection teams, received their reports, and issued facility approvals for general anesthesia facilities by the end of this year. They will need that much time, acting with dispatch. If they take longer, there will be no approved facilities next year and dental patients needing general anesthesia must go to hospitals until the Board has acted.

Finally, the issue of how to regulate the lighter forms of dental anesthesia on the decreasing cortical activity scale, the conscious sedation and nitrous oxide analgesia, is touched on in Amendments 5 and 7. The Board may adopt rules on these subjects, but the December 31 deadline does not apply to them. The dentists in practice areas other than the oral surgeons are concerned that regulation be tailored to the lighter degree of risk involved.

Amendment No. 1: Replace text from p. 1, line 25, through p. 2, line 13, with the following:

General anesthesia means a point along a scale of decreasing cortical activity induced by pharmacological agents at which a patient is unconscious, without intact proprioceptive reflexes, lacking the ability to maintain an airway, and incapable of rational response to query or command. Other points along the scale of decreasing cortical activity are conscious sedation, in which the conscious patient is rendered free of fear, apprehension and anxiety through the use of pharmacological agents other than nitrous oxide, and nitrous oxide analgesia, a maintained level of conscious sedation, short of general anesthesia, in which the pain threshold is elevated through the inhalation of nitrous oxide and oxygen.

Amendment No. 2: Replace subsection (1) on page 4, lines 14 through 25, with the following:

(1) The board of dentistry may approve facilities for the practice of dentistry involving general anesthesia, conscious sedation, or nitrous oxide analgesia upon finding that such facilities are adequately staffed and equipped to deal with the possible complications of such types of anesthesia, and are supervised by an adequately trained and qualified dentist as its rules shall establish. The board shall appoint one or more on-site inspection teams including anesthesiologists, nurse-anesthetists, or oral surgeons and ~~any~~ other ~~professional societies who may be interested~~, to physically review facilities for which approval is sought. An on-site inspection team shall report to the board its recommendations regarding the findings required under this subsection. The board may by rule set the duration and renewal of approval certificates, provide for re-inspection of facilities, provide for application and inspection fees, and compensation of on-site inspection team members.

qualified professional

Amendment No. 3: Strike "as provided for in subsection (1)(a)." on page 5, line 7, and replace it with:

"who has passed an examination given under this subsection. The board shall formulate an examination, to be administered by it or its agent, which may be an on-site inspection team, for persons who assist with patient monitoring. Such persons must have special training or experience in monitoring patients during anesthesia and must hold a current basic life support certificate prior to taking the examination."

Amendment #4: Revise subsection (3) on page 5, lines 8-17, to read as follows:

(3) No person engaged in the practice of dentistry or oral surgery may administer a general anesthesia to any other person outside a hospital unless he does so in a facility approved for that purpose by the board.

Amendment No. 5: Revise (1) on page 6, lines 6-7, to read:

(1) the practice of dentistry or oral surgery involving the administration of general anesthesia, conscious sedation, nitrous oxide analgesia, or other dental anesthetics:"

Amendment No. 6: Add at the end of the bill:

NEW SECTION: Section 5. Effective dates. This act is effective December 31, 1985, except for section 3, which is effective upon passage and approval.

Amendment No. 7: Insert a paragraph into the statement of intent reading as follows:

The board must adopt rules for the approval of dental practice facilities in which general anesthesia is induced on or before December 31, 1985, in order for such facilities to be used for that purpose after that date. The board may adopt facility approval rules for dental offices in which conscious sedation or nitrous oxide analgesia are utilized, but is not under such time constraints. In formulating any such rules for facility approval, the board may look to similar rules developed by the dental boards of California, Arizona, Texas, and other states. In setting up on-site inspection teams for facility inspection, the board may appoint teams with a majority of anesthesiologists for the initial inspection of the facilities of oral surgeons now practicing. When a sufficient pool of oral surgeons with approved facilities exists, such oral surgeons may constitute a majority of the on-site or re-inspection teams.

NAME: John T. Macumber DATE: 3-22-83

ADDRESS: 1111 13th St S

PHONE: 452-1495

REPRESENTING WHOM? MT Board of Dentists

APPEARING ON WHICH PROPOSAL: HB-235

DO YOU: SUPPORT? _____ AMEND? X OPPOSE? _____

COMMENTS:

See attachments

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

HB 235

MARCH 22, 1985

MADAM CHAIRMAN AND MEMBERS OF THE COMMITTEE:

MY NAME IS DR. JACK NOONAN. I AM THE VICE-PRESIDENT FOR THE MONTANA BOARD OF DENTISTRY. THE BOARD OF DENTISTRY THANKS THE COMMITTEE FOR THIS OPPORTUNITY TO PRESENT ITS POSITION WITH REFERENCE TO RULEMAKING AUTHORITY AND ESTABLISHING STANDARDS NECESSARY FOR THE USE AND MONITORING OF THE APPLICATION OF GENERAL ANESTHETICS AND IV SEDATION.

