

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 24, 1987 in room 312-D of the State Capitol.

ROLL CALL: All members were present.

HOUSE JOINT RESOLUTION 45

Rep Cal Winslow, Billings, gave a brief overview of the legislation which requests a study of the cost of mandating health insurance benefits.

PROPONENTS

REP LES KITSELMAN

LAURIE EKANGER, Administrator, State Personnel Division

DAVID EVANSON, Montana University System

STEVE WALDRON, executive director, Montana Council of Mental Health Centers, presented exhibit 1 in support of the legislation which provides summaries of research findings and discussions on the utilization of rates, costs, and expenditures associated with providers of mental health services.

There were no opponents.

REP WINSLOW then closed the testimony on HJR 45.

HOUSE BILL 886

REP WINSLOW opened testimony on HB 886 and submitted amendments to the proposed bill (exhibit 2). He related an issue from the Human Services Subcommittee where a transient hitchhiking through the state happened to fall off a cliff by Great Falls, and at this point the state has paid \$150,000 in medical bills for this individual. He noted this bill addresses the non medical general relief area and doesn't affect any other area. He stated this legislation makes it clear that neither the state or the county will be responsible for medical care of non residents. He clarified that the purpose of the amendments to the legislation is to make it clear that non residents of the state will receive only temporary emergency assistance as provided in section one (1).

PROPONENTS

DAVE LEWIS, director of Social and Rehabilitative Services (SRS), stated the bill was drafted in response to the Human Services Subcommittee's concern with the potential situation

of individuals coming into the state for medical treatment and the responsibility falling on the counties. Mr Lewis said that at the present time in the 44 non state assumed counties the statute says the county is responsible for the treatment of illness or accidental injury of transients passing through the county. He stated this legislation protects the counties and the state from individuals who could come into the state for medical care and shifts the cost from the state to the medical providers for accidental injuries.

OPPONENTS

BILL LEARY, Montana Hospital Association, stated the organization reluctantly opposes the bill as currently drafted, and specifically the repeal of section 53-3-307 MCA. He read his prepared text (exhibit 3) in opposition of the proposed legislation and urged opposition to the repeal of section 53-3-307 MCA and to change the title by striking out "eliminating payments for medical assistance to nonresidents of the state".

JERRY LOENDORF, Montana Medical Association, expressed his concerns with section three (3) and questioned if ambulance services, upon learning that they will not be reimbursed for picking up an injured person, would choose to not serve those individuals.

REP WINSLOW then closed testimony on HB 886. He noted that it may not be a tremendously good idea, as it is a cost shift, but stated that the fact of the matter was that Montana's health care costs are out of control, with this area being a very blatant example. He concluded by saying that \$30,000 a year was put into the budget for temporary assistance other than medical care, and if the proposed legislation doesn't pass, then the program would realistically need more money to alleviate the necessity of funding a supplemental request.

EXECUTIVE SESSION - SENATE BILL 170

REP SANDS made a motion to accept the six (6) amendments in exhibit 4 for Senate Bill 170.

A voice vote was taken and the motion PASSED, with Rep Corne' and Rep Squires voting no.

REP SIMON made a motion to accept the amendment in exhibit 5 for Senate Bill 170.

A voice vote was taken and the motion FAILED, with Rep Simon, Rep Patterson, Rep Squires, and Rep Strizich voting yes.

REP SANDS made a motion that Senate Bill 170 BE CONCURRED IN.

A voice vote was taken and the motion PASSED, with Rep Corne', Rep Nelson, and Rep Squires voting no.

EXECUTIVE ACTION - SENATE BILL 246

REP KITSELMAN covered the amendments and areas of concern that were reviewed by the subcommittee and presented the recommendations from the subcommittee to the full committee.

REP KITSELMAN then made a motion to accept the amendments to Senate Bill 246.

REP SIMON requested a letter from the committee to the Legislative Auditor's office requesting a performance audit be performed on the Certificate of Need process.

A voice vote was taken and the motion PASSED unanimously.

