MINUTES OF THE MEETING
HUMAN SERVICES AND AGING COMMITTEE
50TH LEGISLATIVE SESSION
HOUSE OF REPRESENTATIVES

The meeting of the Human Services and Aging Committee was called to order by Chairman R. Budd Gould at 1:00 p.m. on Tuesday, March 3, 1987 in Room 312-D of the State Capitol.

ROLL CALL: All members were present.

CONSIDERATION OF SENATE JOINT RESOLUTION NO. 1:

Senator Dell Gage, Senate District # 5, introduced SJR1. The bill came about at the request of the committee on Indian Affairs. This addresses the fact that the Interior Department had determined that they were not going to fund the health costs for Indian people throughout the United States as they had in the past. They were going to fund it only on a blood quantum basis. A resolution would direct major changes in Indian policy be made by Congress rather than the Department of the Interior or the Bureau of Indian Affairs. This would get the attention of Congress and BIA and Department of the Interior to continue to fund the health problems of the Native American people as they have in the past rather than putting that load on the states and the counties. He pointed out that otherwise there would be an increase in the cost to the state and the counties for those health costs.

PROPONENTS:

GORDON MORRIS, Montana Association of Counties, pointed out the potential shift in responsibilities and the consequent impact that would have on counties and the state. The MA of C opposes that regulation and asked the committee to act in favor of SJR 1.

LOUIS CLAYBORNE, Coordinator of Indian Affairs, spoke in favor of SJR 1. He discussed the sovereignty issue involving a federal agency producing regulations to change a trust responsibility that US Congress has to federally recognize Indian tribes. He pointed out that Montana has seven tribes and the cost of medical health care and insurance is not always affordable. He said that if they do not receive health care from the Indian Health Service they do not receive health care.

OPPONENTS: There were no opponents.

Senator Gage closed saying that the resolution would indicate to Congress the concern about major decisions being made outside congressional authority.

QUESTIONS FROM THE COMMITTEE:

REP. PATTERSON questioned Sen. Gage whether it would be best to also send a copy of this resolution to the Department of the Interior along with the Secretary of Health. Sen. Gage said yes and that he would be agreeable to an amendment to include the Department of the Interior.

REP. CODY asked Sen. Gage and Mr. Clayborne if there had been any court cases that had addressed the state responsibility versus federal trust responsibility on the health care issue. Mr. Clayborne replied that there had been one case in the Indian Health Service in Yellowstone County. He said the determination was that the Indian Health Service was a primary provider.

REP. CODY questioned Mr. Clayborne since the Supreme Court had ruled in favor of the Indian Health Service being a provider how did that relate to the resolution. Mr. Clayborne responded that the trust responsibility and sovereignty could only be changed by US congressional action. He pointed out that an agency by budget resolution was making a regulation change that was abrogating the treaty or the trust responsibility of the US Congress to the detriment of the individuals on the reservations.

REP. SANDS asked Sen. Gage about the requirements for the Indian Health Service access. Sen. Gage replied he did not know what type of evidence was needed to present to the Indian Health Service as far as obtaining health service. He said that the only service a non-Indian could get on the Blackfeet reservation would be some emergency care.

REP. SANDS referred to page 3 of the resolution that indicates a violation of federal law. He asked for a clarification of how it violated the federal law. Sen. Gage replied that was a federal agency, not Congress, violating a long standing practice of the federal government through treaties of having a trust responsibility to the Indian Nation people of the United States. When an agency made that determination through budgetary methods as opposed to Congress making those determinations that the trust responsibility has been violated.

LOUIS CLAYBORNE responded to Rep. Sands on the access requirements for Indian Health Service. He stated that an individual must be enrolled. Other circumstances exist for contract care to verify lineage. Under the regulation

change that would not exist which would leave approximately 11 percent of populations on all seven reservations without health care in that situation alone.

CONSIDERATIONS OF SENATE BILLS 18, 17:

Senator Dick Pinsoneault, Senate District # 27, distributed material on the geographic areas occupied by the Indian Reservations (Exhibit 1, 1a). He mentioned that topics considered by the interim committee were selected by the tribes. One topic being considered today is the Indian Child Welfare Act that is addressed in Senate Bill 17. He said it was important to cite statistics to indicate to the committee the magnitude of the problem. The most recent statistics place the Indian population in Montana around 50 thousand, which includes Indian citizens both on and off the reservation in Montana. Approximately 1 of every 20 Montana citizens has Indian heritage, therefore that group represents the largest single minority group in Montana, many of which are younger. He pointed out that the Indian tribes, culture and heritage is addressed in three places in the Constitution. Articles I, II, and X talk about the right to exercise Indian Governmental Jurisdiction and Control over Indian and tribal lands, the right to be free of discrimination due to the exercise of culture or social status, and the right to have Indian cultural heritage acknowledged and Indian cultural integrity preserved. He said that Senate Bills 17 and 18 are about that. The interim committee had met with the Montana Judges Association and presented information on the Indian Child Welfare Act. Those Judges with a reservation within their judicial district are familiar with the law. The act clarifies the policy of the nation and congressional intent to protect the best interest of Indian children and provides assistance to tribes in the operation of child and family service programs. One problem is identifying children with Indian heritage. Tribal membership criteria has been developed. The concern is that the Indian children with tribal heritage, particularly in areas in adoption and placement that the best interest is served when placed in a family environment that reflects their natural heritage.