THE BOARD WORKED WITH EXPERTS WHO ARE RECOGNIZED AUTHORITIES IN THIS PARTICULAR FIELD OF THE DENTAL HEALTH DELIVERY SYSTEM. INFORMATION OBTAINED FROM THESE SPECIALISTS AND FROM INPUT AT A PUBLIC HEARING HELD JANUARY 27, 1984 HAVE NOT BEEN INCORPORATED INTO ANY OFFICIAL RULE PROPOSAL BECAUSE STAFF OF THE ADMINISTRATIVE CODE COMMITTEE ADVISED THAT THE BOARD DID NOT THEN HAVE SUFFICIENT DELEGATION OF AUTHORITY FROM THE LEGISLATURE TO ADOPT RULES ON THE SUBJECT OF ANESTHESIA. THE LEGAL DIVISION WITHIN THE DEPARTMENT OF COMMERCE ADVISED THE BOARD TO VACATE THE RULEMAKING PROCEEDING AND SEEK LEGISLATION WHICH WOULD GIVE THE BOARD AUTHORITY TO ADOPT RULES REGULATING THE PRACTICE OF ADMINISTERING ANESTHETICS BY DENTISTS. HOUSE BILL 290 WAS THE BOARD'S EFFORT IN THESE REGARDS. THE BOARD AGREES THAT THE SUBJECT IS A PROPER ONE FOR LEGISLATIVE TREATMENT BUT SUBMITS THAT, WITH REGARD TO THIS SUBJECT, THE BETTER METHOD WOULD BE TO DELEGATE AUTHORITY TO THE BOARD TO REGULATE IT.

-OVER-

INVESTIGATION OF THE KEGEL MATTER DEMONSTRATES THAT THE STATE OF THE ART IN ADMINISTERING ANESTHETICS IS EVOLVING. THE BOARD, WITH ITS FAMILIARITY WITH THE SUBJECT MATTER AND ITS FLEXIBILITY TO ADOPT AND AMEND RULES AT ANY TIME, WOULD BE IN A BETTER POSITION TO MAKE TIMELY RESPONSES TO CHANGES IN THE STATE OF THE ART THAN THE LEGISLATURE WOULD.

THE BOARD URGES LEGISLATIVE TREATMENT OF THE SUBJECT MATTER, BUT SUBMITS THAT A PROPER DELEGATION OF RULEMAKING AUTHORITY IS THE BETTER TREATMENT.

IF GRANTED RULEMAKING AUTHORITY, THE BOARD INTENDS TO MOVE AS EXPEDITIOUSLY AS LEGALLY POSSIBLE TO RESOLVE THIS MATTER USING THE KNOWLEDGE PREVIOUSLY OBTAINED AND ANY NEW INFORMATION ON GENERAL ANESTHETICS AND THEIR MONITORING THAT CAN BE OBTAINED FROM WITHIN THE STATE, AS-WELL-AS OUT-OF-STATE, FROM TEACHING INSTITUTIONS, AND FROM THOSE STATES WHICH PRESENTLY HAVE EFFECTIVE SAFE REQUIREMENTS AND CONTROL REGULATIONS.

THE BOARD PLEDGES AN EARLY DECISION THAT WILL BE INTENDED TO PROTECT ALL MONTANANS, AND AT THE SAME TIME, BE FLEXIBLE ENOUGH NOT TO REMOVE CARE FOR THE UNFORTUNATE MONTANANS WHO WOULD BE UNABLE TO AFFORD GOOD DENTAL HEALTH CARE.

RESPECTFULLY SUBMITTED,

Dr Jack Noonan

DR. JACK NOONAN
VICE-PRESIDENT
BOARD OF DENTISTRY

GEORGE R. CARSON, D.D.S.
PEDIATRIC DENTISTRY

(406) 587-2913
300 N. WILLSON
BOZEMAN, MONTANA 59715

March 21, 1985

HOUSE BILL 235

The concern for safe use of sedation and anesthesia for the dental patient is an issue that has been actively pursued by dental groups at the local and national level for the past three years. A national committee with representatives from pediatric dentistry, pediatric medicine and anesthesiology have labored intensely for the past two years and produced guidelines for the use of these modalities when necessary in the treatment of young patients. Because the subject is complex and not amenable to simplistic answers, exhaustive research and collaboration was necessary to establish accurate definitions and appropriate guidelines for drug use in the dental office. Amendments to HB 235 that would require the same monitoring for conscious sedation as general anesthesia are illogical and inappropriate. The bill offers a very poor definition of general anesthesia and fails to make the vitally important distinction between that and conscious sedation. I suggest replacement of that defective definition with the more universally accepted and appropriate definition developed with multi-discipline and broad based imput. You will find this and an accurate definition of conscious sedation on the last page of this document.

