

## MINUTES

### MONTANA HOUSE OF REPRESENTATIVES 51st LEGISLATURE - REGULAR SESSION

#### COMMITTEE ON HUMAN SERVICES AND AGING

Call to Order: By Stella Jean Hansen, on March 1, 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 SB 15

##### Presentation and Opening Statement by Sponsor:

Senator Halligan stated that this bill was an act requiring certification of a smoke detector in a dwelling or mobile home upon sale or transfer of ownership of the dwelling and providing an applicability date.

##### Testifying Proponents and Who They Represent:

Tim Bergstrom, Montana State Firemen's Association  
Howard Gipe, Flathead County Commissioner  
Ed Flies, Montana State Council of Fire Fighters  
Lyle Nagle, Volunteer Fire Fighters Association  
Tom Hopgood, Montana Realtors Association  
Ray Bluhm, State Fire Marshal  
Cort Harrington, Montana Association of Clerk and Records

##### Proponent Testimony:

Tim Bergstrom stated that he was a fire fighter with the city of Billings and spoke of incidents in his city that resulted in the deaths of people. Early detection of a fire is the key and the very affordable smoke detectors is the answer.

Howard Gipe stated that in the Kalispell area a committee was formed called Alarms For Life. This committee encouraged the placement of a smoke detector in every Flathead County residence at no cost to the people who could not afford them.

Ed Flies stated his support of this bill.

Lyle Nagle stated that his association is very much behind the bill and urges their support.

Tom Hopgood stated that there were amendments to this bill. The Realtors Association is studying this problem and may institute a program to distribute smoke detectors free of charge and do believe that they should be in every house.

Ray Bluhm presented literature from the Montana Department of Justice on the number of home in Montana which had no smoke detectors. Exhibit 1.

Cort Harrington stated his support of this bill.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: Rep. Good asked Senator Halligan questioned the penalty for persons who do not adhere to the new legislation and Senator Halligan stated that civil liability would be involved.

Rep. Simon asked Senator Halligan if there was a requirement for smoke detectors on any other establishments than trailers and Senator Halligan stated that there was not. Rep. Simon than asked why you had to certify that there was a smoke detector when there is no requirement to have a smoke detector. Senator Halligan stated that with all of the local efforts to get smoke detectors that this bill was going to compliment that or supplement it. Rep. Simon asked if anything in the house needed to be certified, i.e. bathtub, electricity or anything except a smoke detector and Senator Halligan stated that smoke detectors were the only thing that needed to be certified.

Rep. Good asked Senator Halligan if someone sells property does this property need to have a smoke detector and Senator Halligan stated that it did not.

Rep. Hansen asked Senator Halligan how much a smoke detector cost and Senator Halligan stated between \$4.00-\$4.50 are the least expensive. Rep. Hansen asked if the sole responsibility would be on the real estate agent and Senator Halligan stated that was true. Rep. Hansen then asked Mr. Hopgood the same question and his

response was that as the bill was originally drafted, the certificate would have been part of the realty transfer and it is the broker of the agency that sign the realty certificate. An affidavit is signed by the seller and not by the broker. Rep. Hansen asked if the seller needed to provide a smoke detector and Mr. Hopgood stated that it does. Rep. Hansen asked if the seller would be responsible for supplying the smoke detector and Mr. Hopgood stated that he was responsible. In the end, it is the seller himself, not the broker that will be signing the affidavit.

Closing by Sponsor: Senator Halligan closed on the bill.

#### DISPOSITION OF SB 15

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

Discussion: Discussion followed about proposed amendments.

Recommendation and Vote: A vote was taken and all voted in favor with the exception of Reps. Simon and Hansen to DO PASS. Motion carries.

#### HEARING ON SB 26

#### Presentation and Opening Statement by Sponsor:

Senator Weeding stated that this bill was an act providing for approval of physician assistants-certified; regulating the practice of physician assistants-certified, including prescribing and dispensing authority, billing procedures, and locum tenens practice and providing effective dates. Senator Weeding then supplied a letter of endorsement for physician assistant law reform and letters of endorsement. Exhibit 2.

#### Testifying Proponents and Who They Represent:

Senator Tom Hager  
Paul Wheeler, Montana Association of Physicians Assistants  
Jesse Brown, Montana Association of Physicians Assistants  
Susan Cahill, Montana Association of Physicians Assistants  
Jim Aherns, Montana Hospital Association  
Darrell Espelin, M.D.  
William Duffield, Fallon County Commissioner  
John Patterson, Montana Association of Physicians Assistants  
Chuck Butler, Blue Cross and Blue Shield  
Rep. Roger Knapp  
Jerry Loendorf, Montana Medical Association  
Barbara Booher, Montana Nurses Association

#### Proponent Testimony:

Senator Tom Hager supports this legislation.

Paul Wheeler stated that the continuation of the grass roots effort to reform PA laws this bill will expand and better define the roles of PA's statewide by allowing them to practice to their full capacity in Montana as they do in other rural states, as part of a physician/PA team, PA's will be able to offer Montana health care consumers, especially in the rural areas, medically underserved majority of the state, a workable solution to the current health care provider shortage. Exhibit 3.

Jesse Brown stated that prescriptive authority is absolutely necessary if PA's are going to staff satellite clinics or medical assistance facilities without placing themselves, their supervising physicians, and their local pharmacists in jeopardy. Exhibit 4.

Susan Cahill spoke of the education requirements necessary for PA's and supplied Exhibit 5.

Jim Aherns stated that the Montana Hospital Association has five experimental sites for medical assistant facilities which will be underway this coming year and the primary staff for these facilities could be PA's.

Darrell Espelin, M.D. stated that he and two PA's supplied the medical care for two counties in the southeast of Montana. Dr. Espelin stated that PA's have the training and ability sufficient to appropriately prescribe most medications.

William Duffield stated that midlevel health care is very important to rural Montana.

Rep. John Patterson stated that this bill will allow rural Montana access to medical care in rural communities that have limited medical personnel. Exhibit 6.

Chuck Butler spoke about the billing procedures in regard to the health service corporations. This legitimized something that has been going on in the state for a number of years.

Rep. Roger Knapp stated that this bill was very much needed to help keep health care viable for rural Montana.

Jerry Loendorf stated that the strength of this bill is what it always has been - it allows the Board to take into consideration the training, experience of both the physician and physician-assistant, match those up and

make sure that they have good teams going out to serve the rural areas.

Barbara Booher stated that health care providers with a number of varying interests and backgrounds can work together to come up with solutions of some of the health care delivery problems we face in this state especially in the interest of rural health care.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: Rep. Boharski asked Ms. Booher the difference between a physicians assistant and a nurse practitioner and she stated it was in the educational background.

Rep. Gould asked Dr. Espelin how we could promote PA's in Montana and Dr. Espelin stated that someone with a pioneering spirit would be interested

Rep. Simon asked Dr. Espelin about the statistics regarding rural areas versus large hospitals in acquiring physicians assistants and Dr. Espelin stated that large hospitals did indeed get the greater number of physicians assistants.

Closing by Sponsor: Senator Weeding closed on the bill.

DISPOSITION OF SB 26

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

Recommendation and Vote: A vote was taken and all voted in favor. Motion carries.

HEARING ON SB 63

Presentation and Opening Statement by Sponsor:

Senator Hager stated that this bill was an act allowing creation of the position of executive secretary of the Board of Medical Examiners and establishing qualifications for the position.

Testifying Proponents and Who They Represent:

Jerry Loendorf, Montana Medical Association  
Gene Huntington, Montana Dietetics Association

Proponent Testimony:

Jerry Loendorf stated his support of this bill.

Gene Huntington stated that the registered nutritionists which is regulated by the Board of Medical Examiners and had experienced some delay in the past years in getting the laws established.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: Rep. Boharski asked Senator Hager if the Board had the authority to raise the license fees of the physicians to fund this program and Senator Hager said that they did.

Rep. Simon asked Mr. Loendorf why the qualifications were to have a candidate for the position be a post graduate and Mr. Loendorf stated that they were in hopes of hiring an attorney for the position.

