MINUTES

MONTANA HOUSE OF REPRESENTATIVES
51st LEGISLATURE - REGULAR SESSION

SUBCOMMITTEE ON HUMAN SERVICES

Call to Order: By Chairman Bradley, on February 7, 1989, at 8:03 a.m.

ROLL CALL

Members Present: All members were present.

Members Excused: None

Members Absent: None

Staff Present: Peter Blouke, LFA
Evan McKinney, LFA

Announcements/Discussion: Chairman Bradley introduced Maggie Bullock, Acting Director of SRS, and said today they would consider the supplementals on SRS and Health; gave the Department of Health overview of program grants; hear the Health Services Division, and there would be public testimony at 10 a.m.

HEARING ON SUPPLEMENTALS

Supplemental, House Bill 301:

Dr. Blouke explained the SRS Supplemental, H B 301, on page 2, lines 5 through 22 as explained on EXHIBIT 1, and explained the additional language in the Appropriation bill.

Mr. Tickell said the two amounts in the bill are net amounts. The $1.359 is also a net amount for nursing homes. He said the reason it is there is because of the restrictive language in the bill last year.

Questions from the Committee: Chairman Bradley asked Mr. Tickell what they had been over funded for and Mr. Tickell answered on State Medical $1.3 million and $1.2 million.

Representative Cody asked why the language was put in House Bill 2 and Dr. Blouke answered that because there is a considerable amount of ambiguity as to what the final expenditures will be; the language restricts the transfer of funds between those programs, and therefore the legislature is in a better position to know how these funds were expended. (034)

Mr. Tickell said there were four major items involved in the supplemental request. They lost the GA lawsuit, increased the number of medicaid paid days for long term care, the loss of the law suit on eye glasses and hearing aids, and the statutory law requiring higher payments for both AFDC and GA.

Chairman Bradley asked if the problems with AFDC was the confusion in the level at which it was funded, and Mr. Tickle answered that even though it was over what was appropriated, because of the slowing of caseload growth, it contributed to a lesser amount. Dr. Blouke said the case load had been over estimated.

Supplemental on Department of Health and Environmental Sciences: Evan McKinney, LFA staff assisted in this. (103)

Mr. McKinney explained this section of House Bill 301 which appropriated $247,951 in Federal Special funds.

Ray Hoffman, DHES, said this supplemental is a request for 100% federal funds. He said the bill is for $247,951 and they would like to reduce it to $149,000 (116). He said the authority here is for medicare dollars, and they had to put a transfer in for $100,000 to take care of it. EXHIBIT 2, attached, explains the supplemental.

Questions from the Committee:

Representative Cody asked what the turn around time is on certification and Mr. Hoffman answered that the federal government has specific dates the Department of Health must meet once it does a certification. Mr. Taliaferro said they were supposed to survey between 90 and 120 days before the end of the contract period. Federal regulations now require 45 days before the end of the certification.

Representative Cody asked what happened if they did not get it done on time and Mr. Taliaferro answered that at present they will reprimand the Department, in the future it will be a monetary fine for the agency.

Senator Keating asked if there was a restriction on the starting time and Mr. Taliaferro answered 120 days. Senator Keating asked if the report then had to go in 45 days before the end of the contract, and Mr. Taliaferro answered that it gave them a 30 day period to put it all together, between the 90th and the 120th days.

In answer to a question as to a deputy fire marshal, Mr. Taliaferro answered that they do have a Deputy Fire Marshal on staff and that person inspects for compliance with the national Fire Protection Association codes on modifications and construction of health care facilities.

Representative Cody asked how many of these facilities are seeking medicaid certification at this time, and was told only a few. She was told there were 103 inspected for medicare or medicaid. Under OBRA there is only one level.

DISPOSITION OF SUPPLEMENTALS

Executive Action: (200) Dr. Blouke said these were supplementals that were added to the original supplemental request (214) and this committee would be approving only the two supplementals and the various committees dealing with the other subjects will approve the remaining.

Senator Van Valkenburg asked about the Family Services. He said the total is approximately $700,000 more than Governor Stevens's budget allowed for. Ms. Steinbeck said at this point the Stephens budget just contains current level. They have decided they will not need a supplemental this year.

Motion: Senator Keating moved the SRS supplemental.

Recommendation and Vote: Voted, passed, unanimous vote.

Motion: Motion by Senator Keating to approve the DHES supplemental.

Dr. Blouke reminded the committee of the language to be removed as part of the package to offset the funding. The language in House Bill 2 would be eliminated. Ms. Steinbeck said that is a necessary request in order to limit the size of the supplemental.

Chairman Bradley asked if it were okay with the committee, this language could be a part of the motion. The committee agreed.

Senator Keating said in the removal of the language there is no restriction on the spending, and thought it might be well to put language in to say sufficient funds in these 3 areas. Dr. Blouke said the removal of the restrictive language would be enough since there is provision in the boiler plate which allows up to 5% that can be transferred among programs.

Senator Keating (315) asked if the general funds could go any place else with the removal of the language. Ms. Steinbeck said SRS has not used the money appropriated for expenditure of benefits.

Motion: Motion By Representative Cody to remove the language so that the transfers can take place.

Recommendation and Vote: Voted, passed, unanimous vote.

Health Services Division: Mr. Taliaferro said the budget office had pointed out that the Department had left out one detail. Mr. Dave Thomas had mentioned the children with special health care needs. This is a modified and provides early prevention. (170).

Block Grants: Department of Health.

(373) Executive recommendation, EXHIBIT 3 for block grant on Maternal and Child Health (MCH), $2,101,803, and Mr. Hoffman said there were strict guidelines by the federal government on how this money is to be spent. He said page 2 of the exhibit is the Executive recommendation to balance the block grant. He said the MCH grant can be used for many things so long as it meets the four rules. He said 3/7 is state $1,576,803, 4/7 federal, $2,101,803, the majority of the match is coming from the counties. He said the largest match is $520,000 for the biennium to Shodair. He said they have 2 years to spend the money, there is no level on Administration, but it must be documented for MHC services. He said it may not be used for other than pregnant women and infants; there is a supplanting clause of that project.
Senator Keating asked about the 7% which could be transferred to some other program grant, and Mr. Hoffman said yes, Alcohol and Drugs, Community Services in SRS, with the amount of funds available, 7% can be transferred. Representative Cody asked if the department did it, and Mr. Hoffman answered that this committee dictates where it goes.

Dental Program:

Mr. Hoffman said page 4 of the handout (048), this grant can be used for school based fluoridation programs, hypertension, community based programs, emergency medical services, etc. He also told what the restrictive use was which included case payments, to purchase land, etc.

Questions from the Committee:

Senator Hoffman asked how they go about carrying out the dental program in the schools. Dr. Espelin said they send a dentist out to the schools and they look at the kids once a year and refer work to the local dentists.

Representative Grinde asked about the fluoridation program in the Helena schools, and Dr. Espelin said it is effective. He said the program is at the discretion of the schools. Rep. Cody asked how the money filters down to the schools, and Dr. Espelin said it transports them to the out reach areas, and they have $20,000 for supplies such as tooth brushes, etc.

Representative Cody asked how much is reverted back from the counties and Mr. Hoffman answered that initially the larger ones did. He said now it is only $40,000 to $60,000. Representative Bradley said the funding is formula driven, and once the level has been determined it is allocated on that basis, Mr. Hoffman said it is based on the 1980 census.

Rape Crisis:

Mr. Hoffman said there was $11,968 for Rape Crisis in the PHB per year, and this money cannot be transferred.

Questions from the Committee: Chairman Bradley asked if this was very specific as to how it could be used, and Mr. Hoffman answered that it contracts with the Department of Justice for Rape Prevention hot lines and for other services for women.

Representative Cody asked how much of this money went to the Health Department or the Justice Department for administration and Mr. Hoffman answered none, the money is all used for services.

(089) In answer to a question on the Rape Crises, Dr. Espelin said there are 5 programs that are served under this program: Hi-Line Help for Abused Spouses, Shelby, District 4 Human Resources Development Council, Havre, Women's Place, Missoula, Safe Space in Butte, and Lincoln County Women's Help Line in Libby.

End Stage Renal Disease:

Dr. Espelin said this program assists Montana patients who have chronic end stage renal disease, with medicare co-insurance.

Questions from the Committee: Chairman Bradley asked if they could explain why we have never been able to meet the need. Dr. Espelin said there is no money for administration and no money to even start to study it. Mr. Opitz said they could use about twice as much in this program. He said some years after January they are already out of funds. Representative Cody said Renal Disease is a very big item in her area and some could be prevented through diet.

Perinatal: Montana Perinatal Program (MPP) (176)

Dr. Espelin said this program handles Low Birth weight Prevention/Disability Prevention/ Access to Care, Risk Prevention, Professional Education for Physicians & Nurses, Consumer Education, Infant Mortality Review and Technical Prevention. He explained the Level of training such as Hospitals training other hospitals, etc. He said that many of the medical expenses were a result of low birth weights

and other problems that could be prevented. He was asked to define the terms and said perinatal was before conception through the infants age of 28 days. Neonatal is birth to 28 days of age and post neonatal is from one month to one year of age.

Miami Project: (304) Dr. Espelin explained the Miami project to the committee. He said this is not in the budget, it has no fiscal note as yet. It is still in the formative stage, he said. This program would provide clinics at 16 sites across the state for pregnant women at high risk for delivering low-birth weight babies. He told about the infant deaths that could be prevented if proper perinatal care was given.

(353) Chuck Ball, Helena gave testimony in support of the MIAMI project and said they support an appropriation of $1 million in support of this project. His testimony is attached as EXHIBIT 5.

Mr. Huth said the budget office has had no conversations with Dr. Espelin on the MIAMI project.

(551) Bob Johnson, Lewis & Clark Health Department spoke in favor of the MIAMI project. He mentioned the costs in the medical areas, the social problems, etc. as a result of the low birth-weights and the savings in lives and money by a preventative program such as the MIAMI program.

Brenda Nordlund, Montana Women's Lobby said they would like to go on record in favor of this project.

EXHIBIT 6 and 7 were handed to the committee, and attached to the minutes.

Dr. Karen Landers, Pediatrician, Helena, gave testimony in favor of the Miami project. Her testimony is attached as EXHIBIT 8.

Questions from the Committee: (719)

The question was asked how the committee could do something on this without the Department having gone to the Governor on it, and was told by Chairman Bradley that the committee has the authority to recommend projects.

(Tape 2, side B, 000)

Senator Keating asked if they have data indicating the socio-economic levels of low income people being impacted greater than upper income level people in regard to lack of prenatal care, etc. Dr. Espelin answered yes. Much of this has come out of the draft study conducted by SRS. One of the thing they found was that most of their high cost babies were those that were premature. The women were young, uneducated, and unmarried. He said they know if a woman has

11 or more prenatal visits her rate of low birth rate is 4%, if she has 2 or fewer the rate is 11 %. He said part of the MIAMI project is a review process, you look at the community and see why the babies die. At present if they die in the community, there is no mechanism to go back and look at the reason.

Senator Keating asked, in the matter of insurance, if the insurance industries are spending any money toward education of prenatal care? Dr. Espelin said to his knowledge, it was very low, but Blue Cross, Blue Shield is interested in the MIAMI project.

Senator Van Valkenburg asked if the Baby Your Baby Program is different than the MIAMI project or a part of it? Dr. Espelin said it is one of the legs of the MIAMI project. It is public education. Senator Van Valkenburg asked if he had hinted that money could be put together to fund the MIAMI project. Dr. Espelin said no, a funding coalition for Baby Your Baby is a leg of that project. There would be four major corporate sponsors for that. One of them, hopefully would be Blue Cross, Blue Shield, one of them State Agencies, the TV station in Great Falls has a corporate sponsor they are talking about, and that is the reference to combining some funding.

Senator Van Valkenburg asked Mr. Huth about the modified in the Governor's budget on page 162 for low birth rate prevention projects of $66,000 in FY90 and $65,000 in FY91. He said this provides for continuation of projects now in existence in Beaverhead, Gallatin, Missoula, Ravalli and Yellowstone counties and enough money for expansion for at least 4 additional counties. He said he felt to evaluate that, the Governor's office and the budget office has decided what level of funding is necessary to continue the existing and expand to 4 additional counties.

Mr. Huth said they have gone with the existing continuing projects, and they have had no occasion to look at the MIAMI project.

Representative Cody asked how the committee can propose a budget on a project they know nothing about.

Senator Van Valkenburg said that regardless of the budget office's position he would like to see a detailed budget for this MIAMI project. He said he would like the budget office to do this, even though they might not recommend it.

Chairman Bradley said it would be a committee request that the Budget office and the Department sit down and work out a budget for the MIAMI project.

ADJOURNMENT

Adjournment At: 7 a.m.