Whereas general anesthesia caries a substantially greater degree of risk, it is rarely utilized except in the office of oral surgeons and is much less frequently used overall than conscious sedation. The tragedies that prompted this bill occurred with general anesthesia; the record of safety with conscious sedation in Montana dental practices is excellent.

The pediatric dentists of this state are specialty trained and equipped to provide care for patients with mental and physical handicaps, emotional instabilities, overt fears and a multitude of various behavior abnormalities that make dental treatment without some form of sedation impossible for these people.

GEORGE R. CARSON, D.D.S.
PEDIATRIC DENTISTRY

(406) 587-2913
300 N. WILLSON
BOZEMAN, MONTANA 59715

The majority of patients with these problems are treated in our offices. Failure to make a clear distinction between conscious sedation and general anesthesia will most certainly have the unintended effect of withholding care from this population. The requirement of having a professional monitoring person present for sedation procedures will essentially eliminate in-office treatment as an option. The alternative, when possible, would involve hospitalization for even minor procedures, and in increased cost state wide by conservative estimate would be measured in the millions of dollars annually. In my practice alone conscious sedation of some form is necessary for more than 700 patient visits yearly. Many thousand such procedures are performed each year in Montana with an admirable history of safety, availability and cost effectiveness.

Please understand the true impact of this unnecessary legislation. If this proposal passes without assuring the continued use and availability of conscious sedation, the legislature would be negligent if it does not immediately implement a comprehensive plan to provide the mechanism and funding for those numerous individuals who would be effectively denied dental care by this act.

House Bill 235 is a superficial, inadequate attempt to remedy a complex issue. The correct approach would be to establish comprehensive, well researched solutions that are sensible and safe. The expertise and precedent are readily available to pursue this course immediately. The Board of Dentistry is the logical and proper body to proceed on this matter, recruit the necessary assistance, and insure follow up.

The very best action would be to eliminate all of HB 235 except to grant rule making authority to the Board of Dentistry. Less desirable but better than passage as is would be in include an accurate definition of general anesthesia and be very certain the bill does not fatally compromise other areas of care and service.

Sincerely,

George R. Carson DDS

George R. Carson, D.D.S.

GEORGE R. CARSON, D.D.S.
PEDIATRIC DENTISTRY

(406) 587-2913
300 N. WILLSON
BOZEMAN, MONTANA 59715

These definitions are part of the 1984 culmination of a two year project by a national select committee to develop guidelines for the elective use of conscious sedation and general anesthesia in dental patients. This committee consists of representatives from the American Academy of Pediatrics Section on Anesthesiology, the American Academy of Pediatric Dentistry, the American Association of Oral and Maxillofacial Surgery, and the American Dental Association.

an intentionally induced,

General Anesthesia: General Anesthesia is a controlled state of unconsciousness accompanied by a loss of protective reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command. This definition is specifically intended to not include conscious sedation.

Conscious Sedation: Conscious sedation is a minimally depressed level of consciousness that retains the patient's ability to maintain a patent airway independently and continuously, and respond appropriately to physical stimulation and/or verbal command. For the very young or handicapped individual, incapable of the usually expected verbal responses, a minimally depressed level of consciousness for that individual should be maintained.

NAME: Jean Lynch DATE: _____

ADDRESS: Ft Yates

PHONE: (222-5241)

REPRESENTING WHOM? self

APPEARING ON WHICH PROPOSAL: H 235

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENTS: _____

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: PAUL G. Sims DDS DATE: 3-22-85

ADDRESS: 775 WEST Gaco BUTTE MT 59701

PHONE: # 723-8204

REPRESENTING WHOM? Self

APPEARING ON WHICH PROPOSAL? HB235

DO YOU: SUPPORT? _____ AMEND? X OPPOSE? _____

COMMENTS: Oral Testimony will be given - Written Testimony to follow

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Dew Plant DATE: 3/22/11

ADDRESS: Bellingen NSW

PHONE: 6582 3550

REPRESENTING WHOM? Self

APPEARING ON WHICH PROPOSAL: 237

DO YOU: SUPPORT? yes AMEND? ( ) OPPOSE? ( )

COMMENTS:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Robert Tongerson DATE: 3-22-85

ADDRESS: 1510 So. Higgins

PHONE: 728-6840

REPRESENTING WHOM? Self

APPEARING ON WHICH PROPOSAL: HB 235

DO YOU: SUPPORT? _____ AMEND? X OPPOSE? _____

COMMENTS: _____

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

DENTAL ANESTHESIA
REFERENCE MATERIAL

TABLE OF CONTENT

1. Letter explaining outpatient anesthesia

2. Text of Dr. Roberts testimony delivered to the House explaining outpatient anesthesia.

3. Rules proposed to the State Board of Dentistry by Dr. Black 14 months ago.

4. Suggested rules written by myself which could serve as a guideline to the State Board.

5. Representative rules from the states of California, Arizona, Texas, and Ohio for your reference.

6. American Society of Oral and Maxillofacial Surgeons Office Evaluation Manual which serves as a basis for office evaluation.