Several provisions of the ICWA that regulates state court authority over Indian child welfare matters such as foster care placement or termination of parental rights to an Indian child, the court upon petition of the child's parent or tribe must transfer the case to the jurisdiction of the tribe unless one of the parents objects to the transfer or the court finds good cause not to transfer. The point is a concerted effort made and unless there is objection made that child will be transferred to the tribal court jurisdiction. In some of the testimony presented to the committee

when this issue was being discussed was these comments from one of the attorneys from the division in SRS. He had said the department or the local welfare department assumes responsibility for an Indian child who is in danger of being abused or neglected. A dependency and neglect action is filed in district court and notice is sent to the tribe. There are seven different tribal jurisdictions. The tribal court does not often respond in a timely manner.

Senate Bill 17 would not require additional personnel. Rather the department could appoint a qualified staff person to act as an Indian child welfare specialist to provide those services set forth in the bill. There is a need for assistance to the judges in expediting the process in getting the child to the jurisdiction of the tribal court.

Senate Bill 18 relates to foster care review. He referred to page 1 of the bill on line 25 that adds a person to the foster care review committee familiar with the placement services in that judicial district.

PROPONENTS TO SENATE BILLS 17, 18:

NORMA HARRIS, from SRS, testified that the department supported both of the bills.

DEBRA JONES, representing the Women's Lobbyist Fund, support Senate Bills 17, 18, which develop Indian foster homes and other Indian placement resources. These bills will also continue to provide education and advocacy for Indian child welfare. She said the Women's Lobbyist Fund is concerned about the level of child abuse that occurs on Indian reservations. She pointed out the chronic problems of unemployment, poverty, alcohol and drug abuse, and teenage pregnancy characterize many families on reservations and promote an environment in which children suffer. She urged the committee to support both of the bills as a step in providing a safe environment for all Montana children.

LOUIS CLAYBORNE, Coordinator for Indian Affairs, supports Senate Bills 17, 18 and said there was a great need for these two positions.

SENATOR DEL GAGE, District # 5, said he had been on the Indian Affairs Committee for four years. With the complexity with dealing with the seven nations and the state and not having any say about what happens within the boarders of the nations, it is a very difficult area for the people of the state of Montana to work with. SRS, and the Indian Health Service has difficulty working with the various Indian nations without having an appreciable amount of jurisdiction in those areas to be able to work with the various courts

and various tribes within the state. It is necessary for people with expertise responsible for the Indian child welfare cases that might come up until a determination is made as to where jurisdiction is going to lie ultimately for taking care of those cases. The Attorney General has written an opinion that when the tribal courts have determined that they are going to take jurisdiction then the state of Montana has no longer any responsibility for those Indian children.

REP. ANGELA RUSSELL, District 99 and Crow Reservation, supported Senate bills 17 and 18. The Child Welfare Act was needed legislation. The problem is the lack of funds to implement the act. On the state side any assistance given towards coordinating better services for Indian families in general is needed.

OPPONENTS: There were no opponents.

SEN. PINSONEAULT closed on Senate Bills 17 and 18. He said the key areas that prompted the bill were brought up. He said that the Indian children needed the help. He urged the committee's concurrence.

QUESTIONS FROM THE COMMITTEE:

REP. SIMON questioned Sen. Pinsoneault about Senate Bill 18 and if the judicial district that encompasses the county with a minimum population of 400 or more. He pointed out that the judicial district of Yellowstone County and that area had more than 150,000 people. If there were 400 Indian people living in that district that they would have to have representation on this particular committee-wouldn't there be other groups that could make the same case that they would need special representation on this type of committee. 400 people compared to 150,000 thousand does not seem like a very significant population level compared to the whole.

SEN. PINSONEAULT replied that there were approximately 5,000 Native Americans in the Billings area.

LOUIS CLAYBORNE addressed the question that a piece of federal legislation of the Indian Child Welfare Act that calls for the jurisdictional issue involved to be addressed and a periodic review of the placement of a child outside the boundaries of a reservation. For that reason, it is important for an individual on that particular committee to be aware of the Act, tribal government, and culture of the Native Americans in Montana. As far as the figure of 400 this would encompass both rural and metropolitan areas to make sure that the placement review team includes a knowledgeable individual.

CONSIDERATION OF SENATE BILL NO. 6:

SEN. RAY LYBECK, Senate District 4, introduced SB6. He explained that the bill deals with the anatomical gift act of organs and tissue for donation purposes. He said there has been a law governing this but SB6 would broaden the organ donor program. The hospital administrator or his designated authorized person would make it known that the organ donation program is available.

PROPONENTS:

BILL LEARY, representing the Montana Hospital Association, supports SB6. He explained that the bill would make the hospital administrator responsible to approach the family of a person that is declared to be brain dead who has not had the opportunity of signing the donation request of the organs. The bill makes the hospital aware of approaching the issue in a sensitive manner. He pointed out the section of federal law that requires that all hospitals that are certified for Medicare and Medicaid must establish written protocols for the identification of potential organ donors.

DAVE LACKMAN, Montana Public Health Association, testified in support of SB6. He pointed out that there is an acute shortage of transplantation, especially kidneys. He said the cost for the kidney dialysis program was extreme. Transplantation is an answer to this. There is not much awareness of the problem.

OPPONENTS: There were no opponents.

SEN. LYBECK closed on SB6. He pointed out that many states have enacted a similar law.

