

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 51st LEGISLATURE - REGULAR SESSION

SUBCOMMITTEE ON HUMAN SERVICES

Call to Order: By Chairman Bradley, on February 6, 1989, at 8:08 A.M.

ROLL CALL

Members Present: All members were present.

Members Excused: None

Members Absent: None

Staff Present: Evan McKinney, LFA

Announcements/Discussion: Representative Bradley said Tuesday night is not good for Representative Menahan for the question and answer session, and it was set for Wednesday morning 7 to 8:30 a.m. She said she would invite the Institutions Committee to come if they could. She said they were going to try to finish Health by next Monday since they had to have time for Family Services, and we will do the orientation with Dr. Blouke. We have public hearings also in the next couple days from 10 to 10:30 or whatever it takes. Today it will be public hearing on Family Planning, Child Nutrition and Maternal and Child Health; tomorrow we will have perinatal and some of those programs.

HEALTH SERVICES DIVISION, DHES

Family/Maternal and Child Health Bureau:

Mr. Taliaferro introduced the people from his division who would be explaining their work to the committee as Dr. Pratt, Chief of the Family/Maternal and Child Health Bureau, and currently serving as director; Dave Thomas, Acting Bureau Chief and will present the program.

Dave Thomas (070) handed out EXHIBIT 1 as testimony. He touched on WIC, the Child Nutrition program, the Handicapped Children's Services, the Family Planning program and the FAM/MCH Bureau Administration.

Questions from the Committee:

Representative Cody asked if the WIC program was federal money and was told it is 100% federal. Rep. Cody asked if the

funds were being cut back and was told no, they are increased a slight amount, mostly because of the inflation rate. Rep. Cody said there is a bill in on extending the licensing of Day Care Centers. Is that going to have an effect here? She was told by Mr. Thomas he was not familiar with the particular bill. This is a reimbursable project. The Federal Government reimburses them for the meals and is 100% funded.

Senator Keating asked in the Handicapped program and the congenital problems in children, how it dovetailed with SRS. Do they handle the program that provides the service for the people you identify? Judy Wright, program manager, said they handle the children that come directly to them, but try not to compete with medicaid. Our income limits are the same as WIC, which is 100% of the poverty level. Medicaid's are much lower. If they are medicaid eligible then medicaid picks it up, otherwise this program does. Maternal Child Health is also 100% federally funded. Senator Keating asked if there is an overlap or duplication there and Ms. Wright said no, they do not take care of the things medicaid takes care of. If we have some services medicaid does not provide then we do provide those services. Senator Keating asked if the personnel has the same professional background and was told yes, they work directly with the physicians and have to be board certified.

Representative Cobb asked (163) how many children are you helping now. Ms. Wright said about 400 a year and direct payment for care to take care of physically handicapped, and around 300 a year in heart clinic, about 100 in cleft clinics and another 250 that go to the Regional Center in Billings that have other problems. Rep. Cobb asked how many were served through WIC. Mr. Thomas answered about 13,800 a month state wide. Rep. Cobb asked how these were handled and was told by Mr. Thomas that the 3 major benefits are the food benefits, the counseling conducted by local agency staff, usually dietitians, nutritionists, perhaps a home economist or a nurse with direct counseling. Rep. Cobb asked what was meant by the food benefits. Mr. Thomas said each client is provided with a food package determined to be beneficial for their particular condition prescribed by the local agency staff in the form of a voucher. The specific foods are written on it and the client counter signs in the office, takes it to a local grocery store and redeems it for those items. In answer to the question as to who the local agencies were, Rep. Cobb was told they usually contract with County governments or local health departments, but it also includes the 7 Indian reservations and 5 hospitals.

Rep. Cobb asked what occurs in the Family Planning Program and Suzanne Nybo, Program Manager handed out some fact sheets, attached as EXHIBIT 2.

Suzanne Nybo said they offer a wide variety of Preventive Health

Services which include education, counseling, physical examinations, cervical cancer screening, contraceptives, and all the services are provided under the supervision of a licensed physician. She went briefly through the fact sheet for the committee. In answer to a question from Rep. Cobb she said they were doing real well, the program is now serving 24,711 women a year and 81% of those (over 20,000) are low income. She referred to page 6 of the fact sheet (221) and said with the 15 programs they estimated they had prevented over 7500 unplanned pregnancies.

Senator Keating asked (221) how they can calculate that a birth is prevented, would it be through prevention of conception? Ms. Nybo answered yes. She said it was figured from a national statistical of figuring, see "source" at the bottom of page 6 on fact sheet.

Chairman Bradley said in one of the statistics you refer to breast disease, and asked if they had some success in breast cancer. Ms. Nybo said during the physical exam if they detect a breast finding they are referred out immediately to a physician. Rep. Cobb asked, (268) if someone was pregnant if they sent them to WIC or another service and was told yes, they have interagency coordination. There are federal standards, if a woman is pregnant she is to be referred out immediately for prenatal care.

Chairman Bradley asked about the many thousands of women Ms. Nybo had said they did not reach and asked the reason. Ms. Nybo said you reached those people through additional appropriations. She said they are now at capacity with the funding they get. She said to develop satellites and expand out they would need more money.

Representative Cobb said, the 14,000 you say you don't reach, is it a waiting list, or what? Ms. Nybo said this is an estimate of women who need subsidized family planning. This is from a National formula called Estimating Women at Risk for Family Services.

Representative Cobb asked if they were turning people away, or were serving all that were coming in. Ms. Nybo answered there is sometimes a wait of from 2 to 4 weeks, and basically the programs do not do a lot of out reach. We have priority to low income women, if there are more than we can handle, they have a policy of taking low income women first.

Representative Cody (323) asked what type of counseling do you do when you encounter an unwanted pregnancy. Ms. Nybo said the Federal Regulations dictate they do option counseling. Anyone who asks for information is to be given all the options.

Senator Keating asked what the options were, and Ms. Nybo

answered to continue the pregnancy, and in that case the person would be referred for prenatal services, if the situation warrants, referral to an adoption agency and also termination. We also help people who have wanted pregnancies.

Representative Cody asked how many low income women do you see that are repeatedly part of this system, those that come back or are they one time situations and Ms. Nybo said about 40% are new clients that come in and 61% are continuing to use the service. Chairman Bradley said some of them come in yearly for PAP smears and pay on a sliding scale, don't they?

Representative Grinde said there are educational programs (377), drugs, etc. and on national television commercials pertaining to not getting pregnant. He asked if we have something in the state, particularly in the High School area. Ms. Nybo said there are local programs that do community education which would provide instructions to schools. We don't have state wide media campaigns, but our local programs, under a federal grant, do community work. She said they work closely with the Healthy Mothers, Healthy Babies program. Rep. Grinde asked if Healthy Mothers, Healthy Babies is a private organization and was told yes. Representative Grinde asked how they were accepted in the schools or communities to present the programs how they were received. Ms. Nybo said some communities are, some are not. Rep. Grinde asked if it was morality and Ms. Nybo said there is an uncomfortableness in the whole area of sexuality, and she felt this was one reason programs could not get into some schools.

Karen Wojtanowicz, (430) Director of the Bridger Mountain Planning Program in Bozeman. She said they also have a satellite program in Dillon and represents two other directors who could not come because of weather, Karen Sloan, Hill County Planning Program in Havre and Dianne Manning, director of the Silver Bow Planning in Butte. She said in regard to the program in school systems, Ms. Nybo was correct. The Bridger Mountain Planning Program in Bozeman has been there for 16 years so credibility and growth has enhanced the believability in our services in the area of education. Now we are invited into the school system in the Jr. High and the Sr. High. She said part of the emphasis in the federal mandates for the Title 10 family programs are specific in terms of adolescent sexuality, all methods of birth control and abstinence, so it has an appeal in the type of programs we offer. She said the AIDS scare does get their attention and they give them education on sexual diseases, sexual barriers and abstinence.