Vic Anderson
HB 676

OUTLINE
REGULATION OF UNDERGROUND STORAGE TANKS

* Leaking underground fuel storage tanks have affected near—surface aquifers in virtually every corner of Montana

* Over forty petroleum and chemical—related groundwater contamination problems have been reported in the past two years

* Generally, when a toxic product is introduced into an aquifer, the Water Supply is irreversibly contaminated.

* Clean up is expensive, difficult and at best, about 70 percent efficient.

* Multiple sources of toxic products within a contaminated area and the time lag before detecting a leak makes it difficult, expensive and time consuming to segregate and identify a responsible party.

Continued:

* The U.S. Congress has established provisions for the regulation of under ground storage tanks nationwide

* Interim standards, in place, and final standards to be developed, are designed to prevent the release of products from underground tank

* Federal law allows the states to maintain program to regulate underground storage tanks in lieu of EPA

* Potentially thousands of Montana services, smaller industries and businesses may be involved with this program

* DHES is best suited to manage such a program:

  — it is continually investigating and conducting remedial action of contaminated groundwater resulting from leaking tanks

  — it already has a working relationship with many of the businesses and industries to be affected

  — with changes in hazardous waste regulations, it will eliminate unnecessary duplication

BRIEFING PAPER
RUST

The extent and severity of petroleum and chemical contamination in Montana's groundwater will be a long-lasting problem which has affected near-surface aquifers in virtually every corner of the state. Over forty reported cases in the past two years have been investigated by the department.

Unfortunately, a great deal of time may elapse before groundwater movement carries a pollutant into a detectable area. Generally, domestic water supplies are involved in detection and that water supply becomes irreversibly contaminated.

Contamination problems have ranged in size from a few gallons of gasoline leaking from a rancher's storage tank through shallow gravels to his developed spring in a farm house to hundreds of thousands of gallons of diesel lost from leaking tanks and delivery lines and spread by the groundwater beneath our major railroad centers. However, leaking gasoline tanks and delivery lines at service stations are also a major source of groundwater contaminants. In many cases, surface water is also severely impacted by a chronic supply of chemical products.

Cleanup is very expensive and at best, about 70 percent efficient. Due to the chemical complexity of contaminants and soils, residues remain in aquifers for years. Many components of toxic products are known carcinogens (cancer-causing) and present a variety of health hazards. Presently, we are only partially capable and successful in identifying a handful of the over 275 different components and additives in fuels.

It is difficult to budget for chemical-petroleum-related contamination because we cannot predict the magnitude of any given problem without substantial investigations. Equipment, training and financing are needed to stop and confine contamination to as small an area as possible. However, the key to eliminating this contamination is to prevent the leaking of chemicals from storage tanks.

The U.S. Congress in reauthorizing the federal "Resource Conservation and Recovery Act"(RCRA) has established a nationwide regulation of underground storage tanks. This program is intended to regulate those tanks which store petroleum and chemical products.

By March 1, 1985, EPA must issue regulations for underground tanks containing hazardous wastes. In additional, EPA is required by February, 1987 to establish a program to control underground tanks containing "regulated substances" such as petroleum products.

Between now and May, 1986, a notification process is to be instituted in stages. Ultimately all owners of underground tanks regulated, including owners of tanks taken out of operation within the past ten years will have to notify a designated state agency or EPA.

The EPA underground tank regulations must address leakage detection, tank testing, recordkeeping, reporting, corrective action from spills, and financial responsibilities. The RCRA reauthorization also established interim standards for tanks being installed or brought into use. The technical standards are designed to prevent the releases of products from tanks.

There is a potential for thousands of Montana services, smaller industries and businesses being involved in this program. The control of underground tanks will occur in Montana, and a major issue is who will manage it - either the state or the federal government through EPA. The state already is dealing with many of these businesses and industries, and is readily acceptable for assistance. In addition, with the changes in the hazardous waste regulations, the department will become much more involved with smaller businesses and industries many of whom have storage tanks. The state management of the underground storage tank program in conjunction with the hazardous waste program will eliminate unnecessary duplication.

TECHNICAL INFORMATION FOR HB 676

Presently, the Montana Department of Health & Environmental Sciences-Water Quality Bureau is aware of more than 40 situations in Montana in which a shallow groundwater aquifer has been contaminated with various petroleum products. In each case, the suspected or confirmed route of contamination is leakage from or spillage near underground storage tanks. Generally the result is to virtually eliminate the aquifer for use as a domestic water supply and, in addition, to imperil deeper aquifers in that location. In 10-20% of the situations, an additional severe public hazard results from the seeping of the fuel contaminant into enclosed areas such as basements, manholes, etc., where fire or explosion can occur.