QUESTIONS FROM THE COMMITTEE:

REP. GILBERT asked for clarification if the donor had not made the decision and relatives were not available would the hospital administrator be allowed to make the decision. Mr. Leary replied that if a person who had no immediate family and was declared brain dead, then the hospital administrator could not automatically request that the donation be made.

REP. SIMON questioned whether there was a need for protocol in state law since it already existed in federal requirements for hospitals. Sen. Lybeck replied that this codifes in state law what the federal requirements are going to be. There may be a possibility that a licensed hospital would drop their Medicaid, Medicare certification and would escape it. He pointed out that the two Veteran Administration hospitals and the three U.S. Public Health Indian hospitals

would be excluded under this law unless the death occurred in a regular hospital.

ADJOURNMENT: There being no further business, the meeting was adjourned at 2:15 p.m.

R. BUDD GOULD, CHAIRMAN

dt/3-3hs

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

50th LEGISLATIVE SESSION -- 1987

Date MARCH 3, 1987

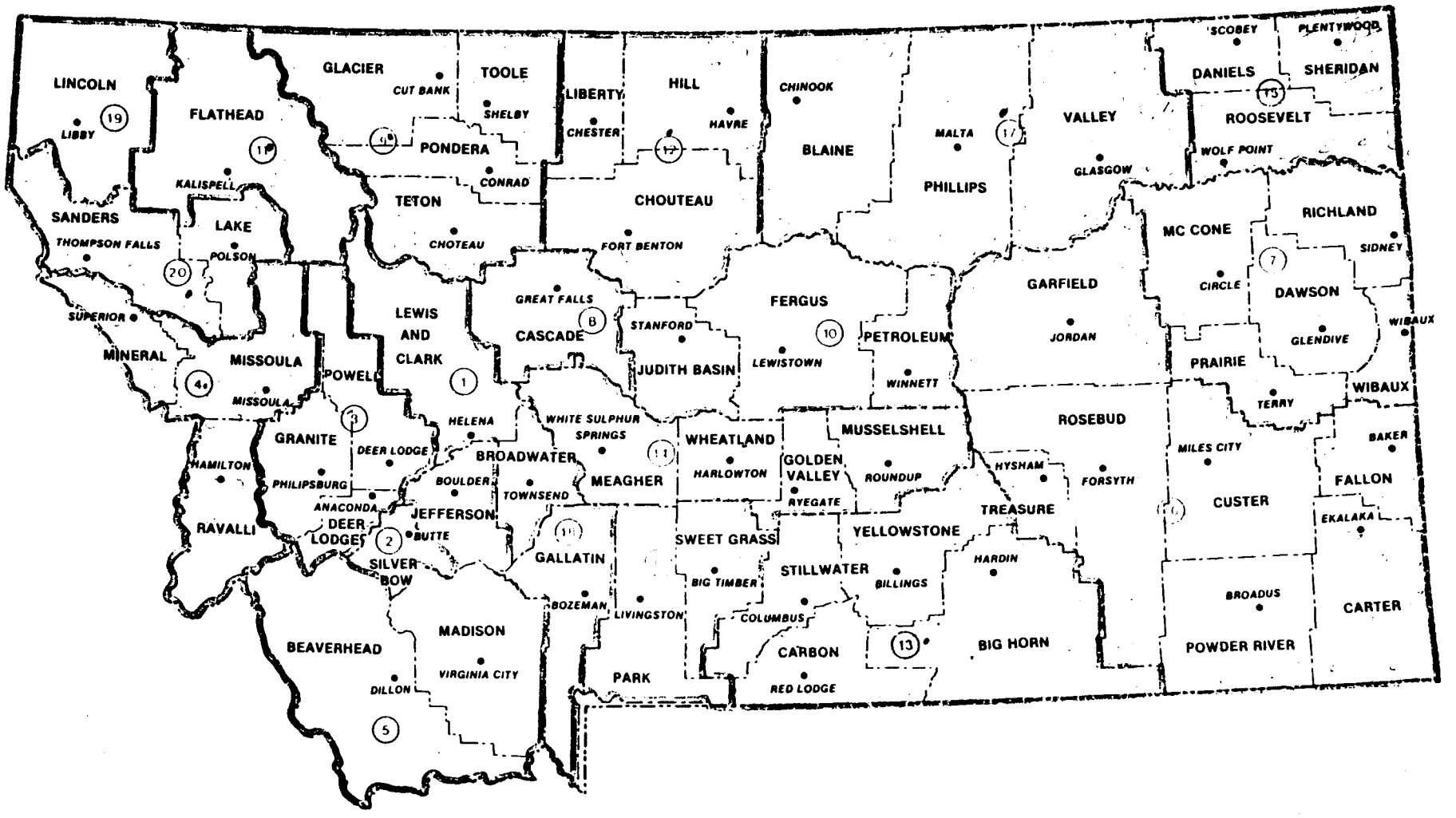
| NAME | PRESENT | ABSENT | EXCUSED |
|---|---|---|---|
| REP. BUDD GOULD, CHAIRMAN | X | | |
| REP. BOB GILBERT, VICE CHAIRMAN | X | | |
| REP. JAN BROWN | X | | |
| REP DUANE COMPTON | X | | |
| REP. DOROTHY CODY | X | | |
| REP. DICK CORNE' | X | | |
| REP. LARRY GRINDE | X | | |
| REP. STELLA JEAN HANSEN | X | | |
| REP. LES KITSELMAN | X | | |
| REP. LLOYD MC CORMICK | X | | |
| REP. RICHARD NELSON | X | | |
| REP. JOHN PATTERSON | X | | |
| REP. ANGELA RUSSELL | X | | |
| REP. JACK SANDS | X | | |
| REP. BRUCE SIMON | X | | |
| REP. CAROLYN SQUIRES | X | | |
| REP. TONIA STRATFORD | X | | |
| REP. BILL STRIZICH | X | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