REP KITSELMAN made a motion that SB 246 BE CONCURRED IN as amended, including the statement of intent.

A voice vote was taken and the motion PASSED, with Chairman Gould, Rep Compton, Rep Squires, Rep Strizich voting no.

EXECUTIVE ACTION - HOUSE BILL 886

REP SIMON made a motion to accept the amendments to House Bill 886 submitted by Rep Winslow.

A voice vote was taken and the motion PASSED, with Rep Hansen and Rep Russell voting no.

REP SIMON then made a motion to accept HB 886 as amended.

A roll call vote was taken and the motion PASSED, with ten (10) voting for the bill and eight (8) voting against the bill.

EXECUTIVE ACTION - HOUSE JOINT RESOLUTION 45

REP SIMON made a motion to pass HJR 45.

A voice vote was taken and the motion PASSED, with Rep Cody voting no.

The meeting was adjourned at 2:30 p.m.



R. Budd Gould, Chairman

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

50th LEGISLATIVE SESSION -- 1987

Date March 24, 1987

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

STANDING COMMITTEE REPORT

MARCH 24, 1987

19

Mr. Speaker: We, the committee on HUMAN SERVICES AND AGING

report HOUSE JOINT RESOLUTION NO. 45

do pass
 do not pass

be concurred in
 be not concurred in

as amended
 statement of intent attached

REP. R. BUDD GOULD,

Chairman

REQUESTING A STUDY OF THE COST OF MANDATING HEALTH INSURANCE BENEFITS



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STANDING COMMITTEE REPORT

MARCH 24, 1987

19

Mr. Speaker: We have a bill on HUMAN SERVICES AND AGING

report BILL NO. 170

do pass be concurred in as amended
 do not pass be not concurred in statement of intent attached

REP. R. BUDD GOULD,

Chairman

1. Title, line 10.

Following: "PRESCRIBE"

Insert: "CERTAIN"

2. Page 4, line 7.

Strike: "drugs used for"

Insert: "those drugs approved by the board for use in"

3. Page 4, line 8.

Following: "ADWEKA."

Insert: "Chronic open angle glaucoma may be treated, but not other forms of glaucoma."

4. Page 6, line 6.

Following: "diagnosis"

Strike: "and"

Insert: ", "

Following: "treatment"

Insert: ", and management"

5. Page 6, line 21.

Strike: "use"

Insert: "diagnosis, treatment, and management"

6. Page 8, Following: line 12

Insert: "NEW SECTION. Section 6. Optometric oversight committee

-- members -- duty to investigate complaints. (1)(a) There is an optometric oversight committee composed of five members. The members are:

(i) two physicians, one of whom must be an ophthalmologist and the other a member of the board of medical examiners, who are appointed by the board of medical examiners;

(ii) two optometrists who are members of the board of optometrists and who are appointed by the board of optometrists; and

(iii) one pharmacist who is a member of the board of pharmacy and who is appointed by the board of pharmacy.

(b) The members of the committee shall elect a chairman from their members. Members of the committee are entitled

REP. JAN BROWN WILL CARRY THIS BILL IN THE HOUSE OF REPRESENTATIVES

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to compensation and travel expenses as provided for in 37-1-133. Members' compensation and travel expenses and committee clerical and administrative expenses must be paid by the board of optometrists from funds appropriated to the board for its ordinary operations.

(2) A meeting of the committee must be called by any of the represented boards upon receipt of a signed written complaint regarding the diagnosis, treatment, or management of ocular disease as it relates to therapeutic drug usage by an optometrist.

(3) Each of the represented boards shall upon receipt of a complaint concerning the diagnosis, treatment, or management of ocular disease by an optometrist, forward a copy of the complaint to the members of the committee. Each member of the committee shall, subject to applicable confidentiality requirements, have access to all records related to therapeutic drug usage of the board of optometry concerning the optometrist against whom a complaint has been filed.