Representative Cody asked if they ever address young men. Ms Wojtanowicz said the majority of the audience is young women, but there are some young men. They are more self

conscious. We have encouraged the male population to use the services, and are screening young men in Bozeman for sexually transmitted diseases. Many times young men will accompany their partners. Ms. Nybo said state wide they had served over 500 young men in the program last year. Rep. Cody said what she was thinking of was the AIDS scare and asked if they thought this might be getting young men to use the program. Ms. Rationes said they are one of the state sites for AID screening and testing program. The requirement in the program is education.

Senator Keating said he would like to understand the new work. Are the Family Planning Clinics private organizations, or are they state offices? Ms. Nybo said the state health Department has a contract with the 15 programs and they are a mixture of programs. She said 8 are local or city Health Department, 3 are planned parenthood affiliates, and the remaining 4 are private non-profit.

Chairman Bradley asked if the funding match vary with the sources, and was told no, it does not. It is 100% federally funded and the money is put together percentage wise, each program being funded on their performance.

Mr. Taliaferro said earlier there was some question on un-met needs, and they have a budget modification. Ms. Nybo explained this by saying the Executive budget had a modified for an additional 100,000 for the biennium. The funds would be directly allocated to the local programs to serve an additional 536 low income women a year. This would be general fund.

Rep. Grinde said this mod would go to local services. He asked if they set up on a regional basis or how since his area was so rural. He was told basically they serve women from all counties in Montana. Some of the programs institute out reach programs. In the past Lewistown has gone to some of the surrounding counties and worked with the public health nurse to get services. Rep. Grinde said \$50,000 a year doesn't seem to be a lot of money to apply over the state. Ms. Nybo said the money to the programs was based on the number of low income women they serve. Each program would be allowed to serve an additional number of women and given the money to serve them. She said they have statistics by county that are current to the last 2 months that tell us the number that need serving in each county in the state.

(601) Chairman Bradley asked if there were any questions on any portion of this program we have covered. Rep. Cody asked about the grants to counties to provide medical and dental services to women and children. How does this relate to medicaid and low income, what is the specific thing. Mr. Thomas answered he thought she was referring to a special program to provide special services to the migrant farm workers. Mr. Hoffman said that is the portion of the block

grant that is allocated to the 56 counties (735).

Representative Cody asked if this was a grant based on income and Mr. Hoffman said the Maternal and Child Care block grant requires income eligibility guidelines for services that are provided with those funds.

Tape 1, B (000) Representative Cobb asked about WIC , when you say income eligible, is that 185% of the poverty level, and was told yes.

Health Planning and Resource Development Bureau:

Mr. Taliaferro said the Health Planning Bureau is often called the Certificate of Need program (CON).

Charles Aagenes, Bureau Chief, Health Planning explained the program, his testimony is attached as EXHIBIT 3. He said his bureau has three primary missions. To conduct health Planning Activities, to collect, distribute and maintain health data and administer the CON program for health facilities.

Questions from the Committee: Representative Cody asked about the time needed to process a CON. Mr. Aagenes said sometimes it takes longer because of the time when the application was made, sometimes the applicants choose to drag it out. The basic process starts with a letter of intent and if that involves new beds or major medical equipment it goes through a "batch" process where we batch projects in the same area. During the time they need to submit the application some drop out. Generally it takes about 6 months to go through a CON. If an appeal it will take longer. Rep. Cody asked how they determine the fees, and was told Mr. Aagenes said they are set by the Legislature and are in the law. It is a minimum of \$500 for an application or 3/10 of 1% of the Capital expenditure.

(129) Senator Hofman asked what was meant by the major capital expenditures, what law are you talking about. Mr. Aagenes said, the one that has been happening in the last couple years has been magnetic resonance imager purchases by hospitals. Generally this equipment costs from \$1 million to \$2.5 million and has a 5 to 7 year life. He says with the price and the short life it has to pay out in a relatively short time, and we feel Montana does not need them in every hospital, and at least they should tell them why and how they are going to pay for it.

(146) Representative Grinde said he believed there is a bill in the Senate that would exclude hospitals from CON's. He asked if the Department would respond to that and to the turf battle in regard to CON's. Mr. Opitz said the Department would like to take a neutral position on that bill. (163) He told of an incident where they had said no,

it was appealed, the hospital was built and would up with one to two patients a day. He said at present appeals go directly to the district court.

Representative Cody asked if they consider in a CON the cost to the patient to support whatever proposal they are coming in with. Mr. Aagenes said yes, cost and cost to patient and to see if they are comparable to others.

Chairman Bradley asked how we are doing in this process relative to other states. Are we keeping as good a handle through this process as other states are? Mr. Aagenes said some states still have CON's, some have dropped them and put in place moratoriums, or contract with facilities, etc. He said some that have dropped the CON's, Arizona as an example, nursing homes have suffered greatly and in the Phoenix area from one open heart surgery to 7 or 8 and none of them are doing particularly well. He felt Montana as a large state with relatively scarce resources needs a handle of some sort to know where the health care dollars go. He said he felt they did real well along side other states. In answer to another question as to how many open heart units we have he answered 3, Billings Deaconess, Montana Deaconess in Great Falls, and St. Pat's in Missoula. He said there is another in appeals process at present for St. Vincents in Billings.

Senator Keating asked if there are statutes that control the number of CON process or is it done with Administrative rules. Mr. Aagenes said by statute. Sen. Keating asked if the number of beds is written in statute and was told any addition is subject to review with an exception as of 10 beds or less so long as the state health plan says there is a need for the beds.

Continuation of Certificate of Need Program:

Mr. Aagenes submitted EXHIBIT 4 and read the testimony. He said public hearing was held on June 20, '88 and indicated continuation of CON.

Questions from the Committee: Chairman Bradley asked if Mr. Aagenes would say a word about the State Health Coordinated Council. Mr. Aagenes said it is a 7 member board appointed by the Governor, the Chairman is Dr. Mark Lister from Wolf Point. It has a broad representation of providers, a legislator, consumers etc. on board.

Representative Cody said, if we did not continue with the CON, and all these different facilities were to go do their own thing, what kind of an impact would it be on the state? Mr. Aagenes said he did not think it had been assessed, there would be an impact on nursing homes. He felt there would be a development of nursing homes by existent providers, hospitals, big companies coming into Montana because of the

Medicaid reimbursement, and we would end up with excess nursing homes. Hospitals may add equipment that may or may not be needed, the overlap without public comment could be costly in tax funds or higher rates.

Mr. Taliaferro said they work through the local providers and feel the most serious challenge now is to stabilize health care services.

Senator Van Valkenburg asked what percentage of hospital expenses in Montana are paid through the government funds. He said Hospitals and nursing homes have become quasi governmental entities because of the funding received. 62% of all nursing home costs are paid for by medicaid. This is probably the biggest reason the CON is needed to bring about planning in health care.

(490) Representative Cody said the Sunday paper reported medicare paid 14% to rural hospitals versus 40% to the urban hospitals, and that has taken its toll on the rural hospitals in Montana. She asked if the state had ever tried to change that reimbursement rate for rural hospitals. Mr. Taliaferro said the Montana Hospital Association has approached the Federal government on this and we generally supported their position.

