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

March 23, 1987

The meeting of the Senate Public Health, Welfare and Safety Committee was called to order by Chairman Dorothy Eck on March 23, 1987, in Room 410 of the State Capitol.

ROLL CALL: All members of the committee were present.

CONSIDERATION OF HOUSE JOINT RESOLUTION NO. 37: Rep. Wm. Glaser, District # 98, explained the purpose of the resolution as one to help control medical costs for the elderly by asking physicians to participate in the Medicaid-Medicare sponsored "Participating Physicians Program" and asking Congress to continue to examine the appropriateness of medical rates. The bill states that physicians costs have increased at several times the rate of inflation and that a significant number of Montana's elderly population forego medical care because of the cost.

PROPONENTS: Elsie Latham Lee, Montana Senior Citizens, urges unanimous passage.

Doug Campbell, Board Member, Montana Senior Citizens, stated that the resolution urges all physicians in Montana to accept Medicare's reasonable approved rates as their full charge for services to Medicare patients. Overall, medical rates are rising, and from 1979 to 1983, doctors' rates rose at an annual rate of 20.6%, although they have not risen since then. H.B. 415 would have required all health care providers to charge no more than Medicare's approved rates for Medicare patients. It was tabled in committee. Medicare gives a 4% bonus to participating physicians, but only 14% of Montana physicians have joined. Fourteen states are working on the Medicare issue because they are aware of the ever-increasing burden of medical costs on the elderly. The bill will publicize the issue, help to educate doctors and the public and let Congress know that Montana is concerned. Exhibit # 1.

Judith Carlson, Montana Senior Citizens Association, described the difference between Medicare and Medicaid, Medicare being a health insurance program for which all Social Security recipients are eligible and Medicaid being a "means tested" program, i.e. welfare. The Federal Government pays fees to providers based on their "usual and customary" charges and their rates may be a couple of years behind what physicians now charge. This resolution asks that physicians be willing to be "participating physicians", to accept Medicare assignment, which the federal government has guaranteed to be 80% of the charge. The resolution also asks that the Federal Governemnt study the differential between specialists and generalists and cognitive and intrusive procedures to determine the fairness of rates. Exhibit # 2.

Jerome Loendorf, Montana Medical Association, testified in support of the resolution, but recommended a modification. He explained that up until 1984 a doctor could decide if he wanted to bill a patient the full amount of a bill, and then the Medicare payment plan paid a rather arbitrary amount of the bill. In 1984, that changed and the doctor always got paid a set part of the fee, as shown in the billing examples. Exhibit # 3.

Billing samples showed charges of a person on private insurance, Medicare and from a person who could afford to pay his own bill. Since 1984, there have bee no raises in Medicare physicians' fees for the elderly. But Medicare costs have risen because the Federal government has taken money out of the program, the number of elderly has increased, and the government continually decreases the individual amount paid. The resolution points the finger at physicians, whose costs, such as liability insurance, supplies, and salaries, are going up. The physician is caught in the middle of the Medicare freeze. Everyone who uses the services of doctors pays, but costs to the middle class are also rising. Costs could be spread more fairly among the whole population, and the MMA urges that the resolution be modified to urge Congress to primarily give support to those who need it.

OPPONENTS TO H.J.R. 37: Dr. Van Kirke Nelson, President, Montana Medical Association, testified in opposition because of inaccuracies in the bill. Lines 16-18 state that the older Montanans pay an average of $1,036 in out of pocket expenses above what Medicare pays, Medicare of Montana lists that figure at $264.80. Line 19 states that the cost of health care is escalating at 7% for everyone, but that is true only for those not covered by Medicare-medicaid. Line 22, which states that physicians' charges have increases at several times the rate of inflation, is inaccurate, since physicians have not increased their charges to Medicare and Medicaid patients since 1982. Those who are covered by third party insurance have seen an increase through cost shifting. The statement in Line 24 that a significant portion of Montana's population foregoes medical care because of its high costs is probably not true, considering the availability of care in Montana and the fact that the state has one of the lowest neonatal death rates in the nation. Medicare-Medicaid also makes no differential between generalists and specialists in payment. MMA recommends the addition of three words, "based on need" on P. 2, line 23. Exhibit # 4.

Rep. Glaser closed with the statement that he had heard the same arguments in the House and that the committee is now the judge.

CONSIDERATION OF HOUSE BILL NO. 690: Rep. William Glaser, District # 98, described the purpose of the bill as one to allow the manufacture, sale, possession and distribution of three drugs used to treat MS in the state of Montana, for those patients whose doctors have prescribed the medications for them. The FDA decided in June, 1986, to no longer allow these drugs. Rep. Glaser briefly described the disease of MS, from which his daughter suffers, and the relief that she and twenty five other MS patients have found from using the treatment involving the use of these drugs.

DISCUSSION OF HOUSE BILL NO. 690: Sen. McLane: Is this legal in any other state?
Rep. Glaser: The FDA had allowed the drugs into the U.S. until June of 1986, when they banned the drugs because the instructions are in German and German testing standards are different. U.S. doctors have frequently sent their patients to German doctors for consultation.

Sen. Rassmussen: Will this state law override the FDA regulations?
Rep. Glaser: There is the possibility under this law to have the drugs manufactured here.

Sen. Williams: Is there any penalty for having these drugs?
Rep. Glaser: No, they just can't get them any more; and for most, their supplies are running out. They may have to go to Canada and smuggle them in.

Sen. Vaughn: If the bill passes, will the medications be available to any future patients?
Rep. Glaser: The House amended the bill to just the present twenty five patients.

Sen. Eck: Are attending physicians supporting this?
Rep. Glaser: Yes.

Sen. Rassmussen: Why should people be denied in the future?
Rep. Glaser: I just wasn't prepared to go that far.
Karen Renne: There is nothing in the bill that says that a new patient couldn't get the medication.

Sen. Norman: It is not clear in the bill that the physician must be licensed in Montana. Mr. Loendorf, are we speaking about a physician licensed in MT?
Mr. Loendorf: It isn't clear, but it should be a physician licensed in MT.

Sen. Himsl: On Sec. 8, why is that act in parentheses?
Karen Renne: That is a process for the codifiers, to enter that section in a larger section of the code.

Rep. Glaser: I ask your support of this bill. It is important for these patients to work with their doctors in Montana because of the other side effects of MS.

CONSIDERATION OF HOUSE BILL NO. 327: Rep. Tom Bulger, District # 37, sponsor of H.B. 327, stated that the purpose of the bill is to clarify the autopsy policy in this state for children who die from no obvious reason. There are two problem areas to be covered, the autopsy and the death scene investigation. The bill is in keeping with sound medical judgment and public policy.

SID is an unexplained cause of death and it is important to remember that all sudden deaths are not from SID. Many deaths are from accidents such as defective cribs, suffocation from plastic bags, overlying and hypothermia. Or there are congenital abnormalities. It is important to the parent to know the cause of death. In cases of child abuse, the cause of death is not always immediately obvious when the child is brought into the emergency room. Illinois and Minnesota make an autopsy mandatory; this law is like the California law which allows for the objection of the parent. It was a concern in the House that parents know what their rights are, and there is an amendment to this. Some physicians don't agree that parents should have the right to opt out. A parent of means may be able to pay a certifying physician so that he can opt out.

