

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES AND AGING

Call to Order: By Stella Jean Hansen, on February 17, 1989, at
3:00 p.m.

ROLL CALL

Members Present: All

Members Excused: None

Members Absent: None

Staff Present: Mary McCue, Legislative Council

Announcements/Discussion: None

HEARING ON HB 684

Presentation and Opening Statement by Sponsor:

Rep. Grinde stated that this bill was act to amend the Montana Food, Drug, and Cosmetic Act to include regulation of bottled water.

Testifying Proponents and Who They Represent:

Charles Perovski,
Cal Campbell, Montana Department of Health

Proponent Testimony:

Charles Perovski stated that this legislation would require various bottled water companies to identify the contents of the water which was distributed.

Cal Campbell stated that the proposed legislation in this bill will clarify the bottled water definitions so that our requirements are consistent to other states and federal standards and assist in interstate trade. Trade barriers won't be established because there hasn't been a clear definition of what is being bottled, labeled and sold.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: Rep. Simon questioned the reference to hamburger in the bill. Mr. Campbell stated that the numbering in the sections were changing and did not answer Rep. Simon's question.

Closing by Sponsor: Rep. Grinde closed on the bill.

DISPOSITION OF HB 684

Motion: Rep. Lee made a Motion to DO PASS.

Discussion: None.

Amendments, Discussion, and Votes: Rep. Simon made to Motion to move the amendments. The amendments were discussed. Rep. Gould made a Motion to do pass on the amendments. All voted in favor.

Recommendation and Vote: A vote was taken to DO PASS AS AMENDED and all voted in favor.

HEARING ON HB 688

Presentation and Opening Statement by Sponsor:

Rep. Simon stated that this bill was an act to allow registered nurses employed by family planning clinics to dispense prepackaged prescription contraceptives and providing an immediate effective date.

Testifying Proponents and Who They Represent:

Suzanne Nybo, Montana Department of Family Services
Warren Brass, Montana Department of Family Services
Cathy Vickers, Montana Department of Family Services
Brenda Nordlund, Montana Women's Lobby
Bob Johnson, Montana Public Health Association
Don Johnson, M.D., Montana College of OB/GYN
Cathy Cantparoli, Montana Nurses Association
Karen Landers, M.D.

Proponent Testimony:

Suzanne Nybo stated that limited client access to prepackaged prescription oral contraceptives; increased likelihood of unintended pregnancy, abortions, and maternal health problems to women who chose prepackaged prescriptive oral contraceptives as the method of choice; with decreasing funds and an increasing patient load, it becomes cost prohibitive to hire pharmacists to be available to cover all client service hours to package, label and dispense factory prepackaged prescriptive oral contraceptives and comply with

current pharmacy standards. Exhibit 2.

Warren Brass spoke on behalf of Donald Espelin, M.D. who is the Bureau Chief of the Preventive Health Services stated that low birth weight babies are a greater risk. Exhibit 3.

Cathy Vickers stated that the present pharmacy dispensing statutes as they relate to family planning clinics don't serve to improve the quality of patient care and have evolved into a purposeless restriction that prohibits access to prescriptive contraception on a daily basis.

Brenda Nordlund stated her support of this bill.

Bob Johnson stated that it was the public health responsibility to provide services to difficult clients under complex situations.

Don Johnson, M.D. stated that he supported this bill because it would have a definite, positive impact for the health care providers to deal this very significant problems of the prevention of teenage pregnancy and also to provide access to health care to women who do not utilize the traditional methods of access to health care in our system.

Cathy Cantparoli stated that she supported this bill on behalf of the Montana Nurses Association.

Karen Landers, M.D. stated that she supported this bill and supplied Exhibit 4.

Testifying Opponents and Who They Represent:

Robert Likewise, Montana Society of Hospital Pharmacists
Dennis Yost, Montana Society of Hospital Pharmacists
Del Steiner, Montana State Board of Pharmacy

Opponent Testimony:

Robert Likewise stated that greater error rates for nursing dispensing are well documented; dispensing requires undivided concentration and quality control of dispensing requires that particular attention be paid to documentation of certain dispensing information. Exhibit 5.

Dennis Yost stated that he had a hard time understanding why there needs to be legislation because this situation has been confronted and met in the hospital on many occasions. A unit of dose should be considered instead of considering this legislation.

Del Steiner stated that the system now being used may

not be the most efficient in terms of dollars but it is certainly the safest. When the patient's health needs are served by at least 2 people the possibility of error or abuse is greatly reduced. Exhibit 6.

Questions From Committee Members: Rep. Boharski asked Mr. Steiner how many different kinds of contraceptives there were on the market and their differences and Mr. Steiner stated that there were approximately twelve to fifteen and their difference was dosage.

Rep. Good asked Mr. Steiner if a R.N. was capable of handling the decision regarding the dispensing of the pill and Mr. Steiner stated that the use of a pharmacist was better.