CS-30

SENATE BILL 18: Senator Pinsoneault

EXHIBIT #1
DATE 3-5-87
SB # 17 + 18

# MONTANA
# JUDICIAL DISTRICTS

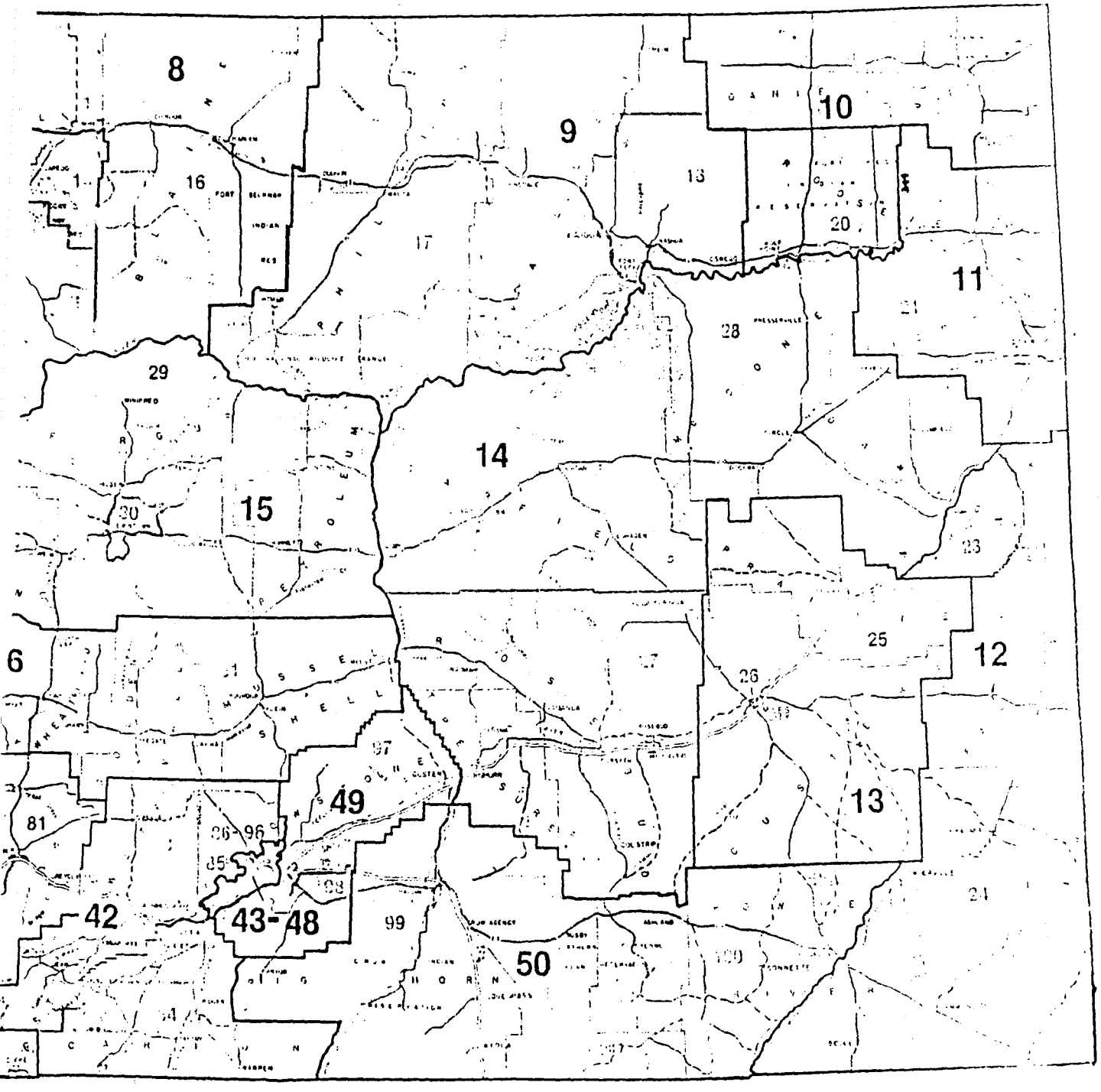



SENATE BILL 18: Districts where an appointment would be made: 4, 9, 11, 12, 13, 15, 16, 17, and 20

Districts that do not encompass a reservation but do encompass an urban area with a substantial Indian population: 1, (Helena); 2, (Butte); 8, (Great Falls).

EXHIBIT
DATE
SB

# ID SENATE DISTRICTS
# THE MONTANA
# RTIONMENT COMMISSION




PREPARED BY
JIM WALTERMIRE

# WOMEN'S LOBBYIST FUND

Box 1099
Helena, MT 59624
449-7917

EXHIBIT 2
DATE 3-3-87
SB 17+18

March 3, 1987

TESTIMONY IN SUPPORT OF SB 17 AND 18

Mr. Chairman and Members of the House Human Services and Aging Committee:

My name is Debra Jones. I represent the Women's Lobbyist Fund, a coalition of 39 organizations which represent over 6500 individuals in Montana. We support SB 17, which will develop Indian foster homes and other Indian placement resources, and will continue to provide education and advocacy for Indian child welfare.