PROPONENTS: Dr. Don Rivers, Chief Medical Examiner for Montana, stated several reasons for the importance of this legislation: it would detect deaths from

from abuse, and head and stomach injuries are often not externally visible; it would be valuable for the counseling of the family and lay away suspicions of blame and guilt; the law would protect the coroners in the state from being sued because they ordered an autopsy; and the Federal government may help to pay some of the costs. Exhibit # 5.

Mark Murphy, Attorney General's staff, Medical Legal Adviser, stated the coroners can investigate deaths now, but they can be sued. The state's ability to investigate needs to be increased. An injury to a body is a liability to a parent. This law gives the coroners guidance in ordering autopsies.

OPPONENTS TO H.B. 327: Mickey Nelson, Coroner Lewis and Clark County, stated that the image of coroners is that they don't care; however, they do. He supported Sec. 1 of the bill because it provides the basic requirements for the office of coroner and is educational for coroners and for families. He stated that in his twelve years of experience, all infant deaths have been autopsied, and two were murders and two were accidents. Most of these deaths are being autopsied now (31 out of 34) without this bill. He questioned who the attending physician would be, what the fiscal note involves, who plans to pay the remainder of the fee, and if the state or federal governemnt would plan to pay forever. He also stated that the bill should be mandatory for everyone.

Sen. Norman: If a one-year-old is found dead, who is his physician?
Mickey Nelson: It probably would be the last one who he saw, or he is classified as having none.
Sen. Norman: Why is there a problem involved with this bill?
Mickey Nelson: There is always a pro and con to either side. For example, Liberace. The coroners would have no problem with mandatory autopsies.
Sen. Norman: But you don't necessarily want to make autposies mandatory?
Mickey Nelson: In Sec. 5, there are too many things doing for one but not for another. I have never have lost a case convincing a party to have an autopsy performed. Autopsies don't alsays say what the scene says is the cause of death.

Sen. Williams: Have you evaluated the amendment by the sponsor?
Mickey Nelson: I prefer the bill with the amendment.

Rep. Bulger closed by stating that the bill brings some uniform procedures to a difficult subject. Both autopsies and scene of death investigations are required. Coroners are required by law to have no special training. This bill gives them special instructions on what should be regulated. It is an attempt to balance feelings on both sides. The bill is also for the parent., to releive feelings of guilt and blame.

CONSIDERATION OF HOUSE BILL NO. 428: Rep. Mary Ellen Connelly, District # 8, sponsor of H.B. 428, stated that the purpose of the bill is to clarify the law on the utilization of funds generated from taxation of alcoholic beverages.

PROPONENTS: Curt Chisholm, Department of Institutions, stated that the bill is a houskeeping measure, designed to make sure that it is clearly

undertsood that a certain percentage of the money from alcohol taxes flows directly into the alcoholism treatment programs. The current statutory regulations are not quite specific on this.

DISCUSSION OF H.B. 428: Sen. Williams: Would that earmarked money have to be spent on an alcohol treatment program? What if there is little problem in a small county?
Curt Chisholm: Some counties are pooling resources to provide a single program, and we would like to clarify that the money allocated on the basis of the county's land area (15%) be specifically used for alcolholism treatment.

Rep. Connelly: In closing, the present programs are working, and this bill specifies that these programs be funded.

ACTION ON H.B. 750: Karen Renne presented the technical amendments to the bill and explained that they specify the date that the bill bill become effective. There was a question on knowing when implementation should occur.

Sen. Jacobson moved the amendments. The amendments passed unanimously.
Sen. Jacobson moved that H.B. 750 BE CONCURRED IN.
Sen. Himsl: Is this required now by the EPA?
George Ochenski, MEIC: This was passed under CERCLA, and our law would stay in place until the Federal committees are in place.
H.B. 750 passed unanimously; Senator Eck will carry.

ACTION ON H.B. 789: Karen Renne explained the amendments to H.B. 789, first explaining Rep. Harper's amendments which change the word "permitting" to "regulatory" in the statement of intent and in other sections of the bill. The amendment on P. 3, lines 6-7 relieves Burlington Northern concern about having carriers inspected in Montana by striking the common carrier as a storage facility.

Sen. Meyers moved the amendments.

Sen. Himsl: Isn't there a great deal of significance in changing the title from "permitting" to "regulatory"? Did the sponsor recommend this change?
George Oschenski: If the title change does not conflict with the original purpose, then the Legislative Council does not object.
Sen. Eck: Everyone supports the change.
Sen. Williams: Mr. Whitlach, are concerned with the change?
Art Whitlach: The intent of the bill is still there, but it is a major change.

The amendments to H.B. 789 passed unanimously.
Sen. McLane moved that H.B. 789 BE CONCURRED IN AS AMENDED. Sen. Himsl voted NO, and Sen. Norman's vote was left open. Sen. Hager will carry.

The meeting adjourned at 2:55 P.M.

Dorothy Eck

Chairman

DATE 3-23-87

COMMITTEE ON Senate Public Health

HJR 37

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One Support	Check One Oppose
[illegible]	Mt. Med Assn	HJR 37		
Judith H Carlson	MSCA	HJR 37	X	
M.E. "Micky" Nelson, Coroner	MT Coroner's Assn.	HB-327		X
Helen McKnight	MSCA	HJR37	✓	
Doug Campbell	MSCA		✓	
Elsie Leel	MSCA		✓	
Dorothy Garvin	MSCA		✓	
Sam Lee	MSCA		✓	
Warren Danforth	MSCA	HJ 37	✓	
Alice Campbell	M.S.C.A.	HR 37	✓	
MARK MURPHY	A.G.	HB327	✓	
Van Kirke Nelson	MMA	HB 37		✓
RON RIVERS	MED. EXAM.		✓	
Mildred Tournan	M.S.C.A.		✓	
Jennette Stivinson	MSCA		✓	
Elsie Day	MSCA		✓	
DeLoras Carter	MSCA		✓	
Marjorie Sheehan	MSCA.		✓	
Earl Skelly	M.SCA		✓	
Anne Leight	" " " "		✓	

(Please leave prepared statement with Secretary)

ROLL CALL

Public Health, Welfare and Safety COMMITTEE

50th LEGISLATIVE SESSION -- 1987 Date 3-23-87

NAME	PRESENT	ABSENT	EXCUSED
Dorothy Eck	X		
Bill Norman	X		
Bob Williams	X		
Darryl Meyer	X		
Eleanor Vaughn	X		
Tom Rasmussen	X		
Judy Jacobson	X		
Harry H. "Doc" McLane	X		
Matt Himsl	X		
Tom Hager			

Each day attach to minutes.

SENATE HEALTH & WELFARE
EXHIBIT NO. 1
DATE 3-23-87
BILL NO. HJ 37

Montana Senior Citizens Assn., Inc.

WITH AFFILIATED CHAPTERS THROUGHOUT THE STATE

P.O. BOX 423 - HELENA, MONTANA 59624

(406) 443-5341

23 March 1987

Madame Chair and Members of the Committee:

My name is Doug Campbell, and I am speaking as a member of the Board of Directors of the Montana Senior Citizens Associaiton. We urge you to vote "yes" on House Joint Resolution number 37.