Rep. McCormick asked Mr. Likewise if the prescription was pre-labeled and why does the patient have the need to return to the clinic to pick up the medication and Mr. Likewise stated that often times the medication was not available at the time of the initial visit and consequently the return visit was necessary and yes, they were pre-labeled.

Rep. Good asked if emergency pills would be obtained and the answer was yes.

Closing by Sponsor: Rep. Simon closed on the bill.

DISPOSITION OF HB 688

Motion: Rep. Simon made a Motion to DO PASS.

Discussion: Discussion followed by committee.

Amendments, Discussion, and Votes: Rep. Simon made a Motion to pass on the amendments. A vote was taken and all voted in favor. Discussion followed on the federal rule.

Recommendation and Vote: A roll call vote was taken to DO PASS AS AMENDED. All voted in favor with the exception of Reps. Boharski, Good, Gould, Knapp, Lee, Nelson and Stickney. Motion carries.

HEARING ON HB 732

Presentation and Opening Statement by Sponsor:

Rep. Simon stated that this bill was an act to revise the laws to ensure the accuracy of information recorded on death and fetal death certificates and providing an immediate effective date and a retroactive applicability date.

Testifying Proponents and Who They Represent:

None

Proponent Testimony:

None

Testifying Opponents and Who They Represent:

Bonnie Tippy, Montana Funeral Directors Association

Opponent Testimony:

Bonnie Tippy stated that it usually was the responsibility of the funeral director and not the coroner who filled out the death certificates. For that reason there is a problem particularly with the retroactive part of the bill. Ms. Tippy stated that she had hoped that there would be more penalties for doctors or coroners who do not meet the filing limitations on time. The imposition of penalties for those not meeting the filing requirements was the hope of the funeral directors.

Questions From Committee Members: Rep. Good asked Ms. Tippy why the funeral directors were held responsible for what the doctors or coroners do or do not do in regard to filing and Ms. Tippy stated that the death certificate, under the law, is supposed to come back to the funeral director for the filing.

Rep. Boharski asked Rep. Simon about a drug overdose as the cause of death and the feelings that the parents of a child might feel because of this and Rep. Simon stated that it would not. To file false information and it is against the law and they cannot do that and the reason is to allow people who have subsequently found out that there were other reasons behind the death and this could be cleared up.

Closing by Sponsor: Rep. Simon closes on the bill.

DISPOSITION OF HB 732

Motion: Rep. Simon made a Motion to DO PASS.

Discussion: Discussion followed by the committee.

Amendments, Discussion, and Votes: Rep. Simon made a motion to pass on the amendments. A vote was taken and all voted in favor of the amendment with the exception of Rep. Good.

Recommendation and Vote: Rep. Simon then made a Motion to DO PASS AS AMENDED and all voted in favor.

HEARING ON HB 686

Presentation and Opening Statement by Sponsor:

Rep. McCormick stated that this bill was an act entitled the Traditional Native American Counselors Act which provided for state recognition of traditional native American counseling methods and establishing an advisory board.

Testifying Proponents and Who They Represent:

Robert Gopher, Loud Thunder International, Inc.
Rep. Bob Gervais
Harold Gray, Educator and Counselor

Proponent Testimony:

Robert Gopher stated that this was an historical bill. Mr. Gopher also stated that this bill was a humanitarian bill and it is being introduced at the federal level also.

Rep. Bob Gervais supplied testimony from Tom Whitford of the Blackfeet Tribal Business Council and is attached as Exhibit 7.

Harold Gray stated that the people who were asking to be recognized, native American counselors, to be very effective in working with people at all levels whether they are youngsters or adults. This bill gets the state to recognize and encourage the utilization of Indian spiritual people and herb doctors and treatment of people suffering from various illnesses and who may be having mental problems. The state can call upon the counselors who are now available to be of service in various settings.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: Rep. Boharski asked Mr. Gray why legislation was necessary and why could this problem not be handled by the tribes and Mr. Gray stated that because there was federal legislation in the process, state level legislation was also the desire of the tribes.

Rep. Russell asked Mr. Gray how the federal legislation was progressing and Mr. Gray stated that it had been initiated.

Closing by Sponsor: Rep. McCormick closed on the bill.

DISPOSITION OF HB 686

Motion: Rep. Nelson made a Motion to DO PASS.

Discussion: Discussion followed by the committee.

Amendments, Discussion, and Votes: Rep. Russell made a motion to move the amendments. A vote was taken and all voted in favor of the amendments.

Recommendation and Vote: A vote was taken to DO PASS AS AMENDED and all voted in favor with the exception of Reps. Simon, Lee, Boharski, Good and Gould. Motion carries.

HEARING ON HB 738

Presentation and Opening Statement by Sponsor:

Rep. Roth stated that this bill was an act to establish a waiting period for eligibility to receive general relief assistance; and providing an effective date and an applicability date.

Testifying Proponents and Who They Represent:

Bill Harrington, Montana Program Management Bureau

Proponent Testimony:

Bill Harrington is neither a proponent nor opponent but stated his concern of the 30 day waiting period and the beginning of the benefits. Mr. Harrington also supplied an amendment.