Mr. Hoffman said because of the sun setting provision of the CON is in it's own bill he would like to have some language added that would clarify what would happen if that bill does not pass.

PUBLIC HEARING

At this point Senator Keating took the chair.

(582) Judy Wright gave testimony attached as EXHIBIT 5 on Handicapped Children's Services (HCS).

Dr. Karen Landers, handed in EXHIBIT 6, read her testimony and said the Montana Statewide Family Planning Project has shown a 524% increase in clients served. She said attached to the back of the testimony are graphs which are a duplicate of (exhibit 2) those given before.

Brenda Nordlund, Montana Women's Lobby (004) Tape 2. She said the Montana Women's Lobby advocates the right to choose whether to have children, and supports public policy and services that enable women to make those choices.

Karen Wojtanowicz said much of her testimony was covered earlier (040). She said she would like to clarify a couple of questions on how the money would be spent in the coming biennium. She said the structure of the programs provide an administrative program wherein they could satellite such as the Bozeman has done to other areas in counties where the need is. She told of being able to hook up with other

HOUSE SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES

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services to give half price mamograms and contracts with pharmaceuticals that saved money. (040)

Jim Smith, Human Resources Development Councils said 2 of the 4 non profit agencies are within the Resource Development Councils in Helena and Havre. He said he was convinced of the necessity of the Executive level modified, and had sat in on for 17 days on the Priorities for People and heard the importance of this program there.

Questions from the Committee: Representative Cody asked why in the private sector it costs \$12 to \$15 for one months birth control pills versus \$4 to \$6 in your program. Ms. Wojtanowicz said many pharmaceutical companies contract with family service-agencies at a much lower cost. The local pharmacies are not making any money on them. They are practically selling them at wholesale prices. Some of the pharmacies in Bozeman are taking a loss on them.

ADJOURNMENT

Adjournment At: 9:55 a.m.



REP. DOROTHY BRADLEY, Chairman

DB/sk

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DAILY ROLL CALL

HEALTH & HUMAN SERVICES

SUB COMMITTEE

DATE _____

2-6-89

[illegible]

ROLL CALL VOTE

HUMAN SERVICES

SUBCOMMITTEE

DATE 2/6/89 AGENCY Health Dept. NUMBER

NAME	AYE	NAY
Rep. Bradley (Chair)	✓	
Sen. Keating (Vice Chair)	✓	
Sen. Hofman	✓	
Sen. Van Valkenberg	✓	
Rep. Cody	✓	
Rep. Cobb	✓	
Rep. Grinde	✓	

TALLY

100%

Secretary

Chairman

Motion: _____

FAMILY/MATERNAL AND CHILD HEALTH BUREAU

Department of Health & Environmental Sciences

February 6, 1989

The FAM/MCH Bureau has overall administrative responsibility for the following programs and services:

1. The Special Supplemental Food Program for Women, Infants and Children (WIC) provides nutrition education and counseling to improve eating behaviors; selected food to supplement diets; and access to preventive health program and referral to private and public health providers for income-eligible women, infants and children (up to age five).

2. The Child Nutrition program provides cash reimbursement for meals meeting specific nutritional requirements which are served to children enrolled in licensed/approved day care centers, Head Start programs, day care homes, and technical assistance in nutrition education and menu planning and in providing social and educational experiences to make mealtime a pleasant experience and to teach children to make wise food choices.

3. The Handicapped Children's Services program identifies children age birth to 18 years of age who have a congenital anomaly or condition and provides for the medical evaluation, treatment and management of certain specific conditions.

4. The Family Planning program provides quality comprehensive family planning services through local agencies to

(over)

EXHIBIT

DATE

women ages 15-44 at risk of unwanted pregnancy who are income eligible in order to reduce unwanted and mistimed pregnancies.

5. The FAM/MCH Bureau Administration activities entail coordination of the above programs; coordination and supervision of projects for family-centered, community-based services for children with special health care needs; funding for specific medical and dental services to mothers and children in the migrant farmworker population; and responsibility to provide medical direction for the metabolic screening program, Handicapped Children Services, and Family Planning program.

In Montana, 24,711 clients were served by programs in SFY 1988. This is a 524% increase in caseload since the program's statewide inception in 1972.

Each program functions under the medical supervision of a licensed physician.

Family Planning meets the needs of those who otherwise cannot afford services and could eventually become dependent on government agencies.

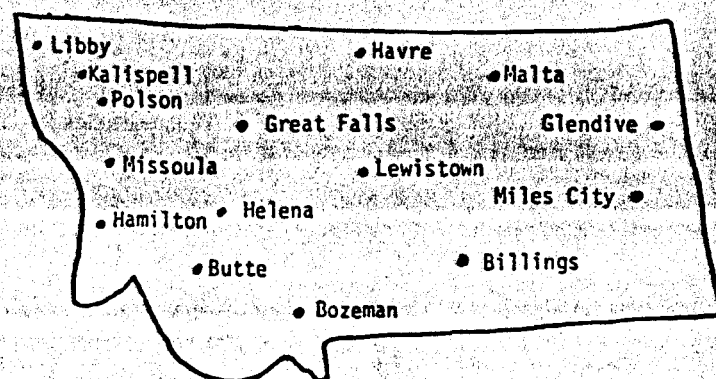
- The cost to the government for a mother on welfare and an unplanned child averages \$3,432 per year plus food stamps and Medicaid.
- The average cost per family planning medical encounter is \$24.
- The short-term benefits (savings) to federal, state, and local governments are estimated to be \$2 for each dollar invested in family planning.
- The long-term benefits are estimated to be \$26 for each dollar invested.

Family Planning is a preventive health effort with potential to reduce significantly certain social, psychological and medical problems of women and children. It is characterized by two important aspects:

- Improvement of the health of women and children.
- The acceptance of family planning services must always be the voluntary decision of the individual.

The goal of Montana family planning services is to maintain or improve the reproductive health of Montana people in their reproductive years.

In Montana there are presently 15 family planning clinics. Currently the funding is provided by: Federal Title X, Preventive Health (PH) Block Grant, and Maternal and Child Health (MCH) Block Grant funds through the Health Services and Medical Facilities Division of the Montana State Department of Health and Environmental Sciences; third party reimbursement; local funds; and direct fees paid by the clients based on their ability to pay. In addition, some counties have elected to utilize MCH Block Grant funds for Family Planning. Total funds expended in SFY 1988 were \$2,078,784.



The preventive health based programs provide:

- counseling in all aspects of family life
- educational services
- physical examinations
- cervical cancer screening
- self-breast exams
- blood tests for anemia, rubella & syphilis
- immunization for rubella
- blood pressure recordings
- urinalysis for sugar and protein
- inter-agency referral for other problems
- dispensation of contraceptives
- screening and treatment for gonorrhea
- pregnancy tests

Family planning services are directed toward the accomplishment of the following major health goals:

- Improve and maintain the emotional and physical health of men, women, and children, particularly through the detection and prevention of cancer and venereal disease with women.
- Prevent birth defects and mental retardation. Mental retardation tends to be associated with prematurity and low birth weight. The Comptroller General's report to Congress on Mental Retardation, 1977, identified the family planning program as an existing program with the ability to make a significant contribution towards reducing the incidence of mental retardation.
- Reduce the incidence of abortion by preventing unplanned pregnancies.
- Assure that more children are "wellborn" by decreasing the incidence of prematurity and birth defects.
- Decrease maternal and infant mortality and morbidity.
- Assist couples who want to have children but cannot.
- Prevent unplanned pregnancies (particularly in child abuse and poverty situations).
- Improve pregnancy outcome by correction of health problems between pregnancies and by proper spacing and timing of pregnancy.
- Assist couples in having the number of children they desire so that every child is intended and loved.