The WLF is concerned about the level of child abuse that occurs in Indian communities. According to a recent conference on the Indian Child Welfare Act at Dull Knife Memorial College, child abuse may affect up to one-fifth or even one-fourth of all children on reservations. It is important to remember that the chronic problems of unemployment and poverty, alcohol and drug abuse, and teen-age pregnancy which characterize many families on reservations promote an environment in which children suffer.

The WLF urges you to support both SB 17 and 18 as a step for providing a safe environment for all Montana children.

EXHIBIT
DATE 3-5-87
SB # 17

# STATE COORDINATOR OF INDIAN AFFAIRS

TED SCHWINDEN, GOVERNOR
1218 EAST SIXTH AVENUE

STATE OF MONTANA

(406) 444-3702
DONALD L. CLAYBORN, COORDINATOR
HELENA, MONTANA 59620 0401

SENATE BILL 17 TESTIMONY

Cheryle C. Zwang, Asst. Coordinator of Indian Affairs

January 14, 1987

Mr. Chairman, Members of the Committee:

For the record, my name is Cheryle Zwang. I am the Assistant Coordinator of Indian Affairs for the state of Montana and I am here as a proponent for SB 17.

As Senator Pinsoneault, the sponsor of this bill and a member of the Committee on Indian Affairs, and persons (both Indian and non-Indian) involved in the social service field and judicial system are aware, the intricacies of the Indian Child Welfare Act and all that that entails have brought us to the point where legislation such as this bill is sorely needed.

The Indian Child Welfare Act of 1978 (25 U.S.C.'§ 1901) was enacted so that tribes could have jurisdiction over the placement of Indian children. Prior to this act, the state determined placement of these children and, many times, these children were placed with non-Indians, miles away from their families, without benefit of cultural ties with their tribe.

With the enactment of the Indian Child Welfare Act, tribes now may assume jurisdiction of cases involving enrolled or enrollable members.

Although the act is very clear about the legality of tribal courts doing this; there have been many instances where provisions of the act have not been adherred to - either through ignorance of the act itself or because of hesitancy on the part of involved agencies. Having a designated person within the Department of Social and Rehabilitation Services knowledgeable of the act; Montana's Indian population; and of social services would, in our opinion, greatly reduce any ambiguities brought about by the act and result in appropriate placement of Montana's Indian children. The latter being of the utmost importance.

The Office of the Coordinator of Indian Affairs realized the problems discussed above and sponsored several conferences dealing specifically with the Indian Child Welfare Act and also with State/Tribal Cooperative Agreements. Although the conferences were termed successful and many issues were brought out and discussed; it is the opinion of the Office of the Coordinator of Indian Affairs that an Indian Child Welfare Specialist would be most beneficial to all parties involved. This person, because of the very structure of their job, would be capable of devoting complete attention to the placement of Indian children and the working out of cooperative agreements so that each involved party knows specifically what is expected of them.

At present, certified Indian foster homes and other Indian placement resources are minimal at best. Having a specialist within the department sensitive to the needs of an Indian child and known in the Indian community could greatly help in all aspects of placement services.

It has been said time and time again that Montana's most valuable resource is her children; yet, because these little people cannot vote

and are not heard with the same validity as you and I because of their age and lack of experience; they are all too often ignored.

Montana has a significant Indian populace and literally 46% of that populace is under the age of 18. Of that 46% percent, nearly 31% is under the age of 5. Given these statistics, it is extremely important that this bill be given careful consideration.

For all of the aforementioned reasons, the office of the Coordinator of Indian Affairs supports this bill and urges a do pass recommendation. I would also like to inform this committee that the Montana Intertribal Policy Board has requested this office to relay its approval and support of this bill.

If you have any questions, please feel free to direct them to me. Thank you for your attention.

Summary: Using data from the Rand Corporation Health Insurance Study, the authors found that the intensity of mental health treatment provided by mental health specialists and the probability of available care increase with psychological distress, but are independent of the type of insurance coverage plan, physical health, or sociodemographic factors. Results suggest that the majority of those in most psychological distress receive no mental health treatment even when care is free.

Zook, C.J. & Moore, F.D. (1980). High cost users of medical care. New England Journal of Medicine, 302 996-1002. (Awaiting)

Wells, K.B., Manning, W.G., Duan, N., Ware, J.E., & Newhouse, J.P. (1982). Cost sharing and the demand for ambulatory mental health services (Report No. R-2960-HHS). Washington, D.C.: U.S. Department of Health and Human Services.

Summary: Outpatient mental health insurance coverage has a history of being a smaller benefit than coverage for medical services. Because of recent pushes towards cost containment, there has been even further decreases in mental health coverage in some insurance plans. The Rand Health Insurance Study (HIS) concentrates on a random sample of "nonaged, noninstitutionalized population of six urban and rural sites in the four census areas." An interim report on HIS data finds that as coinsurance rates decrease from 95% to 0%, ambulatory mental health expenditures rise 75% per enrolee. The average ambulatory mental health expenditure, when all services are free is $24 per person, approximately one-twentieth of the total health expenditures per person, per year. Variations in insurance coverage do not significantly effect selection of mental health specialist versus medical care providers.