Testifying Opponents and Who They Represent:

Virginia Jellison, Montana Low Income Coalition
John Ortwein, Montana Catholic Conference
Judith Carlson, Montana Association of Social Workers
Rick VanAken, Montana People's Voice

Opponent Testimony:

Virginia Jellison stated that there would be a serious adverse effect on families with children on general assistance.

John Ortwein supplied testimony from Mignon Waterman who stated that welfare reform should be undertaken only after thoughtful consideration that takes into account the needs and the concerns of all Montana. Exhibit 8.

Judith Carlson stated her opposition of this bill.

Questions From Committee Members: Rep. Russell asked about the equal protection problems and it was stated that there was a recent Constitutional change.

Closing by Sponsor: Rep. Roth closes on the bill.

DISPOSITION OF HB 738

Motion: Rep. Whalen made a Motion to TABLE this bill.

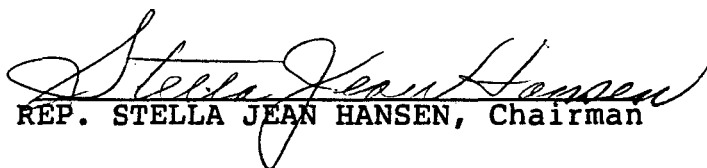
Discussion: None.

Amendments, Discussion, and Votes: None.

Recommendation and Vote: A vote was taken and all voted in favor with the exception of Reps. Lee, Knapp, Simon, Gould, Nelson and Boharski. Motion carries.

ADJOURNMENT

Adjournment At: 6:25 p.m.


REP. STELLA JEAN HANSEN, Chairman

SJH/ajs

F1707.min

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date _____

NAME	PRESENT	ABSENT	EXCUSED
Stella Jean Hansen	✓		
Bill Strizich	✓		
Robert Blotkamp	✓		
Jan Brown	✓		
Lloyd McCormick	✓		
Angela Russell	✓		
Carolyn Squires	✓		
Jessica Stickney	✓		
Timothy Whalen	✓		
William Boharski	✓		
Susan Good	✓		
Budd Gould	✓		
Roger Knapp	✓		
Thomas Lee	✓		
Thomas Nelson	✓		
Bruce Simon	✓		

ROLL CALL VOTE

HUMAN SERVICES AND AGING

COMMITTEE

DATE 2-17-89

BILL NO. 688

NUMBER 1

NAME	AYE	NAY
Rep. Blotkamp	✓	
Rep. Boharski		✓
Rep. Brown	✓	
Rep. Good		✓
Rep. Gould		✓
Rep. Knapp		✓
Rep. Lee		✓
Rep. McCormick	✓	
Rep. Nelson		✓
Rep. Russell	✓	
Rep. Simon	✓	
Rep. Squires	✓	
Rep. Stickney		✓
Rep. Strizich	✓	
Rep. Whalen	✓	
Rep. Hansen	✓	
	9	7

TALLY

Secretary

Chairman

Motion: Do pass as amend.

STANDING COMMITTEE REPORT

2/18/89
1:45 PM
BOH
February 18, 1989

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 684 (first reading copy -- white) do pass as amended .

Signed: _____
Stella Jean Hansen, Chairman

And, that such amendments read:

1. Page 1, line 23.

Strike: "to"

Insert: "toward"

2. Page 2, line 6.

Following: "source"

Insert: "that is disinfected"

3. Page 5, line 9.

Following: "mineralization,"

Insert: "activated carbon or particulate filtration,"

4. Page 5, lines 10 through 12.

Strike: ":" on line 10 through "(b)" on line 12

5. Page 5, line 12.

Strike: "equivalent"

Insert: "acceptable"

6. Page 12, lines 7 through 9.

Strike: ":" on line 7 through "(11)" on line 9

7. Page 12, line 9.

Strike: "equivalent"

Insert: "acceptable"


Berta

STANDING COMMITTEE REPORT

February 18, 1989

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging
report that House Bill 686 (first reading copy -- white) do
pass .

Signed: 

Stella Jean Hansen, Chairman

STANDING COMMITTEE REPORT

February 18, 1989

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 688 (first reading copy -- white) do pass as amended .

Signed: _____
Stella Jean Hansen, Chairman

And, that such amendments read:

1. Page 2, line 13.
Strike: "logging"
Insert: "record-keeping"
2. Page 3, line 23.
Strike: "logging"
Insert: "record-keeping"
3. Page 5, line 19.
Strike: "logging"
Insert: "record-keeping"

STANDING COMMITTEE REPORT

February 18, 1989

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 732 (first reading copy -- white) do pass as amended .