(4) The committee may investigate any complaint that it believes has a valid basis. The investigation may include:

- (a) requiring the complainant, if injuries have been alleged, to submit to a physical examination;
- (b) examination of hospital and other medical records;
- (c) interviews of the complainant and the accused optometrist; and

(d) other avenues of inquiry tending to prove or disprove the complaint but that do not raise the formality of the investigation to the level of a contested case administrative hearing.

(5) Based on the findings of its investigation, the committee may:

(a) recommend to board of optometrists that no further action be taken regarding the complaint;

(b) recommend to the board of optometrists that no action be taken against the subject optometrist, but that the board should review its rules and statutory provisions relating to the administration of prescription drugs by optometrists to amend the rules or propose legislation to prevent similar occurrences; or

(c) recommend that the board of optometrists initiate disciplinary proceedings.

(6) If the committee recommends that the board of optometrists initiate disciplinary proceedings, the board must take necessary action to begin disciplinary proceedings.

(7) (a) A copy of the committee's decision must be mailed to the complainant.

(b) If the committee makes a decision under subsection (5) (b) or (5) (c), the board of optometrists shall respond to the committee's decision in writing. The response must be addressed to the board of medical examiners and the board of pharmacy.*

Renumber: subsequent section.

STANDING COMMITTEE REPORT

MARCH 24,

19 87

HUMAN SERVICES AND AGING

Mr. Speaker: We, the committee on

report **SENATE BILL NO. 246**

- do pass
 do not pass

- be concurred in
 be not concurred in

- as amended
 statement of intent attached

REP. R. BUDD GOULD,

Chairman

1. Page 10, line 13.

Following: "organization,"

Insert: "preferred provider organization,"

2. Page 10.

Following: line 14

Insert: "(36) "Preferred provider organization" means an organization that contracts with health care providers to pay the entire cost of health care services provided to enrolled members who have prepaid for those services and that may pay for a portion of the services provided to an enrollee by a noncontract health care provider."

Renumber: subsequent subsections

3. Page 17, line 21.

Following: "estate,"

Insert: "health maintenance organization, preferred provider organization,"

4. Page 17.

Following: line 22

Insert: "(26) "Preferred provider organization" means an organization that contracts with health care providers to pay the entire cost of health care services provided to enrolled members who have prepaid for those services and that may pay for a portion of the services provided to an enrollee by a noncontract health care provider."

Renumber: subsequent subsections

5. Page 20, line 9

Strike: "\$100,000"

Insert: "\$150,000"

REP. WINSLOW IS CARRYING THE BILL IN THE HOUSE OF REPRESENTATIVES

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STATEMENT OF INTENT
SENATE BILL 246
House Health and Human Services Committee

A statement of intent is prepared for this bill because the committee felt it was necessary to insure compliance with legislative intent in furtherance of the extension of rulemaking authority provided in section 11.

The legislature contemplates that the department of health and environmental sciences will continue to monitor the effects of certificate of need and other factors that control capital expenditures and development of health care service capacity. By December 1, 1988, the department must provide for the 1989 legislature an evaluation of the need to continue the certificate of need program beyond June 30, 1989, and identify any alternative legislation that would be needed if certificate of need were to be discontinued. It is also this committee's intent that the legislative audit committee review, and if possible, make a performance audit, of the certificate of need process and make its recommendation to the 1989 legislature.

MD

STANDING COMMITTEE REPORT

MARCH 24,

19 87

Mr. Speaker: We, the committee on HUMAN SERVICES AND AGING

report HOUSE BILL NO. 336

do pass
 do not pass

be concurred in
 be not concurred in

as amended
 statement of intent attached

REP. R. BUDD COULD,

Chairman

1. Title, line 3.

Strike: "SECTION"

Insert: "SECTIONS"

2. Title, line 9.

Following: "53-3-201"

Strike: ", "

Insert: "AND 53-3-314,"

3. Page 2, lines 4 through 6.

Strike: "person" on line 4 through "become a" on line 6

4. Page 2, line 6.

Strike: "shall be"

Insert: "of the state is"

Following: "eligible"

Insert: "to apply for"

5. Page 2.

Following: line 16

Insert: "Section 3. Section 53-3-314, MCA, is amended to read:

"53-3-314. County of financial responsibility. (1) The county responsible for benefits provided under this chapter is the county of residence of the person making application for assistance.