The Need:

- There are an estimated 44,047 women-in-need of subsidized family planning services in Montana.
- About 46% of these women (20,071) are being served by the 15 programs. Roughly estimated, an additional 9,317 women-in-need (or 21%) are being provided family planning services by physicians.
- This leaves some 14,659 Montana women needing family planning services who are not receiving them. They are at risk for unplanned children.

Accomplishments

- 81% of the 24,711 clients served in SFY 1988 lived in families with incomes at or below 150% of the poverty level.
- Medical and/or education services were provided by programs to women in all 56 counties in SFY 1988.

In SFY 1988 the 15 programs detected and referred for treatment:

- 892 positive pap smears for cervical cancer
- 397 cases of anemia
- 483 abnormal urine chemistry results
- 53 cases of gonorrhea
- 7,386 cases of vaginal infections/STD's
- 1,006 cases of chlamydia
- 1,146 cases of breast diseases or other physical findings (heart, thyroid, etc.)
- 557 cases of high blood pressure

10/88

MONTANA STATEWIDE FAMILY PLANNING PROJECT

SFY 1988 FUNDS EXPENDED: \$2,078,784

Family Planning ProgramsSFY 1988 Patient Load

Cascade	2,305
Custer	650
Dawson	665
Fergus	460
Flathead	1,220
Gallatin	3,446
Hill	712
Lake	288
Lewis & Clark	1,913
Lincoln	890
Missoula	2,976
Phillips	170
Ravalli	217
Silver Bow	1,479
Yellowstone	<u>7,320</u>
Total	24,711

County (All 56 Counties Served)SFY 1988 Patient Load

Beaverhead	205
Big Horn	67
Blaine	87
Broadwater	24
Carbon	169
Carter	14
Cascade	2,226
Chouteau	36
Custer	550
Daniels	6
Dawson	408
Deer Lodge	78
Fallon	39
Fergus	410
Flathead	1,214
Gallatin	3,109
Garfield	25

Glacier	11
Golden Valley	17
Granite	37
Hill	607
Jefferson	74
Judith Basin	31
Lake	318
Lewis and Clark	1,828
Liberty	15
Lincoln	889
Madison	31
McCone	18
Meagher	14
Mineral	36
Missoula	2,720
Musselshell	65
Park	78
Petroleum	18
Phillips	182
Pondera	8
Powder River	41
Powell	39
Prairie	14
Ravalli	305
Richland	226
Roosevelt	26
Rosebud	83
Sanders	33
Sheridan	4
Silver Bow	1,348
Stillwater	92
Sweetgrass	19
Teton	26
Toole	9
Treasure	8
Valley	14
Wheatland	51
Wibaux	20
Yellowstone	6,180
Out-of-state	396
Unknown	113
TOTAL	<u>24,711</u>

FAMILY PLANNING PROGRAM

UNPLANNED PREGNANCIES PREVENTED

In 1987 the 15 family planning programs in Montana prevented an estimated 7,532 unplanned pregnancies. These pregnancies would have resulted in 5,182 births, 970 abortions, and 1,380 miscarriages. This would have included approximately 155 cases of congenital abnormalities, 155 cases of hypoxic brain damage, 26 cases of chromosomal abnormalities and 347 high-risk premature deliveries.

PROGRAM	Prenancies Prevented	Births Prevented	Abortions Prevented	Miscarriages Prevented
Billings	2,142	1,474	276	392
Bozeman	1,149	791	148	210
Butte	419	288	54	77
Glendive	208	143	27	38
Great Falls	721	496	93	132
Hamilton	72	50	9	13
Havre	250	172	32	46
Helena	577	397	74	106
Kalispell	323	222	42	59
Lewistown	125	86	16	23
Libby	304	209	39	56
Malta	53	36	7	10
Miles City	199	137	26	36
Missoula	910	626	117	167
Polson	80	55	10	15
STATEWIDE	7,532	5,182	970	1,380

SOURCE: Trussell Method Effectiveness Estimates, "Cost Versus Effectiveness of Different Birth Control Methods", T. James Trussell