Rep. Good asked Mr. Loendorf why a law was in need of being enacted and why not just appropriate the money and Mr. Loendorf stated that the Board cannot hire its own employees.

Closing by Sponsor: Senator Hager closed on the bill.

DISPOSITION OF SB 63

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

Discussion: Rep. Good stated her desire to hold off on the disposition of the bill to enable her to acquire further information from Mr. Loendorf.

Amendments, Discussion, and Votes: Rep. Nelson made a Motion to adopt amendments. A vote was taken and all voted in opposition of the amendment with the exception of Reps. Simon and Nelson. Motion fails.

Recommendation and Vote: A vote was taken to DO PASS and all voted in favor with the exception of Rep. Good. Motion carries.

HEARING ON SB 74

Presentation and Opening Statement by Sponsor:

Senator Regan stated that this bill was an act requiring mandatory licensing of adult foster family care homes; providing for application and record keeping requirements; establishing penalties and providing an effective date.

Testifying Proponents and Who They Represent:

Charley McCarthy, Montana Department of Family Services  
LeDean Lewis, American Association of Retired Persons

Proponent Testimony:

Charley McCarthy stated that this bill will eliminate the unfair advantage that unlicensed facilities currently hold over licensed facilities and will assure the consistent application of health, fire, and safety standards to all adult foster homes providing care to the aged and disabled adults in Montana. Exhibit 7.

LeDean Lewis stated that at the present there are no licensing requirements or procedures in place to ensure that these homes provide safe and quality living conditions for their residents. There are no provisions to ensure fire protection, proper ventilation and adequate heat; no nutritional safeguards for the meals served; no assurance that there is the necessary life safety equipment to safeguard the residents in these homes. Exhibit 8.

Testifying Opponents and Who They Represent:

John Haas

Opponent Testimony:

John Haas opposes this legislation because he indicated if a facility is licensed, the care of the individual will be greatly increased.

Questions From Committee Members: Rep. Good asked Mr. McCarthy how the Department required someone in an unlicensed facility and a licensed facility meet the requirements of certain criteria and Mr. McCarthy said the a letter of reprimand was sent to a licensed and eventually the license is revoked. An unlicensed facility could not be penalized.

Rep. Simon asked Mr. McCarthy about the programs which were offered for these adults and Mr. McCarthy stated that proper facilities were required, nutritional meals, proper clothing.

Closing by Sponsor: Senator Regan closed on the bill.

DISPOSITION OF SB 74

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

Recommendation and Vote: A vote was taken and all voted in favor. Motion carries.

HEARING ON SB 70

Presentation and Opening Statement by Sponsor:

Senator Norman stated that this bill was an act to implement the work provisions of the federal family support act of 1988; to establish a job search, education, training, and work program for recipients of the aid to families with dependent children program; to require mandatory participation of recipients in the new program; to provide sanctions against recipients who fail to participate in the program or to accept suitable employment; to require necessary child care assistance and providing effective dates.

Testifying Proponents and Who They Represent:

Jim Smith, Human Resource Development Council  
Sue Moore, Montana Department of Labor  
Judith Carlson, Montana Association of Social Workers  
Brenda Nordlund, Montana Women's Lobby  
Christine Deveny, League of Women Voters  
Susan Christofferson, Montana Alliance for Better Child Care  
John Ortwein, Montana Catholic Conference  
Kathryn Campbell, Montana Association of Young Children  
Charley McCarthy, Montana Department of Family Services

Proponent Testimony:

Jim Smith stated that this bill was a big step in the right direction for our welfare system. In essence this bill implements some key provisions of Federal Welfare Reform in Montana. Being able to help a lot of people get out of poverty and not simply off the welfare rolls is what this bill is about. Exhibit 9.

Sue Moore supplied amendments for this legislation which were the favor of the Montana Department of Labor.

Judith Carlson stated that the mandatory age for mothers or fathers to participate in this program is the stipulation that the children must be three years of age or older. It should be made clear in the statement of intent that it is the state's policy that when children reach the age of three, should the



parents be mandated to go into this program and out of the home. They are still able to participate voluntarily if they would so choose. Ms. Carlson also stated the fact of education and although work is very important, the education that leads to work is more likely to lead to a higher paying job and a more permanent job.

Brenda Nordlund stated the support of the education, employment and training of AFDC recipients. Programs that will enable recipients to achieve economic, self sufficiency and independence. These programs should lead to programs with labor market demand, provide access to jobs which pay wages above the minimum wage and offer benefits resulting in a net economic gain for the recipient and her family.

Christine Deveny supports the establishment of a job search, education and training and work program for recipients of AFDC and believes that it is an important step toward supporting self sufficiency for individuals and families. This is one of the first efforts that is needed to break the vicious cycle of poverty in Montana.

Susan Christofferson spoke about the cost prohibitive factor it is for a woman receiving AFDC payments to get all of the AFDC and seek employment outside of the home.

John Ortwein stated his concern in the bill regarding a woman who gives birth would be required to participate in a program within five months of having given birth. Mr. Ortwein said this is not an adequate adjustment time for the new mother before entering a work training program. Mr. Ortwein also stated his pleasure in the legislation which provides for the necessary child care assistance to allow participants to better themselves through the program. Exhibit 11.

Kathryn Campbell stated her concern about the critical aspect of an adequate supply of child care has on the entire issue of welfare reform.

Charley McCarthy stated that this legislation is a coordinated effort of several agencies.

#### Testifying Opponents and Who They Represent:

Virginia Jellison, Montana Low Income Coalition

#### Opponent Testimony:

Virginia Jellison stated that mandatory participation requirement is short sighted and punitive in nature. Some

AFDC recipients are not capable or able to work and there needs to be an employability factor to the participation requirement.

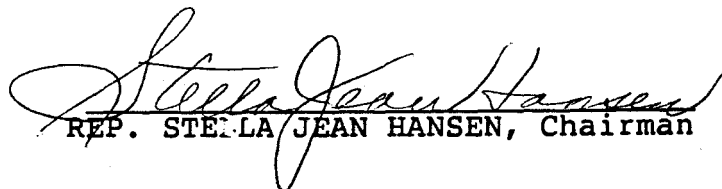
Questions From Committee Members: Rep. Boharski asked Ms. Moore if the WINN program and the New Horizon Programs will be discontinued with the passage of this bill and Ms. Moore indicated that they would. Rep. Boharski then asked what funds will be matched and Ms. Moore stated that \$297,000.00 will be matched for the first year with federal funds

Rep. Hansen asked Ms. Moore when the funds should be expected and Ms. Moore indicated that April 1 was the date.

Closing by Sponsor: Senator Norman closed on the bill.

ADJOURNMENT

Adjournment At: 6:35 p.m.

  
REP. STELLA JEAN HANSEN, Chairman

SJH/ajs

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# DAILY ROLL CALL

## HUMAN SERVICES AND AGING COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date 3/1/89

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	✓		

STANDING COMMITTEE REPORT

March 2, 1989

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that SENATE BILL 26 (blue reference copy) be concurred in.

Signed: \_\_\_\_\_  
Stella Jean Hansen, Chairman

[REP. \_\_\_\_\_ WILL CARRY THIS BILL ON THE HOUSE FLOOR]

STANDING COMMITTEE REPORT

March 2, 1989

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging  
report that SENATE BILL 15 (blue reference copy) be concurred  
in.

Signed: \_\_\_\_\_  
Stella Jean Hansen, Chairman

[REP. \_\_\_\_\_ WILL CARRY THIS BILL ON THE HOUSE FLOOR]

STANDING COMMITTEE REPORT

March 2, 1989

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that SENATE BILL 63 (blue reference copy) be concurred in.

Signed: \_\_\_\_\_  
Stella Jean Hansen, Chairman

[REP.                      WILL CARRY THIS BILL ON THE HOUSE FLOOR]

STANDING COMMITTEE REPORT

March 2, 1989

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging  
report that SENATE BILL 74 (blue reference copy) be concurred  
in.