Signed: Stella Jean Hansen
Stella Jean Hansen, Chairman

And, that such amendments read:

1. Page 2, lines 6 and 7.

Following: "certificate" on line 6

Strike: remainder of line 6 through "attended" on line 7

2. Page 3, line 4.

Following: "of"

Insert: "any"

Following: "information"

Insert: "on the certificate form that is"

3. Page 3, line 6.

Following: "death"

Insert: "or other significant factors contributing to the cause of death"

4. Page 3, line 7.

Strike: "has"

Insert: "have"

Following: "established"

Insert: ", unless, after the exercise of reasonable diligence, a cause of death cannot be established"

5. Page 3, line 9.

Following: "fetal"

Insert: "death"

TESTIMONY ON BOTTLED WATER (HB 684)

Chairperson Stella Jean Hansen and Committee members, I am Cal Campbell, Registered Sanitarian, employed for 19 years in the Food and Consumer Safety Bureau in the Department of Health and Environmental Sciences as a Consultant Sanitarian. Mr. Grinde and Mr. Cervoski requested my presence here as a technical contact.

Bottled water laws, rules and requirements are quite complex with differing requirements in different states on the national level in EPA's Safe Drinking Water Act and the Food and Drug Administration's Food, Drug and Cosmetic Act and Code of Federal Regulations.

In Montana both the Water Quality Bureau's Safe Drinking Water Act and the Food and Consumer Safety Bureau's Food Processing Rules and Food, Drug and Cosmetic Act are involved.

The proposed legislation in HB 684 will clarify the bottled water definitions so that our requirements are consistent to other states and federal standards and assist in interstate trade. Trade barriers won't be established because there hasn't been a clear definitions of what is being bottled, labeled and sold.

The definitions are taken from a National Food and Drug Association's model regulations so the terms and labels are consistent with other states. Some states adopt the whole act but this bill would amend Montana's Food, Drug and Cosmetic Act and eliminate another additional law. There shouldn't be any extra costs as the label reviews will be done routinely.

EXHIBIT 1
DATE 2-17-89
HB 684

I have been in contact with the Water Quality Bureau and the amendments recommended make HB 684 definitions consistent with our Safe Drinking Water Act.

For an example, we have had bottled water that was labeled spring water and it came from a large city system. The large city gets its water from wells. Even though water was labeled spring water it didn't come from anywhere near a spring. We had to depend on FDA to take action since we didn't have specific terminology in our law.

It will make the administration of requirements and labeling easier for bottled water.

Are there any questions?

Cal Campbell, R.S.
Sanitarian Consultant
Food and Consumer Safety Bureau
Department of Health and
Environmental Sciences
Phone: 444-2408

CC/war-28xt

TESTIMONY
IN SUPPORT OF HOUSE BILL 688
HOUSE HUMAN SERVICES AND AGING COMMITTEE
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
FEBRUARY 17, 1989

1. Delivery of Family Planning Services (Title X)

The Department of Health and Environmental Sciences (DHES) is the recipient of federal Title X family planning funds from the Department of Health and Human Services (DHHS). DHES, through a statewide network of local health departments and other public and private non-profit clinics, has provided family planning services since 1972. Services were provided by 15 local programs to over 24,000 women in Montana in SFY 1988. This lengthy experience with the Title X program affords DHES an important perspective concerning the reproductive health needs of poor women, the availability of services to meet their needs, and the responsibility to ensure access to equitable low cost, quality health care.

2. DHHS Audit Recommendations

A federal audit team from the DHHS recommended that DHES serve as a catalyst to secure a legal basis for Title X clinics in Montana to dispense pre-packaged contraceptives.

3. Problem Statement

Title X clinics in Montana hold a Class IV facility pharmacy license (attached). Under this license, any legend (prescription) drugs dispensed must be packaged, labeled and otherwise prepared by a registered pharmacist. This standard prohibits factory prepackaged prescriptive oral contraceptives which are medically prescribed by a licensed physician, from being dispensed by anyone other than the pharmacist. Approximately 17,500 women use oral contraceptives. They are at high risk for unplanned pregnancy, and are placed at greater risk because of this restriction.

EXHIBIT 2
DATE 2-17-89
HB 688

If a pharmacist is not on site during all client hours, clients have to return to a clinic at a later date to begin oral contraceptives, which are available at much lower or no cost through Title X programs to low-income women.

Women from all 56 counties in the state receive services at Title X clinics. In rural areas especially, clients may have difficulty getting to a family planning clinic. Once the client is at the clinic, she expects to obtain contraception or receive a continuation of her prescriptive method. However, the client must wait to have a prescription filled, often having to return a week later. This presents a barrier to services for low income clients who may come in from as far as 70-90 miles for subsidized services. Clinically, a woman could start oral contraceptives the day of service, but under existing pharmacy standards, may have to wait until the following week to get her prescription. This may be too late for her to begin oral contraceptives. In the meantime, she is instructed to use a non-prescription method until the prescription is filled.

The primary purpose of Title X is the provision of services and information to lower the incidence of unintended pregnancy, to improve maternal health and to reduce abortion.

The existing pharmacy standard creates a barrier to services and defeats the purpose of family planning clinics: accessible, cost-effective quality care for people needing services.