Montana Family Planning Facts

Figure 1

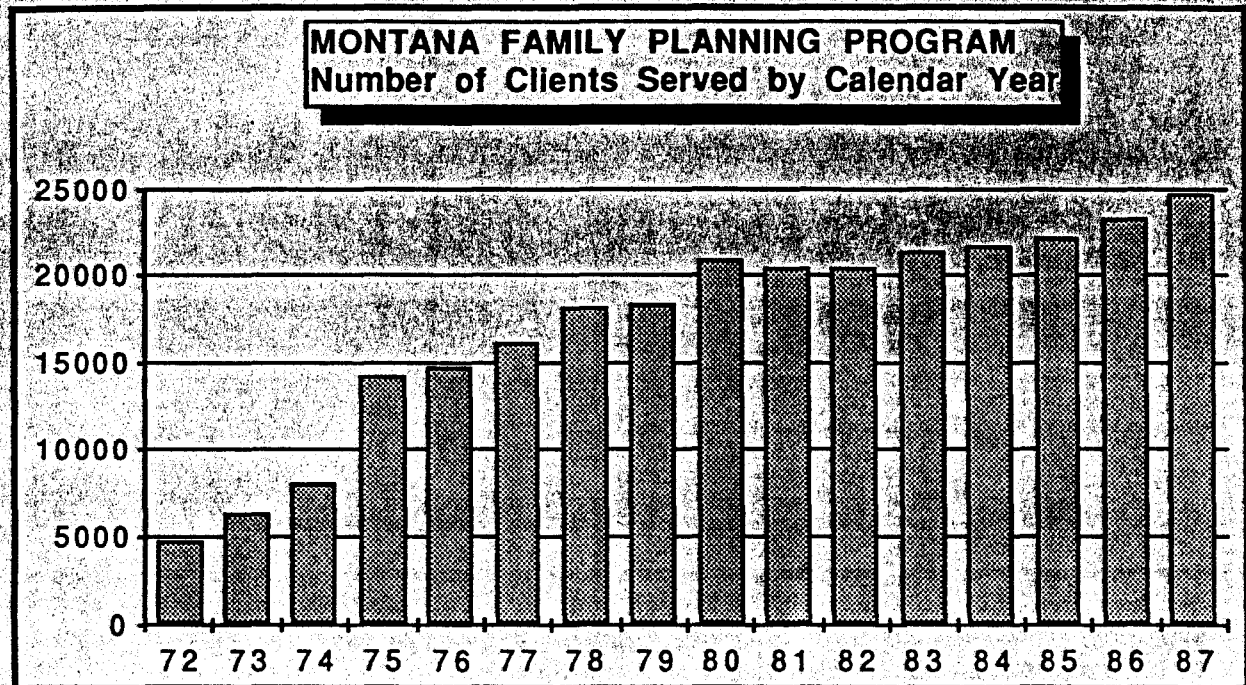


Figure 2

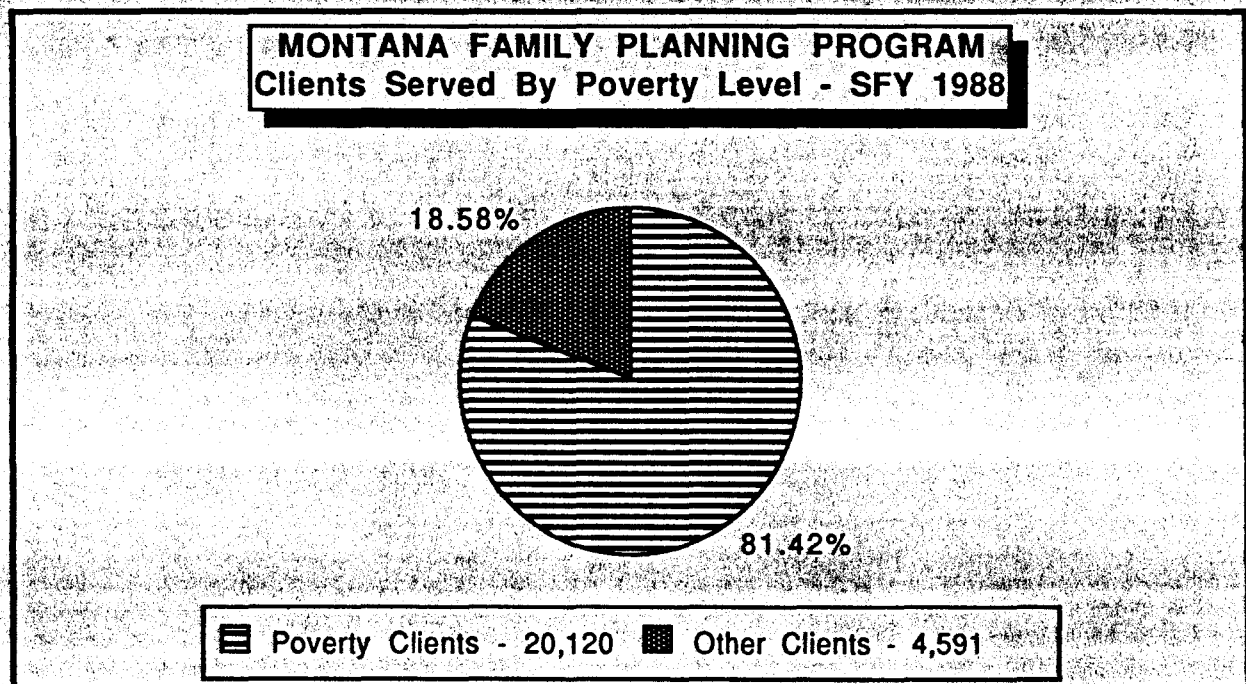


Figure 3

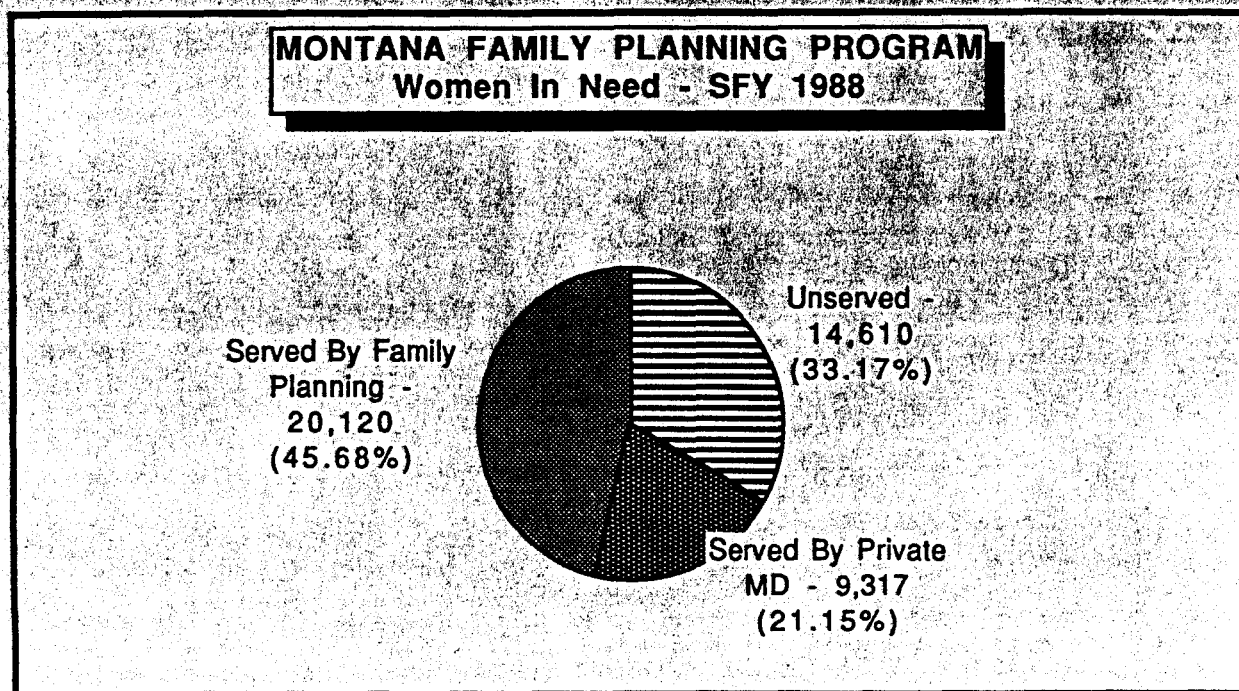
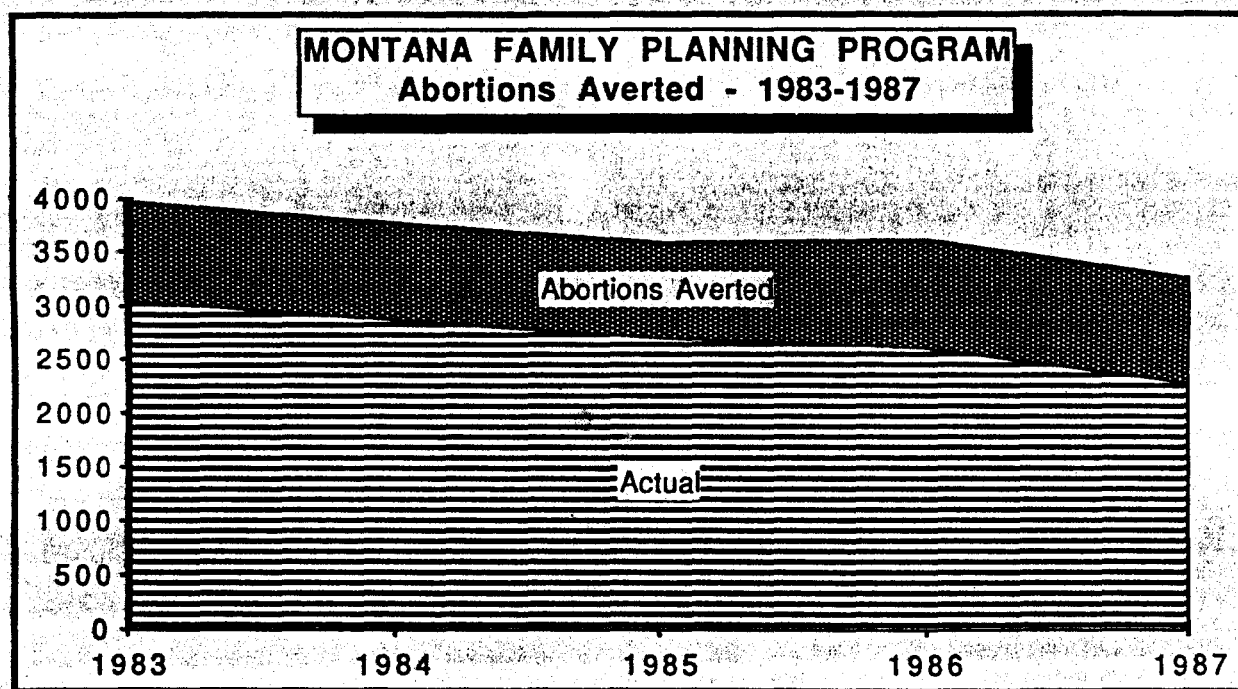


Figure 4



~~TESTIMONY~~ TESTIMONY FOR THE HEALTH PLANNING BUREAU
February 6, 1989

The Health Planning Bureau has three primary missions. These are to: conduct Health Planning activities for the Department and the State; collect, maintain, and distribute health data; and administer the State Certificate of Need program for health facilities.