Signed: \_\_\_\_\_  
Stella Jean Hansen, Chairman

[REP. \_\_\_\_\_ WILL CARRY THIS BILL ON THE HOUSE FLOOR]

STATE  
OF  
MONTANA  
**DEPARTMENT OF JUSTICE**  
FIRE MARSHAL BUREAU

Room 371, Scott Hart Building, 303 North Roberts, Helena, Montana 59620-1417 (406) 444-2050

**(MFIRS) MONTANA FIRE INFORMATION REPORTING SYSTEM**

**RESIDENTIAL PROPERTY - MONTANA / U.S.**

<u>NO DETECTORS PRESENT</u>			
	<u>MONTANA</u>	<u>UNITED STATES</u>	<u>DIFFERENCE</u>
1982 -----	79.75		
1984 -----	64.67	48.48	16.19%
1985 -----	64.25	43.61	21.64%
1987 -----	41.65	38.12	3.53%

FM1010.89

EXHIBIT 1  
DATE 3-1-89  
BB 15



## EXCEPTIONS:

1. Sprinklers are not required in bathrooms not greater than 55 square feet.

2. Sprinklers are not required in guest rooms which have direct exit to the exterior of the building, when such building has all floors used for human occupancy located less than 75 feet above the lowest level of fire department vehicle access.

1002.9.2 USE GROUP R-2: In all buildings or structures or portions thereof Use Group R-2.

Exception:

Sprinklers are not required in bathrooms not greater than 55 square feet area.

## Smoke Detectors

A 1988 study has revealed that fire deaths have been reduced by 62 percent in the 10 years since Montgomery County, Maryland, required smoke detectors in all residential properties. During that time, no one has died in a house fire where detectors were properly located and maintained and where occupants have evacuated when the detector warning sounded, according to Fire Education Specialist Mary Marchone. The population of Montgomery County is 680,000.

County fire officials became convinced in the early 70's that the number of residential fire deaths could be significantly reduced if smoke detectors were required. At the time, however, detectors were unattractive, expensive, and unproven. As smoke detector technology improved and costs decreased, County officials pushed to pass a law that would reduce fire deaths. On September 14, 1976 Montgomery County was the first jurisdiction of its size to adopt a law requiring

the installation of smoke detectors in all residences. The smoke detector law went into effect July 1, 1978.

Once the County Council passed the law, the Department of Fire and Rescue Services began an extensive public education campaign with the cooperation of the media, the public schools and the community. The County provided 1,100 smoke detectors to low-income families and gave advice on how to install and maintain them.

In 1984 a study conducted in Montgomery County, MD and Fairfax County, VA by Johns Hopkins School of Public Health concluded that laws requiring installation of smoke detectors in all homes could reduce the risk of fire deaths, because homeowners generally comply. In both counties, the study found that people who knew or assumed that smoke detectors were required by law were more likely to have them.

The law requires that owners install a smoke detector outside of sleeping areas and in stairways leading to occupied areas. Owners who do not have detectors or who fail to keep their detectors in working order can be fined up to \$250.00. Fire officials caution that many households may have detectors which are not working or are poorly maintained.

Fire officials are currently educating the public on the importance of checking smoke detectors periodically to assure that they are working properly. The County also provides smoke detectors to the elderly and low-income families. Legislation is currently pending that would require smoke detectors on every story of a residence.

Article from: *Communications Link*, ISFSI, Vol IX, Issue 25, 6/28/88.

## Correction:

In the June issue we printed that there had been a complete burnout of an 11 story structure. The Poudre Fire Authority in Colorado advised us that in actuality it was the burnout of a room within the structure. Please pardon our error.

## Smoke Detector Program Saves Lives

Becky Baker, Building Official, City of Federal Heights, Colorado, reports that on March 11, 1988, firefighters from Federal Heights Fire Department installed a free smoke detector in the home of Catherine Hutchinson, age 80, as part of a Smoke Detector Program in which each city resident is personally contacted by firefighters to determine if they need a detector. Two hours after firefighters installed the new detector in her home, a fire broke out in Mrs. Hutchinson's kitchen. The alarm sounded, alerting Mrs. Hutchinson and she was able to extinguish the fire before any significant damage was done.

According to Ms. Baker, the detectors were purchased through a grant from Community Development Block Grant Monies by the Thornton Fire Department, a neighboring jurisdiction. An agreement between the two departments made it possible for the City of Federal Heights to complete the second phase of its residential detector program—the first phase was initiated by the Business Department and covered all apartments.

Ms. Baker noted that not only does this incident offer support for establishing a smoke detector program, it demonstrates what positive results can be achieved when all city fire departments work together.

Note: Article from, *Building Standards*, May-June 1988.

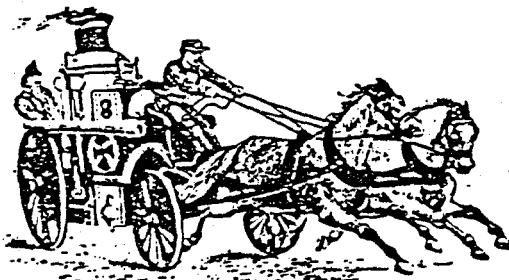
## Fire Services Caucus Receives Education on Sprinklers and OLS

Jim Dalton, Director, Operation Life Safety, recently participated in a Fire Services Caucus Seminar in Washington, D.C. The seminar and luncheon, sponsored by the National Fire Sprinkler Association, was held at the Rayburn House Office Building on August 2, 1988, and attracted a number of members of the Congressional Fire Services Caucus.

Program presentors included John A. Vinello, President, National Fire Sprinkler Association, John "Sonny" Scarff, Director of Fire Protection, Marriot Corporation, Jim Dalton from OLS, and Ken Lauzier of the Architect of the Capitol's Office. Congressman Curt Weldon (R-PA) moderated the session and asked associates Congressman Doug Walgren (D-PA) and Sherwood Boehlert (R-NY) to speak to the group.

The Congressional Fire Services Caucus, initiated by freshman Representative Curt Weldon (R-PA), hopes to provide a much needed federal focus on fire problems in the United States. Over 200 Senators and Representatives from both parties have joined together on this non-partisan issue, making this the third largest caucus on Capitol Hill.

Seminar attendees included Clyde Bragdon of the U.S. Fire Administration; Garry Briese, Executive Director, International Association of Fire Chiefs; and Ed McCormack, Executive Director of the International Society of Fire Service Instructors.



The Race for 2nd Vice President is on!

See Pages 4 through 7 for

The Candidates Positions on OLS

## PROJECT SMOKE DETECTOR

Would you believe that every single family residence in Takoma Park, Maryland, has an operating smoke detector? Well, it's true. In a public fire safety education program that took 2 1/2 years to complete, members of the Takoma Park Volunteer Fire Department inspected every home in its first due area for compliance with the Montgomery County smoke detector ordinance. That effort found career and volunteers of the department visiting 3,575 homes to survey, inspect, replace batteries and give away smoke detectors.

How did this program come about? In early 1984 a comparative study of smoke detectors was done between Fairfax County Virginia, and Montgomery County, Maryland to determine the effect a community with compliance (Montgomery) and one without a mandatory law. Part of that study included a random survey of properties in each county. In Montgomery County, it was shown that older properties, built before the smoke detector law was passed, had a high percentage of non-compliance. Another important part of the study found that many of the detectors in place did not function. Most of the single station battery type failed because of a dead battery.

## PEORIA ADOPTS ORDINANCE

The City of Peoria, Illinois has recently adopted an ordinance requiring all buildings except R3 and Group M above 2500 square feet or above two stories to be equipped with an automatic sprinkler system. This ordinance allows smaller buildings with low-hazard occupancies to utilize plastic approved pip-

ing. To enhance the ordinance's effectiveness, fire walls in these buildings have been increased from two- to four-hour rating. No trade off or reduction in access, water supply, or other constructions features has been implemented.

## JOINT FIRE RESEARCH UNDERWAY (The National Scene)

The Center for Fire Research at the National Bureau of Standards and the Gypsum Association are conducting a joint research project at the center in Gaithersburg, Maryland.