This resolution urges all physicians in Montana to accept Medicare's reasonable approved rates as their full charge for services to Medicare patients. These rates were established by Medicare in 1984 to try to halt the constantly rising cost of medical services to the elderly, and the rapidly increasing drain on the Medicare fund, which was in danger of going bankrupt. Medical costs for a number of years have been increasing at an annual rate of two to three times the overall rate of inflation. In fact, the figures indicate that in 1986, medical costs rose at a rate seven times the inflation rate. During the five-year period from 1979 through 1983, doctors' charges rose at an annual rate of 20.6%. It is very clear that this situation cannot be allowed to continue if we are to be able to afford health care for our citizens, both young and old. Earlier in this session, MSCA asked Rep. Harry Fritz to introduce legislation addressing this issue.

This legislation, H.B. 415, would have required that all health care providers in the state charge no more than Medicare's approved rates for Medicare patients. This would have meant that Medicare would pay 80% of those charges and the patient the remaining 20%. There would have been no additional charges over these amounts. Unfortunately, H.B. 415 was tabled in Committee, but we still believe that the problem needs addressing, and thank Rep. Glazer for introducing this Resolution.

In January of 1987, Medicare gave a 4% bonus increase in Medicare's rates for those physicians who have enrolled in the "Participating Physician" program. When joining

this program, physicians agree to charge no more than Medicare's rates. In 1985, less than 14% of Montana's physicians were in full participation in this program, compared to 28% nationwide. We believe Montana's physicians should be able to do better than that.

The resolution also calls for HCFA, which administers Medicare, to examine the fairness of Medicare's rates. If there are inequities, we are certainly in favor of correcting them. To show that our efforts to address this problem by legislative action is not an isolated action, I would like to list the states that are working on the Medicare issue. These are Washington, Connecticut, Vermont, New Jersey, Ohio, California, Florida, Indiana, Iowa, Maryland, Oregon, Pennsylvania, Rhode Island and Illinois. As you can see there is a growing public awareness that something must be done to curb the ever-increasing burden that contantly increasing medical costs places on the elderly, especially those in with moderate to low incomes who comprise about 45% of the total. Many of us cannot afford supplemental insurance or at best only inadequate coverage. We ask your support of this resolution because we believe it will help us accomplish two objectives: 1) to publicize the issue and help us in our efforts to educate both seniors and doctors about the problem, and 2) it will let Congress know that we in Montana are concerned.

Thnak you.

SENATE HEALTH & WELFARE
EXHIBIT NO. 2
DATE 3-23-87
BILL HJ 37

TESTIMONY BEFORE THE SENATE PUBLIC HEALTH COMMITTEE
March 23, 1987

RE: HJR 37

A Joint Resolution of the Senate and the House Urging Physicians to Enroll in the Participating Physician Program and Asking the Congress to Examine the Appropriateness of Medical Rates.

This resolution was born in the House Business & Labor Committee as an outgrowth of HB 415. HB 415 would have required all health care providers to accept Medicare rates as their payment for Medicare patients. This bill was unacceptable to the medical community. But there was interest in showing some legislative concern for the problems of senior citizens and health care. Rep. Glaser suggested HJR as a way of doing this. We appreciate his and the Committee's concern.

Sometimes it is confusing when Medicare or Medicaid are discussed. Both are part of the Social Security Act. Medicare is the health insurance program for which all Social Security recipients are eligible - and that means all persons who are over 65 or disabled. It is an insurance program which has presumably been paid for by the recipient as part of their Social Security (FICA) taxes when they were working. Medicare is strictly a federal program.

Medicaid, on the other hand, is what is called a "means tested" program - in other words, welfare. People must apply for Medicaid at their local county welfare offices. They are not eligible unless they have very little in assets (resources) and income. Medicaid is a federal program but it is administered by the state and requires about 1/3 state financial support.

This resolution has nothing to do with Medicaid.

The federal government, in its Medicare program, pays fees to health providers that are based upon what those providers,

have charged as their "usual and customary" charges. These rates are a couple years behind the times and thus are not necessarily what physicians now charge. However, they're not way out of line depending upon what kind of physician or procedure is involved. As I understand it, Medicaid rates as set by the state are only about 60% of what Medicare rates are. So there may be a beef with the state rates. We're not talking about that.

We think physicians should be willing to be "participating physicians" - that is, to accept Medicare Assignment. If they sign such an agreement with the federal government, they receive their payment directly from the federal government for 80% of the fee and the patient pays the other 20% directly or has it covered by a supplemental insurance policy.

One thing about accepting Assignment - the health care provider is assured of receiving payment. So even though they may get somewhat less money, it is a sure thing with basically no bad debts.

One inequity which we think the federal government could study is the differential between specialists and generalists; and between what they call cognitive and intrusive procedures. (Explain). Is there any reason why a psychiatrist should get signigicantly less for an hour's work than a surgeon? Both could be performing life-saving work.

People should not have to be in the position of a beggar if they can't afford medical charges over and above what Medicare (their insurance program) allows. They know they have to pay the co-insurance of 20%. They don't want to ask the doctor to charge them less than other people. All of you must have dealt with older folks who simply DO NOT discuss money with anyone.

They will pay the same as everyone else - and then they will go without some other essential of life to make up for it.

In an effort to solve what we all think is a serious problem in our nation and our state, we encourage your support of this resolution. It will send signals to both health providers and the the federal government that we have a mutual problem we need to solve together.

Judith H. CArlson
for
Montana Senior Citizens Association

SENATE HEALTH & WELFARE

EXHIBIT NO. 3

DATE 3-23-87

BILL NO HJR 3 [illegible]

amount billed — first approved — amount due — adj off 115.40

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001041504156 1 2   360.00  255.80
001041504156 1 9    15.00   15.00
LO  041504156 1 5    12.00    3.00
MS  OTALS *         387.00  273.80  0.00 (54.16  270.80  3.00  0.00  0.00 217.44  ASG CL
                                    PAYMENT FOR CLINICAL LABORATORY SERVICES PERFORMED
                                    IS MADE AT 100% OF A FEE SCHEDULE AMOUNT ESTABLISHE
                                    THE PREVAILING CHARGE FOR THE CURRENT PROFILE YEAR
                                    CLAIMS AND AT 80% FOR NON-ASSIGNED CLAIMS.
                                    THIS IS AN ADJUSTMENT OF A CLAIM PREVIOUSLY PROCESSI
                                    AND REFLECTS CORRECTED PROCESSING.  ANY AMOUNT WITHI
                                    THE AMOUNT PAID ON THE ORIGINAL CLAIM.
                                    UNDER A NEW LAW WE HAVE REDUCED YOUR MEDICARE PAYME
                                    CENT FOR SERVICES YOU RECEIVED BETWEEN MARCH AND SE
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                                            .00       09 6 TOTAL
11/06/86 [redacted]   MEDICARE              217.44CR  60      D
11/06/86 [redacted]   MEDICARE ADJUSTMENT   115.40CR* 62      D
                                            332.84CR  11 6 TOTAL
                      TOTAL                 332.84CR
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This patient has Medicare and also a private insurance. Because he is self employed, he pays for a non-group plan insurance coverage. Apparently, he can collect in full from his private insurance and also from Medicare (plus the amount we have to adjust off adds to his credit). I had called Medicare to investigate which was primary. In this case - Medicare phoned me back to tell me to refund the patient. It is his money as his other insurance company is also bound to pay.

As you can see - That $379.50 went to pay a $387.00 charge. This check for $379.50 was sent to us in error. Normally it goes to the patient. There is no telling how much he has received previously.