Dorothy Bradley
REP. DOROTHY BRADLEY, Chairman

DB/sk

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DAILY ROLL CALL

HEALTH & HUMAN SERVICES SUBCOMMITTEE

DATE 2-7-89

NAME	PRESENT	ABSENT	EXCUSED
Rep. Bradley, Chairman	✓		
Sen. Keating, Vice Chairman	✓		
Sen. Van Valkenberg	✓		
Sen. Hofman	✓		
Rep. Cobb	✓		
Rep. Cody	✓		
Rep. Grinde	✓		

Form CS-30A
Rev. 1985

EXHIBIT 1
DATE 2/7/89
HB Human Res Sub Com

FY 89 SUPPLEMENTAL APPROPRIATIONS ESTIMATE

	AVAILABLE		PROJECTED NEED		SURPLUS/DEFICIT	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
AFDC & Emergency AFDC	$ 40,761,073	$11,113,301	$ 38,087,154	$10,630,169	$ 2,673,919	$ 483,132
Day Care	740,326	215,288	753,006	223,492	[12,680]	[8,204]
General Assistance	3,447,576	3,447,576	5,079,784	5,079,784	[1,632,208]	[1,632,208]
Sub-total - Assistance Payments	44,948,975	14,776,165	43,919,944	15,933,445	1,029,031	[1,157,280]
Primary Care	95,406,635	20,395,249	94,386,857	20,665,019	1,019,778	[269,770]
Nursing Homes	48,555,000	14,119,794	51,451,276	15,270,739	[2,896,276]	[1,150,945]
Medicaid Waiver - Elderly	1,542,061	448,432	1,597,367	474,099	[55,306]	[25,667]
Medicaid Waiver - Disabled	1,352,560	393,350	1,220,592	362,272	131,968	31,070
Medicare Buy-In	1,971,934	1,021,800	3,029,208	1,868,787	[1,057,274]	[846,987]
State Medical	6,000,000	6,000,000	5,096,814	5,096,814	903,186	903,186
Sub-total - Medical Assistance	154,828,190	42,378,625	156,782,114	43,737,730	[1,953,924]	[1,359,105]
Total	$199,777,165	$57,154,790	$200,702,058	$59,671,175	[924,893]	[2,516,385]

EXHIBIT 1
DATE 2-7-89
HB

MEDICAL ASSISTANCE Budget Detail Summary	Actual FY 1986	Budgeted FY 1987	Appropriated FY 1988	Appropriated FY 1989
Full Time Equivalent Employees	31.85	29.99	31.99	31.99
Personal Services	762,668.93	788,231	893,174	893,074
Operating Expenses	3,205,108.00	2,066,769	2,785,286	3,545,399
Equipment	9,317.38	230	5,052	1,700
Benefits and Claims	111,557,117.67	116,141,421	156,694,799	171,230,267
Total Program Costs	**$115,534,211.98**	**$118,996,651**	**$160,378,311**	**$175,670,440**
General Fund	33,335,464.52	33,794,909	46,873,494	48,192,079
State Special Revenue Fund	7,111,346.35	7,393,221	7,168,000	7,349,000
Federal & Other Spec Rev Fund	75,087,401.11	77,808,521	106,336,817	120,129,361
Total Funding Costs	**$115,534,211.98**	**$118,996,651**	**$160,378,311**	**$175,670,440**
Current Level Services	115,534,211.98	118,996,651	160,378,311	175,670,440
Total Service Costs	**$115,534,211.98**	**$118,996,651**	**$160,378,311**	**$175,670,440**

Program Description

Under Title XIX of the Social Security Act, the staff of the Medical Assistance program administer the Medicaid program, which includes the Home and Community Based Service program, for needy individuals and families. Statutory authority for the program is provided for in Title 53, chapter 6, MCA.

Issues Addressed/Legislative Intent

The legislature made several changes in the operating budget and benefits of the Medical Assistance program. Two half-time positions were deleted, contracted services expenditures were increased, the amount and scope of medical benefits were reduced, copayments for prescriptions were increased, nursing homes were given an annual 2% increase in the average rate, and reimbursement to physicians was increased an average of 1.5% annually.

The legislature added language in HB 2 that restricts the ability of SRS to transfer funds between appropriations for certain benefits. The department may transfer funds between Medicaid-primary care, state medical program, general assistance, and Medicaid-long-term care. The appropriations for these benefits may not be used in any other program or benefit, however.

The legislature deleted language that had been in the appropriations act passed in the 1985 session. During the 1987 biennium, SRS had been prohibited from expanding or reducing the amount, scope, or duration of the Medicaid-primary care benefits available to recipients unless a change was mandated by federal law and made a condition of the receipt of federal funds for the Medicaid program. Without specific legislative guidelines, the discretion to limit benefits, if the appropriation is inadequate, reverts to the department. Section 53-6-141(2), MCA allows the department to set priorities to limit or otherwise curtail the amount, scope, or duration of medical benefits and services if available funds are not sufficient to provide medical care for all eligible persons.

Additional language in HB 2 directs the department to attempt to reduce the budgeted cost of worker's compensation and unemployment insurance costs for personal care attendant services. Any savings realized from such actions should be used to increase wages paid to personal care attendants.

HB 2 limits Medicaid payment of psychiatric services for individuals under 21 to psychiatric hospitals providing such services exclusively to individuals under the age of 21. The provision does not prohibit payment for psychiatric services provided in a general inpatient hospital setting.

The operating budget issues considered by the legislature in the Medical Assistance program include the level of staffing and contracted services. FTE in this program increase two full-time positions from FY87 budgeted levels. Although three FTE were transferred from Assistance Payments program, the legislature deleted two .5 long-term care specialist positions that the department had been unable to fill even though potential candidates had been interviewed. The legislature reduced personal services costs by appropriating less than the amount requested in the executive budget for salaries of doctors in the state medical in Silver Bow County, although the FTE for the positions was not reduced.

In FY86, the department contracted for the upgrade of its Medicaid Management Information System (MMIS), resulting in higher actual FY86 operating expenses than appropriated in FY88. Current operating costs of the system, about $80,000 monthly, are expected to increase to about $200,000 monthly when the contract for MMIS operation is rebid in February 1988. The legislature appropriated funds for such an increase causing budgeted operating expenses to be about $300,000 higher in FY88 than actual expenditures in FY86. Contracted services costs were increased $15,000 in FY88 and $30,000 in FY89 to cover the cost of audits for the Youth Treatment Center and Rivendell of Billings and $10,000 each year for a contract to prescreen admissions of patients to free standing psychiatric units.

With the exception of contracted services, most operating costs are budgeted at the FY86 actual expenditure. Purchases of minor office equipment are budgeted both years of the biennium.

The amount appropriated in FY88 for medical benefits increases almost 40% from FY86 actual expenditures. Although the legislature instituted some benefit limitations, costs due to caseload growth and provider rates increases more than offset such reductions.

Table 1 shows the rate increases adopted by the legislature for nursing homes and physicians, requiring $1.0 million more general fund over the biennium. The average nursing

EXHIBIT 2
DATE 2/7/89
HB Human Serv. Sub. Com.

September 30, 1988

1. The Department of Health and Environmental Sciences is requesting a supplemental for $247,951 for the Licensing, Certification and Construction Bureau for personal services and operations associated with licensure and Medicare and Medicaid survey and certification activities.

The Licensing, Certification and Construction Bureau is a bureau within the Health Services Division. The Bureau has the responsibility for licensing and surveying for Medicare and/or Medicaid 60 hospitals, 103 long term care facilities (skilled nursing, intermediate care and mental retardation), 44 home health agencies, 18 hospices (2 of which are certified for Medicare), 11 licensed and/or certified ambulatory surgical centers, 11 certified independent and CLIA (Clinical Laboratory Improvement Act of 1967) laboratories. In addition the Bureau has the responsibility for surveying and certifying 38 swing beds (swing beds are licensed as hospital beds but can be used as skilled nursing or intermediate care), 5 end stage renal dialysis units, 5 outpatient physical therapy/-speech therapy facilities, and 7 excluded rehabilitation or psychiatric units. Health services that are licensed only include 2 infirmaries, 7 chemical dependency treatment facilities, 8 mental health/mental retardation clinics, 19 personal care facilities, and 14 adult daycare centers.

The Bureau is responsible for investigating all complaints that come into the State agency regarding health care facilities.

Annually, approximately 100 plans are reviewed for compliance with National Fire Protection Association codes and minimum health care construction requirements. These reviews are done for additions, modifications and new construction of health care facilities.

To accomplish the Bureau responsibilities, the survey staff is composed of registered nurses, dieticians, sanitarians and a pharmacist; social workers, medical technologists, deputy state fire marshal and building consultant.

2. Prior to the 1987 legislative session, it was recognized by the Division Administrator and Bureau Chief that the staffing was inadequate to meet the work responsibilities. Complaints about insufficient staffing resulting in poor quality of surveys were received from the Federal Department of Health & Human Services.

In addition the Bureau was becoming backlogged in responding to complaints filed regarding health care facilities. We have investigated 58 complaints since January 1988.

Patient care outcome surveys were implemented in July, 1986 in long term care facilities. Home visits to patients of Home Health Agencies became a part of the survey process at the same

time. Hospital Conditions of Participation were also implemented. These changes increased the onsite survey time and the need for additional staff.

3. During the 1987 legislative session, the Department of Health requested and received 9.5 FTE due to increased work load caused by the change in Federal regulations and Federal priorities. The Department under-estimated the time and effort required to comply with the new certification process regulated by the Federal government. Therefore, the Department requested an additional 4.0 FTE and received the approval through Supplemental #0402, DHES request #88-33. This supplemental transferred $67,778 of FY '89 authority for Medicare to FY '88.

Employed using these funds were:

One (1) FTE Surveyor in March, 1988. Responsible for augmenting the Deputy State Fire Marshal's and Building Consultant's survey work.

One (1) FTE Surveyor in May, 1988. A pharmacist utilized to review appropriate management of drugs, accountability of scheduled drugs and proper drug regiment reviews.

One (1) FTE Clerical in February, 1988.

One (1) FTE Clerical in May, 1988. These two positions are support staff, one responsible for the input of survey information into the Federal mainframe computer in Baltimore. The second position is responsible for travel vouchers and other paperwork associated with the survey activities.

At the time of requesting the 4 additional FTE's, the Bureau was 4 months behind in the survey schedule. This resulted in abandoning all survey activity except long term care surveys. Long term care facilities are on time limited agreements. Failure to survey and certify these facilities would result in their automatic termination as medicare/medicaid providers and the loss of Federal funds participating. Plan review for construction projects were backlogged for 2 months causing difficulties to architects and providers who were anxious to get under construction.

In addition to computer entry of survey findings to the Baltimore mainframe computer via telecommunications, the federal government also transferred the additional responsibility of recertification of providers to the Bureau. This resulted in the necessity of the Bureau producing the certification letters to providers and tie-in notices to the fiscal intermediaries. Errors in the tie-in notices would result in lack of or errors in payments to medicare/medicaid providers.

4. With the addition of the 9.5 FTE's the backlog of long term care surveys became current February 1988 at the cost of abandoning all other survey work responsibility. With the 4 additional FTE's the backlog of plan review for construction projects became current in August 1988. However, from July 1, 1987 to June 30, 1988, 34 new providers were added to the Bureau's workload causing us to again become backlogged. We are projecting eradicating this backlog by December 31, 1988. Currently patient care outcome surveys in Intermediate Care Facilities for Mentally Retarded are being implemented beginning Oct. 3, 1988. All categories of providers will be surveyed under this new process causing additional on-site survey time.

5. This $247,951 supplemental request is the difference between current state authority and necessary authority to support Licensing and Certification duties at the current staff level, which is 29.55 FTE's. Without approval of this supplemental request we can only support 23 FTE's for FY '89 or support the 29.55 FTE's for 9 months of FY '89 requiring rehiring and training of surveyors (surveyor training takes one full year). This would destroy the ability of the Bureau to meet its responsibilities.

Requested authority will be used to provide the following services:

A. Maintain current level of Fire/Life Safety inspections and construction review of plans and specifications.

B. Maintain current survey schedule after December 31, 1988.

C. File survey reports, issue certification letters and fiscal intermediary tie-in notices consistent with Federal requirements.

D. License and/or certify new providers consistent with State Law and Federal requirements.

E. Investigate complaints timely.

F. Complete plan reviews within two months of receipt.

EXHIBIT 3 OBPP
DATE 2/7/89 11/9/88
HB Human Serv. Sub Com.