A fire protection engineer from the Gypsum Association is working at the center to develop computer models which predicts the effects of fire on wall assemblies. The association is particularly interested in studying how effectively gypsum wall board acts as a fire barrier.

The Gypsum Association, headquartered in Evanston, Illinois, conducts technical research programs in fire, sound and structural testing of gypsum products and related accessories.

The fire protection engineer will be at the fire research center for approximately two years under the bureau's Research Associate Program.

This program provides an opportunity for people from industry, universities, technical societies and other organizations to conduct cooperative research at the bureau on programs of mutual interest, with salaries paid by sponsors.

For additional information contact: Jan Kosko, National Bureau of Standards Gaithersburg, MD 20899.

EXHIBIT 1

DATE 3-1-89

**Sec. 410. No definitions.**

**Sec. 411. JURISDICTION**, as used in this code, is any political subdivision which adopts this code for administrative regulations within its sphere of authority.

**Sec. 412. No definitions.**

**Sec. 413. LINTEL** is a structural member placed over an opening or a recess in wall and supporting construction above.

**LIQUID** is any material which has a fluidity greater than that of 300 penetration asphalt when tested in accordance with the Uniform Fire Code Standards. When not otherwise identified, the term "liquid" is both flammable and combustible liquids.

**LIQUID STORAGE ROOM** is a Group H, Division 2 Occupancy in which the quantities of flammable or combustible liquids do not exceed the limits set forth in the Fire Code.

**LIQUID STORAGE WAREHOUSE** is a Group H, Division 2 Occupancy used for the storage of flammable or combustible liquids in an unopened condition only in unlimited quantities.

**LISTED and LISTING** are terms referring to equipment and materials which are shown in a list published by an approved testing agency, qualified and equipped for experimental testing and maintaining an adequate periodic inspection of current productions and whose listing states that the equipment complies with recognized safety standards.

**LOADS.** See Chapter 23.

**LODGING HOUSE** is any building or portion thereof containing not more than five guest rooms, where rent is paid in money, goods, labor or otherwise.

**Sec. 414. MARQUEE** is a permanent roofed structure attached to and supported by the building and projecting over public property. Marquees are regulated in Chapter 45.

**MASONRY** is that form of construction composed of stone, brick, concrete, gypsum, hollow clay tile, concrete block or tile or other similar building units or materials or combination of these materials laid up unit by unit and set in mortar.

**MASONRY, SOLID**, is masonry of solid units built without hollow spaces.

**MECHANICAL CODE** is the Uniform Mechanical Code promulgated jointly by the International Conference of Building Officials and the International Association of Plumbing and Mechanical Officials, as adopted by this jurisdiction.

**1985 EDITION**

408-409

**GUEST** is any person hiring or occupying a room for living or sleeping purposes.

**GUEST ROOM** is any room or rooms used or intended to be used by a guest for sleeping purposes. Every 100 square feet of superficial floor area in a dormitory shall be considered to be a guest room.

**H**

**Sec. 409. HABITABLE SPACE (ROOM)** is space in a structure for living, sleeping, eating or cooking. Bathrooms, toilet compartments, closets, halls, storage or utility space, and similar areas, are not considered habitable space.

**HAZARDOUS PRODUCTION MATERIAL (HPM)** is a solid, liquid or gas that has a degree of hazard rating in health, flammability or reactivity of 3 or 4 as ranked by U.F.C. Standard No. 79-3 and which is used directly in research, laboratory or production processes which have, as their end product, materials which are not hazardous.

**HEIGHT OF BUILDING** is the vertical distance above a reference datum measured to the highest point of the coping of a flat roof or to the deck line of a mansard roof or to the average height of the highest gable of a pitched or hipped roof. The reference datum shall be selected by either of the following, whichever yields a greater height of building:

1. The elevation of the highest adjoining sidewalk or ground surface within a 5-foot horizontal distance of the exterior wall of the building when such sidewalk or ground surface is not more than 10 feet above lowest grade.
2. An elevation 10 feet higher than the lowest grade when the sidewalk or ground surface described in Item 1 above is more than 10 feet above lowest grade.

The height of a stepped or terraced building is the maximum height of any segment of the building.

**HELIPORT** is an area of land or water or a structural surface which is used, or intended for use, for the landing and takeoff of helicopters, and any appurtenant areas which are used, or intended for use, for heliport buildings and other heliport facilities.

**HELISTOP** is the same as a heliport, except that no refueling, maintenance, repairs or storage of helicopters is permitted.

**HORIZONTAL EXIT.** See Section 3301 (b).

**HOTEL** is any building containing six or more guest rooms intended or designed to be used, or which are used, rented or hired out to be occupied, or which are occupied for sleeping purposes by guests.

**HOT-WATER SUPPLY BOILER** is a boiler having volume exceeding 120 gallons, or a heat input exceeding 200,000 Btu/h, or an operating temperature exceeding 200°F that provides hot water to be used externally to itself.

**HPM STORAGE ROOM** is a room used for the storage or dispensing of hazardous production material (HPM) and which is classified as Group H, Division 1 or Division 2 Occupancies.

EXHIBIT

DATE

HB

3-1-89

15

# Existing buildings other than high-rise

## APPENDIX I-A

## UNIFORM FIRE CODE

B head above the openings on the tenant side. The sprinkler system may be supplied  
B from the domestic water supply if of adequate volume and pressure.

B 3. Vertical openings need not be protected if the building is protected by an  
B approved automatic sprinkler system.

### 4. BASEMENT ACCESS OR SPRINKLER PROTECTION

B An approved automatic sprinkler system shall be provided in basements or  
B stories exceeding 1500 square feet in area and not having a minimum of 20 square  
B feet of opening entirely above the adjoining ground level in each 50 lineal feet or  
B fraction thereof of exterior wall on at least one side of the building. Openings shall  
B have a minimum clear dimension of 30 inches.

B If any portion of a basement is located more than 75 feet from required  
B openings, the basement shall be provided with an approved automatic sprinkler  
B system throughout.

### 5. STANDPIPES

B Any buildings over four stories in height shall be provided with an approved  
B Class I or Class III standpipe system.

### 6. SMOKE DETECTORS

Smoke detectors conforming to U.B.C. Standard No. 43-6 shall be installed in  
dwelling units and guest rooms of Group R, Division 1 Occupancies and in  
lodging houses of Group R, Division 3 Occupancies. Detectors shall be centrally  
located on the ceiling or wall of the main room or sleeping area. Where sleeping  
rooms are on an upper level, the detector shall be placed at the center of the ceiling  
directly above the stairway. All detectors shall be located in accordance with  
approved manufacturer's instructions. When actuated, the detector shall provide  
an alarm within the dwelling unit or guest room.

Required smoke detectors shall receive their primary power from the building  
wiring when such wiring is serviced from a commercial source. Wiring shall be  
permanent and without a disconnecting switch other than those required for  
overcurrent protection. When approved, battery-operated smoke detectors may  
be installed.

### 7. SEPARATION OF OCCUPANCIES

B Occupancy separations shall be provided as specified in Section 503 of the  
B Building Code. When approved by the chief, existing wood lath and plaster in  
B good condition or 1/2-inch gypsum wallboard may be acceptable where one-hour  
occupancy separations are required.

*Group R Division 1 - Hotels & apt houses*

*Group R Division 3*

*Lodging House - building or portion  
thereof containing not more  
than five guest rooms where*

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*rent is paid in money, goods,  
labor or otherwise*

*Hotels - 601 more rooms*

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exposed beam ceiling members are spaced at less than 48 inches on center, ceiling height shall be measured to the bottom of these members. Where exposed beam ceiling members are spaced at 48 inches or more on center, ceiling height shall be measured to the bottom of the deck supported by these members, provided that the bottom of the members is not less than 7 feet above the floor.

If any room in a building has a sloping ceiling, the prescribed ceiling height for the room is required in only one-half the area thereof. No portion of the room measuring less than 5 feet from the finished floor to the finished ceiling shall be included in any computation of the minimum area thereof.

If any room has a furled ceiling, the prescribed ceiling height is required in two thirds the area thereof, but in no case shall the height of the furled ceiling be less than 7 feet.