These three primary activities are interrelated and no one part could be considered more important than the other. The planning activity results in the State Health Plan. This document is used to project need for health facilities, beds, or services in the State. This projection of need is often the basis for approval or disapproval of Certificate of Need applications. The data collection and distribution serves two purposes. It provides valuable information to facility planners, consultants, investors, insurers, and others. It also is necessary to the Planning Bureau in development of the State Health Plan.

The Certificate of Need program aspect of the Health Planning Bureau is a regulatory activity whereby we review and approve or disapprove applications for major capital expenditures or certain new services by health care facilities. The basic premise of Certificate of Need is to allow consumers and other payers an opportunity to comment on health care expenditures before they take place and for the State to reduce the potential for excess or unnecessarily duplicative health facilities and services.

During calendar years 1987 and 1988, we received over \$76 million in capital expenditure proposals. We approved \$89.5 million and disapproved \$13.6 million. The reason the approvals and disapprovals total more than the received amount is that this is an ongoing process and some of the approvals and disapprovals were received before the start of calendar year 1987.

The proposed Health Planning Budget is partially off-set by Certificate of Need application fees. In fiscal year 1988 fees received equaled \$89,791 and so far in fiscal year 1989 (through December 31) we have received \$24,591 in fees.

Certificate of Need plays a valuable role in implementing the guidelines in the State Health Plan, in providing some cost control over health care facilities and in encouraging community input into health services.

If you have any questions I would be happy to answer them.

Report To The Legislature
Continuation of the Certificate of Need Program
By the Department of Health & Environmental Sciences
February, 1989

Starting in May, 1988, the Department, through the Health Planning Bureau, gave notice to all of the interested parties it could identify that the Statewide Health Coordinating Council (SHCC) would hold a public hearing to receive input on the Certificate of Need program. Notice of this hearing was also provided through legal notices and a press release.

The scheduled public hearing was held on June 20, 1988 in Helena along with a scheduled SHCC meeting. Both written and oral testimony were received by a variety of providers, provider groups, trade associations and other affected persons. Nearly all of the testimony provided to the Statewide Health Coordinating Council supported continuation of Certificate of Need and explained why. A packet including a copy of the written documentation submitted to the SHCC is included. Some additional volume of supporting testimony is on file but not included with this report.

The testimony to the SHCC and the direction of the SHCC supported the intent of Certificate of Need and no alternatives to or significant changes in Certificate of Need were proposed. Acting on that basis, the Department of Health and Environmental Sciences proposed continuation of Certificate of Need through the removal of the sunset date

and not enacting any new sunset date.

Most of the providers, provider groups and affected persons who responded to our inquiry on the value of Certificate of Need and the SHCC see the value of the Certificate of Need program to Montana and support its continuation.

HANDICAPPED CHILDREN'S SERVICES
- FAMILY/MATERNAL AND CHILD HEALTH BUREAU
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

HB _____

The Handicapped Children's Services (HCS) Program is concerned with the early detection, diagnosis, treatment, rehabilitation and prevention of physically handicapping conditions in Montana's children from birth to age 18. Services are provided to children who meet income guidelines (185% of poverty or lower) and whose condition is not covered by Medicaid. Eligibility for the program is determined by the severity and correctibility of the handicapping condition, gross family income and family size, and availability of other resources for payment. All other possible payment resources are explored and utilized before HCS payments are made.

Evaluation and diagnostic services are arranged through individual private providers, regional centers, and teams composed of private providers. In fiscal year 1988 treatment for 436 children (to date) was provided through surgery and related hospitalizations, special medications and formulas, braces, ambulance transports, and other therapies as needed. Eleven maternal transports were covered. Additionally 298 children were evaluated and diagnosed at pediatric cardiology clinics and 99 at cleft lip and palate clinics held throughout the state. Approximately 250 were seen at a regional handicapped children's center in Billings. Evaluation and diagnostic services are provided at cardiac and cleft clinics regardless of family income.

While payment of medical bills is an important segment of HCS program activities, HCS staff also help families seeking assistance with referrals to other health care providers in their communities or in the state. If necessary provisions are made for complicated procedures which are only available out-of-state. Efforts are made to help families with often lengthy and cumbersome insurance procedures. HCS is interested in the long-term management of children in the program. HCS staff coordinate referrals with local public health nurses and any other resources available to the children.

HCS coordinates program activities with related health programs in DHES, including the WIC, Child Nutrition, Dental, Montana Perinatal, End Stage Renal Disease and Children with Special Health Needs programs. Beginning later in fiscal year 1989 HCS will work with other programs in the department and with private providers to assess the occurrence of chronic diseases in children in Montana and help coordinate the case management of the identified chronic diseases.

Four HCS staff members carry out the daily management of program activities. Medical questions and concerns are referred to the program Medical Director and, when necessary, to physician specialists who serve on the HCS advisory committee. The Handicapped Children's Services Program is funded entirely by Maternal and Child Health Block Grant funds.

TESTIMONY FOR THE HUMAN SERVICES APPROPRIATIONS SUBCOMMITTEE

Support for the Montana Statewide Family Planning Project

Name: Karen Landers, MD, Pediatrician from Helena

Representing: Montana Council for Maternal and Child Health

On behalf of the Montana Council for Maternal and Child Health representing hundreds of health care professionals serving Montanans across the state, I speak in support of the Montana Statewide Family Planning Project.

Since its inception in 1972, the Montana Statewide Family Planning project has shown a 524% increase in the number of clients served. In 1988, the fifteen clinics provided medical and/or educational services to patients in all 56 of Montana's counties. Eighty-one per cent of the patients served were at or below 150% of the federal poverty level.¹

An additional estimated 14,610 women in Montana are in need of family planning services which include a variety of preventative health based programs. These include physical exams, screening for cancer, anemia, and sexually transmitted diseases, educational services, immunization for rubella (German measles), pregnancy testing, and counseling and medical services for family planning.

Preventative health care is recognized as being cost effective. The average family planning clinic visit is \$24. The cost to government for a mother on welfare and an unplanned child averages \$3,432 per year plus food stamps and Medicaid. The short-term benefits (savings) to federal, state, and local governments are estimated to be \$2 for every dollar invested in

family planning.² The long-term benefits are estimated to be \$26 for every dollar invested.³

Both the Montana Children's Agenda and Priorities for People support an additional \$420,000 appropriation to expand family planning services. This will serve an additional 11% of the women in need. Priorities for People included this project in its top 11 priority recommendations to the Governor, and we urge the support of this Committee for this needed and cost effective service in Montana.

References

¹ Family Planning Data System

² Family Planning as a Cost Containment Initiative, Report of the Director's Special Task Force, Michigan Department of Public Health, 1984.

³ Issues in Brief, Alan Guttmacher Institute.