For reference, the following typical situation descriptions are provided:

a. In Dillon, MT, fuel fumes began appearing in a commercial building near several businesses utilizing underground tanks for storage of fuel. Eventually more than a dozen domestic wells serving homes and businesses in the vicinity of Montana Avenue and Highway 41 in Dillon were found to be severely contaminated and the area of contamination continues to grow. At least five suspected sources are now being investigated,

b. In Miles City, MT, diesel fuel was detected in shallow wells providing irrigation water to residents near the Chicago, Milwaukee, St. Paul & Pacific Railroad Company yard. An enormous clean up effort was begun in 1980 and continues presently. Approximately 420,000 gallons of fuel have been recovered to date. The groundwater resource is certainly eliminated for domestic use for at least five more years. The fuel was lost from leaking buried delivery lines, tanks, and from transfer accidents,

c. During a sewer construction project in Lincoln, MT, fuel was discovered seeping into the trenches in the immediate area of three present retail fuel businesses which utilize buried storage tanks. Subsequent investigations discovered a large area of groundwater contamination in this community which relies exclusively on individual shallow aquifer wells for domestic water supply. To date, no well has experienced contamination, however, the presence of the fuel floating on the shallow aquifer represents a constant threat to the present user, future users, and the deeper aquifers,

d. In Polson, MT, heating oil leaking from a buried tank was collected in groundwater building foundation drains and transported via the sewer system to the city wastewater treatment facility resulting in damage to the facility and discharge to the Flathead River.

In each case, the results of the undetected leak from an underground facility include: long term damage to the groundwater resource, the need for expensive mechanical corrective measures, and the requirement for implementation of long term, expensive groundwater clean up measures.

2-11-85 SLP/KDK

Underground Storage Tank Regulations Must Include:

-- Release detection, prevention, and correction regulations
   1. leak detection systems
   2. recordkeeping requirements
   3. reporting requirements
   4. corrective action requirements
   5. proper closure

-- Financial responsibility for:
   1. corrective actions
   2. compensating third parties for sudden and non-sudden accidental releases

-- Ability to take actions against guarantors

-- Performance standards for new tanks
   1. design
   2. construction
   3. installation
   4. release detection
   5. compatability

AREAS WITH GROUNDWATER CONTAMINATION
BECAUSE OF LEAKING UNDERGROUND TANKS
January 9, 1985

	City	Contaminant
1.	Bozeman	Gasoline
2.	Sheridan	Gasoline
3.	Darby (2)	Diesel & Gasoline
4.	Dillon	Gasoline
5.	Miles City	Diesel
6.	Augusta	Fuel oil
7.	White Sulphur Springs	Gasoline
9.	St. Mary	Gasoline
10.	Heart Butte	Gasoline
11.	Kalispell	Gasoline
12.	Polson (2)	Gasoline & #5 Green Diesel
13.	Lewiston	Gasoline
14.	Billings	Diesel
15.	Helena (3)	Diesel & Gasoline
16.	Unionville	Fuel Oil
17.	Livingston	Gasoline
18.	Laurel	Gasoline
19.	Plentywood	Diesel
20.	Cut Bank	Diesel
21.	Butte	Pentachlorophenol
22.	Lincoln (2)	Gasoline & Waste Oil
23.	Missoula	Gasoline
24.	Reed Point	Solvent
25.	Big Fork	#5 Green Diesel
26.	Wisdom	Gasoline
27.	Polson	Gasoline
28.	Garrison	Gasoline
29.	Havre	Diesel
30.	Lolo Hot Springs	Gasoline
31.	Missoula (2)	Diesel & Gasoline
32.	Butte	Creosote
33.	Bozeman	Pentachlorophenol
34.	Bonner (Blackfoot)	Diesel
35.	Judith Gap	Gasoline
36.	Shelby	Diesel
37.	Babb	Aircraft Fuel
38.	Bozeman	Solvent/urban runoff
39.	Columbia Falls	Gasoline

NAME: Eugene Regan DATE: May 2/85

ADDRESS: Box 1116

PHONE: 683 4863

REPRESENTING WHOM? Beaverhead County

APPEARING ON WHICH PROPOSAL: 676

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENTS: _____

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NORTHERN PLAINS RESOURCE COUNCIL

Field Office
Box 858
Helena, MT 59624
(406) 443-4965

Main Office
419 Stapleton Building
Billings, MT 59101
(406) 248-1154

Field Office
Box 886
Glendive, MT 59330
(406) 365-2525

TESTIMONY PRESENTED BEFORE
THE SENATE COMMITTEE ON PUBLIC HEALTH
WELFARE AND SAFETY IN SUPPORT OF HB 676

MADAM CHAIRWOMAN AND MEMBERS OF THE COMMITTEE. FOR THE RECORD MY NAME IS RUSS BROWN AND I WORK FOR NORTHERN PLAINS RESOURCE COUNCIL.