4. Dispensing practices in other western states

Nine western states have recognized and addressed the problem of providing prepackaged oral contraceptives within their existing pharmacy law. The following states have allowed nurses to dispense prepackaged prescription oral contraceptives in Title X family planning clinics with varying guidelines: Arizona, California, Colorado, Idaho, New Mexico, Texas, Nevada, Wyoming and North Dakota.

5. The Pharmacy Bill

The pharmacy bill will allow Registered Nurses (RN) employed by Title X family planning clinics to dispense prepackaged prescription oral contraceptives.

6. Standardized Dispensing Protocol and Pharmacy Requirements Under the Bill

A physician's written protocol for the dispensing of prepackaged prescriptive oral contraceptives by an RN will be developed specifying the circumstances under which dispensing is appropriate. Drug labeling, storage and recordkeeping will be followed in accordance with board of pharmacy's requirements.

SUMMARY

The following problems have been identified by both DHHS and DHES regarding the dispensing of prepackaged prescription oral contraceptives under the existing pharmacy license that adversely affect the delivery of Title X family planning services:

- 1) Limited client access to prepackaged prescription oral contraceptives.
- 2) Increased likelihood of unintended pregnancy, abortions, and maternal health problems to women who choose prepackaged prescriptive oral contraceptives as the method of choice.
- 3) With decreasing funds and an increasing patient load, it becomes cost prohibitive to hire pharmacists to be available to cover all client service hours to package, label, and dispense factory prepackaged prescriptive oral contraceptives, and comply with current pharmacy standards.

CATHERINE E. WILKERSON, M.D.

800 W. Platinum
Butte, Montana 59701
(406) 782-2308

February 15, 1989

The Honorable Bruce Simon
House of Representatives
State Capital
Helena, MT 59601

Dear Representative Simon,

I am writing to you in support of HB 688 which allows registered nurses employed by Family Planning Clinics to dispense prepackaged prescriptive oral contraceptives. I am a physician in family practice in Butte and have been the Medical Director of the Butte Silver Bow Health Department Family Planning Clinic for 3 years.

The current dispensing practice creates barriers and places our clients at risk for unplanned pregnancy. I feel comfortable with an RN dispensing a limited formulary of oral contraceptives under my written protocol.

Family Planning is one of the most important preventive health care programs in the State and it is essential that we remove restrictions and barriers to those women needing our services.

Sincerely,


Catherine Wilkerson, M.D.



naacog

The Organization for Obstetric, Gynecologic, & Neonatal Nurses

Suzanne Nybo
Program Manager
Family Planning
State of Montana
Department of Health and Environmental Sciences
Helena, Montana 59601

February 5, 1989

Dear Suzanne,

Mt. Section NAACOG offers support for the Pharmacy Legislation proposed by the State Family Planning Project regarding the providing of prescriptions for contraception.

NAACOG members are Obstetrical, Gynecological, and Neonatal Nurses concerned about the welfare of women of all ages—Teens, Child Bearing, and the Maturing Women. Access to contraception at the time of a health care visit improves compliance and results in a positive outcome. Montana has an ever increasing unplanned and often unwanted pregnancy rate, especially among the teen population. There are many women unable to obtain care or afford care without the Family Planning Project. Montana NAACOG members work with these women, and are very aware of their needs.

We offer support in your legislative effort, and wish to Congratulate the Montana Family Planning Project for the outstanding work they have done in providing health care for the women of Montana.

Sincerely,

Patricia Oriet R.N., C.N.P.
Patricia Oriet R.N., C.N.P.

Vice Chairman
Sr. Sharon Houle, RN, MSN
128-15th St.
Helena, MT 59601
(406) 442-0366

Chairman
Pat Oriet, RN-CNP
2080 Nelson Road
Bozeman, MT 59715
(406) 587-3073

Secretary/Treasurer
Ruth Tombre, RN, MSN
3307 Poly Drive
Billings, MT 59102
(406) 656-3428

Testimony
In Support of House Bill 688
House Human Services and Aging Committee
Prepared by: Donald Espelin, M.D.
Department of Health and Environmental Sciences
February 17, 1989

As the Chief of the Preventive Health Services Bureau for the Department and as the Medical Director of the Montana Perinatal Program, I am testifying in support of HB 688. I feel Family Planning has been recognized as a valuable public health resource in addressing maternal and child health concerns. The Institute of Medicine in its 1985 report "Preventing Low Birthweight" concluded that "family planning services should be an integral part of overall strategies to reduce the incidence of low birthweight in infants." In a fundamental sense, healthy pregnancies begin before conception. A 1986 report by the National Academy of Sciences on strategies to alleviate the problems of teen pregnancy and childbearing reached a similar conclusion.

Low birthweight babies are those that weigh less than 5 pounds 8 ounces. In Montana in 1987, 637 babies weighed 5 1/2 pounds or less at birth. Low birthweight babies are at greater risk for handicapping conditions such as cerebral palsy and mental retardation, as well as death. The lower the birthweight, the greater the problem. Low birthweight is related to one-half of the infant deaths in Montana.