MATERNAL AND CHILD HEALTH BLOCK GRANT ALLOCATIONS (NOT EXPENDITURES)

	FY 1986	FY 1987	FY 1988	FY 1989	FY 1990	FY 1991
DIRECTOR	30,000	30,000	30,000	30,000		
COUNTIES	700,422	624,509	662,587	667,245	651,427	650,425
HSMFD ADMIN	23,683	23,727	23,727	23,727	29,897	29,981
NURSING	28,000	28,000				
FAMILY PLANNING	28,000	29,000	29,000	29,000	29,000	29,000
FAMILY/MCH ADMIN	105,756	80,634	105,000	105,000	160,693	160,941
PRIMARY CARE/CASE MANAGEMENT			67,395	122,492	85,394	85,394
HANDICAPPED CHILDREN	801,276	843,691	866,119	865,215	842,058	842,315
DENTAL	58,000	43,000	43,000	43,000	74,383	73,702
PERINATAL PROGRAM	96,965	157,028	137,988	134,234	162,951	165,045
PERINATAL MOD					66,000	65,000
MODIFIED (PREVENTIVE CLERICAL)						
ADDITIONAL COUNTIES			239,424	385,105		
TOTAL	1,872,102	1,859,589	2,204,240	2,405,018	2,101,803	2,101,803
ANTICIPATED GRANT/CARRYOVER	1,897,421	1,836,330	2,204,240	2,405,018	2,101,803	2,101,803
ANTICIPATED BALANCE	25,319	(23,259)	0	0	0	0

PREVENTIVE HEALTH BLOCK GRANT ALLOCATIONS (NOT EXPENDITURES)

	FY 1986	FY 1987	FY 1988	FY 1989	FY 1990	FY 1991
DIRECTOR	43,557	48,645	48,645	46,151		
RAPE CRISIS	11,970	11,970	11,970	11,970	11,968	11,968
MICROBIOLOGY	34,000	34,000	54,655	53,537	66,757	66,837
HSMFD ADMIN	10,150	10,168	10,168	9,750	13,287	13,325
HEALTH EDUCATION	48,714	49,257	48,218	46,327	56,374	56,632
FAMILY PLANNING	198,693	191,337	202,015	187,022	202,015	202,079
MONTANA PERINATAL PGM	94,967	56,205	70,012	65,844	69,667	68,052
EMERGENCY MEDICAL SERVICES(EMS	175,939	204,855	168,186	161,197	177,703	178,878
SPEC PROJECTS			38,660			
DENTAL		15,000	18,318	17,696	0	0
TOTAL	617,990	621,437	670,847	599,494	597,771	597,771
ANTICIPATED AWARD/CARRYOVER	621,561	618,020	670,847	632,187	597,771	597,771
ANTICIPATED BALANCE	3,571	(3,417)	0	32,693	0	0

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

2nd Qtr FFY 8

NOTICE OF BLOCK GRANT AWARD

2. Grantee a. Name: State of Montana b. Organization Unit: Dept. of Health & Environ. Svcs. c. Street: Cogswell Building d. City: Helena e. State: Montana f. Zip Code: 59601	1. Issue Date Mo./Day/Year: JAN 17 1989 3. Award Period From Mo./Day/Year: 10/01/88 Through Mo./Day/Year: 09/30/99	

	Block Grant Award	
a. Program Identification	MCHS	
b. Authorization (Legislation/Regulation)	P.L. 97-35, Title V, SSA, 45	CFR 96
Catalog of Federal Domestic Assistance No.	13.994	
Grant No.	89 B1MTMCHS-02	
7. Administrative Code	MC B 04	
Federal Funds Approved		
a. Total	2,101,803	
b. Financial Assistance	2,101,803	
c. Direct Assistance	-0-	
Current Year's Funds Awarded		
a. Amount of this Action:	525,451	
b. Financial Assistance	525,451	
c. Direct Assistance	-0-	
d. Cumulative Awards to Date:	1,050,902	
e. Financial Assistance	1,050,902	
f. Direct Assistance	-0-	
Unawarded Balance of Current Year's Funds: (Line 9 minus 9 d.)	1,050,901	

Remarks (Other Terms and Conditions Attached - ☐ Yes ☒ No)

Authority under P.L. 100-202

-Ongoing Block Program	$ 504,102
-Primary Care/Case Management	21,349
	$ 525,451

This grant is subject to the terms and conditions incorporated either directly or by reference in the following:

a. The grant program legislation cited above.
b. The grant program regulation cited above.
c. This award notice including terms and conditions, if any, noted under "Remarks."

Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

8. Fiscal Data	a. Appropriation	7590350	
	b. FY/Con	9-3776150	
	c. Object Class	41.15	
	d. Document Number (Grant No.)	89B1MTMCHS	

CRS-EIN 1-810302402-A6

13. Agency Official (Signature, Name and Title) W Avery
Waddell Avery, Chief, Grants Management Branch, BMCHRD

GRANT PAYMENT INFORMATION The Federal payment office for PHS block grants is:

Federal Assistance Financing Branch
Post Office Box 6005
Rockville, MD 20852

MCH BLOCK GRANT TO COUNTIES

TOTAL GRANT TO ALLOCATE					651,427	650,425
COUNTY	POPULATION	WOMEN	CHILDREN	TOTAL	FY 1990	FY 1991
BEAVERHEAD	8,186	1,670	2,345	12,201	6,397	6,387
BIG HORN	11,096	2,215	3,725	17,036	8,932	8,918
BLAINE	6,999	1,294	2,569	10,862	5,695	5,686
BROADWATER	6,534	1,953	1,685	10,172	5,333	5,325
CARBON	8,099	1,312	2,373	11,784	6,178	6,169
CARTER	3,598	414	777	4,789	2,511	2,507
CASCADE	80,696	17,630	26,074	124,400	65,224	65,123
CHOTEAU	6,092	1,197	2,105	9,394	4,925	4,918
CUSTER	13,109	2,497	4,130	19,736	10,348	10,332
DANIELS	5,670	777	1,362	7,809	4,094	4,088
DAWSON	11,805	2,315	3,702	17,822	9,344	9,330
DEERLODGE	12,581	2,226	4,100	18,907	9,913	9,898
FALLON	7,526	1,146	1,775	10,447	5,477	5,469
FERGUS	13,076	2,491	3,860	19,427	10,186	10,170
FLATHEAD	51,966	9,980	15,544	77,490	40,629	40,566
GALLATIN	42,865	9,849	10,835	63,549	33,319	33,268
GARFIELD	3,312	416	746	4,474	2,346	2,342
GLACIER	10,628	2,231	4,166	17,025	8,926	8,913
GOLDEN VALLEY	2,052	293	425	2,770	1,452	1,450
GRANITE	5,400	729	1,110	7,239	3,795	3,790
HILL	17,985	3,762	6,003	27,750	14,550	14,527
JEFFERSON	7,029	1,642	2,454	11,125	5,833	5,824
JUDITH BASIN	5,292	693	1,215	7,200	3,775	3,769
LAKE	19,056	3,139	5,922	28,117	14,742	14,719
LEWIS & CLARK	43,039	8,637	12,418	64,094	33,605	33,553
LIBERTY	4,658	750	1,245	6,653	3,488	3,483
LINCOLN	17,752	3,622	5,445	26,819	14,061	14,040
MCCONE	5,448	990	1,499	7,937	4,161	4,155
MADISON	5,404	737	1,304	7,445	3,903	3,897
MEAGHER	4,308	578	998	5,884	3,085	3,080
MINERAL	7,350	1,086	1,974	10,410	5,458	5,450
MISSOULA	76,016	15,885	19,547	111,448	58,433	58,343
MUSSELSHELL	8,856	1,068	2,096	12,020	6,302	6,292
PARK	12,660	2,422	3,472	18,554	9,728	9,713
PETROLEUM	1,310	146	381	1,837	963	962
PHILLIPS	5,367	975	1,621	7,963	4,175	4,169
PONDERA	6,731	1,305	2,285	10,321	5,411	5,403
POWDER RIVER	5,040	792	1,214	7,046	3,694	3,689
POWELL	6,958	1,352	2,022	10,332	5,417	5,409
PRAIRIE	3,672	504	752	4,928	2,584	2,580
RAVALLI	22,493	3,883	6,195	32,571	17,077	17,051
RICHLAND	12,243	2,115	3,619	17,977	9,425	9,411
ROOSEVELT	10,467	2,019	3,745	16,231	8,510	8,497
ROSEBUD	9,899	1,820	3,643	15,362	8,054	8,042
SANDERS	8,675	1,633	2,655	12,963	6,797	6,786
SHERIDAN	5,414	915	1,619	7,948	4,167	4,161
SILVER BOW	38,092	6,833	10,953	55,878	29,297	29,252
STILLWATER	5,598	1,052	1,555	8,205	4,302	4,295
SWEETGRASS	6,432	794	1,136	8,362	4,384	4,378
TETON	6,491	1,168	2,029	9,688	5,079	5,072
TOOLE	5,559	950	1,714	8,223	4,311	4,305
TREASURE	1,962	309	608	2,879	1,509	1,507
VALLEY	10,250	2,237	4,229	16,716	8,764	8,751
WHEATLAND	4,718	609	935	6,262	3,283	3,278
WIBAUX	2,952	414	725	4,091	2,145	2,142
YELLOWSTONE	108,035	23,177	32,670	163,882	85,924	85,792
TOTALS	834,501	162,648	245,305	1,242,454	651,427	650,425

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
Atlanta,Georgia 30333

NOTICE OF BLOCK GRANT AWARD

2. Grantee
a. Name: STATE OF MONTANA
b. Organization Unit: DEPARTMENT OF HEALTH/ENVIRONMENT S[illegible]
c. Street: COGSWELL BUILDING
d. City: HELENA
e. State: MT f. Zip Code: 59620

1. Issue Date Mo. / Day / Year: 10/14/1988

3. Award Period
From Mo. / Day / Year: 10/01/1988 Through Mo. / Day / Year: 09/31/199

4.	Block Grant Award	
a. Program Identification	PREVENTIVE HEALTH SERVICES	
b. Authorization (Legislation/Regulation)	PART A, TITLE XIX, PHS ACT, AS AMENDED	
5. Catalog of Federal Domestic Assistance No.	13.991	
6. Grant No.	89-B1-MT-PRVS-01	
7. Administrative Code	B01	
8. Federal Funds Approved		
a. Total	597.771	
b. Financial Assistance	597.771	
c. Direct Assistance	0	
9. Current Year's Funds Awarded		
a. Amount of this Action:	149.443	
b. Financial Assistance	149.443	
c. Direct Assistance	0	
d. Cumulative Awards to Date:	149.443	
e. Financial Assistance	149.443	
f. Direct Assistance	0	
10. Unawarded Balance of Current Year's Funds *(Line 8 minus 9d.)*	448,328	

Remarks *(Other terms and Conditions Attached -* ☐ *Yes* ☒ *No)*

FUNDS IN BLOCKS 8 AND 9 INCLUDE THE FOLLOWING AMOUNT WHICH CAN BE SPENT ONLY FOR SERVICE TO RAPE VICTIMS AND FOR RAPE PREVENTION (SECTION 1904(A) (2)):

TOTAL FUNDS APPROVED:	$	11,968
AMOUNT OF THIS ACTION:	$	2,992
CUMULATIVE TO DATE:	$	2,992

THE AMOUNT CITED IN ITEM 9D, 9E, AND 9F REPRESENTS 25 PERCENT OF THE ANNUAL APPROPRIATION.

This grant is subject to the terms and conditions incorporated either directly or by reference in the following:
a. The grant program legislation cited above.
b. The grant program regulation cited above.
c. This award notice including terms and conditions, if any, noted under "Remarks."
Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

11. Fiscal Data			
	a. Appropriation	7590943	
	b. FY/Can	95142/99212687	
	c. Object Class	41.15	
	d. Document Number *(Grant No.)*	89-B1-MT-PRVS-01	

12. CRS-EIN
1-810302402-A6

13. Agency Official *(Signature, Name and Title)*
Henry S. Cassell III
HENRY S. CASSELL, III, GRANTS MANAGEMENT OFFICER

GRANT PAYMENT INFORMATION

The Federal payment office for PHS block grant is:
Federal Assistance Financing Branch
Post Office Box 6005
Rockville, MD 20852 Phone: (301) 443-1660

Exh 4
Dr. Espelin

EXHIBIT 4
DATE 2/7/89
Human Serv. Sub Com.

Preventive Health Services Bureau

February 1989

PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE ON HUMAN SERVICES

Madame Chair and Members of the Subcommittee, I am Don Espelin, a pediatrician in Helena and on staff at the State Department of Health and Environmental Sciences. I am Bureau Chief of the Preventive Health Services Bureau (PHSB). This bureau was created within the Department of Health and Environmental Sciences on October 1, 1986 by reorganization within the Department. The PHSB has 12 programs that carry out the Department responsibilities in the areas of prevention, education, monitoring health, health-related services, and administration of public health services, and has no administrative budget. The funds to run the bureau, i.e., my salary, support personnel and logistics are currently coming out of the MPP budget.

These programs are funded with a blend of Preventive Health Block Grant, Maternal and Child Health Block Grant, General Fund monies, and special grants from Centers for Disease Control (CDC) Atlanta. The Bureau has 22.5 current level FTE's. Under the reorganization, the PHSB supervises the program managers and coordinates the activities of:

ORDER OF PRESENTION

I. Communicable Disease

- Communicable Disease Program
- Rabies
- AIDS
- Sexually Transmitted Disease
- Immunization

II. Chronic Disease

- Health Promotion and Education Program
- Chronic Disease Control Project

-- Behavior Risk Surveillance
-- Montana Tobacco Free Challenge

III. Dental

IV. Other

-- Rape Crisis
-- End Stage Renal Disease (ESRD)

V. Perinatal

-- MPP

DEE/vg-30d

February 1989

COMMUNICABLE DISEASE CONTROL/EPIDEMIOLOGY
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE ON HUMAN SERVICES

Madame Chair and Committee Members, as Chief of the Preventive Health Services Bureau I submit this testimony prepared by Judith Gedrose, State Epidemiologist.

PURPOSE: This is the control and focal point for epidemiologic work for the Department. The general communicable disease control program maintains continual surveillance of 70 diseases, syndromes, and categories of disease as defined in ARM 16.28.101-1105. Based on data collected, investigation of cases and outbreaks is performed to prevent spread of disease in the population.

STAFF SIZE: 1 FTE

FUNDING SOURCE: General fund of $43,170 was appropriated to support one FTE and provide 7,731 operating expenses in FY 89. $51,506 is requested for FY 90 so the program can begin paying indirect costs of $7,793. The remaining $553 increase is due to inflation. The FY 91 request is essentially the same as FY 90.