AS AN AGRICULTURALLY BASED ORGANIZATION, NORTHERN PLAINS HAS LONG BEEN CONCERNED WITH GROUNDWATER QUALITY AND MANAGEMENT.

LEAKING UNDERGROUND STORAGE TANKS ARE A MAJOR THREAT TO THE QUALITY OF AMERICA'S GROUNDWATER SUPPLY. THERE ARE AT LEAST 2 MILLION(AND PERHAPS UP TO 8 MILLION) UNDERGROUND STORAGE TANKS IN THE UNITED STATES, AND AN ESTIMATED 100,000 OF THEM ARE PRESENTLY LEAKING SUBSTANCES RANGING FROM GASOLINE TO PESTICIDES TO INDUSTRIAL SOLVENTS. WITHIN THE NEXT 5 YEARS,ANOTHER 350,000 UNDERGROUND TANKS ARE EXPECTED TO LEAK.

CONTAMINATED GROUNDWATER IS AN EMERGING PROBLEM IN MANY AREAS OF MONTANA. THE SOURCES OF CONTAMINATION INCLUDE SURFACE SPILLS OF POLLUTANTS, PIPELINE LEAKS AND UNDERGROUND STORAGE TANKS AND DELIVERY SYSTEM LEAKS. IN THE LAST TWO YEARS, AT LEAST 38 INSTANCES OF GROUNDWATER CONTAMINATION FROM THESE SOURCES HAVE BEEN REPORTED. WE CAN ASSUME, THAT SINCE THE NUMBER OF KNOWN GROUNDWATER CONTAMINATION INCIDENCES IS INCREASING, THAT MANY MORE INSTANCES OF GROUNDWATER CONTAMINATION ARE OCCURING THROUGHOUT MONTANA.

PETROLEUM PRODUCTS ARE THE PRIMARY INDUSTRIAL CONTAMINANTS FOUND IN GROUNDWATER. CONTAMINATION RESULTS MOST FREQUENTLY FROM LEAKING UNDERGROUND STORAGE TANKS AND FROM THE LINES WHICH DELIVER THE PRODUCT FOR SALE OR USE. THE DETERIORATION OF THESE TANKS AND DELIVERY SYSTEMS, COMBINED WITH THE LACK OF ADEQUATE MONITORING TO DETECT LEAKS, HAS LED TO SEVERAL SERIOUS GROUNDWATER CONTAMINATION EVENTS.

FOR EXAMPLE: IN MILES CITY, THE MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES AND THE MILWAUKEE ROAD REACHED AN AGREEEMENT TO DEAL WITH THE LEAKAGE FROM MILWAUKEE TANKS AND PIPING. AS A RESULT OF THAT AGREEMENT, A RECOVERY PROGRAM HAS BEEN INITIATED WHICH IN THE MONTH OF FEBRUARY RECOVERED 2,182 GALLONS OF OIL, BRINGING TO A TOTAL THE AMOUNT RECOVERED SINCE THE RECOVERY PROGRAM WAS INSTITUTED TO OVER 421,000 GALLONS.

THERE ONLY SEEMS TO BE A REACTION TO REMEDY GROUNDWATER CONTAMINATION WHEN THE CONTAMINATED GROUNDWATER SERVES AS A SOURCE OF DRINKING WATER. HOWEVER, THE STATE OF MONTANA HAS A STATUTORY DIRECTIVE(75-5-631 & 635MCA) ESTABLISHING A NON-DEGRADATION POLICY FOR ANY GROUNDWATER WHOSE EXISTING QUALITY IS HIGHER THAN THE ESTABLISHED WATER QUALITY STANDARDS. REGARDLESS OF THE USE GIVEN SUCH WATER, THE STATE HAS A DUTY TO PREVENT ITS FURTHER CONTAMINATION.

MADAM CHAIRWOMAN AND MEMBERS OF THE COMMITTEE, HB 676 GIVES THE STATE OF MONTANA THE STATUTORY AUTHORITY TO LOCATE RECORD AND DEAL WITH THIS CONTAMINATION.

NORTHERN PLAINS THANKS YOU FOR THE OPPORTUNITY TO COMMENT, AND WE URGE YOUR SUPPORT OF HB 676.