(b) **Floor Area.** Every dwelling unit shall have at least one room which shall have not less than 120 square feet of floor area. Other habitable rooms except kitchens shall have an area of not less than 70 square feet. Efficiency dwelling units shall comply with the requirements of Section 1208.

(c) **Width.** Habitable rooms other than a kitchen shall be not less than 7 feet in any dimension.

### Efficiency Dwelling Units

Sec. 1208. An efficiency dwelling unit shall conform to the requirements of the code except as herein provided:

1. The unit shall have a living room of not less than 220 square feet of superficial floor area. An additional 100 square feet of superficial floor area shall be provided for each occupant of such unit in excess of two.
2. The unit shall be provided with a separate closet.
3. The unit shall be provided with a kitchen sink, cooking appliance and refrigeration facilities, each having a clear working space of not less than 30 inches in front. Light and ventilation conforming to this code shall be provided.
4. The unit shall be provided with a separate bathroom containing a water closet, lavatory and bathtub or shower.

### Shaft Enclosures

Sec. 1209. Exits shall be enclosed as specified in Chapter 33.

Elevator shafts, vent shafts, dumbwaiter shafts, clothes chutes and other vertical openings shall be enclosed and the enclosure shall be as specified in Section 1706.

### Fire-warning and Sprinkler Systems

Sec. 1210 (a) **Fire-warning Systems.** Every dwelling unit and every guest room in a hotel or lodging house used for sleeping purposes shall be provided with smoke detectors conforming to U.B.C. Standard No. 43-6. In dwelling units, detectors shall be mounted on the ceiling or wall at a point centrally located in the corridor or area giving access to rooms used for sleeping purposes. In an efficiency dwelling unit, hotel sleeping room and in hotel suites, the detector shall be centrally located on the ceiling of the main room or hotel sleeping room. Where

sleeping rooms are on an upper level, the detector shall be placed at the center of the ceiling directly above the stairway. All detectors shall be located in accordance with approved manufacturer's instructions. When actuated, the detector shall provide an alarm in the dwelling unit or guest room.

When the valuation of an addition or repair to a Group R, Division 3 Occupancy exceeds \$1,000.00, or when one or more sleeping rooms are added or created in existing Group R, Division 3 Occupancies, the entire building shall be provided with smoke detectors located as required for new Group R, Division 3 Occupancies.

In new construction, required smoke detectors shall receive their primary power from the building wiring when such wiring is served from a commercial source. Wiring shall be permanent and without a disconnecting switch other than those required for overcurrent protection. Smoke detectors may be battery operated when installed in existing buildings, or in buildings without commercial power, or in buildings which undergo alterations, repairs or additions regulated by the second paragraph of this section.

A smoke detector shall be installed in the basement of dwelling units having a stairway which opens from the basement into the dwelling. Such detector shall be connected to a sounding device or other detector to provide an alarm which will be audible in the sleeping area.

(b) **Sprinkler and Standpipe Systems.** When required by other provisions of this code, automatic sprinkler systems and standpipes shall be installed as specified in Chapter 38.

### Heating

Sec. 1211. Every dwelling unit and guest room shall be provided with heating facilities capable of maintaining a room temperature of 70°F. at a point 3 feet above the floor in all habitable rooms.

### Special Hazards

Sec. 1212. Chimneys and heating apparatus shall conform to the requirements of Chapter 37 and the Mechanical Code.

The storage and handling of gasoline, fuel oil or other flammable liquids in Division 1 Occupancies shall be in accordance with the Fire Code.

In Division 1 Occupancies, doors leading into rooms in which Class I Flammable liquids are stored or used shall be protected by a fire assembly having a one-hour fire-protection rating. Such fire assembly shall be self-closing and shall be posted with a sign on each side of the door in 1-inch block letters stating: FIRE DOOR—KEEP CLOSED.

Every room containing a boiler, central heating plant or hot-water supply boiler in Division 1 Occupancies shall be separated from the rest of the building by not less than a one-hour fire-resistive occupancy separation.

**EXCEPTION:** A separation shall not be required for such rooms with equipment serving only one dwelling unit.

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SB 26  
D. Wheeler

## Letters of Endorsement for PA Law Reform (SB26)

Letters supporting MAPA's efforts to effect PA law reform have been received from a variety of groups and individuals including physicians, nurses, administrators, pharmacists, and others. This is a list of the individuals and organizations that have expressed their support as reflected in the attached letters.

### Physicians

Montana State Board of Medical Examiners  
John Patterson M.D., Montana Academy of Family Physicians (2)  
John Patterson M.D., Medical Associates P.C., Bozeman  
F. G. Sriver M.D., Billings  
Steven Huffman M.D., Montana Academy of Family Physicians  
Randale Sechrest M.D., Kootenai Orthopedics, Libby  
Clyde Knecht M.D., General Surgery, Libby  
Thomas Wendel M.D., Deer Lodge Clinic P.C., Deer Lodge  
Gregory, Rice M.D., Libby Clinic, Libby  
Randy Lovell D.O., Thompson Falls  
Stephen Huffman M.D., Libby  
Michael J. Shute M.D., Missoula Orthopedic and Sports Injury Clinic, Missoula  
Stephen G. Powell M.D., Missoula Orthopedic Clinic, Missoula  
William S. Shaw M.D., Work Care Billings Clinic, Billings  
P. F. Henke M.D., Obstetrics and Gynecology, Libby  
Kent Hoerauf M.D., Community Clinic, Baker  
John J. Malloy M.D., Heights Family Practice Clinic, Billings  
Glenne Gunther M.D., Libby Clinic, Libby  
Frederick Sriver M.D., Huntley Project Family Medical Center, Worden  
Eric M. Ridgway M.D., Deer Lodge  
William A. Vessie M.D., Deer Lodge, Deer Lodge  
James H. Armstrong M.D., Kalispell  
R.D. Marks M.D., Missoula Community Physicians Center #2, Missoula

### Nurses

Barb Magone R.N., St. John's Lutheran Hospital, Libby  
Thomas Goyette R.N., St. John's Lutheran Hospital, Libby  
Susan Horelick R.N. MSN, St. John's Lutheran Hospital, Libby  
Donna Noller R.N., St. John's Lutheran Hospital, Libby  
Gina Edgar R.N., St. John's Lutheran Hospital, Libby  
Penny Watkins C.C.R.N., St. John's Lutheran Hospital, Libby  
Sheila Clark R.N., St. John's Lutheran Hospital, Libby  
Marlys Mongan R.N., St. John's Lutheran Hospital, Libby  
Connie Boyd R.N., St. John's Lutheran Hospital, Libby  
Luann Hirschhorn R.N., St. John's Lutheran Hospital, Libby  
Marilyn Kanta R.N., Nursing Home Director, Rosebud Health Care Center, Forsyth  
D. Gregory R.N., Director Nrsng Svcs, Rosebud Health Care Center, Hospital, Forsyth  
Darlene Sharpe R.N., Nursing Home, Rosebud Health Care Center, Forsyth  
Doris Kappelid R.N., McCone County Hospital, Circle  
Sandra Quick R.N., McCone County Hospital, Circle  
June Nelson R.N., McCone County Hospital, Circle  
Daleen Johnson-Heitz R.N., McCone County Hospital, Circle  
Karen R. Casterline R.N., McCone County Hospital, Circle

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**Nurses** (continued)