PROGRAM COMPONENTS: Tuberculosis control comprises approximately one quarter of the program's activities. Rabies prevention in humans is a top priority of the program. Rabies control provides immunizing biologicals at cost to health care providers treating Montana citizens via a special ear-marked revenue fund. The most important part of rabies control is the consultation provided to health care providers concerning the need for and use of the biologicals. The Rabies Vaccine Program provides pre and post exposure vaccine for 121 Montanans in 1987.

PROGRAM ISSUES: The uniqueness of general communicable disease control makes the public, public health direct service providers and the private medical community turn to MDHES for assistance. During January 1988 at least 66 requests came to the State Epidemiologist. The majority were from health departments and private medical care providers. Additional requests for information or assistance came directly from private citizens and the media.

Many of the program activities are carried out with the cooperation of other department programs, e.g., MDHES Public Health Laboratory, Food and Consumer Safety Bureau, Air and Water Quality Bureaus.

JG/vg-0131a

AIDS PROGRAM
Preventive Health Services Bureau
Health Services Division

MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Madame Chair and Members of the Subcommittee, as Chief of the Preventive Health Services Bureau, I submit this testimony as prepared by Richard Chiotti, AIDS Program Manager.

PURPOSE: To assist local public health departments in detecting and preventing the further spread of HIV infection through (1) resource assessment; (2) surveillance and selected epidemiologic investigations; (3) seroprevalence surveys; (4) laboratory services; (5) knowledge, attitudes, and behavior (KAB) studies/assessments; (6) public information campaigns; (7) health education and risk reduction (HE/RR) activities; (8) counseling, testing and partner notification; (9) involvement and participation of community-based organizations, particularly those representing or serving minorities; (10) school health education collaboration; and (11) evaluation of all activities.

STAFF SIZE: Current staffing is 8.0 FTE.

FUNDING SOURCE: Center for Disease Control (U.S. Public Health Service, DHHS). The 1989 award totals $593,572 for the calendar year 1/1/89 - 12/31/89.

PROGRAM COMPONENTS: (1) Surveillance, (2) Health Education and Risk Reduction, (3) Public Information, (4) Counseling, Testing and Partner Notification, (5) Minority Initiatives, and (6) AIDS Drug Reimbursement Program. (This component uses a separate federal award to purchase AZT for qualified individuals).

All cases of AIDS are reportable by name to Montana Department of Health and Environmental Sciences. Laboratories doing HIV antibody tests must also report to MDHES. Personal identifiers are prohibited in the reporting requirements for HIV infection (i.e., potential AIDS).

Each of the Governor's Planning Regions in Montana has a Health Education and Risk Reduction project. Each site is responsible for AIDS education within the boundaries of the region.

Nine counseling and testing sites provide free and anonymous/confidential testing as well as partner notification. Each site works in cooperation with the HERR sites to provide education and risk reduction information.

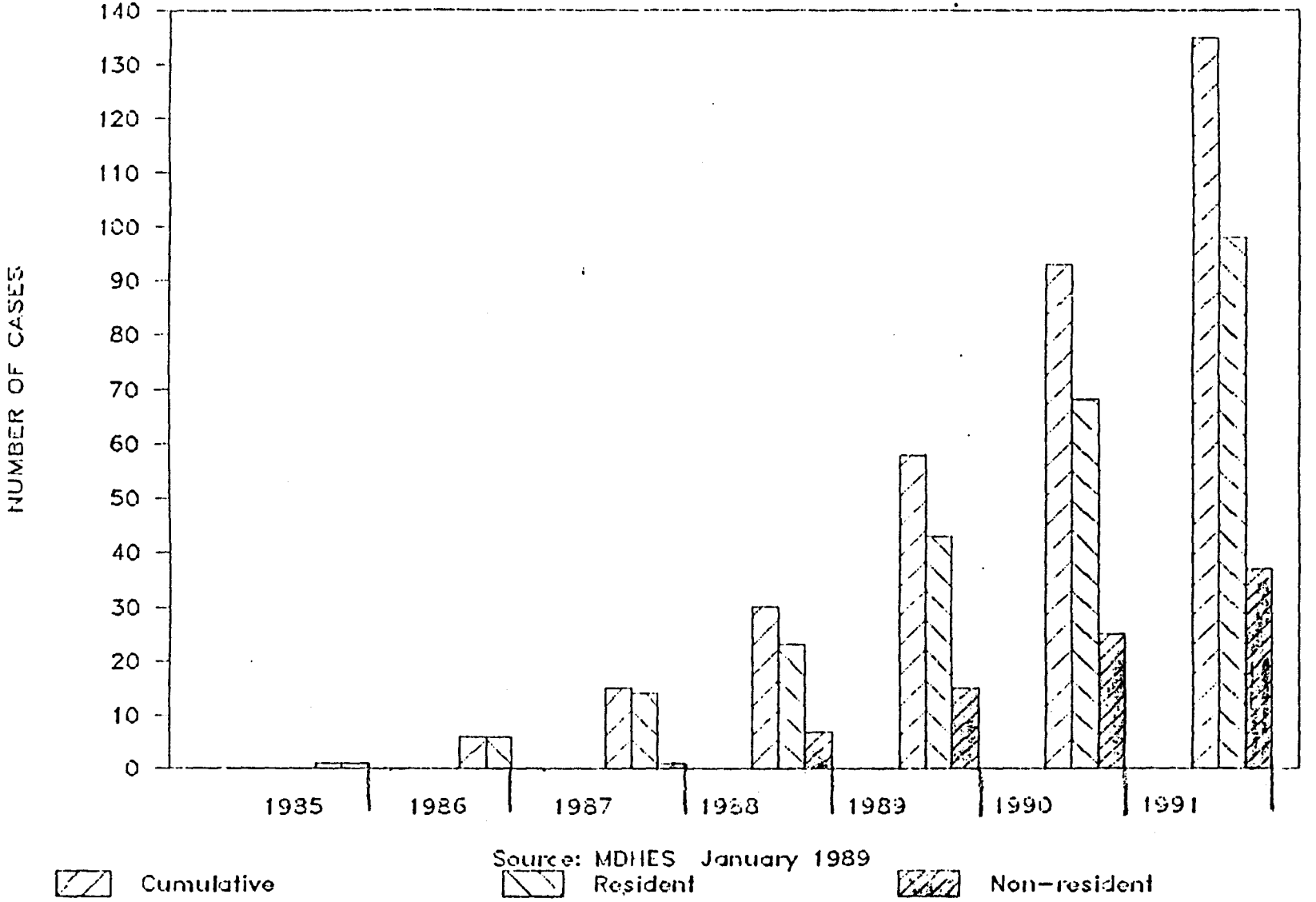
A statewide toll free information and referral telephone line provides consistent and appropriate information.

AB/vg-112c

February 1989

NUMBER OF ACTUAL & PROJECTED AIDS CASES

BY YEAR, MONTANA, ACTUAL CASES (1985-1988) & PROJECTED CASES (1989-1991)



NOTE: RESIDENT CASES ARE CASES DIAGNOSED IN PERSONS WHO WERE MONTANA RESIDENTS AT THE TIME OF DIAGNOSIS.

NON-RESIDENT CASES ARE CASES DIAGNOSED IN PERSONS WHO WERE NOT MONTANA RESIDENTS AT THE TIME OF DIAGNOSIS, BUT WHO MOVED TO MONTANA AFTER DIAGNOSIS.

CUMULATIVE CASES ARE THE SUM OF RESIDENT AND NON-RESIDENT CASES.

February 1989

SEXUALLY-TRANSMITTED DISEASE PROGRAM
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE ON HUMAN SERVICES

Madame Chair and Members of the Subcommittee, as Chief of the Preventive Services Bureau, I submit this testimony prepared by Bruce Desonia, Program Officer in the AIDS Program.

1. PURPOSE: To prevent and control the incidence and spread of STD's and their complications in Montana, (primarily syphilis, gonorrhea, and chlamydia). This is accomplished by 1) surveillance and screening, 2) intervention through timely interviewing and partner referral, 3) coordinating STD activity with local agencies and health care providers in Montana and out-of-state programs, 4) public and professional education, 5) training of local health care providers, and 6) evaluation of the above efforts of local health agencies and Montana's program.

2. STAFF AND FUNDING: The federal grant award for January 1, 1989 - December 31, 1989 is $86,911. Staff size is 1.0 FTE, federally funded.

3. PROGRAM COMPONENTS: There are five STD clinics in local public health facilities in Montana, in addition to the services through family planning clinics and Indian Health Units. The MDHES program provides coordination and technical assistance for these programs and other local agencies. MDHES is the only agency compiling data to observe statewide trends requiring action be taken.

4. PROGRAM NARRATIVES:

   -- For every dollar spent in STD control, an estimated $3 is saved in disease prevented.

   -- Annual direct and indirect costs of pelvic inflammatory disease (PID), a complication of gonorrhea and chlamydia that causes sterility and tubal pregnancies in women, approaches $3 billion nationally.

-- In SFY 89, an STD teacher's curriculum guide was reprinted and distributed to junior and senior high school principals in Montana.

Syphilis -- Since 1980, there have been 6-18 cases reported annually in Montana, with 16 cases reported in 1987. While routine screening tests are no longer needed for premarital tests and hospital admissions, effective control relies upon selected screening and rapid staff follow up of positive test reports and reported cases. A possible case of congenital syphilis was prevented last month, through rapid followup of a prenatal screening test.

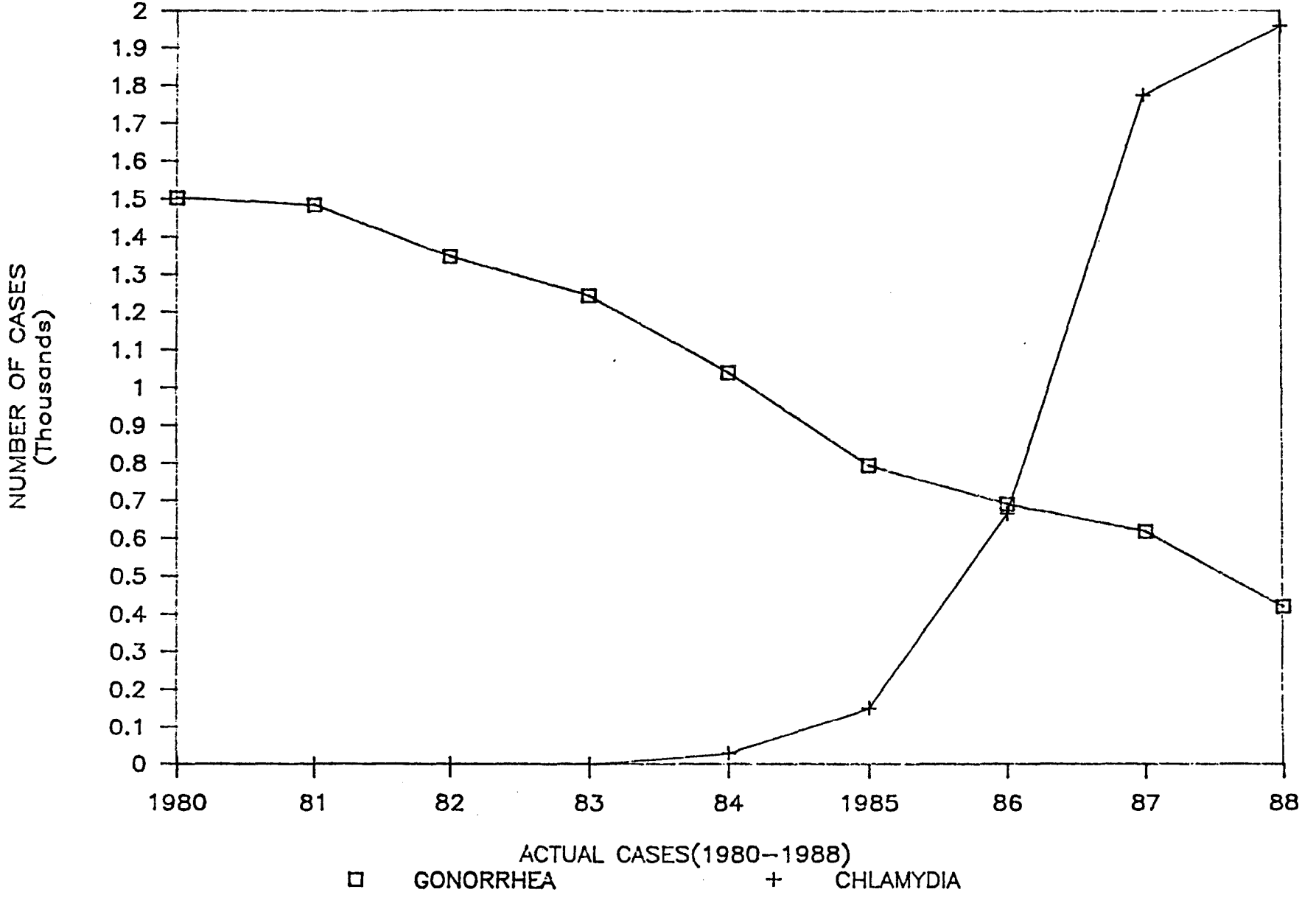
Gonorrhea -- Approximately 419 cases were reported in Montana in 1988, down 358% from the 1,503 cases in 1980. In 1988, 18,472 females were cultured for gonorrhea, of which 249 or 1.3% were positive. Two penicillin-resistant cases were identified in 1988.