Russ Brown

AREAS WITH POTENTIAL OR ACTUAL CONTAMINATION CAUSED BY PAST HAZARDOUS WASTE SITES OR LEAKING UNDERGROUND STORAGE TANKS

George Dekonski

Senate	COUNTY	City	Incident
01	Lincoln	Libby	Other
01	Lincoln	Libby	Other
01	Lincoln	Troy	Mining
02	Flathead	Somers	Pesticide
03	Flathead	Kalispell	Gasoline
03-04	Flathead	Kalispell	Petroleum
03-04	Flathead	Kalispell	Petroleum
03-04	Flathead	Kalispell	Pesticide
03-04	Flathead	Kalispell	Other
03-04	Flathead	Kalispell	Other
04	Flathead	Columbia Falls	Gasoline
04	Glacier	St. Mary	Gasoline
04	Flathead	Columbia Falls	Mining
05	Glacier	Babb	Aircraft Fuel
05	Glacier	Cut Bank	Diesel
05	Pondera	Heart Butte	Gasoline
05	Glacier	Browning	Pesticide
05	Glacier	Browning	Petroleum
05	Glacier	Cut Bank	Petroleum
05	Glacier	Cut Bank	Petroleum
06	Toole	Shelby	Diesel
06	Toole	Shelby	Petroleum
06	Toole	Sunburst	Petroleum
06	Toole	Kevin	Petroleum
07	Hill	Havre	Diesel
08	Blaine	Chinook	Petroleum
08	Hill	Havre	Petroleum
08	Hill	Havre	Petroleum
10	Sheridan	Plentywood	Diesel
10	Roosevelt	Wolf Point	Petroleum
11	Roosevelt	Bainville	Other
11	Richland	Fairview	Petroleum
13	Custer	Miles City	Diesel
14	Garfield	Mosby	Petroleum
15	Wheatland	Judith Gap	Gasoline
15	Fergus	Lewistown	Gasoline
15	Petroleum	Winnett	Petroleum
15	Fergus	Lewistown	Petroleum
15	Fergus	Lewistown	Petroleum
16	Meagher	White Sulphur Springs	Gasoline
17-21	Lewis & Clark	Augusta	Fuel oil
17-21	Cascade	Great Falls	Other
17-21	Cascade	Great Falls	Other
17-21	Cascade	Great Falls	Other
17-21	Cascade	Great Falls	Petroleum
17-21	Cascade	Great Falls	Pesticide
17-21	Cascade	Great Falls	Pesticide
17-21	Cascade	Great Falls	Mining
22	Lewis & Clark	York	Mining
22	Lewis & Clark	East Helena	Mining
22	Lewis & Clark	East Helena	Mining
22-23	Lewis & Clark	Helena (3)	Diesel & Gasoline
22-23	Lewis & Clark	Helena	Other
22-23	Lewis & Clark	Helena	Other

AREAS WITH POTENTIAL OR ACTUAL CONTAMINATION CAUSED BY PAST HAZARDOUS WASTE SITES OR LEAKING UNDERGROUND STORAGE TANKS

Senate	COUNTY	City	Incident
23	Lewis & Clark	Unionville	Fuel Oil
24	Powell	Garrison	Gasoline
24	Lewis & Clark	Lincoln (2)	Gasoline & Waste Oil
24	Lewis & Clark	Marysville	Mining
24	Powell	Garrison	Mining
24	Powell	Garrison	Other
25	Lake	Polson	Gasoline
25	Flathead	Big Fork	#5 Green Diesel
25	Lake	Polson (2)	Gasoline & #5 Green Diesel
26	Mineral	St. Regis	Other
26	Sanders	Thompson Falls	Mining
26	Sanders	Paradise	Pesticide
28-30	Missoula	Missoula (2)	Diesel & Gasoline
28-30	Missoula	Missoula	Gasoline
28-30	Missoula	Missoula	Other
28-30	Missoula	Missoula	Other
28-30	Missoula	Missoula	Other
28-30	Missoula	Missoula	Petroleum
28-30	Missoula	Missoula	Pesticide
28-30	Missoula	Evaro	Other
31	Missoula	Lolo Hot Springs	Gasoline
32	Ravalli	Darby (2)	Diesel & Gasoline
33	Missoula	Milltown	Mining
33	Granite	Philipsburg	Mining
33	Granite	Philipsburg	Mining
33	Deer Lodge	Anaconda	Other
33	Deer Lodge	Anaconda	Mining
34-35	Silver Bow	Butte	Pentachlorophenol
34-35	Silver Bow	Ramsey	Mining
34-35	Silver Bow	Butte	Petroleum
34-35	Silver Bow	Butte	Other
34-35	Silver Bow	Butte	Pesticide
34-35	Silver Bow	Butte	Mining
34-35	Silver Bow	Butte	Mining
37	Beaverhead	Wisdom	Gasoline
37	Beaverhead	Dillon	Gasoline
37	Madison	Sheridan	Gasoline
37	Beaverhead	Wisdom	Pesticide
37	Beaverhead	Grant	Other
37	Beaverhead	Argenta	Mining
37	Madison	Glen	Mining
37	Madison	Ennis	Pesticide
37	Gallatin	Trident	Mining
38	Jefferson	Basin	Mining
38	Jefferson	Montana City	Mining
39-40	Gallatin	Bozeman	Pesticide
39-40	Gallatin	Bozeman	Other
39-40	Gallatin	Bozeman	Other
39-40	Gallatin	Bozeman	Other
39-40	Gallatin	Bozeman	Mining
40	Gallatin	Bozeman	Solvent/urban runoff
40	Gallatin	Bozeman	Pentachlorophenol
40	Gallatin	Bozeman	Gasoline
41	Park	Livingston	Gasoline