(2) Medical costs covered by general relief medical assistance are the financial responsibility of the treated person's county of residence. Institutionalization for medical assistance does not change such residency.

~~(3) General relief medical assistance for a transient is the responsibility of the county in which the nonresident's illness or injury requiring medical attention initially occurred."~~

Renumber: subsequent sections

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ROLL CALL VOTE

HUMAN SERVICES AND AGING

COMMITTEE

DATE 3/24/87

BILL NO. HB 886

NUMBER 1

NAME	AYE	NAY
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

TALLY

10

8

Secretary

Chairman

MOTION: Rep Simon made a motion to accept House Bill 886 as
amended.

BIBLIOGRAPHY: UTILIZATION AND COSTS OF MENTAL HEALTH BENEFITS

Provided below are summaries of research findings/discussion on utilization rates and costs, and expenditures associated with mental health services of providers.

Blue Cross of Western Pennsylvania. (1976). The effects of outpatient psychiatric utilization on the costs of providing third-party coverage (Research Series 18). Pennsylvania: Jameson, J., Shuman, L.J., & Young, W.W.

Summary: Despite the rising number of people receiving outpatient mental health care coverage, there is still a reluctance on the part of third-party payors to provide such coverage and the inability of practitioners to agree on treatment plans and to provide evidence of treatment success. This study measured the difference in other medical costs after initiation of mental health treatment. This study concentrated on 136 persons making at least one outpatient mental health claim to Blue Cross of Western Pennsylvania. Data showed that following mental health care contact, the monthly cost per patient for medical services dropped from \$16.47 to \$7.06, a \$9.41 savings. Inpatient and outpatient medical visits decreased by more than 54%. This data is further analyzed in terms of sex, age, and employment level. The authors present several factors that must be considered prior to the conclusion that mental health care utilization will decrease medical utilization and costs.

Eastwood, M.R., & Trevelyan, M.H. (1972). Relationships between physical and psychiatric disorders. Psychological Medicine, 2, 363-372. (on-order)

Feuerberg, M.A. (1984). Provider types, settings, utilization, and expenditures for mental health conditions. Unpublished draft.

Summary: Using data from the National Medical Care Utilization and Expenditures Survey (NMCUES), estimates are obtained for the number of persons seen annually for ambulatory mental health care, for the choice of provider and setting of care, and for the level of utilization and cost of care. In 1980, an estimated 13.6 million people, 6.0% of the population, made an estimated 90.4 million visits to mental health care providers. Of the total group reporting mental health conditions, 54.8% made only 1-2 visits per year, accounting for only 9.5% of total expenditures for mental health visits, while 7.3% are high utilizers of care and provide for 44.2% of the total expenditures. Setting varies with utilization. Of the expenditures for low utilizers, 12.2% of the costs are for visits to office based psychiatrists, while 38.6% are for visits to M.D.'s. For high utilizers, visits to psychiatrists account for 29.8% of the costs and visits to psychologists 40.4% of the costs. Insurance coverage for these costs varies by type of provider.

Frank, G.R., & Kamlet, M.S. (1985). Direct costs and expenditures for mental health care in the United States in 1980. Hospital & Community Psychiatry, 36, 165-168. (on-order)

Gabbara, J., & Smith, W.H. (1982). Psychiatry-psychology conflict: Origins in training. Journal of Psychiatric Treatment and Evaluation, 4, 203-208. (on-order)

Psychologists and Union Mental Health Benefits: Design for the Future. (1983) GLS Associates, Philadelphia, PA.