Chlamydia -- Became a reportable disease in Montana in November, 1987. Reported cases have increased from 29 in 1984 to 1,957 cases in 1988.

BD/JLG/vg-94d

GONORRHEA AND CHLAMYDIA CASES

MONTANA:1980–1988



February, 1989

Montana Immunization Program
Preventive Health Services Bureau
Montana Department of Health and Environmental Sciences

Testimony for the Appropriations Joint Subcommittee on Human Services

Madame Chair and Members of the Subcommittee, as Chief of the Preventive Health Services Bureau I submit this testimony prepared by Richard Paulsen, Program Manager of the Immunization Program.

Purpose

The Montana Immunization Program's purpose is to prevent the occurrence and transmission of vaccine-preventable diseases.

Staffing

There are 5 FTE's in the program.

Funding

The Immunization and Sexually Transmitted Diseases programs in the past have shared program staff and are primarily federally funded.

The federal funding source has told the Department that communicable disease activities shall not be financially supported by federal funds. Therefore, through negotiated agreement, 20% of the current level budgets for categories of personal services and in-state travel have been funded by general funds and allows staff to do other communicable disease activities. For the 1990-91 Biennium, the program will primarily rely on the Federal Immunization funds while maintaining the general fund support at the FY 1988 for communicable disease control which is $41,294.

Vaccine dollar amount received in the current 1989 immunization grant award: $422,000.

Components

The Immunization Program supports the immunization activities of the state and counties through: Providing vaccine; Epidemiologic assistance/outbreak control; Training and education; Monitoring enforcement of the School Immunization Law (MCA 20-504-1 through 410); Determining immunization levels in specific populations; Determining strategies to increase immunization levels; and providing assistance to physicians.

Narrative

In addition to being the sole source of certain vaccines used at public clinics, this program has the first line responsibility for keeping Montanans free from and educated about vaccine-preventable diseases. This program provides assistance to counties by consultation, surveillance and outbreak control as well as training for all public health agencies. Experience has shown us that maintenance of immunization levels and control of disease has been more effective with this program intervening in the disease process. This includes the need for program staff the ability to travel as needed into all areas of Montana.

There are almost twice as many public providers using program vaccine in 1988 (89) as there were in 1982 (49). Public health providers include: Health Departments, Indian Health Service, Family Planning, Student Health Centers. 90,700 doses of vaccine were administered at public clinics during calendar year 1988. We anticipate a further increase in the use of public clinics and use of program vaccine will be seen during the biennium because: 1) The cost of vaccine to private providers also has skyrocketed with a 600% increase in vaccine cost; and 2) Private doctors sending their patients to the public clinics for immunization services.

Federally funded vaccine monies included in the program budget do not require state general fund match.

By participating in the federal vaccine program the State saw a savings of $495,900* in 1988 and we expect to see a similar savings in FY 90 and 91. [*Based on estimated vaccine costs only (public vs. private) - does not include cost for physician's visit.] The federal funded vaccine monies are expected to continue at a level where the program can continue to provide the vaccine.

No charge may be made to patients for the cost of vaccines provided by the program and no one in any public clinic may be denied vaccine provided by the program for inability to pay an administrative fee.

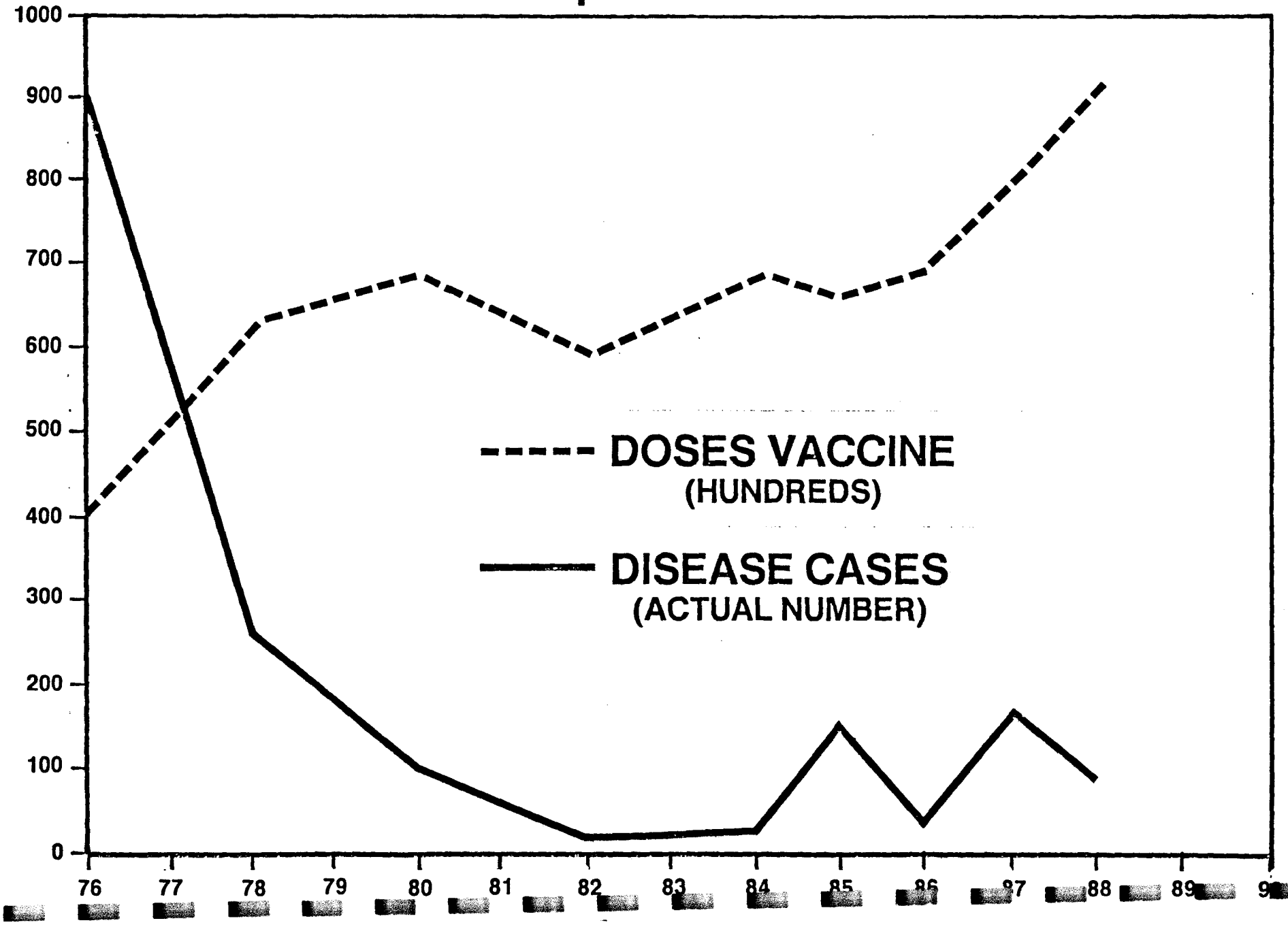
The program seeks support of private physicians through the Montana Medical Association, the Montana Chapter of the american Academy of Pediatrics, and the Academy of Family Physicians in improving on these areas of concern:

1. Reporting vaccine-preventable diseases.

2. Use of office tickler systems to ensure children are immunized on schedule.

3. Use the Official Montana Immunization Record.

Montana Immunization Program's Total Vaccine Doses Used and Childhoold Diseases Reported 1976-1990



Explanation of Number of Vaccine Doses and Number of Disease Cases in Montana From 1976 through 1988

This graph demonstrates two things:

1. The amount of vaccine doses used at public clinics has increased from approximately 40,000 doses in 1976 to over 90,000 doses used in 1988. It also corresponds with the increase of immunization levels in Montana school children.

2. The decrease in vaccine-preventable diseases that has been seen since the 1970's.

Important Notes:

a. The Montana Immunization Law was enacted in 1980.

b. The peaks seen in 1985, 1987, and continuing in 1988 are directly related to measles outbreaks.

c. HIB disease is not included in any of the data, as the vaccine became available only in 1987.

DP/war-43xt-2

February, 1989

CHRONIC DISEASE AND HEALTH PROMOTION
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE JOINT SUBCOMMITTEE ON HUMAN SERVICES

Madame Chair and Members of the Subcommittee, as Chief of the Preventive Health Services Bureau, I submit this testimony prepared by Robert W. Moon, Health Services Manager.

The Health Promotion and Education Program provides a statewide focal point for educational programs which assist Montanans in voluntarily replacing undesirable lifestyle behaviors with those which enhance health. The program is directed toward educating individuals from pre-schoolers through the elderly to develop a better understanding of the control they can have over their own health status. The purpose is to increase awareness of how lifestyle and environmental factors affect personal health. To achieve these public health objectives, the program serves as a leader and catalyst of private and public efforts as well as performing those health functions that only government can perform. Specifically, the programs are designed to help individuals stop smoking, moderate their use of alcohol, improve their diet, increase their exercise, manage excess stress, increase their utilization of seat belts, and to be wise consumers of health care.

FUNDING: $48,212 - Centers for Disease Control

The purpose of the Chronic Disease Control Project is to assist the State of Montana in developing a Chronic Disease Control Program which will address planning, development, integration, coordination and evaluation of programs to control Montana's chronic diseases. The primary activity during the first year will be general capacity building through a statewide coalition which will address Montana's strategic plan of dealing with chronic diseases. In addition, the establishment of a resource directory and needs assessment will help in the formation of this plan. Three community pilot projects will be funded to serve as replicative, innovative strategies aimed at the elderly, school health, and the worksite.

FUNDING: $101,811 - Centers for Disease Control
(first year of five year cycle)

The Behavior Risk Factor Surveillance System is used to provide personal health behavioral and health status data unique to Montana's adult (18 and over) population. When considered with state specific mortality and morbidity statistics, the data enable public health program personnel to establish priorities and develop health promotion and educational strategies specific to their constituencies. A survey is the only direct way of determining the distribution of behavioral risk factors among a population. The questions include:

Seatbelt use	Physical Exercise	Drinking Habits
Cholesterol Level	Routine check-ups	Influenza Vaccination
Hypertension Control	Weight Control	
Smokeless Tobacco Use	Mammography	Cigarette Smoking
AIDS	Radon	

FUNDING: $17,150 - Centers for Disease Control and Montana Division of Highway Safety (second year of a five year cycle)

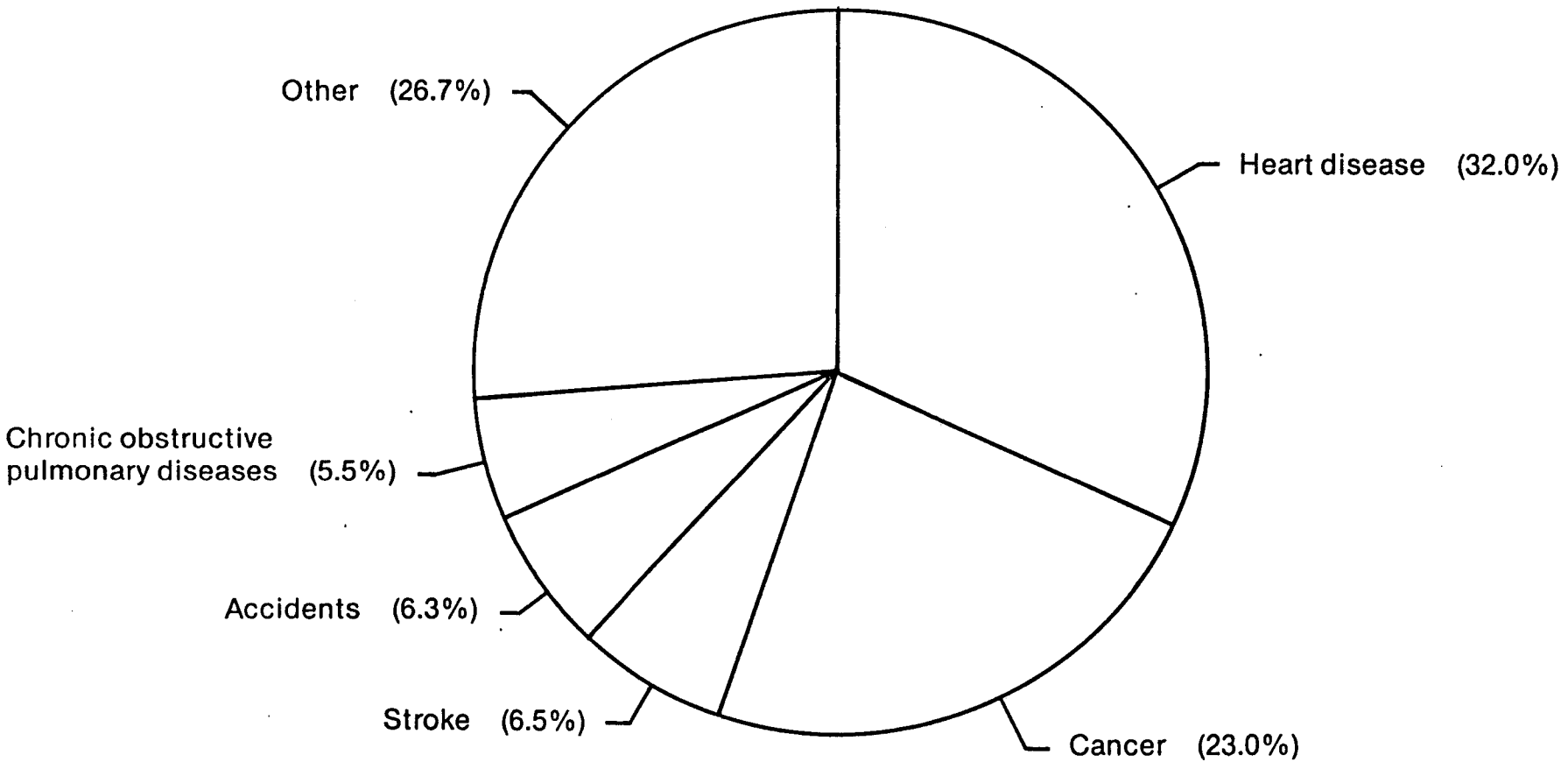
The Montana Tobacco Free Challenge is an eight state regional initiative to 'Take Aim on Tobacco' with a commitment to eliminate tobacco related illnesses and deaths among the citizenry in Montana. The Montana Department of Health and the Indian Health Service are cooperating in spearheading this statewide health promotion challenge. By the year 2000, we are pledging our efforts toward a 50% reduction in tobacco use by adults and youth; a 25% reduction in deaths related to tobacco; a 50% reduction in consumption of all tobacco products; and the establishment of 'clean indoor air acts' to eliminate tobacco smoke in public places and worksites.