10/88

MONTANA STATEWIDE FAMILY PLANNING PROJECT

SFY 1988 FUNDS EXPENDED: \$2,078,784

Family Planning ProgramsSFY 1988 Patient Load

Cascade	2,305
Custer	650
Dawson	665
Fergus	460
Flathead	1,220
Gallatin	3,446
Hill	712
Lake	288
Lewis & Clark	1,913
Lincoln	890
Missoula	2,976
Phillips	170
Ravalli	217
Silver Bow	1,479
Yellowstone	<u>7,320</u>
Total	24,711

County (All 56 Counties Served)SFY 1988 Patient Load

Beaverhead	205
Big Horn	67
Blaine	87
Broadwater	24
Carbon	169
Carter	14
Cascade	2,226
Chouteau	36
Custer	550
Daniels	6
Dawson	408
Deer Lodge	78
Fallon	39
Fergus	410
Flathead	1,214
Gallatin	3,109
Garfield	25

Glacier	11
Golden Valley	17
Granite	37
Hill	607
Jefferson	74
Judith Basin	31
Lake	318
Lewis and Clark	1,828
Liberty	15
Lincoln	889
Madison	31
McCone	18
Meagher	14
Mineral	36
Missoula	2,720
Musselshell	65
Park	78
Petroleum	18
Phillips	182
Pondera	8
Powder River	41
Powell	39
Prairie	14
Ravalli	305
Richland	226
Roosevelt	26
Rosebud	83
Sanders	33
Sheridan	4
Silver Bow	1,348
Stillwater	92
Sweetgrass	19
Teton	26
Toole	9
Treasure	8
Valley	14
Wheatland	51
Wibaux	20
Yellowstone	6,180
Out-of-state	396
Unknown	113
TOTAL	<u>24,711</u>

FAMILY PLANNING PROGRAM
UNPLANNED PREGNANCIES PREVENTED

In 1987 the 15 family planning programs in Montana prevented an estimated 7,532 unplanned pregnancies. These pregnancies would have resulted in 5,182 births, 970 abortions, and 1,380 miscarriages. This would have included approximately 155 cases of congenital abnormalities, 155 cases of hypoxic brain damage, 26 cases of chromosomal abnormalities and 347 high-risk premature deliveries.

PROGRAM	Prenancies Prevented	Births Prevented	Abortions Prevented	Miscarriages Prevented
Billings	2,142	1,474	276	392
Bozeman	1,149	791	148	210
Butte	419	288	54	77
Glendive	208	143	27	38
Great Falls	721	496	93	132
Hamilton	72	50	9	13
Havre	250	172	32	46
Helena	577	397	74	106
Kalispell	323	222	42	59
Lewistown	125	86	16	23
Libby	304	209	39	56
Malta	53	36	7	10
Miles City	199	137	26	36
Missoula	910	626	117	167
Polson	80	55	10	15
STATEWIDE	7,532	5,182	970	1,380

SOURCE: Trussell Method Effectiveness Estimates, "Cost Versus Effectiveness of Different Birth Control Methods", T. James Trussell