Summary: Research review indicates: Utilization of mental health services falls into predictable and insurable patterns. Authors summarized two major points: even with the most generous benefits, users of outpatient mental health services had fewer than 20 visits per episode; utilization patterns differ by provider setting in that plans such as BC/BS have fewer users per thousand but higher average numbers of visits per episode. On the issue of adding psychologists as a class of provider, research shows that the addition of psychologists to health benefit plans can actually decrease cost per enrollee of these plans. Conclusions were based on the development of relative cost units by type of benefit package. Researchers assumed no increase in users/1000 and a 5% increase in users/1000. This study also summarized basic info on utilization rates: NIMH, based on epidemiological studies dating from 1954 through 1973, has estimated that in any given year, 15 percent of the population will suffer from mental disorders, with 10% of the population having a mental disorder at any point in time. Of persons with mental disorders who received care, it was estimated that 73% were seen solely in the general health sector; 19% were seen in the specialty mental health area, 8% have seen both. Over half of all of the patients seen for mental disorders received care from non-psychiatric physicians. Trends in utilization of mental health services have been toward increased emphasis on outpatient care, with a large proportion of the care being rendered by non-psychiatric physicians.

Goldberg, I.D., Allen, G., Kessler, L.G., et al. (19). Utilization of medical services after short-term psychiatric therapy in a prepaid health plan setting. Medical Care, 19, 272-286. (on-order)

Hankin, J.R., Steinwaches, D.M., et al. (1982) Use of general medical care services by persons with mental disorders. Archives of General Psychiatry, 39, 225-231. (on-order)

Jones, O.F. (1976). Three years findings of the Insight program, Unpublished report, Utah Copper Division of the Kennecott Copper Corporation, Salt Lake City. (on-order)

Jones, O.F., & Vischi, T. (1979). Impact of alcohol, drug abuse, and mental health treatment on medical care utilization: A review of the literature. Unpublished report. Rockville, MD: Alcohol, Drug Abuse, and Mental Health Administration.

AMENDMENTS TO HB 886
(Introduced Bill Copy)
Re: Temporary Emergency Assistance, etc.

1. Title, Line 8.
Following: "AMENDING"
Strike: "SECTION"
Insert: "SECTIONS"
2. Title, Line 9.
Following: "53-3-201,"
Insert: "AND 53-3-314,"
3. Page 2, Lines 4 through 6.
Following: "Any"
Strike: remainder of line 4 through "become a" on line 6 in their entirety
4. Page 2, line 6.
Following: "resident"
Insert: "of the state of Montana"
Following: "eligible"
Insert: "to make application"
5. Page 2, line 17.
Following: line 16
Insert: "Section 3. Section 53-3-314, MCA is amended to read:
53-3-314. County of financial responsibility.
(1) The county responsible for benefits provided under this chapter is the county of residence of the person making application for assistance.
(2) Medical costs covered by general relief medical assistance are the financial responsibility of the treated person's county of residence. Institutionalization for medical services does not change such residency.
~~(3) General-relief-medical-assistance-for-a-transient--is--the--responsibility--of--the--county--which--the--nonresident's--illness--or--injury--requiring--medical--attention--initially--occurred--"~~

Renumber: remaining sections

Purpose: To make clear that nonresidents of the state of Montana will receive only temporary emergency assistance as provided in section 1. The amendments further clarify that medical assistance is not available to nonresidents.

House BILL NO. 886

INTRODUCED BY WINSLOW, BRADLEY, SWITZER

BY REQUEST OF THE HOUSE APPROPRIATIONS COMMITTEE

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR TEMPORARY EMERGENCY ASSISTANCE: LIMITING THE AMOUNT OF NONMEDICAL GENERAL RELIEF ASSISTANCE: ELIMINATING PAYMENTS FOR MEDICAL ASSISTANCE TO NONRESIDENTS OF THE STATE: AMENDING SECTION SECTIONS 53-3-201, "AND 53-3-314, MCA; REPEALING SECTION 53-3-307, MCA; AND PROVIDING AN EFFECTIVE DATE."

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

NEW SECTION. Section 1. Temporary emergency assistance.