The Institute of Medicine report emphasized the importance of pre-pregnancy risk identification, counseling and risk reduction, health education related to pregnancy outcome generally to low birth weight in particular, and full availability of family planning services, especially for low income and adolescents. I feel we must remove all barriers to the delivery of care.

Passage of HB 688 would enhance the ability of family planning programs in our state to serve low income women. HB 688 removes restrictions that are hampering delivery of high quality services. I urge your support of this bill.

SN/war-43xt

EXHIBIT 3
DATE 2-17-89
HB 688

TESTIMONY FOR HOUSE HUMAN SERVICES/AGING COMMITTEE

Support HB 688 Dispensing privileges for RNs in Family Planning Clinics

Name: Karen Landers, MD, Pediatrician from Helena

Representing: Montana Council for Maternal and Child Health

The Montana Council for Maternal and Child Health represents hundreds of health care professionals serving Montana's mothers and children, including family physicians, OB/Gyn physicians, pediatricians, school nurses, and OB/Gyn nurses. Both the Council and the Montana Children's Agenda support HB 688, enabling registered nurses in family planning clinics to dispense physician prescribed commercially prepackaged contraceptives.

EXHIBIT 4
DATE 2-17-89
HB 688



montana society of hospital pharmacists

Date: 2/17/89

To: Human Services and Aging Committee

From: Ann Gidel, RPh, President-Elect Montana Society
of Hospital Pharmacists

Subj: House Bill 688

Madam Chairman and members of the Committee,

I am writing on behalf of the Board of Directors of the Montana Society of Hospital Pharmacists with regards to our Society's opposition to HB 688. I request that this letter be entered as permanent record. It is the Board of Directors of this Society's feeling that the proposed amendments to the Pharmacy Practice Act pose a detriment to patient safety and are not consistent with the dispensing guidelines governing the practice of pharmacy.

HB 688 will amend the Pharmacy Practice Act, essentially allowing nurses to dispense birth control pills. The following points pertaining to nursing dispensing deserve consideration:

1. Greater error rates for nursing dispensing are well documented in the literature, particularly pertaining to the practice in hospital settings. It is this greater error rate that led to unit dose drug distribution systems which shifted the drug dispensing functions from nurses to pharmacists and resulted in dramatic decreases in error rates.
2. In this particular setting, nursing staff currently has a large number of responsibilities. Accurate dispensing requires undivided concentration, which will not be available for nursing staff who have multiple job functions.
3. Quality control in dispensing requires that particular attention be paid to documentation of certain dispensing information. Pharmacists recognize the importance of this information and are more apt to complete necessary documentation. In addition, JCAHO requirements are essential in institutional practice. Nursing dispensing is inconsistent with the accreditation standards.

EXHIBIT 5

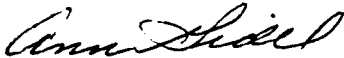
DATE 2-17-89

HB 688

4. Pharmacists are trained to screen for drug incompatibilities, patient contra-indications, and side effects of drugs. Nurses are not trained in these areas. Nursing dispensing has the potential to compromise patient safety.

5. Pharmacists are the most qualified individuals to provide drug information to both para-professionals and patients. Elimination of pharmacists from family planning centers will eliminate this education and compromise patient safety.

In summary, the Board of Directors of the Montana Society of Hospital Pharmacists oppose HB 668. Safety to the patient is the ultimate goal in drug dispensing. This is best assured by utilizing professionals trained for that function.



Ann Gidel, RPh

PROPOSED AMENDMENTS TO HOUSE BILL 688 [introduced copy]

HEALTH AND ENVIRONMENTAL SCIENCES

1. Page 2, line 13.
Following: "and"
Strike: "logging"
Insert: "record-keeping"

2. Page 3, line 23.
Following: "and"
Strike: "logging"
Insert: "record-keeping"

3. Page 5, line 19.
Following: "and"
Strike: "logging"
Insert: "record-keeping"

Montana State Pharmaceutical Association

Incorporated
P.O. BOX 4718
HELENA, MONTANA 59604
TELEPHONE 406-449-3843

To: Human Services and Aging Committee
From: Robert H. Likewise, Executive Director
Re: HB 688
Date: February 17, 1989

Madam Chairman, members of the Committee. For the record, I am Robert H. Likewise, a registered pharmacist and Executive Director for the Montana State Pharmaceutical Association.

As a registered pharmacist and spokesman for the Montana State Pharmaceutical Association, I would like to state that we oppose HB 688.

Over the past couple of months, I've heard various reasons for this legislation, some of which have been mentioned here. I have heard of the difficulty of supplying the first dose of a medication but find that this should not really be a problem since situations of emergency medications are very clearly covered by the current statutes. In fact some of the clinics have already addressed this problem. I have also heard from various sources that a major problem with the current system is strictly the paper shuffle from the office to the physician to the pharmacist. Once again, this bill will not alleviate

this paper shuffle. The bill clearly states that the prescription must be labeled and logged in accordance with current pharmacy regulations. Whether this is done by the pharmacist or the RN, charts will have to be moved from one place to another. This movement of charts or records is not unique as all hospitals and institutions are faced with the same problem.