Montana Family Planning Facts

Figure 1

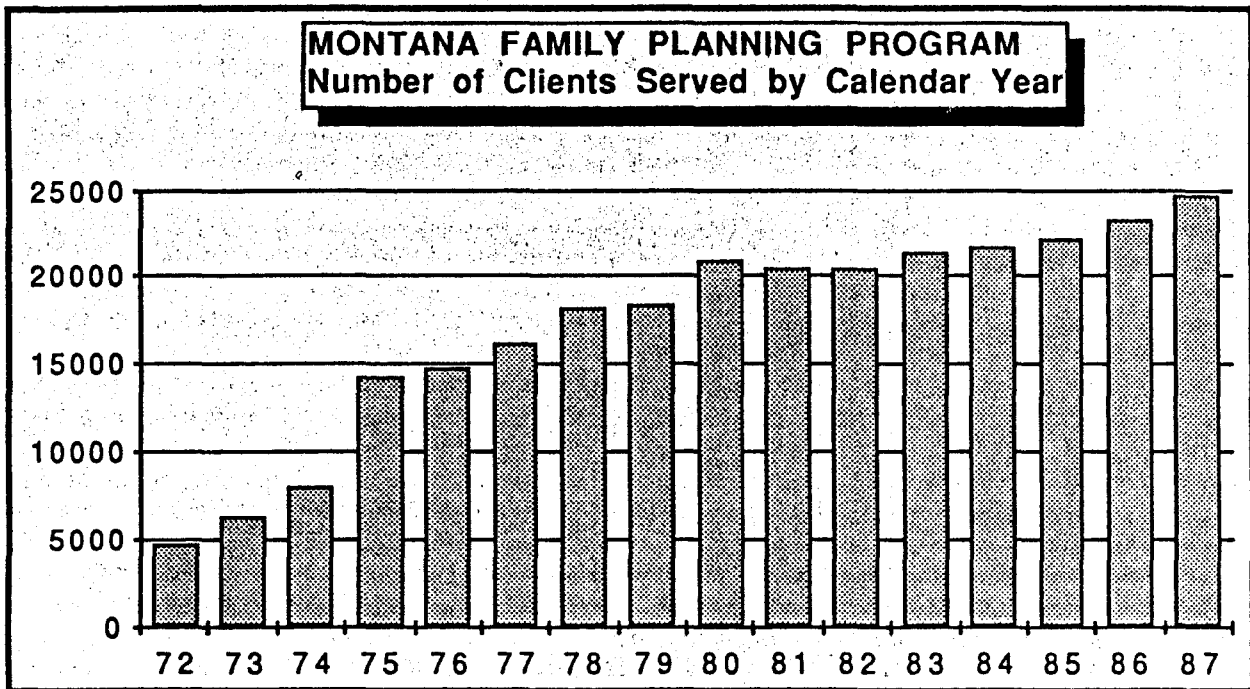


Figure 2

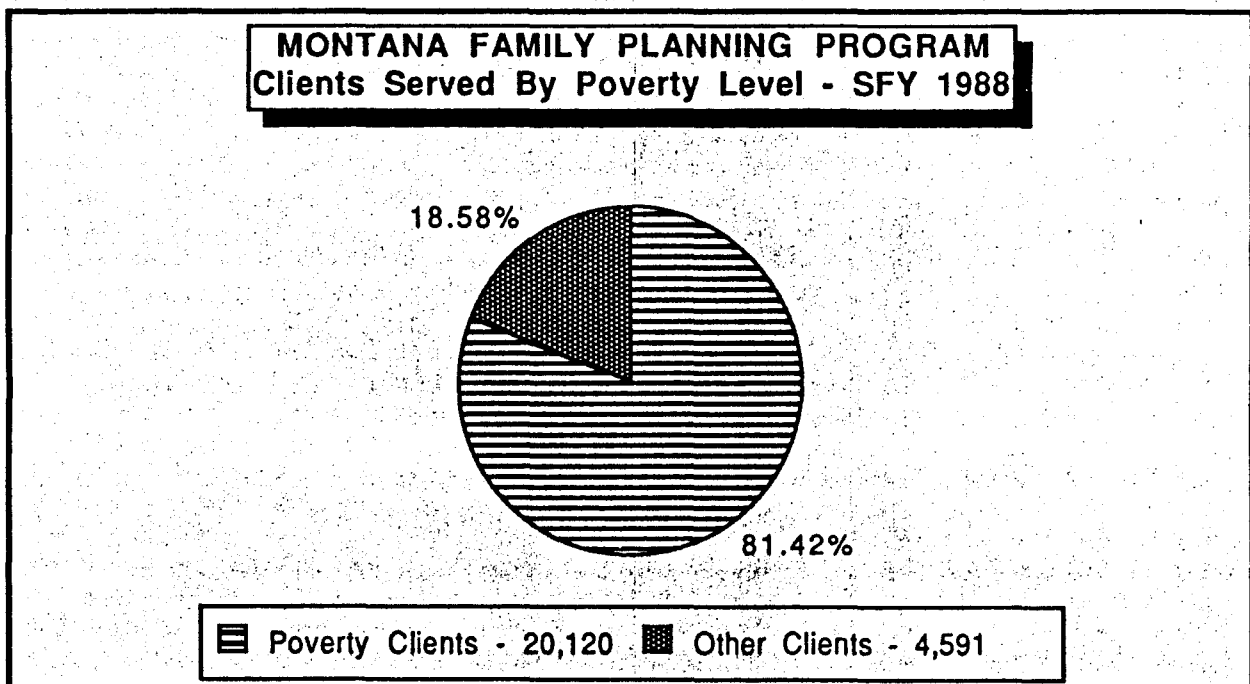


Figure 3

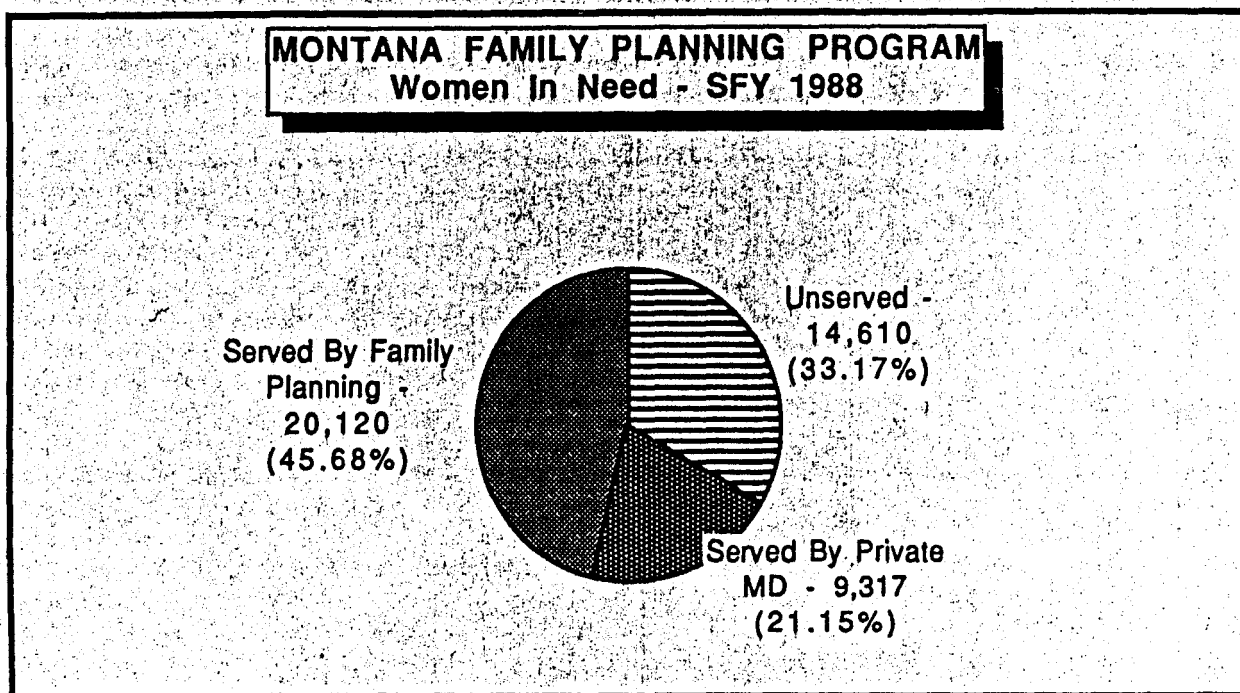
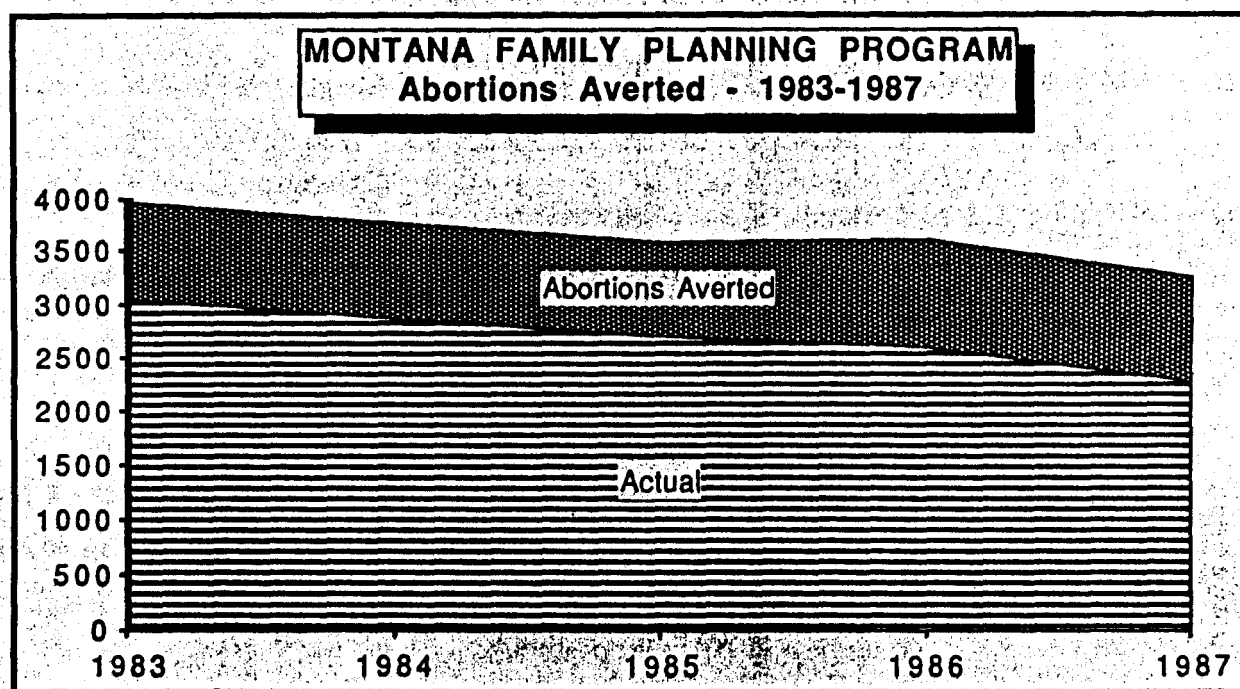


Figure 4



DATE 2/6

COMMITTEE ON H. Sec. Sub Com BILL NO. _____

BILL NO. _____

VISITOR'S REGISTER

[illegible]

(Please leave prepared statement with Secretary)

VISITORS' REGISTER

Sub Com Hum Sew. COMMITTEE

BILL NO. _____

DATE Feb 6, 1989

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Ray Hoffman	DHES		
Judith Wright	DHES		
Dave Thomas	DHES		
Peggy Barabji	DHES		
DALE TALIAFERRO	DHES	✓	
Charles Agones	DHES	✓	
Suzanne Nybo	DHES		
Karen Landerz	Montana Council for MCH Maternal & Child Health	✓	
Bill Opitz	DHES	✓	
Breuker Nordlund	UT Women's Lobby	✓	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.