(1) Temporary emergency assistance may be provided to those persons whose income and resources meet the criteria set forth in 53-3-205 but who are not otherwise eligible for general relief assistance.

(2) Temporary emergency assistance is limited to the following:

(a) food, for no more than 3 days in any 12-month period;

(b) transportation to return to the state of residence or origin; and

(c) shelter, for no more than 3 days in any 12-month period.
(3) Nonstate-assumed counties may adopt a plan of temporary assistance.

Section 2. Section 53-3-201, MCA, is amended to read:

"53-3-201. Residency requirements. (1) Any person otherwise qualified who makes his home in Montana with the intent to become a resident OF THE STATE OF MONTANA shall be eligible TO MAKE APPLICATION for general relief.

(2) If a person is absent from the state voluntarily, he is ineligible for general relief in Montana.

(3) Aliens found to be illegally within the United States are not eligible for relief from state funds.

(4) Nonresidents or interstate transients may receive temporary relief from county funds emergency assistance in cases of extreme necessity and destitution unless they are returned at state expense to their state of residence or origin only as provided in (section 1)."

SECTION 3. SECTION 53-3-314, MCA IS AMENDED TO READ:

53-3-314. County of financial responsibility.

(1) The county responsible for benefits provided under this chapter is the county of residence of the person making application for assistance.

TESTIMONY IN OPPOSITION TO HB 886

EXHIBIT 3
DATE 3-24-87
HB # 886

by

William E. Leary, Special Consultant
Montana Hospital Association

We reluctantly must oppose this bill as currently drafted, specifically the repeal of Section 53-3-307 MCA.

Montana hospitals must morally, if not legally, accept, assess and treat all persons who appear at our emergency rooms and if a physician so orders, admit these persons for more extensive treatment regardless of whether they are residents of the state or not.

If there is a car accident that involves transients, the hospital is the second (after the ambulance) health care provider to see the victim or victims.

The law has always been clear in mandating that the county where the accident happened is responsible for the medical and hospital care of said transients.

Certainly, the hospital is going to try their best to locate any third party payer or any funds that the transient may have to cover the hospitalization, but if all this fails, we must look to the county for payment.

Montana hospitals have already accepted a two year freeze on Medicaid reimbursement for taking care of the qualified Medicaid clients - now to deny us the opportunity to collect from the counties for accidents that may occur to the transients who are traveling through our state is almost more than we can bear.

Isn't it enough that we charged off \$5.7 million in Medicaid discounts in 1985 and \$6.4 million in Medicaid discounts in 1986, plus \$1.6 million charity care in 1985 and \$2.4 million charity care in 1986?

How much more is this legislature going to tell us to switch to the other users of care? How much is too much before we have to close down some of our rural hospitals or increase our rates high enough to pay for all these losses?

As a native of Montana I, too, am very concerned about the stories of busloads of transients being brought from other states so they can take advantage of our liberal welfare laws, but I must, and you must, feel compassion for the transient traveling through the state who becomes involved in an accident. Have the counties or the state that administer the state assumption program documented that the payout for medical and hospitalization expenses for accidents to transients is exorbitant?

I urge your opposition to the repeal of Section 53-3-307 MCA and to change the title by striking out "Eliminating Payments for Medical Assistance to Nonresidents of the State;".

Work experience and training program — aid to families with dependent children program. Title 53, ch. 2, part 7. State general relief assistance — state to establish work program, 53-2-822.

53-3-305. Effect of refusal to work. Any recipient of general relief who is subject to the provisions of 53-3-303 and 53-3-304 and who without cause refuses to perform work assigned to him as therein provided shall lose his eligibility for general relief for 1 week for each refusal.

History: En. Sec. 5, Part 2, Ch. 82, L. 1937; amd. Sec. 13, Ch. 129, L. 1939; amd. Sec. 1, Ch. 180, L. 1963; amd. Sec. 28, Ch. 121, L. 1974; amd. Sec. 1, Ch. 208, L. 1974; amd. Sec. 29, Ch. 37, L. 1977; R.C.M. 1947, 71-307(3).