Total Amount Billed $387.00
Medicare paid -217.44
Medicare adjustment -115.40
54.16 owing

Other insurance paid ↓
379.50
- 54.16 remaining amount owing.
325.34

In this case, the patient made $325.34 for going to the doctor.
[illegible] the patient made personal payment too.
[illegible] to collect [illegible]

In this case it doesn't seem worth it to accept assignment. Why not let us not adjust the $115.40. However - I have no idea how the system could accommodate control what + who gets to [illegible] we doesn't. - there are some within the system. would [illegible] only answer [illegible] to accept assignment [illegible]

SENATE HEALTH & WELFARE
EXHIBIT NO. 3
DATE 3-23-87
BILL NO HJR37

3/19/86	REPAIR OF LACERATION	122.00	456	D	461387
3/19/86	STERILE TRAY	14.00	9907028	D	461387
3/19/86	MEDICARE FILED	.00	MDCR	D	461387
		136.00	03 6 TOTAL		
3/24/86	BRIEF OFFICE CALL	21.00	90040	D	461721
3/24/86	MEDICARE FILED	.00	MDCR	D	461721
3/24/86	INS TO PATIENT	.00	95	D	461721
4/01/86	BRIEF OFFICE CALL	23.00	90040	D	462383
4/01/86	MEDICARE FILED	.00	MDCR	D	462383
4/01/86	INS TO PATIENT	.00	95	D	462383
		180.00	04 6 TOTAL		
4/15/86	STERILE TRAY	15.00	9907028	D	463212
4/15/86	COLL & HANDLNG SPEC	12.00	99000	D	463212
4/15/86	REMOVAL LESIONS CYST	360.00	454	D	463212
4/15/86	MEDICARE FILED	.00	MDCR	D	463212
4/15/86	INS TO PATIENT	.00	95	D	463212
4/21/86	MINIMAL SERVICE	.00	90030	D	463735
4/30/86	MEDICARE	14.42CR	60		
4/30/86	MEDICARE ADJUSTMENT	42.94CR	62	D	
5/05/86	MEDICARE	11.41CR	60		
5/05/86	MEDICARE ADJUSTMENT	6.71CR	62	D	
5/13/86	MEDICARE	11.41CR	60		
5/14/86	MEDICARE ADJUSTMENT	8.71CR	62	D	
5/19/86	BRIEF OFFICE CALL	23.00	90040	D	465924
5/19/86	MEDICARE FILED	.00	MDCR	D	465924
5/19/86	INS TO PATIENT	.00	95	D	465924
		494.40	05 6 TOTAL		
6/18/86	BRIEF OFFICE CALL	23.00	90040	D	468291
6/18/86	MEDICARE FILED	.00	MDCR	D	468291
6/18/86	INS TO PATIENT	.00	95	D	468291
		517.40	06 6 TOTAL		
7/28/86	PAYMENT RECEIVED	137.90CR	80		
7/28/86	INSURANCE PAYMENT	379.50CR	50		
7/30/86	BRIEF OFFICE CALL	23.00	90040	D	471038
7/30/86	MEDICARE FILED	.00	MDCR	D	471038
7/30/86	INS TO PATIENT	.00	95	D	471038

Charge of $58.00
Total amount of refunds $82.60

SENATE HEALTH & WELFARE
EXHIBIT NO. 3
DATE 3-23-87
BILL NO. HJR37

10617061761	1	58.00	21.80		0.00	0.00	0.00	0.00	0.00	0.00	ASG CLA
TOTALS *		58.00	21.80	21.80							

06/18/86 [redacted]	INITIAL LTD-FX	58.00		90010	D 468176
06/18/86 [redacted]	MEDICARE FILED	.00		MDCR	D 468176
06/18/86 [redacted]	INS TO PATIENT	.00		95	D 468176
		58.00		06 6 TOTAL	
08/11/86 [redacted]	PAYMENT RECEIVED	58.00CR		80	
		.00		08 6 TOTAL	
09/18/86 [redacted]	INSURANCE PAYMENT	46.40CR		50	
		46.40CR		09 6 TOTAL	
09/30/86 [redacted]	MEDICARE ADJUSTMENT	36.20CR		62	D
		82.60CR		10 6 TOTAL	
10/29/86 37476	REFUND	82.60		99	
		.00		11 6 TOTAL	
	TOTAL	.00			

charge of $58.00
Medicare paid $0 to deductible (Medicare has a Yearly deductible)
Medicare ass adj -36.20 our write off because we agree to accept assignment
$21.80 is owing

Refunds Mutual of Omaha Coverage does not recognize or accept Medicare approved amount or the fact we have to adjust due to our choice to accept assignment. They pay on the amount they approve & then subtract what Medicare paid, in this case $0 so Mutual of Omaha paid 46.40 - because we accept assignment we are only legally allowed to keep 21.80 resulting in an overpayment of $24.60
$24.60

(The patient had also paid the $58.00 in full resulting in a 2nd overpayment) we refunded $58.00 to pt.

The main point here is that the patient pays premiums for coverage and pays for the benefit and the doctor is not allowed to keep the money if he agrees to accept assignment, the patient actually makes money on every visit. In this case, the patient earned $24.60 for going to the doctor. Per phone call

SENATE HEALTH & WELFARE
EXHIBIT NO. B
DATE 3-23-87
BILL NO HJR37

No personal payments

2/20/85	BALANCE FORWARD		306.55			
2/30/85	CHARLES G	BRIEF OFFICE CALL	21.00	90040	D	455364
2/30/85	CHARLES G	EAR IRRIGATION	15.00	69210	D	455364
2/30/85	CHARLES G	CBC	17.70	85022	D	455364
2/30/85	CHARLES G	MEDICARE FILED	.00	MDCR	D	455364
2/30/85	CHARLES G	INS TO PATIENT	.00	95	D	455364
1/08/86	BARBARA R	BRIEF OFFICE CALL	21.00	90040	D	456034
1/08/86	BARBARA R	URN CLN VOID	12.60	8100022	D	456034
1/08/86	BARBARA R	CULTURE URINE	16.75	87086	D	456034
1/08/86	BARBARA R	MEDICARE FILED	.00	MDCR	D	456034
1/08/86	BARBARA R	INS TO PATIENT	.00	95	D	456034
1/16/86	CHARLES	INSURANCE PAYMENT	3.48CR	50		
1/20/86	CHARLES	INSURANCE PAYMENT	10.16CR	50		
1/20/86	BARB	INSURANCE PAYMENT	311.42CR	50		
			285.54	01 6 TOTAL		
1/21/86	CHARLES G	BRIEF OFFICE CALL	21.00	90040	D	457040
1/21/86	CHARLES G	MEDICARE FILED	.00	MDCR	D	457040
1/21/86	CHARLES G	INS TO PATIENT	.00	95	D	457040
1/21/86	BARBARA R	BRIEF OFFICE CALL	21.00	90040	D	457041
1/21/86	BARBARA R	CBC	17.70	85022	D	457041
1/21/86	BARBARA R	CHEMICAL BLD PROFILE	.00	8001990	D	457041
1/21/86	BARBARA R	URN CLN VOID	12.60	8100022	D	457041
1/21/86	BARBARA R	COLL & HANDLNG SPEC	11.00	99000	D	457041
1/21/86	BARBARA R	MEDICARE FILED	.00	MDCR	D	457041
1/21/86	BARBARA R	INS TO PATIENT	.00	95	D	457041
1/28/86	BARBARA R	BRIEF OFFICE CALL	21.00	90040	D	457561
1/28/86	BARBARA R	X RAY LUMBOSACRL SPN	108.00	72110	D	457561
1/28/86	BARBARA R	X RAY ELBOW	40.00	73070	D	457561
1/28/86	BARBARA R	CBC	17.70	85022	D	457561
1/28/86	BARBARA R	CHEMICAL BLD PROFILE	.00	8001990	D	457561
1/28/86	BARBARA R	SED RATE ESR	11.00	85650	D	457561
1/28/86	BARBARA R	URN CLN VOID	12.60	8100022	D	457561
1/28/86	BARBARA R	CULTURE URINE	16.75	87086	D	457561
1/28/86	BARBARA R	COLL & HANDLNG SPEC	11.00	99000	D	457561
1/28/86	BARBARA R	AMYLASE SERUM	.00	82150	D	457561
1/28/86	BARBARA R	MEDICARE FILED	.00	MDCR	D	457561