Sue Good-Brown R.N., McCone County Hospital, Circle  
Jeannette Jensen R.N., McCone County Hospital, Circle  
Deanna Logar R.N., Community Clinic, Baker  
Mary Graham R.N., Community Clinic, Baker  
Helen Jensen R.N., Community Clinic, Baker  
Walter Sallani R.N. Director of Nurses, Fallon Medical Complex, Baker  
Helen Hetland R.N., Fallon Medical Complex, Baker  
Alice Schweigert R.N., Fallon Medical Complex, Baker  
Marlys Susa R.N., Fallon Medical Complex, Baker  
B. Mathisen R.N., Fallon Medical Complex, Baker  
Sharlotte Beckers R.N., Fallon Medical Complex, Baker  
Frances Zachmann R.N., Fallon Medical Complex, Baker  
J. Fischer R.N., Fallon Medical Complex, Baker  
Sandra Rueb R.N., McCone County Nursing Home, Circle  
Gladys Wittman R.N., Huntley-Project Family Medical Center, Worden  
Mary Eggum L.P.N., Huntley-Project Family Medical Center, Worden  
Maxine Seckles R.N., Garfield County Health Center Inc., Jordan  
Rita Amundson R.N., Garfield County Health Center Inc., Jordan  
Janice Brown R.N., Garfield County Health Center Inc., Jordan  
Lilly Johnston R.N., Garfield County Health Center Inc., Jordan  
Elsie Helm L.P.N., Garfield County Health Center Inc., Jordan  
Freda Hensleigh L.P.N., Garfield County Health Center Inc., Jordan  
Janet Clark R.N., Garfield County Health Center Inc., Jordan  
Darlene Shawne L.P.N., Garfield County Health Center Inc., Jordan  
Kathy Wankel R.N., Garfield County Health Center Inc., Jordan  
Tammy Smith L.P.N., Montana State Prison, Deer Lodge  
Kerry Williams L.P.N., Montana State Prison, Deer Lodge  
Beverly Beck R.N. BS, Montana State Prison, Deer Lodge  
Peg Rosenleaf Bartlett R.N., Montana State Prison, Deer Lodge  
Ronald D. Floyd L.P.N., Montana State Prison, Deer Lodge  
Lauraine Barrington L.P.N., Montana State Prison, Deer Lodge  
Teri Hamel L.P.N., Montana State Prison, Deer Lodge  
Carla Bielly R.N., Montana State Prison, Deer Lodge  
Rona Meyer R.N., B.S.N., Director of Nurses, Dahl Memorial Hospital, Ekalaka  
Dorothy Padden R.N., Dahl Memorial Hospital, Ekalaka  
Bettie Bricham R.N., Dahl Memorial Hospital, Ekalaka  
Garnee Erickson R.N., Dahl Memorial Hospital, Ekalaka  
Patricia Keith R.N., Dahl Memorial Hospital, Ekalaka  
Margaret Jardee R.N., Dahl Memorial Hospital, Ekalaka

**Administrators**

Joyce Assay, Administrator, Rosebud Health Care Center, Forsyth  
James Paquette, President, Saint Vincent Hospital and Health Center, Billings  
Rick Palagi, Director Physician Services, Saint Vincent Hospital, Billings  
Melanie Reynolds, Executive Director, Planned Parenthood of Missoula, Missoula  
Jinger Redd, Administrator, Kootenai Orthopedics, Libby  
Nancy A. Berry, Administrator, McCone County Hospital, Circle  
Sandra Kinsey R.N., Administrator/CEO, Fallon Medical Complex, Baker  
David A. Watson, Physician Liason, Deaconess Medical Center, Billings  
Joe Killham, President, McCone County Hospital Association, Circle  
Kevin Ken Davis, Mayor, Town of West Yellowstone  
Paul Longden, Administrator, Dahl Memorial Hospital, Ekalaka

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**Pharmacists**

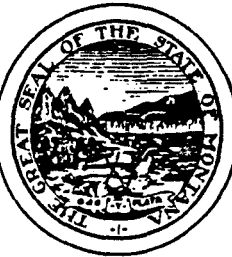
Robert H. Likewise, Montana State Pharmaceutical Association, Helena  
Dale F. Miller R.Ph., Billings  
Theodor P. Walters R.Ph., Billings  
Scott Nafts R.Ph., Billings  
Walter B. Fellows R.Ph., Billings  
Charles Balzarini R.Ph., Billings  
Howard W. George R.Ph., Billings  
G.M. Emerson R.Ph., Dahl Memorial Hospital, Ekalaka  
Gerald Gamrath R.Ph., Lawler Drug, Baker  
Todd Overton R.Ph., Rexall Drug, Baker

**Others**

Senator Pat Williams, U.S. Senate, Washington, D.C.  
Kenneth A. Coulter, Board of County Commissioners, Garfield County  
Joe McDowell, Vice President, Powder River Farm Bureau, Broadus  
Diane Foster R.L.T., Heights Family Practice Clinic, Billings  
Wilma Hoff, C.R.T., Heights Family Practice Clinic, Billings  
Elmo Dreyer, Circle

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DEPARTMENT OF COMMERCE  
BOARD OF MEDICAL EXAMINERS



TED SCHWINDEN, GOVERNOR

1424 9TH AVENUE

STATE OF MONTANA

(406) 444-4284

HELENA, MONTANA 59620-0407

January 27, 1989

MEMBERS OF THE SENATE  
PUBLIC HEALTH, WELFARE &  
SAFETY COMMITTEE  
Capitol Building  
Helena, MT

Re: Senate Bill 26 - Physician Assistant Legislation

Honorable Members:

You have requested that the Board of Medical Examiners state its position on certain significant portions of Senate Bill 26. The Board is happy to comply.

1. Section 1(5) "Supervision." The Board feels that the definition of "supervision," if amended, is acceptable, and the Board has no opposition. The Board's primary concern is to have actual, close supervision by an accountable licensed physician. This can be accomplished under the language: "Supervision means the exercise of control or direction over the services of a physician assistant-certified by a licensed physician. . . ."

However, the Board feels that the definition of "supervision" presently in force under Rule 8.28.1501(7), ARM, is even better: "Supervision" means communication between the physician's assistant and the supervising physician by telephone, radio, or in person as frequently as the board shall determine is necessary considering the location, nature of practice, and experience of the physician's assistant and the supervising physician."

One advantage of having such a definition placed in a rule, rather than a statute, is that it can be modified to meet the changing needs of Montana health care recipients and providers, without requiring the time and attention of the Legislature every two years. If the Legislature, however, wishes close control over this aspect of health care, the Board is content, and feels it can administer the physician assistant program under either definition set forth above.

2. Section 2. Licensing. The Board has no opinion and no objection to licensure--as opposed to certification--of physician assistants. The Board can administer the program irrespective of the title granted the P.A.'s.

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3. Section 7. Prescribing. Presently Rule 3.28.1509, ARM, expressly prohibits prescribing by physician assistants. Additionally, the Medical Practice Act at 37-3-102(1)(a) and the Pharmacy Practice Act at 37-3-103(1) and 37-7-401 appear to restrict prescribing privileges to licensed physicians (and dentists, podiatrists and osteopaths). It would thus appear that merely reversing Rule 3.28.1509 could not accomplish the task of granting physician assistants the supervised prescribing privileges set forth in Section 7 of SB26.

The Board has struggled with the concept of physician assistant prescribing on many occasions in the last few years. If all physician assistants worked in-house with physicians, the Board would probably take the position that a P.A. could prescribe so long as the prescription was then and there countersigned by his supervising physician. However, over the years it has become apparent that the greatest contribution the physician assistants can make to health care in Montana is in the satellite facilities, such as Jordan, Broadus, and Ekalaka. These communities can neither attract nor pay a resident physician. They can and do support a physician assistant.

Oftentimes patients in these communities need basic antibiotics for a sore throat or a slightly stronger cortisone cream than they can buy over the counter. For them to travel 80 to 100 miles to a licensed physician to get that prescription is a hardship. For them to wait half an hour or more for the P.A. to get through to the supervising physician on the phone so the physician can call in a prescription is a hardship. For the supervising physician to take 15 to 20 phone calls a day for routine matters is a hardship. (Obviously, emergency phone calls are both made and taken immediately. Non-emergency matters may take substantially more time.)

The Board has heard of cases where lives were saved because the P.A. had the necessary drugs available to him in these remote regions. The Board has also heard that the pharmacists in these communities are understandably concerned about possible jeopardy to their own licenses if they fill prescriptions phoned in by physician assistants, even when generally authorized to do so by the supervising physician.

Therefore, the Board has slowly and cautiously come to the conclusion that if the physician assistants are to adequately respond to the health care needs of these communities, they must have some sort of prescribing authority. We believe a general authority is best provided for by statute, subject to definition and limitation by Rule or in the Utilization Plan, or both.