AREAS WITH POTENTIAL OR ACTUAL CONTAMINATION CAUSED BY PAST HAZARDOUS WASTE SITES OR LEAKING UNDERGROUND STORAGE TANKS

Senate	COUNTY	City	Incident
41	Park	Livingston	Petroleum
41	Park	Jardine	Mining
41	Park	Cook City	Mining
42	Stillwater	Reed Point	Solvent
42	Carbon	East Bridger	Other
42	Stillwater	Columbus	Mining
43-48	Yellowstone	Billings	Diesel
43-48	Yellowstone	Billings	Other
43-48	Yellowstone	Billings	Other
43-48	Yellowstone	Billings	Other
43-48	Yellowstone	Billings	Other
43-48	Yellowstone	Billings	Other
43-48	Yellowstone	Billings	Other
43-48	Yellowstone	Billings	Petroleum
43-48	Yellowstone	Billings	Petroleum
43-48	Yellowstone	Billings	Petroleum
43-48	Yellowstone	Billings	Petroleum
43-48	Yellowstone	Billings	Petroleum
43-48	Yellowstone	Billings	Petroleum
43-48	Yellowstone	Billings	Petroleum
43-48	Yellowstone	Billings	Petroleum
43-48	Yellowstone	Billings	Pesticide
43-48	Yellowstone	Laurel	Petroleum
43-48	Yellowstone	Laurel	Petroleum

Other category principally indicates spills, derailments or munucipal landfills.

NAME: Edward G Zuleger DATE: 3/22/85

ADDRESS: 1335 Clark #2 Missoula MT 59802

PHONE: 728 4244

REPRESENTING WHOM? Missoula City-County Health Dept

APPEARING ON WHICH PROPOSAL: HB 676

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENTS: The Missoula City-Co Health Dept would like to go on record as being in favor of this bill

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

Mt. Fertilizer

PROPOSED AMENDMENTS TO HOUSE BILL NO. 766

Page 2, After line 8 add new definition:

"Permitted Release" means any release in compliance with any federal or state registration, license, or permit.

Page 2, line 16 add:

Work place environment or is a permitted release.

HB 766 (REAM)

GOVERNOR'S OFFICE TESTIMONY

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE, MY NAME IS BRACE HAYDEN REPRESENTING THE GOVERNOR'S OFFICE. HOUSE BILL 766 WAS INTRODUCED BY REQUEST OF THE GOVERNOR IN RECOGNITION OF A SIGNIFICANT INCREASE IN HAZARDOUS WASTE SITE PROBLEMS IN MONTANA. THE BILL PROVIDES FOR STATE ACTION AT HAZARDOUS WASTE SITES THAT WOULD NOT BE ADDED TO THE NATIONAL PRIORITY LIST BY THE ENVIRONMENTAL PROTECTION AGENCY. THERE IS A GROWING LIST OF THESE SITES IN MONTANA, MANY OF WHICH DEMAND IMMEDIATE ATTENTION TO PROTECT THE PUBLIC HEALTH.

HOUSE BILL 766 WOULD CREATE AN ENVIRONMENTAL QUALITY PROTECTION FUND THAT COULD BE UTILIZED BY THE DEPARTMENT OF HEALTH TO TAKE EMERGENCY ACTIONS. THE BILL ALSO INCLUDES PROTECTION MEASURES FOR RESPONSIBLE PARTIES IF THEY CAN DEMONSTRATE THAT THE RELEASE OF HAZARDOUS WASTE WAS BEYOND THEIR CONTROL, OR THAT THE DEPARTMENT FAILED TO PROPERLY NOTIFY THEM BEFORE TAKING ACTION. THE BILL IS SHORT AND EFFICIENTLY WRITTEN BECAUSE IT COMPLEMENTS EXISTING ENVIRONMENTAL PROTECTION STATUTES WITHIN THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES.

IN SUMMARY, HOUSE BILL 766 WOULD ESTABLISH AN URGENTLY NEEDED MECHANISM WHEREBY MONTANA CAN, AFTER NOTIFICATION OF RESPONSIBLE PARTIES, PROCEED WITH REMEDIAL ACTIONS AT HAZARDOUS WASTE SITES WHEN NECESSARY TO PROTECT THE PUBLIC HEALTH FROM IMMINENT HARM.

DR. JOHN DRYNAN, THE HEALTH DEPARTMENT DIRECTOR, WILL PROVIDE ADDITIONAL TESTIMONY REGARDING HOW HOUSE BILL 766 WOULD BE ADMINISTERED. HE WILL ALSO PROVIDE EXAMPLES OF WHERE THE ENVIRONMENTAL QUALITY PROTECTION FUND COULD BE UTILIZED.

THANK YOU.