Yates, B.T. (1980). The theory and practice of cost utility, cost effectiveness, and cost benefit analysis in behavioral medicine: Toward delivering more mental health care for less money. In S. Ferguson & C.B. Taylor, (Eds.), The Comprehensive handbook of behavioral medicine (Vol. 3) (pp. 165-205). New York: SP Medical & Scientific. (Awaiting)

1409c

Summary: The focus of this study is on a group of Medicare patients with a di[illegible] of mental disorder being treated in general acute care hospitals [illegible] over six-month periods from 1977-1978. Hospitals were [illegible] reimbursement on a per case basis. The results suggest that to[illegible]rges on a per case reimbursement may be lower than charges on a per[illegible]ce method. Data also suggests that during the hospital stay there is a decrease in ancillary service utilization and a reduction in routine charges. These cost reductions however are offset by higher readmission rates or by higher readmission charges.

Schroeder, S.A., Showstock, S.A., & Roberts, H.E. (1979). Frequency and clinical description of high-cost patients in 17 acute-care hospitals. New England Journal of Medicine, 300, 1306-1309. (Awaiting)

Sherman, R.M. Reiff, S., & Forsythe, A.B. (1979). Utilization of medical services by alcoholics participating in an outpatient treatment program. Alcoholism, 3, 115-120. (Awaiting)

Taube, C.A., Burns, B.J., & Kessler, L. (1984). Patients of psychiatrists in office-based practice: 1980. American Psychologist, 39, 1435-1447.

Summary: Using data from the National Medical Care Utilization and Expenditure Survey (NMCUES), the authors focus on the differences between psychologists' practices and psychiatrists' practices. In 1980, approximately 9,574,660 persons had at least one mental health care visit. For psychiatrists, the average number of visits per person was 10.9 and for psychologists, 12.5 visits. In terms of age, almost 16% of the psychiatrists' patients were 55 and over while less than 3% of psychologists' patients were 55 and over. Psychologists' patients were significantly more impaired than psychologists' patients, reported limitation of activity and functional status, and perceived themselves to be in poor or fair health much more often than psychological patients. Due to insurance benefit coverage discrepencies, 55% of those visiting psychologists pay out-of-pocket, compared to the 33% who visit psychiatrists and pay out-of-pocket. The percent paying out-of-pocket decreases with increased visits for psychiatrists' patients but not for psychologists' patients. This is associated with lower insurance coverage for psychologists. Psychiatric patients pay on the average $113 per year out-of-pocket, psychological patients pay $216 per year out-of-pocket. Government programs pay for 43% of psychiatrists' charges but only 22% of psy[illegible]logists' charges. Although it is not possible to determine whether th[illegible]ifferences are the cause or the effect of health insurance, the aut[illegible] suggests changes in insurance that would benefit both patients and co[illegible].

Taube, C.A., Kessler, L., & Feuerberg, M. (1983, November). Expenditures for ambulatory mental health visits - 1980. Draft of paper to be presented at the meeting of the American Public Health Association.

EXHIBIT
DATE
SB

# STATE COORDINATOR OF INDIAN AFFAIRS

TED SCHWINDEN, GOVERNOR
1218 EAST SIXTH AVENUE
STATE OF MONTANA
(406) 444-3702
DONALD L. CLAYBORN, COORDINATOR
HELENA, MONTANA 59620

SENATE BILL 18 TESTIMONY

Cheryle C. Zwang, Asst. Coordinator of Indian Affairs

January 14, 1987

Mr. Chairman, Members of the Committee:

My name is Cheryle Zwang. I am the Assistant Coordinator of Indian Affairs for the state of Montana and I am here as a proponent for SB 18.

This bill calls for the appointment of a person knowledgeable about Indian cultural and family matters to foster care review committees within judicial districts with a significant American Indian population.

The Indian Child Welfare Act of 1978 (25 U.S.C.'§ 1901), paraphrased, stipulates with whom an Indian child may be placed: the first priority is with extended family members, the second is with members of the child's tribe, and third, members of another Indian tribe. Non-Indians are not even considered within the act to receive placement of an Indian child. In areas off the reservation, such as Billings, where there is a significant Indian populace, state and county social service personnel have stated that there are very few certified Indian foster care homes where Indian children can be placed. By appointing someone knowledgeable of Indian cultural and family matters to foster care review boards in these areas, this person could provide much-needed insight into Native American cultural values and assist in

the proper placement of Indian children. Also, a person belonging to the Indian community would be more aware of potential Indian families interested in becoming foster care parents and could provide assistance in this area.

The Great Falls Tribune recently reprinted a cartoon which vividly depicted the underlying racism which sometimes occurs in Montana. The cartoon depicts a bartender discussing racism with one of his clients. The bartender begins to point out that that sort of thing (white vs. black racism) occurs in New York and not out here in Montana, but then has to interrupt his conversation to yell, "Hey, you Indians, get the hell out of here!" I think many times it is easy for us to see the bad outside of our little corner of the world and to overlook the faults that lie within those boundaries and ourselves. It is certainly not my belief that people providing for the placement of Indian children are racially motivated in any sense; rather it is instead my contention that foster care review boards could benefit from the input of a person knowledgeable of Indian culture. Many of the best intentioned people who live in this state are ignorant of Indian culture and Indian people. Ignorance is not a sin, but if insight can be provided and the end result is a happy ending for an Indian child, then isn't it worth the effort to have such a person available?