Recently, I learned that the University School of Pharmacy and Allied Health Sciences had started collecting data from pharmacists working in family planning facilities across the state early in the summer to evaluate the sites for clerkship assignments for pharmacy students as well as for preparations of an article for publication in a consulting pharmacy journal. They were willing to share this information with me, and I would like to share some of it with you. They found that the pharmacists spends on an average of 2 to 3 hours per week performing pharmacy functions. A number of functions were listed, however, a majority of the pharmacists indicated that they spent time labeling oral contraceptives for distribution to patients as well as other prescriptions and OTC drugs for distribution. They also indicated they monitored inventory levels of oral contraceptives and other drugs, they answered drug information questions from the staff, provided inservices to the staff, attend staff meetings and a few indicated they helped counsel patients on OCs and other drugs. They also indicated that about half worked from the patient's chart

and half worked from prescriptions. Documentation is also done on the chart or the prescription. In working from the chart, some of the pharmacists indicated that they are able to help the family planning staff monitor patient's for their annual exams. The survey also indicated that the pharmacists dispenses an average of 139 prescriptions or 435 cycles per month. I might explain that a cycle equals one month and a prescription is equal to 3 months.

The pharmacists providing these services are reimbursed either at an hourly rate or a flat monthly fee. In a couple of cases, the services are provided at no charge. The average reimbursement was determined to be \$105.25 per month. Now, if we take this one step further, we can find out that the average cost to the facility for the pharmacist's time is 24 cents per cycle or 76 cents per prescription.

The above information would appear to me to justify a pharmacist in these facilities. In fact, it probably justifies a pharmacists providing an even greater amount of time. If the pharmacist is eliminated, we lose secondary checks and balances that are so important in the health care delivery system and have been deemed necessary to a greater extent by hospitals and institutions over the years. Elimination of the pharmacist would definitely eliminate these secondary checks and balances and would therefore be a great step backwards for quality and accurate health care delivery.

We therefore urge this Committee to give this bill a "do not pass" recommendation in the interest of maintaining the high standard of a health care delivery that Montana now enjoys.

DATE: March 17, 1989

TO: Rep. Stella Jean Hansen, chair
House Committee on Human Services & Aging

FROM: Del Steiner, RPh
595 Revolution Ave
Billings, MT 59105

RE: House Bill 688

I have practiced pharmacy for 18 years. During that time I served on the State Board of Pharmacy. I have also recently served as a temporary, fill-in pharmacist in a family planning clinic. I feel competent to testify AGAINST House Bill 688, which proposes to allow nurses to dispense oral contraceptives in such clinics.

Society and economics are forcing family planning clinics to change into practices that now treat many gynecological problems. Certainly, they are still primarily concerned with contraceptive measures, but they are also now diagnosing and treating problems arising from hormonal imbalance as well as sexually transmitted diseases and other infections. To fulfill the mandate for extra services, the patient could receive many medications OTHER THAN oral contraceptives. It is for this reason that I cannot understand why some clinics wish to eliminate the services of a pharmacist, when one is needed more now than ever before.

Besides acting as the dispenser of medicines, the pharmacist, in a properly run family planning clinic, also acts to protect the patient. In the clinic where I worked, I checked the patient's chart for problems that might arise as a result of the therapy. It was also my duty to explain the therapy to the patient and to answer any questions that might arise. Granted, some of these duties were also done by the nurse clinician, or even a physician, but it always helps to double check everything when a person's health is involved.

In this country, healthcare is divided between those who determine the form of treatment; those who administer the therapy, aid or procedure; and those who dispense any medications that are necessary. The system might not be the most efficient in terms of dollars, but it is certainly the safest. When the patient's health needs are served by at least 2 people the possibility of error or abuse is greatly reduced.

Because HB 688 proposes to eliminate this system of checks and balances, I respectfully request that your committee give this bill a DO NOT PASS recommendation.

Thank You.

EXHIBIT 6
DATE 2-17-89
HB 688

BLACKFEET NATION

EXECUTIVE COMMITTEE

**P. O. BOX 850
BROWNING, MONTANA 59417
(406) 338-7179**

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LLOYD H. CURLY REEVIS
DARRYL CORDO HORN
RONALD P. LITTLE DOG**T E L E F A X**TO: Floyd "Bob" Gervais BRANCH: State RepresentativeATTN: _____ LOCATION: Helena, Mt.NUMBER OF PAGES (INCLUDING COVER SHEET): 2DATE TRANSMITTED: 2/17/89 TIME: 9:50TELEFAX TELEPHONE NUMBER: 1-444-4105FROM: Wayne Gervais BRANCH: Blackfeet TribeATTN: _____ LOCATION: Browning, Mt.