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)1 28/86	BARBARA R	INS TO PATIENT	.00	95	D	457561	
)1 30/86	BARBARA	MEDICARE	80.80CR	60			
)1/30/86	BARBARA	MEDICARE ADJUSTMENT	43.50CR	62	D		
)2/04/86	BARBARA R	LIMITED FX	~~28.00~~	90050	4	458191	
)2/04/86	BARBARA R	PAP SMEAR	.00	8815090	4	458191	
)2/04/86	BARBARA R	COLL & HANDLNG SPEC	~~11.00~~	99000	4	458191	
)2/04/86	BARBARA R	MEDICARE FILED	.00	MDCR	4	458191	
)2/04/86	BARBARA R	INS TO PATIENT	.00	95	4	458191	
)2/04/86	BARBARA	MEDICARE 1-13-87 OK	200.32CR	60			
)2/04/86	BARBARA	MEDICARE ADJUSTMENT OK	109.60CR	62	D		
)2/06/86	BARBARA R	EXTENDED FX	~~53.00~~	90070	3	458518	
)2/06/86	BARBARA R	ECG	~~53.00~~	93000	3	458518	
)2/06/86	BARBARA R	CBC	17.70	85022	3	458518	
)2/06/86	BARBARA R	POTASSIUM SERUM	~~18.30~~	84132	3	458518	
)2/06/86	BARBARA R	COLL & HANDLNG SPEC	~~11.00~~	99000	3	458518	
)2/06/86	BARBARA R	MEDICARE FILED	.00	MDCR	3	458518	
)2/06/86	BARBARA R	INS TO PATIENT	.00	95	3	458518	
)2/10/86	BARBARA	MEDICARE 12-5-86	11.76CR	60			
)2/10/86	CHARLES	MEDICARE 12-30-86	29.92CR	60			
02/10/86	BARBARA	MEDICARE ADJUSTMENT OK	6.30CR	62 25	3		
)2/10/86	CHARLES	MEDICARE ADJUSTMENT OK	19.10CR	62	D		
)2/13/86	BARBARA R	D & C NONOBSTETRICAL	~~360.00~~	58120	4	H20076	
02/13/86	BARBARA R	MEDICARE FILED	.00	MDCR	4	H20076	
02/13/86	BARBARA R	INS TO PATIENT	.00	95	4	H20076	
)2/13/86	BARBARA	INSURANCE PAYMENT	50.08CR	50			
02/13/86	KENNETH	MEDICARE	38.94CR	60			
02/13/86	KENNETH	WELFARE ADJUSTMENT	4.66CR	92	D		
)2/13/86	KENNETH	MEDICARE ADJUSTMENT	29.25CR	62	D		
)2/20/86	BARBARA	MEDICARE F-8	28.22CR	60			
02/20/86	BARBARA	MEDICARE ADJUSTMENT OK	19.25CR	62	D		
			487.19	02 6 TOTAL			
)2/26/86	BARBARA R	BRIEF OFFICE CALL	~~21.00~~	90040	D	459548	
02/26/86	BARBARA R	MEDICARE FILED	.00	MDCR	D	459548	
02/26/86	BARBARA R	INS TO PATIENT	.00	95	D	459548	
)2/26/86	BARBARA	MEDICARE	30.72CR	60			
02/26/86	BARBARA	MEDICARE ADJUSTMENT	28.70CR	62	D		

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2/26/86	CHARLIE	MEDICARE ADJUSTMENT	6.60CR	62	D	
3/05/86	BARBARA	MEDICARE 1-28 #D	131.10CR	60		
3/05/86	BARBARA	MEDICARE 2-6-86	80.80CR	60		
3/05/86	BARBARA	MEDICARE ADJUSTMENT 2-6 OK	83.25CR	62	D	
3/05/86	BARBARA	MEDICARE ADJUSTMENT OK	56.90CR	62	3	
3/05/86	BARBARA	MEDICARE ADJUSTMENT	8.00CR (2) (ω)	62	4	
3/05/86	BARBARA	MEDICARE 2-4	15.00CR	60		
3/12/86	BARBARA R	BRIEF OFFICE CALL	~~21.00~~	90040	D	460539
3/12/86	BARBARA R	MEDICARE FILED	.00	MDCR	D	460539
3/12/86	BARBARA R	INS TO PATIENT	.00	95	D	460539
3/13/86	BARBARA	INSURANCE PAYMENT	10.38CR	50		
3/13/86	BARBARA	INSURANCE PAYMENT	2.94CR	50		
3/13/86	CHARLES	INSURANCE PAYMENT	4.68CR	50		
3/20/86	BARBARA	POST-OP EXAM	.00	90026	4	461366
			70.12	03 6 TOTAL		
3/26/86	BARBARA R	PROCEDURE	~~360.00~~	261	D	461859
3/26/86	BARBARA R	COLL & HANDLNG SPEC	11.00	99000	D	461859
3/26/86	BARBARA R	MEDICARE FILED	.00	MDCR	D	461859
3/26/86	BARBARA R	INS TO PATIENT	.00	95	D	461859
4/03/86	BARBARA R	BRIEF OFFICE CALL	~~23.00~~	90040	D	462537
4/03/86	BARBARA R	MEDICARE FILED	.00	MDCR	D	462537
4/03/86	BARBARA R	INS TO PATIENT	.00	95	D	462537
4/07/86	BARBARA	MEDICARE 2-26-86	11.52CR	60		
4/07/86	BARBARA	MEDICARE ADJUSTMENT 2-26-86 OK	6.60CR	62	D	
4/16/86	BARBARA	MEDICARE 3-12-87	11.41CR	60		
4/16/86	BARBARA	INSURANCE PAYMENT	23.70CR	50		
4/16/86	BARBARA	MEDICARE ADJUSTMENT OK	6.71CR	62	D	
4/16/86	BARBARA R	PROCEDURE	~~288.00~~	261	D	463410
4/16/86	BARBARA R	MEDICARE FILED	.00	MDCR	D	463410
4/16/86	BARBARA R	INS TO PATIENT	.00	95	D	463410
			692.18	04 6 TOTAL		
4/22/86	BARB	INSURANCE PAYMENT	31.52CR	50		
5/02/86	BARBARA	INSURANCE PAYMENT	35.28CR	50		
5/02/86	BARBARA	INSURANCE PAYMENT	5.76CR	50		
5/07/86	BARBARA R	BRIEF OFFICE CALL	~~23.00~~	90040	D	465090
5/07/86	BARBARA R	STREP SLIDE TEST	~~16.50~~	86282	D	465090