As written, Section 7 in the bill before you grants a general authority to the physician assistant, but provides strict limitations and safeguards to the exercise of that authority. The kind of drugs, the duration, the circumstances in which a

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UP 26

drug may be prescribed, etc., would all be carefully detailed in the Utilization Plan, and specifically tailored to the educational background and experience of the P.A., as well as the degree of supervision provided by the physician. The prescribing would thus be "pre-approved," and would be further subject to restriction "subject to the discretion of the supervising physician." Regular, frequent retroactive review by the supervising physician would also be required under the Utilization Plan.

The Board feels that this kind of limited, closely scrutinized prescribing authority may well be the only viable alternative to provide timely health care to the many sparsely populated areas of the state which cannot maintain a licensed physician.

4. Section 8. Billing. The Board has no involvement in this aspect of physician assistant practice, and has no opinion on this section.

5. Section 10. P.A. Membership on Board. The Board has no objection to a physician assistant member in the limited capacity set forth. In the past, physician assistants have provided the Board with valuable input in connection with P.A. issues. The Board feels that the informal liaison used thus far is fully adequate, and that the added expense to the state of an additional Board member may not be necessary. However, the Board will work with whatever the Legislature mandates.

The Board strongly opposes any requirement that one member be a supervising physician. Given the changes that any one physician's practice may undergo, and the possible mobility of both physicians and physician assistants, any such requirement would be, practically speaking, nearly impossible to meet.

6. Section 16(5). Standardized forms. The Board feels that legislation is not required to accomplish these goals. Under present law the Board can establish standard minimum duties, to be uniformly incorporated into the particular Utilization Plans.

7. Section 20. Please see Paragraph 3 (re Section 7) above.

8. Section 21. Amendment to Nurse Practice Act. Under Section 37-20-202(2) the Board has authority to "address the issue of protocols for interaction of medical personnel with differing responsibilities." The Board addressed the issue in Rule 8.28.1507(1), ARM, stating: "A licensed health care practitioner who would normally be obligated to carry out the instructions of a licensed physician shall be professionally obligated to carry out the instruction of a physician's assistant when there is reasonable cause to believe or the practitioner knows that the instructions were given by or in consultation with

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the supervising physician."

The foregoing Rule speaks to the situation where the nurse, physician assistant and physician are all practicing together in the same facility. If the physician assistant is acting as messenger from the physician, the nurse must carry out the orders transmitted by the P.A. Under this Rule, it would appear that if the physician assistant generates his own treatment order (rather than merely act as the conduit for the physician), the nurse would not be allowed or required to execute it.

The Rule could be broadened to state simply that nurses must carry physician assistant orders just as they would a physician's (unless, of course, they had a good faith belief that the order would result in harm to the patient). If the Rule were so broadened, however, it would squarely conflict with Section 37-8-102(3)(a), which provides that the nurses are to "[administer] . . . the treatments prescribed by physicians, dentists, osteopaths, or podiatrists . . . ." By inference, nurses are not to administer the treatments of any other persons, including physician assistants. If they do, they violate the Nurse Practice Act. The term "physicians" in Section 37-8-102(3)(a) probably cannot be read to include physician assistants. Nowhere else in the Code are the two terms used synonymously, that the Board is aware of.

There thus appears to be a direct conflict between the two statements of law (Section 37-20-202 and Rule 8.28.1507 vs. Section 37-8-102). The requested amendment to Section 37-8-102 would eliminate that conflict.

The Board feels that in general any conflict between an individual physician assistant and nurse were best handled in-house, and deplores a situation where legislation may be required to keep peace in the family. However, the Board's primary concern is protection of the public and the smooth, efficient delivery of health care to patients in Montana. If, as stated above, a dispute were to arise where physician, physician assistant and nurse all worked in the same facility, it could easily be resolved by a word from the physician.

However, if the physician assistant and nurse are working in a setting where the supervising physician is not on the immediate premises, it is necessary for a nurse to have permission under his or her own practice act to carry out the treatment ordered by the physician assistant, without having to call the supervising physician for an okay. Health care in Montana would suffer if a patient were required to sit shivering on an examining table in West Yellowstone, while the nurse calls the supervising physician for authority to swab a throat for a strep test ordered by the P.A.

As stated above, the Board feels that for health care to be provided efficiently in satellite facilities (as well as in more

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urban centers), the conflict between the two statements of law should be resolved. The Board also feels that such a policy decision will affect the whole state of Montana, and is therefore the prerogative of the Legislature. If the Legislature chooses not to act, it is possible that the matter will have to be resolved by the judiciary, on the limited evidence available in some isolated lawsuit. The fuller information available to a Legislature puts it in a better position to make the judgment call required here.

If the Committee or the Legislature has any further question regarding the Board's position on this bill, the Board will be happy to respond in further detail.

Very truly yours,

BOARD OF MEDICAL EXAMINERS

*Thomas J. Malee, M.D.* /DIE

THOMAS J. MALEE, M.D.  
PRESIDENT, EXECUTIVE SECRETARY

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Montana Academy of Family Physicians

2021 Eleventh Avenue

Helena, Montana 59601

7 East Beall Street  
Bozeman, Montana 59715  
January 30, 1989

Chairman,  
Senate Committee on Public Health  
Montana State Senate  
Capitol Hill  
Helena, MT 59601

RE: SB-26 "PA Reform Bill"

Dear Sir:

Please consider this letter as testimony for SB-26, the "PA Reform Bill," from the Board of the Montana Academy of Family Physicians.

The Montana Academy of Physicians Assistants has been working with the Board of the Montana Academy of Family Physicians (MAFP) over the past several months relative to their legislative proposals. During this time they have kept us informed as to the progress of their proposals and given us the opportunity to express our concerns with their bill and have addressed those concerns. They have also kept us informed of progress of meetings with other groups including the MMA, MNA, and the State Board of Medical Examiners.

As Family Physicians, and by nature the physicians most likely to interact with Montana's Physician's Assistants, we have felt a significant need to be aware of, have input regarding, and to be supportive of the Physician's Assistants legislative proposals. For many of the Family Physicians in the state their relationship with a Physician's Assistant is vital to their ability to practice, especially in rural areas. Likewise, we feel that Physician's Assistants are, and will become increasingly, important to provision of medical care in the more remote areas of the state to which one or more physicians cannot be attracted. In both of these situations it is important that the Physician's Assistants be allowed to function to the extent of their training, always knowing that they will be doing so as an extension of their supervising physician, under the regulation of the Board of Medical Examiners, rather than as independent practitioners.

Several issues relating to the Physician's Assistants' bill apparently need further clarification from the MAFP standpoint.

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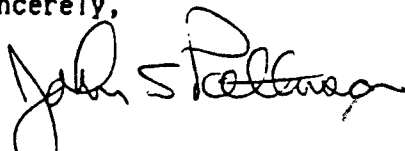
Chairman,  
Senate Committee on Public Health  
January 30, 1989  
Page Two

RE: SB-26 "PA Reform Bill"

- 1) We feel that prescriptive privileges for the P.A.'s are important to allow them to function to their level of training in our practices. The MAFP understands that the prescriptive authority which the Board of Medical Examiners may convey upon the P.A.'s can only be done if the Board is given statutory authority to do so. If the Public Health Committee will grant the power to the Board of Medical Examiners to initiate and regulate P.A. prescriptive practices, MAFP believes that the self-imposed statutory restrictions that SB-26 proposes, along with the regulatory control of the Board, and the statutorily mandated control by the supervising physician will provide the necessary control over P.A. prescribing practices.
- 2) The capacity for billing and being reimbursed for P.A. services will be vital to the provision of care in rural areas of Montana. SB-26 assures that no independent billing by P.A.'s will occur.
- 3) The MAFP recognizes the current conflict between the R.N.'s and P.A.'s and hopes for some resolution to this ongoing conflict. We feel that the P.A.'s, as an extension of their supervising physician, should be allowed to initiate and transmit patient treatment and medication orders to be carried out by professional nurses.
- 4) The MAFP supports the concept of licensing P.A.'s in the state, acknowledging the credibility, authority, and responsibility given the P.A.'s by granting them licensure status. In particular, licensing would apparently facilitate the Board of Medical Examiners' work in allowing already licensed P.A.'s to do locum tenens work and help address the R.N.'s concern about taking orders from "non-licensed" providers. P.A.'s apparently currently meet the criteria for licensing, however the Board of Medical Examiners does not yet have the legislated authority to grant them licenses. Given the mandated dependent relationship between P.A.'s and their supervising physicians and the regulation of P.A.'s by the Board of Medical Examiners we do not feel that licensure will lead to independently practicing Physician's Assistants.