FUNDING: $50,000 - Public Health Service, Indian Health Service

RWM/vg-43c

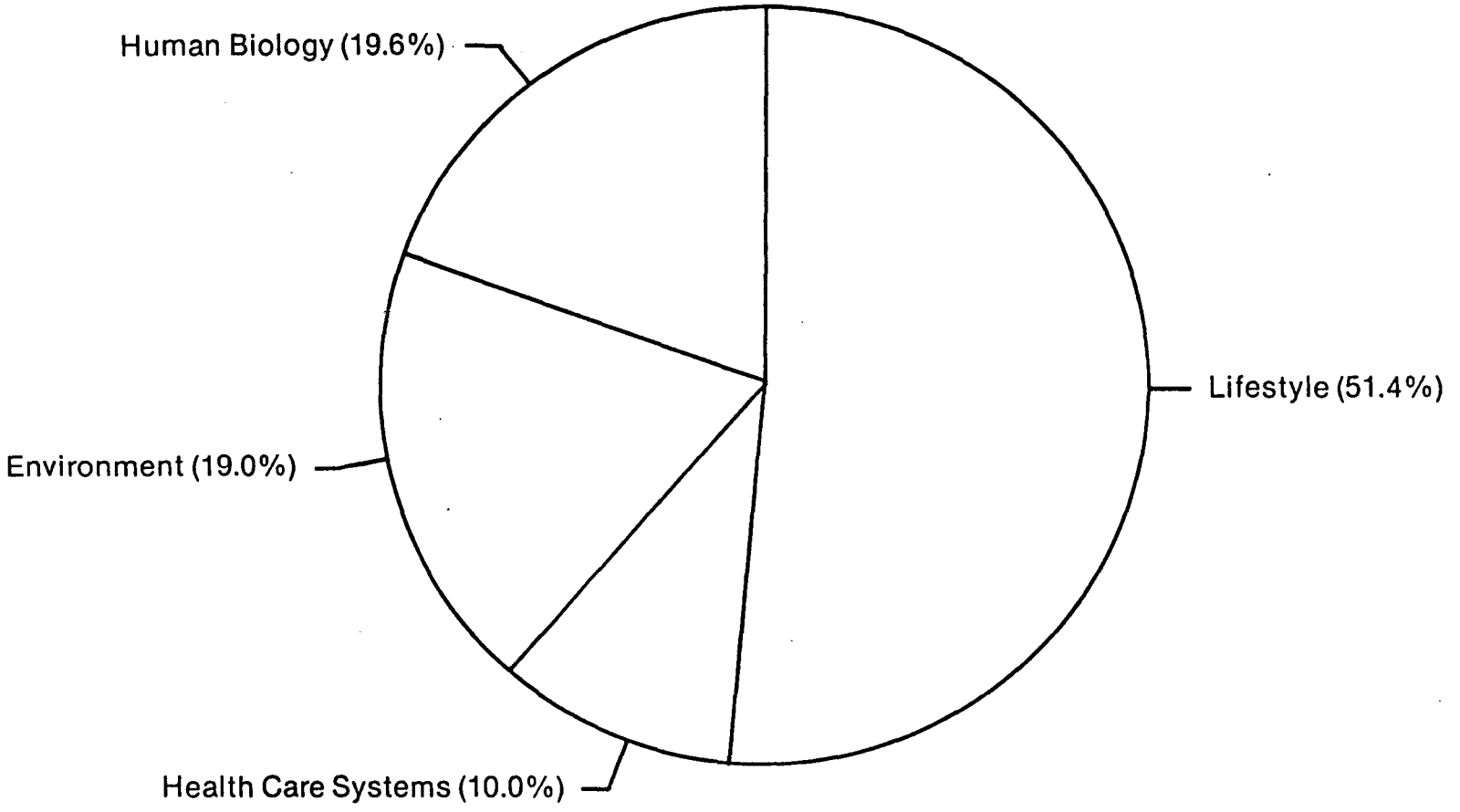
LEADING CAUSES OF DEATH

Montana, 1987



CONTRIBUTING FACTORS OF MORTALITY

Life Years Lost Before Age 65



February 1989

DENTAL PROGRAM
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE ON HUMAN SERVICES

Mr. Chairman and Members of the Subcommittee, as Chief of the Preventive Health Services Bureau I submit this testimony in regards to the dental program. The dental officer slot is currently vacant and we are advertising to fill it.

The goal of the Dental Program is to improve the oral health status of Montana's citizens. This is addressed by several objectives:

Objective #1: To provide a school-based program reducing decay by 35% annually.

Results: For every dollar spent the program saved $36 for a total of $1,368,000 per year.

Objective #2: To screen 25,000 elementary school children yearly.

Results: Children in emergent need are immediately referred to the dentist. School absences are reduced by 1/3.

Objective #3: To provide a comprehensive school-based dental education curriculum to 25,000 children emphasizing proper oral hygiene.

Objective #4: To provide an aging dental prevention program for long-term nursing care facilities and congregate senior citizen centers and nutrition sites statewide.

Results: 87 long-term nursing care facilities have an advisory dentist who provides a yearly in-service to nursing staff personnel on how to care for the dental hygiene needs of the elderly nursing home patients. The state Dental Program has been presented at 8-10 senior health fairs statewide and 2,000 oral exams have been provided yearly.

Objective #5: To provide continuing dental education to dental professionals and allied health professionals targeted at the needs of the consumers they service at the local level.

Results: A cost effective cooperative mechanism has been developed.

There are three areas of unmet need which should be addressed for Montana:

1. 30% of the male students 9-17 years old have used or are using smokeless tobacco.

2. Increased education of dental health workers about the ramifications of head/neck injuries due to child abuse.

3. Encourage the elderly population to practice preventive hygiene.

WGH/war-1

February 1989

RAPE/CRISIS
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE ON HUMAN SERVICES

Madame Chair and Committee Members awards of $11,970 in federal block grant funds earmarked for provision of services to rape victims and for rape prevention are from the Preventive Health and Health Services Block Grant.

The programs and the award amounts are:

Hi-Line Help for Abused Spouses, Shelby	$1,623
District 4 Human Resources Development Council, Havre	$3,028
Women's Place, Missoula	$2,200
"Safe Space", Butte Christian Community Center, Butte	$2,619
Lincoln County Women's Help Line, Libby	$2,500

The community based programs conduct rape prevention activities, counseling, crisis lines, community education, referral, and victim advocacy programs with the funds. Each of the programs also conducts other closely related program activity dealing with domestic violence and sexual abuse as part of their overall programming, funded by a number of other sources.

The Department of Family Services, through its Domestic Violence Program, assists the Department of Health and Environmental Sciences in screening and reviewing grant applications for the rape/crisis funds. Department of Family Services' recommendations are reviewed by the health department, and the grants are then awarded to the local programs.

DEE/vg-31d

February 1989

END STAGE RENAL DISEASE
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE ON HUMAN SERVICES

Madame Chair and Committee Members, as Chief of the Preventive Health Services Bureau the End State Renal Disease (ESRD) Program assists those Montana patients who have chronic end stage renal disease as verified by a nephrologist. The program assists with medicare co-insurance amounts and medicare disallows for eligible services as defined by program rules. As of January 1, 1989 approximately 119 dialysis patients were eligible for assistance and 45 kidney transplant patients were eligible for assistance. Since April of 1983, approximately 500 patients have been referred through the program. The program is funded with $125,000 from general fund. All funds are used for patient care/services; reimbursement is made directly to providers, rather than patients. No funds are used for administration. Funds are expended each year. Large amounts of bills remain unpaid due to insufficient funds. As of 1/30/89, 68% of the SFY 89 funds have been expended.

DEE/vg-32d

MONTANA PERINATAL PROGRAM (MPP)

PREVENTIVE HEALTH SERVICES BUREAU

MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE
ON HUMAN SERVICES

Madame Chair and Committee Members, as Chief of the Preventive Health Services Bureau, I submit this testimony prepared by Maxine Ferguson.

PURPOSE: To improve the outcome of pregnancy in Montana by reducing the risk of preventable mortality, morbidity and disability during the perinatal period, i.e., before conception through the infant's first 28 days of life.

STAFF SIZE: Current staff include the Medical Director who also serves as Chief of the Preventive Health Services Bureau; a full-time Nurse Coordinator; two half-time administrative aides and one full time medical records technician. Support staff provide assistance to the Bureau Chief in addition to MPP.

FUNDING SOURCE: Federal funding through Maternal Child Block Grant and Preventive Health and Health Services Block Grant; grant for low birthweight prevention from DDPAC.

SFY '89 Budget: $ 134,234 MCH
$ 67,235 PH/HS
$ 25,000 DDPAC

PROGRAM COMPONENTS: (1) Low Birthweight Prevention/Disability Prevention/ Access to Care, (2) Risk Prevention and Quality Assurance for Level II Hospitals, (3) Professional Education for Physicians, Professional Nurses in Physicians' Offices, Public Health Departments, Hospitals, and Others, (4) Consumer Education Targeting Alcohol and Tobacco Use During Pregnancy, (5) Risk Registry, (6) Infant Mortality Review, and (7) Technical Assistance.

County-based low birthweight prevention projects are funded in Beaverhead, Gallatin, Missoula, Ravalli, and Yellowstone counties through funding sources which include MCH/Preventive Health Block Grants, DDPAC, and March of Dimes/ Healthy Mothers, Healthy Babies. DDPAC and March of Dimes monies are not expected to be available after June 30, 1989. Each project serves low income, WIC-eligible pregnant women and uses a case-management approach. Significant reductions in the number of low birthweight babies have been achieved by demonstration projects during the past biennium.

Hospitals in eight cities continue to provide "Level II" perinatal services. Risk prevention/quality assurance activities are provided via contract with an out-of-state Level III facility to target those areas of obstetrical and newborn care which provide poor outcomes of pregnancy. Education and management techniques are recommended to correct identified problems.

Professional education reaches over 500 health professionals each year. New in the repertoire of MPP this past year has been the "Neonatal Resuscitation" workshop which is built on a train-the-trainer approach. Ten hospitals providing obstetrical and newborn services now have certified neonatal resuscitation instructors who completed a program developed by the American Heart Association and the American Academy of Pediatrics These physicians and nurses are now qualified to train others in their own hospital and its catchment area, with the goal being to have at least one trained person attending every delivery.

MF/war-6xt

February 1989

LOW BIRTHWEIGHT

Terms and Definitions

LOW BIRTHWEIGHT (LBW) INFANT -- Any infant, regardless of gestational age, whose weight at birth is less than 2,500 grams (approximately 5.5 pounds). An infant weighing 1,500 grams (approximately 3.3 pounds) or less at birth is considered very low birthweight (VLBW).

PREMATURE/PRETERM -- Any infant who is born at less than 37 completed weeks (258 completed days) of pregnancy.

TERM -- An infant born between 38 and 42 weeks of gestation (259-294 days).

POSTTERM -- An infant whose gestational age is greater than 42 weeks (greater than 294 completed days).

GESTATIONAL AGE -- The number of completed weeks that have elapsed between the first day of the last normal menstrual period -- not the presumed time of conception -- and the date of delivery, irrespective of whether the gestation results in a live birth or fetal death.

INTRAUTERINE GROWTH RETARDATION (IGR) -- Poor fetal weight gain for a given duration of pregnancy.

RISK FACTORS -- Characteristics, problems or behaviors which because of their presence in an individual woman indicates an increased change, or risk of having a LBW infant.