The office of the Coordinator of Indian Affairs, therefore, offers its support of this bill and asks that the committee give SB 18 a do pass recommendation. I would also like to inform this committee that the Montana Intertribal Policy Board has requested this office to relay its approval and support of this bill.

Thank you. I would be happy to answer any questions you may have.

EXHIBIT
DATE 3-3-97
SB #17-18

# WITNESS STATEMENT

NAME Debra Jones BILL NO.

ADDRESS P.O. Box 1094 DATE 3/3/97

WHOM DO YOU REPRESENT? Women's Lobbyist Fund

SUPPORT X OPPOSE AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

RESOLUTION NO. 85-3

EXHIBIT #16

DATE 3-3-87

HB SJR# 1

## INDIAN HEALTH CARE COSTS

WHEREAS, counties, and health facilities must receive adequate reimbursement from the federal government for the higher costs incurred in treating the medically indigent, regardless of whether they may be Indians or non-Indian individuals; and

WHEREAS, reductions in funding of the Indian Health Service have added to the burden of payment for the treatment of medically indigent individuals who are enrolled members of Indian tribes; and

WHEREAS, as a direct result of reductions in funding of the Indian Health Service, medically indigent individuals who are enrolled members of Indian tribes often represent the majority of all indigents treated in health care facilities that are located in counties with reservations or adjoining reservations; and

WHEREAS, federal programs to compensate counties, and health facilities for treatment of the medically indigent currently do not provide sufficient reimbursement for the increased demands for services; and

WHEREAS, treatment of the medically indigent is financially supported primarily by revenues derived from taxes imposed on property on county tax rolls; and

WHEREAS, Indian trust lands are exempt from county property taxes, and are not included on county tax rolls, but from which come medically indigent enrolled tribal members who demand treatment at county, and local health facility expense;

NOW, THEREFORE, BE IT RESOLVED that the Montana Association of Counties supports efforts directed at urging Congress to correct the inadequate federal reimbursement to counties, and local health facilities for treatment of medically indigent individuals who are enrolled members of Indian tribes; and

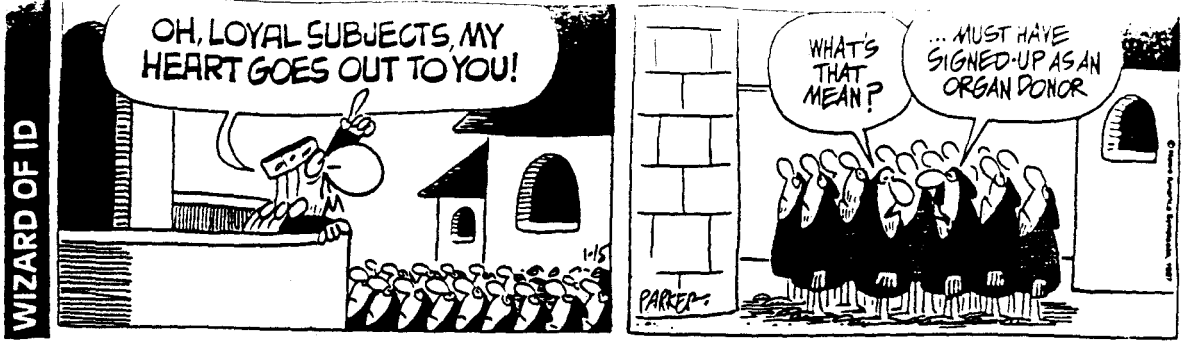
BE IT FURTHER RESOLVED that the Montana Association of Counties, in conjunction with the National Association of Counties calls on the President, and the Congress to maintain funding of the Indian Health Service programs to provide adequate health care for enrolled members of Indian tribes who are medically indigent.

SPONSORED BY: Districts 4-5

APPROVED AS AMENDED: ANNUAL CONVENTION, JUNE 12, 1985

86/87 CONTINUING RESOLUTION

REAFFIRMED: ANNUAL CONVENTION -JUNE 10, 1986




99TH CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPORT
99-1012

EXHIBIT #7
DATE 3-3-87
SB #6

# PROVIDING FOR RECONCILIATION PURSUANT TO SECTION 2 OF THE CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 1987

---

## CONFERENCE REPORT

TO ACCOMPANY

## H.R. 5300

OCTOBER 17, 1986.—Ordered to be printed

---

U.S. GOVERNMENT PRINTING OFFICE
64-554 O WASHINGTON : 1986

EXHIBIT #8
DATE 3-5-87
SB #1

# WITNESS STATEMENT

NAME DAVID LACKMAN BILL NO. SB 6

ADDRESS 1400 Winne Avenue , Helena, MT 59601 443-3494 DATE ~~1/16/87~~ 3/3/87

WHOM DO YOU REPRESENT? Montana Public Health Association

SUPPORT XXX OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY. SB6 Requiring Hospital Administrator to request anatomical gift. (Lybeck) ~~1/16/87 Senate Public Health~~
Comments: ~~1:00 P.M. Room 410~~ 12:30 P.M. Rm 312 D 3/3/87 House Human Services

1. There is an acute shortage of organs for transplantation; especially kidneys.. Recently a priest in our diocese died because a kidney was not available when needed. His condition deteriorated until it became too late for one..