53-3-306. Repealed. Sec. 28, Ch. 670, L. 1985.

History: En. 71-302.2 by Sec. 1, Ch. 225, L. 1974; amd. Sec. 25, Ch. 37, L. 1977; R.C.M. 1947, 71-302.2(part); amd. Sec. 2, Ch. 450, L. 1979.

53-3-307. County medical assistance not to be paid from state funds — exception. (1) County general relief medical assistance under 53-3-206 shall not be entitled to be paid from state funds.

(2) Medical expenses arising from accidental injury to interstate transients shall be paid from county funds and reimbursed by the state upon submission of a proper claim.

History: En. 71-302.2 by Sec. 1, Ch. 225, L. 1974; amd. Sec. 25, Ch. 37, L. 1977; R.C.M. 1947, 71-302.2(part); amd. Sec. 26, Ch. 670, L. 1985.

Compiler's Comments

1985 Amendment: In (1), inserted "general relief" and substituted "53-3-206" for "53-3-103".

53-3-308. Responsibility for general relief. (1) The county boards of public welfare and the department, in accordance with this chapter and other relevant statutes, are responsible for the provision of general relief to indigent or misfortunate persons as follows:

(a) Counties without state-assumed welfare services shall provide general relief consistent with their duties as specified in Title 53, chapter 2, parts 3 and 7, and this chapter.

(b) In counties with state-assumed welfare services, general relief must be provided by the department and must be consistent with its duties as specified in Title 53, chapter 2, part 8, and this chapter.

(2) In counties without state-assumed welfare services, general relief must be paid from the county poor fund as authorized in 53-2-321 through 53-2-323.

(3) In counties with state-assumed welfare services, general relief must be paid from and may not exceed money available through:

(a) a general appropriation for such purpose;

(b) county mill levies as provided for in 53-2-813; and

(c) federal or other assistance.

History: En. Sec. 3, Ch. 670, L. 1985.

53-3-309. Form of relief. The choice as to the form or forms of relief provided is at the discretion of the county welfare department in counties

Amend SB 170, Third reading copy, blue.
Rep. Sands

Version of =====> 3/24/87 COMMITTEE CONSIDERATION

1. Title, line 10.

Following: "PRESCRIBE"

Insert: "CERTAIN"

2. Page 4, line 7.

Strike: "drugs used for"

Insert: "those drugs approved by the board for use in"

3. Page 4, line 8.

Following: "ADNEXA."

Insert: "Chronic open angle glaucoma may be treated, but not other forms of glaucoma."

4. Page 6, line 6.

Following: "diagnosis"

Strike: "and"

Insert: " , "

Following: "treatment"

Insert: " , and management"

5. Page 6, line 21.

Strike: "use"

Insert: "diagnosis, treatment, and management"

6. Page 8, Following: line 12

Insert: "NEW SECTION. Section 6. Optometric oversight committee -- members -- duty to investigate complaints. (1)(a) There is an optometric oversight committee composed of five members. The members are:

(i) two physicians, one of whom must be an ophthalmologist and the other a member of the board of medical examiners, who are appointed by the board of medical examiners;

(ii) two optometrists who are members of the board of optometrists and who are appointed by the board of optometrists; and

(iii) one pharmacist who is a member of the board of pharmacy and who is appointed by the board of pharmacy.

(b) The members of the committee shall elect a chairman from their members. Members of the committee are entitled to compensation and travel expenses as provided for in 37-1-133. Members' compensation and travel expenses and committee clerical and administrative expenses must be paid by the board of optometrists from funds appropriated to the board for its ordinary operations.

(2) A meeting of the committee must be called by any of the represented boards upon receipt of a signed written complaint regarding the diagnosis, treatment, or management of ocular disease as it relates to therapeutic drug usage by

EXHIBIT 2
DATE 3-4-17
HB SB170

Amend Senate Bill 170

1. Page 4, line 7.
Following: "of"
Insert: "topical"
Following: "drugs"
Insert: "and oral antibiotics"