Demographic -- low socioeconomc status
low level of education
non-white race, particularly black
childbearing at extremes of reproductive age span
(under 17, over 34)
unmarried

Medical risks which can be identified before pregnancy

-- poor obstetric history
certain diseases/conditions - chronic disease, genetic traits
poor nutritional status

Problems detected during pregnancy

-- poor weight gain
multiple pregnancy
short interpregnancy interval
bactueriuria
toxemia/preeclampsia

Behavioral and environmental risks

-- smoking
alcohol and other substance use/abuse
exposure to certain toxic substances

Other -- absent or inadequate prenatal care
iatrogenic prematurity

Newer hypotheses -- especially for preterm labor

-- stress
uterine irritability
other infections
other physiological inadequacies/changes

EXHIBIT 5
DATE 2/7/89
HB Human Serv. Sub Com.

FINAL COPY
1/30/89

MARCH OF DIMES BIRTH DEFECTS FOUNDATION

STATEMENT IN SUPPORT OF "MIAMI" PROJECT

The March of Dimes Birth Defects Foundation supports an appropriation of state funds to implement the Montana Initiative for the Abatement of Mortality in Infants Project, also known as the MIAMI Project. The MIAMI Project will provide comprehensive clinics, at 16 sites across the state, for pregnant women at high risk for delivering low-birthweight babies.

For 50 years, the March of Dimes has pioneered efforts to ensure the health of America's children and babies. As part of our mission to prevent birth defects, we work to reduce the incidence of low birthweight and infant mortality. The appropriation of $1.5 million in state funds for the MIAMI Project will increase the availability of comprehensive prenatal care for high-risk women and help reduce the rate of infant mortality in Montana.

The Importance of Prenatal Care

Studies have shown that early and regular prenatal care for women is vital. Prenatal care helps ensure healthier mothers and babies and is the primary means of preventing low birthweight, the leading cause of infant deaths in America. Each year, 250,000 babies in the United States are born weighing less than 5.5 pounds. These babies are at high risk of becoming sick or disabled, or of dying during their first year of life.

Infant mortality and low birthweight can be significantly decreased if women receive early and regular prenatal care. In a 1985

study on reducing low birthweight, the Institute of Medicine of the National Academy of Sciences concluded that "the overwhelming weight of the evidence is that prenatal care reduces low birthweight. This finding is strong enough to support a broad national commitment to ensure that all pregnant women in the United States, especially those at medical or socioeconomic risk, receive high-quality prenatal care."

This study also verified the cost-effectiveness of prenatal care. It showed that every $1 spent on prenatal care saves more than $3 in medical costs for low-birthweight infants.

The Problem in Montana

According to the Montana State Department of Health and Environmental Sciences, the infant mortality rate in Montana was 9.6 deaths per thousand live births in 1986. We rank 24th of the 50 states. The percentage of low-birthweight babies is 6 percent. And finally, about 22 percent of our babies are born to women who delay their entry into prenatal care.

One hundred twenty-one babies died before their first birthday in 1987 in Montana. According to Donald E. Espelin, M.D., Bureau Chief of Preventive Health Services for the Montana Department of Health and Environmental Sciences, 60 of those deaths might have been prevented had their mothers received early, comprehensive prenatal care.

The Solution -- MIAMI Project

The Access Links Program has already shown a reduction in low birthweight, premature birth and infant mortality in four sites in Montana. The MIAMI Project seeks to expand this successful model to 12

additional sites across the state.

This expansion of targeted, comprehensive maternity care would have a positive effect on the health of Montana's citizens, lowering the rate of infant mortality and the costs to the state resulting from unhealthy births.

Our Recommendation

The March of Dimes considers high-risk maternity care services to be among the highest priorities for Montana's resources. We urge the legislature to appropriate the funds necessary to implement this project. This will provide an opportunity to reduce state health care costs and is an investment in a healthy start in life for Montana's citizens.

# # #

January 30, 1989 - FINAL COPY

EXHIBIT 6
DATE 2/7/89
HB Human Services Jnt Com

February 6, 1989

MCA

MONTANA
CHILDREN'S
ALLIANCE

The Honorable Dorothy Bradley, Chairperson
Members
Joint Subcommitee of Appropriations
Human Services
State Capitol Building
Helena, Montana 59620

Madam Chair and Committee Members:

I am writing on behalf of the Montana Children's Aliance to urge you to support additional funding for the Montana Perinatal Program and the Infant Mortality Reduction Initiative (Miami Project).

The Montana Children's Alliance is made up of a diverse group of Montanans with a wide range of individual interests in child and family issues. The purpose of this coalition is to promote the wellbeing of children. The members of The Montana Children's Alliance spent the last year intensively studying the health, education, mental health and social service needs of Montana's children with the cooperation of service providers, advocates and governmental agencies. The document called the Children's Agenda was produced. The Infant Mortality Reduction Initiative is one of the proposals contained in the Children's Agenda (enclosed). The entire agenda is endorsed by over 35 statewide organizations representing hundreds of professionals and individuals who have a primary interest in Montana's children.

Infant mortality is a critical issue for Montana. 120 infants die in Montana each year. Many die even after long costly stays in newborn intensive care units. We spend $40,000,000 a year in medical costs for low birthweight babies. The human toll is devastating. The dollar cost is sending our medicaid budget out of control. We as caring and responsible citizens must end this loss of our valuable resources.

The Institute of Medicine has published a report that states every dollar invested in prenatal care returns $3.38. The Montana Perinatal Program has developed a comprehensive plan to address this critical issue, The Miami Project. The project has a four prong approach:

BOX 876
HELENA, MT
59624

449-8611

I. Medicaid Reform to include: a) increasing medicaid eligibility level to 150% of poverty; b) removing means asset test; c) institute presumptive eligiblity; d) revise the complex bureaucratic medicaid forms.

II. Conduct infant mortality, low birthweight and late fetal death reviews.

III. Increase the number of low birthweight projects in Montana to provide early, appropriate prenatal care.

IV. Provide massive public education on the need for early, appropriate prenatal care.

Healthy Mothers, Healthy Babies, Baby Your Baby Project is a two year community outreach campaign involving a multimedia approach to reduce low birthweight infants and infant deaths in Montana. The campaign is being adapted from KUTV television in Salt Lake City. Utah State Government plays a lead role in supporting Baby Your Baby in Utah. The Montana Department of Social and Rehabilitative Services has recommended in their report, "High Cost of Medicaid Infants" that the State of Montana become a sponsor of the Baby Your Baby Project. We urge you to consider joining forces with the private sector to provide this desperately needed education campaign.

The current and future cost vs benefit analyses demonstrate a tax savings of at least $3.38 for every dollar invested in prenatal care. The Miami Project represents a valuable comprehensive approach as well as an exceptional investment for the state of Montana.

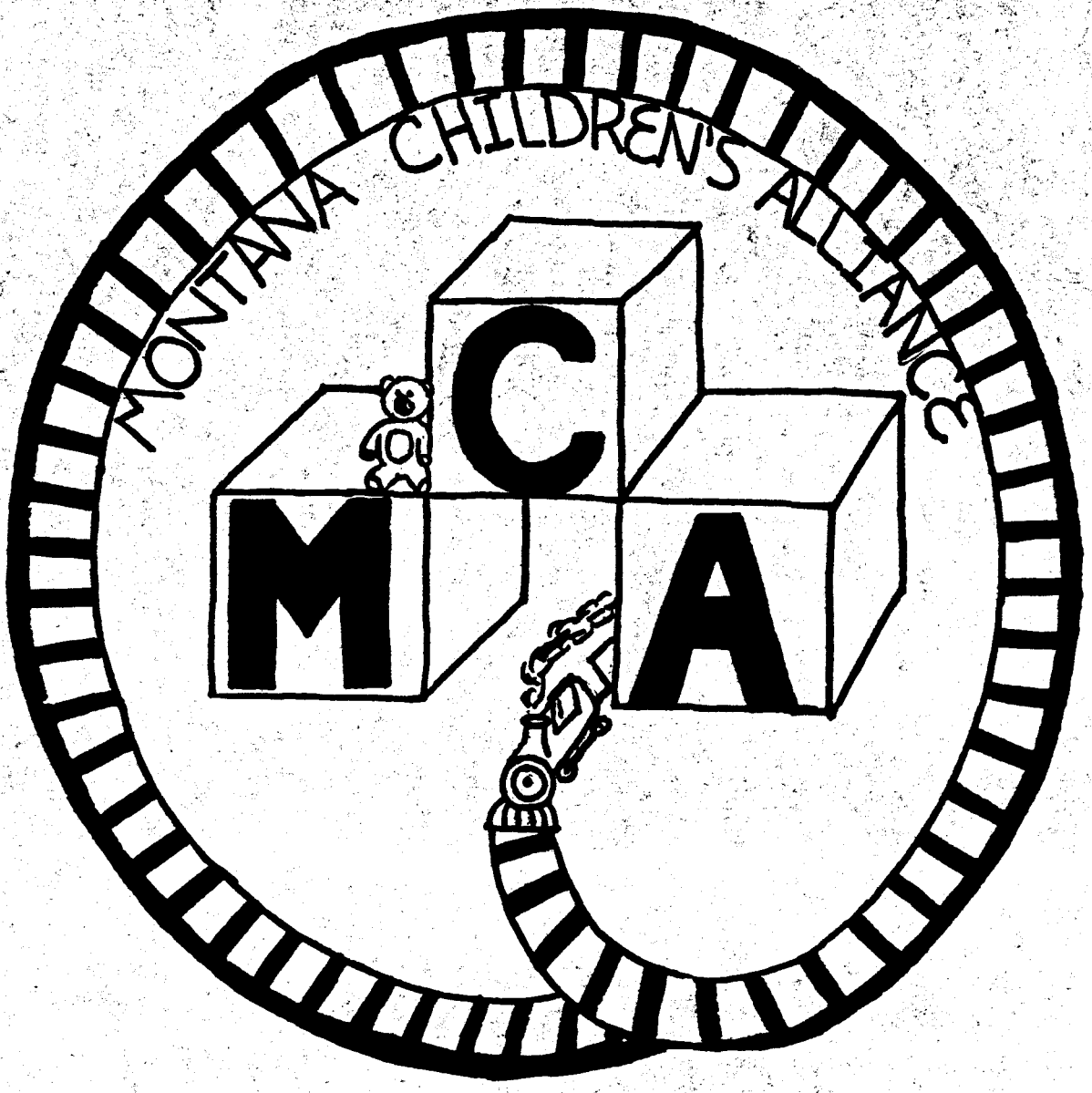
Please support the additional funds for the Montana Perinatal Program to help eliminate suffering and death and promote the health and wellbeing of our state's most vulnerable citizens.

Sincerely,

D. Elizabeth Bozdog

D. Elizabeth Bozdog, RNC, MBA
Chair
Montana Children's Alliance

Enclosure



1989

CHILDREN'S AGENDA

1989

CHILDREN'S AGENDA

ENDORSING ORGANIZATIONS

Butte Silver Bow Health Department
Butte Family Service Center
Cascade County Child Protection Team
Early Childhood Project
Early Intervention Advisory Council
Family Outreach, Inc.
Florence Crittenton Home and Services
Great Falls Children's Receiving Home
Great Falls City-County Health Department
Healthy Mothers, Healthy Babies, The Montana Coalition
Intermountain Planned Parenthood, Inc.
Kairos Youth Services, Inc.
League of Women Voters of Montana
Missoula Youth Homes, Inc.
Montana Alliance for Better Child Care
Montana Association of Home Health Agencies
Montana Association of School Nurses
Montana Big Sky Chapter,
March of Dimes Birth Defect Foundation
Montana Chapter Nurses Association of American
College of Obstetrics and Gynecology
Montana Children's Trust Fund
Montana Committee for Prevention of Child Abuse
Montana Council for Maternal and Child Health
Montana Council of Mental Health Centers
Montana HRDC Directors Association
Montana Nurses Association
Montana Occupational Therapy Association
Montana Perinatal Association
Montana Public Health Association
Montana Residential Child Care Association
Montana State Family Planning Council
Montana University Affiliated Program for
Developmental Disabilities and Research and
Training Center on Rural Rehabilitation Services
Montana Women's Lobby
Parents Anonymous of Montana
Shodair Hospital
Sanders County Public Health Department
Yellowstone City-County Health Department

12/88

1989

CHILDREN'S AGENDA

PURPOSE

The Purpose of the MONTANA CHILDREN'S ALLIANCE is to promote the well-being of children by identifying and protecting the services considered vital to Montana's children and families. Recommendations listed in the Children's Agenda are considered crucial to eliminating suffering and death and to promoting the health and wellbeing of our state's most vulnerable citizens.

PHILOSOPHY

The MONTANA CHILDREN'S ALLIANCE was developed under the following assumptions:

CHILDREN REPRESENT OUR FUTURE.

*A responsible government places children's needs at the highest priority, regardless of budget shortfalls, economic downturns, or partisan concerns.

*Resources allocated for prevention are a cost-effective investment.

CHILDREN ARE BEST NURTURED WITHIN FAMILIES.

*Families take many forms, and any form that meets children's needs in a nurturing environment should be supported.

*Families have life courses and need responsive and supportive communities that foster healthy family development during periods of stress.

*The system of child and family services must depend on both interdepartmental cooperation and the alliance of state government with community-based groups and organizations.

APPROACH

The MONTANA CHILDREN'S ALLIANCE develops an AGENDA for each legislative session that:

*consists of a well researched statement of the current needs of the children of Montana;

*includes issues from, but not limited to, education, health, mental health, and social services;

*includes a statement of the issue accompanied by recommendations for resolving that issue;

*will have passed through a consensus process to assure that all recommendations have the support of all who were involved in the process.