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05/07/86	BARBARA R	MEDICARE FILED	.00	MDCR	D	465090	
05/07/86	BARBARA R	INS TO PATIENT	.00	95	D	465090	
05/07/86	KENNETH G	BRIEF OFFICE CALL	23.00	90040	D	465091	
05/07/86	KENNETH G	MEDICARE FILED	.00	MDCR	D	465091	
05/07/86	KENNETH G	MEDICAID FILED	.00	MDCD	D	465091	
05/07/86	KENNETH	MEDICAID CO-PAY	1.00CR	88			
05/13/86	BARBARA	MEDICARE 3-26	248.17CR	60			
05/13/86	BARBARA	MEDICARE 4-3	11.41CR	60			
05/13/86	BARBARA	MEDICARE ADJUSTMENT ok	60.91CR	62	D		
05/13/86	BARBARA	MEDICARE ADJUSTMENT ok	8.71CR	62	D		
			351.92	05 6 TOTAL			
06/09/86	BARBARA R	BRIEF OFFICE CALL	23.00	90040	3	467616	
06/09/86	BARBARA R	ECG	58.00	93000	3	467616	
06/09/86	BARBARA R	CHEMICAL BLD PROFILE	.00	8001990	3	467616	
06/09/86	BARBARA R	COLL & HANDLNG SPEC	12.00	99000	3	467616	
06/09/86	BARBARA R	MEDICARE FILED	.00	MDCR	3	467616	
06/09/86	BARBARA R	INS TO PATIENT	.00	95	3	467616	
06/12/86	BARBARA	MEDICARE 4-16	165.77CR	60			
06/12/86	BARBARA	MEDICARE ADJUSTMENT	80.37CR	62	D		
			198.78	06 6 TOTAL			
06/23/86	BARBARA R	INSURANCE PAYMENT	64.80CR	50			
06/26/86	KENNETH	MEDICARE ADJUSTMENT	7.90CR	62	D		
07/11/86	BARBARA	INSURANCE PAYMENT	41.86CR	50			
			84.22	07 6 TOTAL			
07/22/86	KENNETH	WELFARE	10.30CR	91			
07/29/86	KENNETH G	WELFARE ADJUSTMENT	15.10CR	92	D		
07/30/86	BARBARA	MEDICARE 2-13-86 Bmc	226.90CR	60			
07/30/86	BARBARA	MEDICARE ADJUSTMENT ok	133.10CR	62	4		
07/30/86	BARBARA	MEDICARE ADJUSTMENT ok	9.87CR	62	D		
08/05/86	KENNETH	WELFARE ADJUSTMENT	12.70CR	92	D		
08/06/86	BARBARA	MEDICARE 6-9-86 mmb	40.52CR	60			
08/06/86	BARBARA	MEDICARE 5787 Bmb	26.61CR	60			
08/06/86	BARBARA	MEDICARE ADJUSTMENT ok	43.00CR	62	3		
08/14/86	BARBARA R	BRIEF OFFICE CALL	23.00	90040	D	472142	
08/14/86	BARBARA R	CBC	19.50	85022	D	472142	
08/14/86	BARBARA R	URN CLN VOID	13.90	8100022	D	472142	

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8/14/86	BARBARA R	MEDICARE FILED	.00	MDCR	D	472142
8/14/86	BARBARA R	INS TO PATIENT	.00	95	D	472142
			377.48CR	08 6 TOTAL		
9/03/86	BARBARA R	INSURANCE PAYMENT	16.49CR	50		
9/04/86	BARBARA	MEDICARE [illegible]	27.91CR	60		
9/04/86	BARBARA	MEDICARE ADJUSTMENT ok	25.47CR	62	D	
			447.35CR	09 6 TOTAL		
0/07/86	BARBARA	INSURANCE PAYMENT	3.02CR	50		
			450.37CR	10 6 TOTAL		
1/14/86	BARBARA R	LIMITED PX	31.00	90050	2	478689
1/14/86	BARBARA R	CBC	19.50	85022	2	478689
1/14/86	BARBARA R	STREP SLIDE TEST	16.50	86282	2	478689
1/14/86	BARBARA R	MEDICARE FILED	.00	MDCR	2	478689
1/14/86	BARBARA R	INS TO PATIENT	.00	95	2	478689
1/20/86	KENNETH	MEDICAID CO-PAY	1.00CR	88		
			384.37CR	11 6 TOTAL		
1/19/86	KENNETH G	BRIEF OFFICE CALL	23.00	90040	D	479125
1/19/86	KENNETH G	MEDICARE FILED	.00	MDCR	D	479125
1/19/86	KENNETH G	MEDICAID FILED	.00	MDCD	D	479125
1/19/86	CHARLES G	BRIEF OFFICE CALL	23.00	90040	D	479124
1/19/86	CHARLES G	MEDICARE FILED	.00	MDCR	D	479124
1/19/86	CHARLES G	INS TO PATIENT	.00	95	D	479124
2/17/86	CHARLES	MEDICARE	12.00CR	60	D	
2/17/86	BARBARA	MEDICARE	39.65CR	60	2	
2/17/86	BARBARA	MEDICARE ADJUSTMENT	23.35CR	62	2	
2/17/86	CHARLES	MEDICARE ADJUSTMENT	8.00CR	62	D	
			421.37CR	12 6 TOTAL		
		TOTAL	421.37CR			

MONTANA MEDICAL ASSOCIATION

[illegible] Avenue • Suite 12 • Helena, Montana 59601

March 23, 1987
Monday

TO: SENATE PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE
DOROTHY ECK, CHAIRMAN

RE: HOUSE JOINT RESOLUTION #37

Dear Chairman Eck and Members of the Committee:

This letter is written in opposition to House Joint Resolution #37 because of inaccuracies in the bill.

I will take the concerns by line.

Lines 16 through 18 - older Montanans do not pay an average of $1,616 out of pocket expenses above what Medicare and supplemental insurance cover. Hal Rawson, Plan Administrator for Medicare in Montana, states that "out of pocket expenses for co-insurance and deductibles which include disabled and aged population averages $264.80 per enrollee in Montana. Further, of the claims not assigned, 122,341, the average per capita unpaid portion per Montana citizen is $101.56.

Line 19 - the cost of health care is escalating at 7% only to those not covered by Medicaid and Medicare. The group caught in between through the shifting of costs through increased costs of doing business, i.e. supplies, salaries, and increased malpractice costs. Medicaid and Medicare compensation has been frozen since 1982. Therefore, no increase to this segment of the population. Indeed, the Montana State Department of Revenue reveals that the median income of physicians has not risen since 1983 and indeed recent statistics indicate a drop in the median income.

Further, the cost of health care has not risen several times the rate of inflation but two times the rate of inflation (from Medicare statistics).

Line 22 - WHEREAS, the charges by physicians have increased at several times the rate of inflation is simply not true. There has been no physician increase in charges to the Medicare and Medicaid recipient since 1982, these frozen by state and federal legislation. There has been an increase through cost shifting to the group between, those covered by third party insurance and out of pocket expense.

Line 24 - WHEREAS, a significant portion of Montana's population foregoes medical care because of its high costs is simply also not true. Montana stands out as having probably the best availability of care of any state in the union, this is proven by Medicaid and access to care for the Medicaid recipient as it relates to obstetrical care further substantiated by the lowest neonatal death rate in the United States for its citizens. Medicare further admits that there is not a denial of care to its Montana recipients.