2. The cost, to medicaide and medicare, of the kidney dialysis program is approaching two billion dollars per year. Increased transplantations would lower this cost dramatically.

We consider this to be ~~xxxxxxxx~~ desireable legislation. It would result in making people more aware of the need for organs.

DBL

Improved methods of transporting organs puts Montana in the running - even small hospitals!

[illegible] HOSPITAL PROTOCOLS FOR ORGAN PROCUREMENT AND STANDARDS FOR ORGAN PROCUREMENT AGENCIES

(a) IN GENERAL.—Title XI of the Social Security Act is amended by inserting after section 1142 the following new section:

"HOSPITAL PROTOCOLS FOR ORGAN PROCUREMENT AND STANDARDS FOR ORGAN PROCUREMENT AGENCIES

"SEC. 1143. (a)(1) The Secretary shall provide that a hospital meeting the requirements of title XVIII or XIX may participate in the program established under such title only if—

"(A) the hospital establishes written protocols for the identification of potential organ donors that—

"(i) assure that families of potential organ donors are made aware of the option of organ or tissue donation and their option to decline,

"(ii) encourage discretion and sensitivity with respect to the circumstances, views, and beliefs of such families, and

"(iii) require that an organ procurement agency designated by the Secretary pursuant to subsection (b)(1)(A) be notified of potential organ donors; and

"(B) in the case of a hospital in which organ transplants are performed, the hospital is a member of, and abides by the rules and requirements of, the Organ Procurement and Transplantation Network established pursuant to section 372 of the Public Health Service Act (in this section referred to as the 'Network').

"(2) For purposes of this subsection, the term 'organ' means a human kidney, liver, heart, lung, pancreas, and any other human organ or tissue specified by the Secretary for purposes of this paragraph.

"(b)(1) The Secretary shall provide that payment may be made under title XVIII or XIX with respect to organ procurement costs (or portion of such costs) incurred by a hospital only if such costs are payments made to an organ procurement agency that—

"(A) is a qualified organ procurement organization (as described in section 371(b) of the Public Health Service Act) that is operating under a grant made under section 371(a) of such Act or (ii) has been certified or recertified by the Secretary within the previous two years as meeting the standards to be a qualified organ procurement organization (as so described);

"(B) meets the requirements that are applicable under such title for organ procurement agencies;

"(C) meets performance-related standards prescribed by the Secretary;

"(D) is a member of, and abides by the rules and requirements of, the Network;

"(E) effectively organs within its service area and nationally, in accordance with medical criteria and the policies of the Network; and

"(F) is designated by the Secretary as an organ procurement organization payments to which may be treated as organ procurement costs for purposes of reimbursement under such title.

"(2) The Secretary may not designate more than one organ procurement organization for each service area identified in section 371(b)(1)(A) of the Public Health Service Act under paragraph (1)(A)."

(b) EFFECTIVE DATE.—(1) Section 1138(a) of the Social Security Act shall apply to hospitals participating in the programs under title XVIII and XIX of such Act as of October 1, 1987.

(2) Section 1138(b) of such Act shall apply to costs of organs procured on or after October 1, 1987.

VISITORS' REGISTER

HUMAN SERVICES AND AGING COMMITTEE

BILL NO. SENATE JT. RES. # 1 DATE MARCH 3, 1987

SPONSOR SEN. GAGE

| NAME (please print) | RESIDENCE | SUPPORT | OPPOSE |
|---|---|---|---|
| Debra Jones | Women's Lobbyist Fund | | |
| Gordon Morris | MACo | X | |
| Nina Anders | Women Lobbyist Fund | X | |
| AL. Clayborn | Helena MT | X | |
| W H Randall | Public City Mt | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

HUMAN SERVICES AND AGING COMMITTEE

BILL NO. SENATE BILL # 6 DATE MARCH 3, 1987

SPONSOR SEN. LYBECK

| NAME (please print) | RESIDENCE | SUPPORT | OPPOSE |
|---|---|---|---|
| William L Ennis | 59417 - Helena | ✓ | |
| David Lackman | MT Pub. Hlth. Assn. | ✓ | |
| Jim Kembell | Great Falls Int | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

HUMAN SERVICES AND AGING COMMITTEE

BILL NO. SENATE BILL NO. 18 DATE MARCH 3, 1987

SPONSOR SEN. PINSONEAULT

| NAME (please print) | RESIDENCE | SUPPORT | OPPOSE |
|---|---|---|---|
| Debra Jones | Women's Lobbyist Fund | X | |
| Pleasa Sanders | Women's Lobbyist Fund | X | |
| DL Claybourn | Helena Mt. | X | |
| Norma Hanks | " | X | |
| [illegible] | [illegible] | X | |
| [illegible] | Senator | X | |
| [illegible] | [illegible] | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

HUMAN SERVICES AND AGING COMMITTEE

BILL NO. SENATE BILL NO. 17 DATE MARCH 3, 1987

SPONSOR SEN. PINSONEAULT

| NAME (please print) | RESIDENCE | SUPPORT | OPPOSE |
|---|---|---|---|
| Debra James | Women's Lobbyist Fund | X | |
| [illegible] | Women Lobbyist Fund | X | |
| D.L. CLAYBORN | Helena mt. | X | |
| John Hendrickson | SP | X | |
| [illegible] | [illegible] | X | |
| [illegible] | 27th SD | X | |
| W H Randall | Butte City Dist | | |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.