TELEFAX TELEPHONE NUMBER: _____

VERIFICATION NUMBER: 338-7276 - Ext. 236TRANSMITTER: Kelly

REMARKS:

PAGE 7
DATE 2-17-89
HB 686

BLACKFEET NATION

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LLOYD M. CURLY REEVIS
DARRYL GORDO HORN
DONALD P. LITTLE DOG

February 17, 1989

Honorable Floyd "Bob" Gervais
Box 55
Capital Station
House Seat #49
Helena, Montana

Dear Representative Gervais:

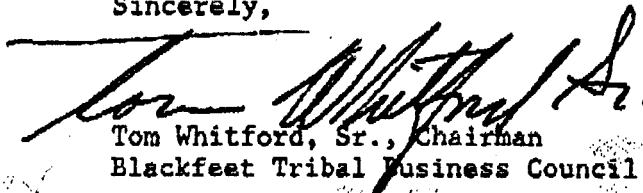
The Blackfeet Tribe has reviewed "The Traditional Native American Counselor Act: providing for State Recognition of Traditional Native Counseling Methods and Establishing on Advisory Board and endorses the concept of the bill but have several questions regarding Tribal, State relations.

- Q1. Does the Tribe give up any rights or any infringement on any rights the Tribe fully enjoys presently?
- Q2. Will the Tribe have a real role in developing Rules and Regulations for certification of Traditional Counselors and Methods?
- Q3. Will the Tribe have a real role in development of the Rules and Regulations the Adsisory Board will implement once established and on line.

We realize the language in this bill will be changed as it ventures through the legislative process, and would like to register our concerns at the beginning, rather than the end of the process.

Your time and attention in this matter is most appreciated and if we can be of further assistance please do not hesitate to call.

Sincerely,



Tom Whitford, Sr., Chairman
Blackfeet Tribal Business Council



WORKING TOGETHER:

American Baptist Churches
of the Northwest

Christian Churches
of Montana
(Disciples of Christ)

Episcopal Church
Diocese of Montana

Evangelical Lutheran
Church in America
Montana Synod

Presbyterian Church (U. S. A.)
Glacier Presbytery

Presbyterian Church (U. S. A.)
Yellowstone Presbytery

Roman Catholic Diocese
of Great Falls - Billings

Roman Catholic Diocese
of Helena

United Church
of Christ
Mt.-N. Wyo. Conf.

United Methodist Church
Yellowstone Conference

February 17, 1989

CHAIRWOMAN HANSEN AND MEMBERS OF THE HOUSE HUMAN
SERVICES COMMITTEE:

I am Mignon Waterman and I am speaking on behalf
of the Montana Association of Churches.

Welfare reform should be undertaken only after thoughtful
consideration that takes into account the needs
and the concerns of all Montanans. It certainly
should not be rushed through without adequate review
and debate. This sweeping change in Montana's
welfare system was printed and available only hours
ago. That is not the way welfare reform should
take place.

During the past two years, a legislative interim
committee studied welfare reform and recommended
a number of well thought out bills to revise and
to limit welfare programs in Montana. We have supported
many of those recommendations as reasonable and
legislators have agreed by their favorable disposition
of many of those bills.

Those positive reforms will assist low income individuals
to break out of the cycle of poverty and to become
productive members of Montana's workforce.

HB738 does not reflect the caring and compassion
of the majority of Montanans and we urge a do not
pass vote on this bill.

EXHIBIT 8

DATE 2-17-89

HB 738

VISITORS' REGISTER
HUMAN SERVICES AND AGING COMMITTEE

BILL NO. HB 684

DATE 2/17/89

SPONSOR Rep. Grinde

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Charles Peroushi	Lewistown	X	
Cal Campbell	Helena		
Jim Melstad	Helena		

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. HB 686

DATE 2/17/89

SPONSOR Rep. McCormick

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Harold E. Gray	Great Falls / Ball, MT	✓	
Robert Gopher	Great Falls, MT	✓	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. HB 688DATE 2/17/89SPONSOR Rep. Simon

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Karen Landers m.d.	Montana Council for Maternal and Child Health	✓	
CATHY CANTAROLI	MONT. NURSES ASS.	✓	
John Donwer	SRS		
Don Johnson	HELENA	✓	
Cathy Vickers	Helena	✓	
Robert H. L. Kewie	Mont. St. Phann Assn		✓
Demar Dot	Mont Society of Hospital Pharm		✓
Robert J. Kelley	Community Pharmacist		✓
Del L. Steiner	Billings		✓
MARK EICHLER PAH	Helena		✓
Robert R Johnson	MT Pub Health Comm	✓	
Wanda E. Brees	D.H.F.S.	✓	
Brenda Nordlund	MT Women's Lobby	✓	
Elie Parker	DHES	✓	
Ann Pannuska	HELENA	✓	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. HB 738

DATE 2/17/89

SPONSOR Rep. Roth

[illegible]

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. HB732

DATE 2/17/89

SPONSOR Rep. Simon

[illegible]

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.