1989

CHILDREN'S AGENDA

EDUCATION

	Executive Recommendation	MONTANA CHILDREN'S AGENDA
1. COMPREHENSIVE SCHOOL HEALTH ENHANCEMENT CURRICULUM	--	$15,000 (1989-1990) Include research and writing of model curriculum.

And, we support the allocation recommendation of Project Excellence's (HJR 16) - Health Enhancement Action Group.

For additional information contact Sandy Hale (406) 449-8611

The Montana Children's Agenda supports an accreditation standard for Montana Public Schools that makes health education a basic education requirement for all students. The school health curriculum will include the following concepts: accident prevention and safety; community health; consumer health; environmental health; family life education; mental and emotional health; nutrition; personal health; prevention and control of disease; sexuality education; and substance use and abuse.

2. STATE SCHOOL HEALTH COORDINATOR	$0	$150,000/biennium

For additional information contact Sandy Hale (406) 449-8611

The Montana Children's Agenda supports funding for a permanent, full-time School Health Coordinator. This position would be responsible for coordinating all school health services and coordinating supplemental health services to children in the school setting.

1989

CHILDREN'S AGENDA

HEALTH

	Executive Recommendations	MONTANA CHILDREN'S AGENDA
1. INFANT MORTALITY REDUCTION PRENATAL CARE	$0	$1,500,000/biennium

For additional information contact Karen Landers (406) 443-1674

The Montana Children's Agenda supports a comprehensive approach to prenatal care services which are available to all low income women. Therefore, the Montana Children's Agenda recommends that $1,500,000 per biennium be appropriated for the purpose of establishing comprehensive prenatal services in 16 sites throughout the state of Montana utilizing existing local health departments, WIC and family planning clinics, and coordinated at the state level by a maternal and child health specialist. In addition to providing necessary prenatal care, the appropriation will establish infant mortality reviews in the 16 sites coordinating data needed to understand and prevent infant deaths in Montana.

2. EARLY INTERVENTION SERVICES	$3,350,700	$587,660 (increase)

For additional information contact Karen Landers (406) 443-1674

Part H of the Education of the Handicapped Act (PL99-457) provides for an early intervention state grant program for infants and toddlers ages birth to 36 months. In order to continue receiving federal funding the state must make a policy commitment to ensure a full array of early intervention serrvices to all eligible special needs infants and toddlers. The Montana Children's Agenda supports a continued policy commitment in Montana to early intervention services for special needs infants and toddlers by broadening the definition of eligible children (developmental delay and "at risk") and ensuring access to a greater array of early intervention services identified as needed by individual family service plans. The proposed issue provides services to an additional 100 Montana families, demonstrates Montana's commitment to early intervention and strengthens the state's ability to continue to participate in the federal grant program.

3. MONTANA MEDICAL GENETICS PROGRAM	$0	$640,000/biennium

For additional information contact Susan Lewin (406) 444-7500

The Montana Children's Agenda supports the Montana Medical Genetics Program, providing quality clinical and laboratory service to Montana, and recommends that funding of this program, derived from tax on personal health insurance, be stabilized by inclusion in the DHES budget.

4. FAMILY PLANNING: BROADENING SERVICES/ PUBLIC HEALTH EDUCATION SPECIALIST — $0 — $499,660/biennium

For additional information contact Diane Manning (406) 723-6507

Because the data indicate a substantial unmet need in the state of Montana for family planning services, the Montana Children's Agenda supports the appropriation of $420,000 (per biennium) to expand services by 11% in high risk communities. The Montana Children's agenda further supports the implementation of a public health education specialist at a cost of $79,660/biennium to enhance public awareness, outreach, and marketing efforts regarding family planning.

5. FAMILY PLANNING: CONTRACEPTIVE DISPENSING — Policy Recommendation

For additional information contact Diane Manning (406) 723-6507

Title X family planning clinics in Montana hold a Class IV facility pharmacy license. Under this license, any legend drugs dispensed must be packaged, labeled and otherwise prepared by a registered pharmacist. This standard prohibits commercially prepackaged prescriptive contraceptives which are medically prescribed by a licensed physician from being dispensed by anyone other than the pharmacist. Family planning clients at high risk for unplanned pregnancy are placed at greater risk when they are unable to obtain contraceptives on the day of their visit and have difficulty returning at a later time when a pharmacists' services are available. The Montana Children's Agenda supports legislation that will enable registered nurses to dispense commercially prepackaged prescriptive contraceptives in Title X family planning clinics under contract with DHES.

6. MEDICAID COVERAGE FOR PREGNANT WOMEN AND CHILDREN	General Fund/ Federal Match	General Fund/ Federal Match
FY 90	$263,700/615,300	$294,000/$686,000
FY 91	$413,700/965,000	$444,000/1,036,000
		$738,000/biennium

For additional information contact Karen Landers (406) 443-1674

The Montana Children's Agenda supports a comprehensive approach to prenatal care services and recommends that in compliance with the recently passed catastrophic health bill that medicaid coverage for pregnant women and children under 1 year of age be expanded to include those at 100% level of poverty. In order to decrease implementation costs and improve access to prenatal care the Montana Children's Agenda recommends that those at the 100% level of poverty be served by 1989 rather than 1990 as Medicaid coverage for pregnant women and children written in the catastrophic health bill. The Montana Children's Agenda further recommends that in each subsequent fiscal year Montana increase the age level of covered children by one year until children up to age 5 years are covered at a cost increase of $150,000 general fund/$350,000 federal match per year.

1989 CHILDREN'S AGENDA

INTERAGENCY COORDINATION

	Executive Recommendations	MONTANA CHILDREN'S AGENDA
1. STATE CHILDREN/YOUTH ADVOCATE	$0	$140,000/biennium

For additional information contact D. Elizabeth Bozdog (406) 449-8611

The Montana Children's Agenda supports that a State Children and Youth advocate be assigned to the Governor's office for the purpose of serving as an advocate for children and youth, and assisting the Governor in planning, coordination and operation of services and programs that affect children and youth in the state. Special emphasis to be placed on prevention of high risk behaviors.

1989 CHILDREN'S AGENDA

MENTAL HEALTH/SOCIAL SERVICES

	Executive Recommendations	MONTANA CHILDREN'S AGENDA
1. QUALITY YOUTH RESIDENTIAL CARE	$4,511,000 (no increase)	$6,511,000 ($2,000,000 increase)

For additional information contact Karen Northey (406) 442-6950

The Montana Children's Agenda supports additional funding above inflation to pay for the cost of quality care for children and adolescents placed by the Department of Family Services into residential programs. The Montana Children's Agenda believes that the youth group, shelter and residential services must be adequately funded to insure quality care and treatment for our Montana children before more out-of-home services are added to the already under funded system.

2. OUT OF HOME DATA COLLECTION	$0	Resolution

For additional information contact Karen Northey (406) 442-6950

The Montana Children's Agenda supports the passage of a resolution to require the Department of Family Services to review the data needs, data collection formats and procedures, and the ability to collate, interpret and utilize the information on the children who are placed by the Department in out-of-home care.

3. COMPREHENSIVE CHILD CARE BILL	$0	Pending

For additional information contact Marty Nelson (406) 761-6538

The Montana Children's Agenda supports the Comprehensive Child Care Bill. The bill will position the state to receive federal funding when appropriated under the Act For Better Child Care legislation. The Comprehensive Act is also necessary to assure that child care issues will be supervised by the Department of Family Services.

4. CHILDREN'S TRUST FUND	$0	$100,000/biennium

For additional information contact Dollean Lind (406) 665-1005

In response to the critical need for prevention of child abuse and neglect, the Montana Children's Alliance supports that the Montana Children's Trust Fund be reauthorized by the state legislature, and that the state legislature appropriate additional funds for the Children's Trust Fund.

mh 2/7

Community Hospital

Grant M. Winn, EXECUTIVE DIRECTOR

EXHIBIT 7
DATE 2/7/89
HBHuman Services Subcom

Community Medical Center
2827 Fort Missoula Road
Missoula, Montana 59801
(406) 728-4100

February 6, 1989

The Honorable Dorothy Bradley, Chairperson
Joint Subcommittees of Appropriations
and Senate Finance and Claims Committees
Human Services
Montana State Legislature
Helena, Montana 59601

Dear Ms. Bradley:

I urge you and members of the Subcommittee of Appropriations to approve additional funding for the Montana Perinatal Program and the Infant Mortality Reduction Initiative. (Miami Project.)

Low birth weight is a factor in 50% of the infant deaths in Montana. As each Sunday morning approaches, we will have lost two more infants under the age of one year in this state. This loss of our most precious resource is a tragedy that can be significantly reduced.

In 1985, the Institute of Medicine published a comprehensive report on low birth weight. Two significant facts emerged:

- early comprehensive prenatal care is the single most effective way to reduce the incidence of low birth weight
- for every dollar spent on prenatal care we can save at least three dollars in care for sick and disabled infants.

The Low Birth Weight Prevention projects in place in Montana at the present time have shown that early access for prenatal care and education can reduce the incidence and the cost of a baby born too small, too soon. Increasing the funding for these programs will make possible additional sites in the state. This provision for access to early, appropriate prenatal care, combined with adequate Medicaid funding, presumptive eligibility and case management will assure that all women in Montana receive timely care during pregnancy. We cannot afford to do otherwise.

Thank you for your consideration and support.

Sincerely,

Marietta Cross, RN

Marietta Cross, R.N.
Administrative Assistant
Maternal Child Health Care Service
President
Healthy Mothers, Healthy Babies
The Montana Coalition

EXHIBIT 8
DATE 2/7/89
HB Human Serv. Sub-Com

TESTIMONY FOR THE HUMAN SERVICES APPROPRIATIONS SUBCOMMITTEE

Support for the "MIAMI" Project

Name: Karen Landers, MD, Pediatrician from Helena

Representing: Montana Council for Maternal and Child Health
Montana Children's Alliance

We live in a nation that ranks 19th amongst industrialized countries in infant mortality. We have dropped four positions from our ranking of 15th in 1968.[1] Low birthweight (less than 5.5 lbs at birth) is present in approximately one-half of the infants who die before their first birthday. These babies can be very expensive to care for at birth and may go on to have lifelong disabilities. Early, quality prenatal care is the most effective way to prevent infant deaths and low birthweight.[2]

The "MIAMI" Project is proposed as Montana's statewide effort to reduce infant mortality. It is based on the already successful low birthweight projects that have been running for two years. The Miami Project will build coalitions of existing local services such as health departments, hospitals, WIC, physicians, nurses, other health agencies such as Indian Health Service, Medicaid, and private non-profit groups such as Healthy Mothers, Healthy Babies and March of Dimes. These will be targeted to 16 sites in the state covering 33 counties, and will be coordinated at the state level. The projects will provide a case management approach to help low income, high risk women access prenatal care to help promote a healthy outcome to their pregnancy. Case management includes assisting Medicaid eligible women to enter the system, arranging for prenatal care from a rotating base of providers who share the responsibility of

caring for this at- risk population, interfacing with WIC and health departments to provide nutrition and health education, and the provision of general support in encouraging those behaviors which promote a healthy baby. The project will also review infant deaths to examine causes and how best to impact them. The report of the National Commission to Prevent Infant Mortality outlines a plan of action to reduce the number of infant deaths which basically describes the "MIAMI" Project.

Does this work? The Access/Links low birthweight project in Missoula has successfully reduced its low birthweight rate in half during its two years of operation. There are other successes. In 1986, shortly after the Beaverhead County low birthweight project was initiated, a 28 year old woman with a heart condition in her fourth pregnancy was admitted for early labor. She was carrying twins. She had premature labor with her first pregnancy, and premature delivery with her second which required a one month stay in the newborn intensive care unit. With intensive case management, she delivered healthy twin babies at term which required no extra care. The cost savings of this one case were probably of a magnitude to support several other low birthweight programs.

We urge this Committee to give its support to the "MIAMI" Project.

References

The National Commission to Prevent Infant Mortality, August, 1988

USA vs. rest of world

Here are some infant mortality rates around the world:

Sweden	3.3
Japan	6.0
Liechtenstein	6.3
Finland	6.0
Iceland	6.2
Denmark	7.8
Canada	8.0
Netherlands	8.0
France	8.2
Singapore	8.9
Spain	9.0
Switzerland	9.0
West Germany	9.0
Monaco	9.3
Australia	9.6
San Marino	9.6
Belgium	10
United Kingdom	10
USA	10.4

VISITORS' REGISTER

Human Serv. Sub Com COMMITTEE

BILL NO. _____ DATE 2/7/89

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Bruce Desorsa	Helena DHES	✓	
Rosa W Moon	Helena DHES	✓	
Judith Speedrose	DHES	✓	
Ray Hoffman	DHES	✓	
Donald E Espelin MD	DHES	✓	
Rick Chiotti	DHES		
MAXINE FERGUSON	DHES	✓	
Christine Grainger	Helena Carroll College Student	✓	
DALE TALIAFERRO	DHES	✓	
Richard Parker	DHES	X	
Karen Landers MD	Montana Council for Maternal and Child Health	✓	
Brenda Nordlund	MT Women's Lobby	✓	
Chuck Bale	Helena	✓	
D. Elizabeth Bagley	MT. Children's Alliance	✓	
Robert R Johnson	316 S Park	✓	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.