I would call to your attention the statistics as provided by the State Department of Health and Environmental Sciences.

Further, I would like to point out that on page 2, line 20, regarding the differential between generalists and specialists - that third party payors, Medicaid and Medicare make no differential between the "generalists" and the "specialists."

Further, on page 2, line 23, would add three words, "based on need" at the end of line 23.

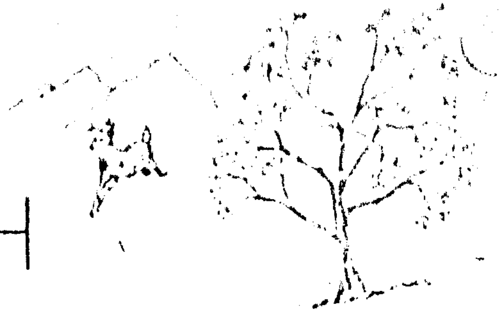
Thank you very much for your consideration.

Cordially,

Van Kirke Nelson, M.D.
President

VKN:lc

TREASURE STATE HEALTH



VOL. 34 NO. 3 SUMMER 1985 MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Latest Available Figures on Health Care Costs Show Montanans Fare Better Than Rest of U.S.

The latest available health care figures present an [illegible] [illegible] Montanans and [illegible] in the United States.

First of all, the good news is that the rate of increase in costs has decreased for the nation and markedly for Montanans. The bad news is the costs of staying healthy continue to accelerate by the millions in the state and billions in the nation, running far ahead of inflation.

[illegible]

Additionally, the [illegible] the average [illegible] for Montanans [illegible] our annual dental [illegible] cheaper [illegible] than the country's average.

[illegible] drug [illegible] [illegible] $27 [illegible] national average.

When it comes to [illegible] plain as though the costs [illegible] Montanans and the rest of the [illegible] with [illegible] average annual cost per capita of $25.

The only major division of health care which costs Montanans more than residents of the rest of the country is nursing home and home health care, where we pay 111% of the national average.

Now here's a look at all the figures in detail:

Montanans spent $3[illegible] million for health care in 1983, the most recent year for which figures are available. That was 9.7 percent more than the $[illegible]5.9 million total for 1982; however, the rate of increase [illegible] percent.

[illegible]

[illegible]

Meanwhile, Montana's per capita expenditure [illegible] percent and the national figure was [illegible] percent higher.

Differing methods of accumulating and presenting the figures make it impossible to determine if the wide variance in state versus national per capita expenditures means Montanans are that much healthier and require less care, get more care for their health dollars, or if their total costs are determined differently.

The Montana figure [illegible] in a report compiled by [illegible] of the health planning and resource development bureau of the Montana Department of Health and Environmental Sciences.

The continuing acceleration of Montana and national health care expenditures — both nearly three times the 1983 inflation rate of 3.8 percent — adds emphasis to efforts by state and national governments to control such costs.

- **Hospital costs again topped both state and national lists, accounting for 36.5% of Montanans' total costs and 41.4% of the $355.4 billion total national health care expenditures. Montanans' $349.3 million expenditure in this category represents $420 per person** [illegible] per person.

- [illegible]

- [illegible] Montanans [illegible]

- [illegible] in the state's [illegible]

The [illegible] of Montana's health care expenditures for 1983, by type, amount, and percentage of the total, are:

Research and construction of medical facilities, $57.2 million [illegible]; expenses for prepayment and administration, $52.4 million [illegible]; drugs and drug sundries, $47.4 million [illegible]; other professional services, $44.3 million, 4.9%; government public health, $37.6 million, 4.2%; other health services, $28.6 million, 3.2%; and eyeglasses and appliances, $20.6 million, 2.3%.

When it comes to the source of the funds to pay these health care expenditures, Montanans paid

(Continued on Page 2)

Note 1

1. In general

Medical examiner is empowered by this section to retain body portions of autopsy subject for further criminal investigation. Tillman v. Detroit Receiving Hosp. (1984) 360 N.W.2d 275, 138 Mich.App. 683.

If requisite foundation is established showing integrity of results of test for alcoholic content

County medical examiner could become "person having charge of a corpse" within § 326.9 and could file a death certificate and, thereby, obtain a burial or removal permit as a person in charge of a corpse. Op.Atty.Gen.1973, No. 4770, p. 60.

2. Autopsy

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the morgue even though the deputy medical examiner is an agent or employee of a federal establishment. Op.Atty.Gen.1978, No. 5252, p. 320.

The role of a prosecuting attorney in the performance of an autopsy is limited to issuance of a written order to the county medical examiner to conduct an investigation; after issuance of the order by the prosecuting attorney, the county medical examiner, if he believes it to be required, assumes full control and responsibility for arranging for an autopsy. Op.Atty.Gen. 1977, No. 4999, p. 415.

County medical examiner's decision not to order an autopsy to declare a cause of death was discretionary and therefore covered by protective cloak of governmental immunity. O'Toole v. Fortino (1980) 295 N.W.2d 867, 97 Mich.App. 797.

A county medical examiner may direct that an autopsy be performed by another person even where the autopsy is to be performed outside the state, but the county medical examiner continues to be responsible for the duties imposed upon him by the law. Op.Atty.Gen.1977, No. 4999, p. 415.

52.205a. Deaths of children under two, reports, autopsies

Sec. 5a. When a child under the age of 2 years dies within this state under circumstances of sudden death, cause unknown, or found dead, cause unknown, that death shall be immediately reported to the county medical examiner of the county wherein the body lies, whereupon the county medical examiner shall inform the parents or legal guardians of the child that they may request an autopsy performed on the child, the costs of which shall be borne by the state. An autopsy requested by the parents or legal guardians shall be arranged for by the county medical examiner and the parents or legal guardians shall be promptly notified of the results of that autopsy. The costs of the autopsy performed under this section shall be reported to the state director of public health who shall pay the account to the person entitled thereto out of funds appropriated for this purpose by the legislature. The reasonableness and propriety of all claims and accounts under this

section shall be passed upon and determined by the state director of public health. Nothing in this section shall be construed as interfering with the duties and responsibilities of the county medical examiner as defined in other sections of this act.

P.A.1953, No. 181, § 5a, added by P.A.1974, No. 350, § 1, Imd. Eff. Dec. 21, 1974.

Library References

Coroners ⇐14.
C.J.S. Coroners § 18.
M.L.P. Coroners § 1.

Notes of Decisions

1. In general

If an unwed mother of a deceased child whose autopsy is being requested is not emancipated, it is necessary to obtain her parents or guardians approval to permit the county medical examiner to perform an autopsy of her deceased child under two years of age. Op.Atty.Gen.1980, No. 5828, p. 1112.

According to this section and the Public Health Code, § 333.2855, one parent or guardian may sign the request for an autopsy to be performed on a child under two years of age whose cause of death is unknown, and the signature of an unwed mother is sufficient to authorize an autopsy without the determination of the identity of the child's father. Id.

52.206. Keeper of morgue, compensation

Sec. 6. If the body of a deceased person has been removed to a private morgue for examination upon the order of the medical examiner, the keeper of such morgue shall be allowed * * * compensation for his services as the county medical examiner deems reasonable. Compensation is to be paid out of the county treasury on the order of the examiner. Any expense incurred under the provisions of this act shall be within the appropriations made therefor by the county board of supervisors.

Amended by P.A.1969, No. 92, § 1, Imd. Eff. July 24.

1969 Amendment. Made corrective changes in wording and punctuation.

52.207. Investigation of death; inquest

Sec. 7. Upon the written order of the prosecuting attorney or the attorney general or upon the filing of a petition signed by 6 electors of a county, the county medical examiner or deputy shall conduct an investigation, as provided in section 5,[1] of the circumstances surrounding any death believed to have occurred in the county. Upon determination of the prosecuting attorney or upon the determination of the examiner an inquest shall be held by a district court judge or a municipal court judge.

Amended by P.A.1968, No. 274, § 1, Eff. Nov. 15; P.A.1969, No. 92, § 1, Imd. Eff. July 24.

[1] Section 52.205.

979.03. Autopsy for sudden infant death syndrome

If a child under the age of 2 years dies suddenly and unexpectedly under circumstances indicating that the death may have been caused by sudden infant death syndrome, the coroner or medical examiner shall notify the child's parents or guardian that an autopsy will be performed, at no cost to the parents or guardian, unless the parents or guardian object to the autopsy. The coroner or medical examiner shall conduct or shall order the conducting of an autopsy at county expense, unless parent or guardian requests in writing that an autopsy not be performed. If the autopsy reveals that sudden infant death syndrome is the cause of death, that fact shall be so stated in the autopsy report. The parents or guardian of the child shall be promptly notified of the cause of death and of the availability of counseling services.

Historical Notes

Source:
1983 Act 279, § 13, eff. April 27, 1984.

Prior Laws:
L.1977, c. 246, § 2, eff. April 22, 1978.
St.1981, § 979.125.

Former Sections:
St.1981, § 979.03 was repealed by 1983 Act 279, § 9, eff. April 27, 1984.

Cross References

Anatomical Gift Act, see § 155.06.
Consent, autopsies, see § 155.05.
Informational materials, sudden infant death syndrome, see § 146.026.
Medical examiner, evidence, see § 59.34.

Library References

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there is reason to believe from the circumstances surrounding the death that murder, manslaughter, homicide resulting from negligent control of a vicious animal, homicide by reckless conduct, homicide by negligent use

390.11 INVESTIGATIONS AND INQUESTS.

Subdivision 1. **Deaths requiring inquests and investigations.** The coroner shall in

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enters an order authorizing an autopsy or an exhumation and autopsy. Application for an order may be made by the coroner or by the county attorney of the county where the body is located or buried, upon a showing that the court deems appropriate.

Subd. 4. **Assistance of medical specialists.** If during an investigation the coroner believes the assistance of pathologists, toxicologists, deputy coroners, laboratory technicians, or other medical experts is necessary to determine the cause of death, the coroner shall obtain their assistance.

Subd. 5. **Inquest.** The record and report of the inquest proceedings may not be used in evidence in any civil action arising out of the death for which an inquest was ordered. Before an inquest is held, the coroner shall notify the county attorney to appear and examine witnesses at the inquest.

Subd. 6. **Records.** The coroner shall keep properly indexed records giving the name, if known, of every person whose death is investigated, the place where the body was found, the date, cause, and manner of death, and all other relevant information concerning the death.

Subd. 7. **Reports.** Deaths of the types described in this section must be promptly reported for investigation to the coroner by the law enforcement officer, attending physician, mortician, person in charge of the public institutions referred to in subdivision 1, or other person with knowledge of the death.

Subd. 8. **Coroner in charge of body.** Upon notification of a death subject to this section, the coroner or deputy shall proceed to the body, take charge of it, and, when necessary, order that there be no interference with the body or the scene of death.

Subd. 9. **Criminal act report.** On coming to believe that the death may have resulted from a criminal act, the coroner or deputy shall deliver a signed copy of the report of investigation or inquest to the county attorney.

Subd. 10. **Sudden infant death.** If a child under the age of two years dies suddenly and unexpectedly under circumstances indicating that the death may have been caused by sudden infant death syndrome, the coroner, medical examiner, or personal physician shall notify the child's parents or guardian that an autopsy is essential to establish the cause of death as sudden infant death syndrome. If an autopsy reveals that sudden infant death syndrome is the cause of death, that fact must be stated in the autopsy report. The parents or guardian of the child shall be promptly notified of the cause of death and of the availability of counseling services.

STANDING COMMITTEE REPORT

SCRHB799

March 23, 19 87

MR. PRESIDENT

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

having had under consideration House Bill 789 No.

third blue reading copy (color)

REVISES DEFINITION OF HAZARDOUS WASTE MANAGEMENT FACILITY

HARPER (HAGER)

Respectfully report as follows: That House Bill No. 789

BE AMENDED AS FOLLOWS:

1. Statement of intent, page 1, line 6.
Following: "rulemaking and"
Strike: "permitting"
Insert: "regulatory"

2. Statement of intent, page 1, line 10.
Following: line 9
Strike: "permits"
Insert: "regulation"

3. Statement of intent, page 1, lines 13 through 15.
Following: "facilities"
Strike: "undergo a review and approval process before the commencement of waste handling activities"
Insert: "are regulated to protect public health and the environment"

4. Statement of intent, page 2, line 10.
Following: "facilities;"
Insert: "and"

5. Statement of intent, page 2, line 14.
Following: "accidents"
Strike: "; and"
Insert: "."

~~DO PASS~~

~~DO NOT PASS~~

Chairman.

CONTINUED

March 23, 19 87

6. Statement of intent, page 3, lines 15 through 17.
Strike: subsection (6) in its entirety
Insert: "The legislature intends that the enforcement authority granted to the department under 75-10-413 through 75-10-421 apply to the rules adopted under this act."

7. Title, line 6.
Following: "ESTABLISH"
Strike: "PERMITTING"
Insert: "REGULATORY"

8. Page 3, lines 6 and 7.
Strike: ", WHOSE PRIMARY PURPOSE IS THE TRANSPORTATION"
Insert: "used for the transfer"

9. Page 8, line 18.
Following: "adopt"
Strike: "permitting"
Insert: "regulatory"

10. Page 8, lines 19 through 23.
Following: "facilities."
Strike: remainder of lines 19 through 23 in their entirety

11. Page 8, line 24 through line 1 on page 9.
Strike: subsection (3) in its entirety

BE CONCURRED IN

Senator Aklestad

STANDING COMMITTEE REPORT

SCR&U750

March 24, 19 87

MR. PRESIDENT

We, your committee on Public Health, Welfare and Safety

having had under consideration House Bill No. 750

third reading copy (blue color)

REVISING HAZARDOUS CHEMICAL RIGHT-TO-KNOW LAW

GILBERT (ECK)

Respectfully report as follows: That House Bill No. 750

BE AMENDED AS FOLLOWS:

1. Title, line 8.
Following: "PROVIDING"
Strike: "AN"
Insert: "A"

2. Page 6, line 17.
Following: "date."
Insert: "(1)"
Following: "act"
Insert: ", except for section 3, is effective on passage and approval.
(2) Section 3"

3. Page 6, line 18.
Following: "approval"
Strike: "IMPLEMENTATION OF"
Insert: "completion of the following sequence of events in Montana under"

4. Page 6, line 20.
Following: "1986"
Strike: "IN MONTANA"
Insert: ":
(1) the appointment of an emergency planning commission by the governor;
(2) the designation by the commission of emergency planning districts that together encompass the entire state; and
(3) the appointment of members to local planning committees in each district

DO PASS

~~DO NOT PASS~~

BE CONCURRED IN

Chairman.

Senator Eck