In summary, the Board of the Montana Academy of Family Physicians support SB-26 and would hope that our comments will prove helpful to the committee's deliberations.

Sincerely,



John S. Patterson, M.D., President  
Montana Academy of Family Physicians

JSP/cbr

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Family Practice

Norman A. Fox, M.D.  
DIPLOMATE, AMERICAN  
BOARD OF FAMILY PRACTICE

John S. Patterson, M.D.  
DIPLOMATE, AMERICAN  
BOARD OF FAMILY PRACTICE

Robert J. Flaherty, M.D.  
DIPLOMATE, AMERICAN  
BOARD OF FAMILY PRACTICE

Leonard R. Ramsey, M.D.  
DIPLOMATE, AMERICAN  
BOARD OF FAMILY PRACTICE

*Medical Associates, P.C.*

A Professional Corporation

SEVEN EAST BEALL, BOZEMAN, MONTANA 59715

PHONE: 406-587-5123

Pediatrics

Paul H. Visscher, M.D.  
DIPLOMATE, AMERICAN  
BOARD OF PEDIATRICS

Eric Livers, M.D.  
DIPLOMATE, AMERICAN  
BOARD OF PEDIATRICS

James R. Feist, M.D.  
DIPLOMATE, AMERICAN  
BOARD OF PEDIATRICS

September 10, 1988

Mr. Paul Wheeler, President  
Montana Academy of Physicians' Assistants  
808 Milwaukee  
Deer Lodge MT 59722

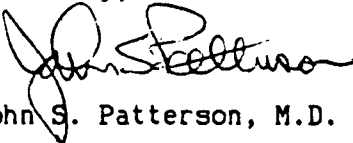
Dear Mr. Wheeler:

Although I am a bit delayed in getting this out to you, I wanted to further elaborate on Dr. Steve Huffman's letter to you of 7/29/88 in support of the M.A.P.A.'s efforts to change legislation relative to physicians' assistants in Montana.

As I hope you are aware, the Montana Academy of Family Physicians is in support of your efforts. Although your initial proposals presented to us at the MAFP meeting at Fairmont in June were at a too nonspecific stage to support, we will be glad to review and consider supporting any piece of legislation you ultimately prepare to present to the legislature.

Please keep in touch through the year relative to your efforts in this regard and how we might help you.

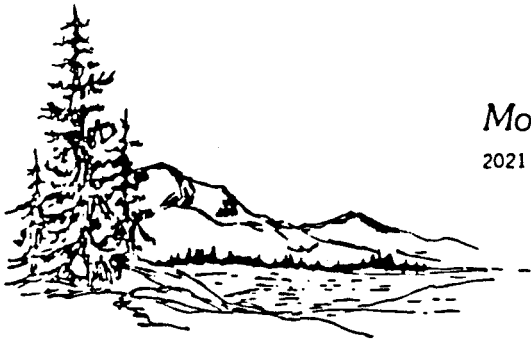
Sincerely,



John S. Patterson, M.D.

JSP/cbr

EXHIBIT 2  
DATE 3-1-89  
HB 26



Montana Academy of Family Physicians

2021 Eleventh Avenue

Helena, Montana 59601

December 9, 1988

G. Brian Zins  
Executive Director,  
Montana Medical Association  
2021 Eleventh Avenue  
Helena, MT 59601-4890

Dear Mr. Zins:

This letter is in response to your request of 11/29/88 for a summary of the Montana Academy of Family Physician's position relative to the Montana Academy of Physician Assistant's proposed legislation.

This legislation was first introduced to the Montana Academy of Family Practice in its early stages at one of our business meetings at the MAFP Scientific Assembly at Fairmont in June, 1988. At that time the consensus of the Academy was that we supported the Physician Assistants in their efforts toward legislative change. At that point, their proposal lacked specific suggestions for legislative reform. Therefore, only a general letter of support was forwarded to them with the intention of reviewing any specific legislative proposals when available.

The Draft Bill, LC 21 of 10/26/88, was distributed by me to the MAFP board members with comment from the board members then specifically taken into consideration and clarified with Jim Reid, P.A. and Steve Huffman, M.D. (MAFP Vice-President and liaison with M.A.P.A.). I have not seen a more recent draft than that of 10/26/88.

Although we have not been able to spend exhaustive time or resources nor sought legal counsel relative to specifics of the legalities of the proposals, the Board, speaking for the Academy, does support the legislative reforms proposed by the Physician Assistants.

Jim Reid, P.A. very well outlines the reasons for the legislative reforms in his article, "The Rationale for Reform." As family physicians and as physicians most often linked to P.A.s - we are, all too keenly, becoming aware of the health care crisis facing rural Montana. Typical examples of the importance of P.A.s include (a) those communities where a solo family physician must rely heavily on a P.A. for office and call coverage if he is to survive and, (b) certainly an area like West Yellowstone where the community would be without any medical care if it were not for the P.A.

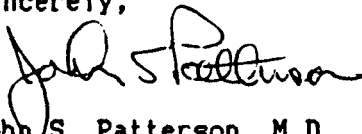
EXHIBIT 2  
DATE 3-1-89  
HB 26

G. Brian Zins  
December 9, 1988  
Page Two

We see the legislative reforms being proposed as a way to allow P.A.s to perform optimally as trained - not as "mini-docs" - rather as true physician extenders under the supervision of and directly responsible to their attending physician. That supervision, following a utilization plan approved by the Board of Medical Examiners, is the critical factor in making this work. Their proposals for prescribing privileges, direct billing, and licensure are apparently an integral part of their being able to function as their supervising physicians would have them. Also, the Physician Assistants understandably do desire a seat on the Board of Medical Examiners for themselves as well as a supervising physician. This stems directly from a desire to be represented as well as and, perhaps more importantly, understood.

Although I can not speak to necessarily all the questions the Legislative Committee the MMA might have regarding education, licensing, etc., the Academy does support their efforts in expanding their role in the state. They are seen as a vital extension of - rather than a threat to - organized medicine. If the Montana Academy of Family Physicians can be of further assistance to the MMA in its consideration of the legislative reform proposals, please let me know.

Sincerely,



John S. Patterson, M.D., President  
Montana Academy of Family Physicians

JSP/cbr

cc: MAFP Board Members  
Jim Reid, P.A.

EXHIBIT 2  
DATE 3-1-89  
HB 26

Nov 27/1988  
Dr. F.G. Scriver  
935 Lk. Elmo  
Billings MT.  
59105

Mr. Paul Wheeler FA-C, President,  
Montana Academy of Physician Assistants,  
P.O. Box 307  
Deer Lodge, MT. 59722.

Dear Mr. Wheeler,

It has come to my attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants in this state.

To the degree that this change would "level the playing field" as compared to other states I am supportive of this change.

I am aware of the limiting nature of Montana laws concerning physician assistant utilization. I share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision. PAs can provide the kind of quality health care I can support and Montana desperately needs.

As a physician concerned about the delivery of quality health care in rural Montana, I support your efforts.

Sincerely,



F.G. Scriver M.D.

EXHIBIT 2  
DATE 3-1-89  
HB 26



Montana Academy of Family Physicians

2021 Eleventh Avenue, Suite 12

Helena, Montana 59601



07-29-88

Mr. Paul Wheeler, President  
Montana Academy of Physician Assistants  
808 Milwaukee  
Deer Lodge, Montana 59722

Dear Mr. Wheeler:

As acting liason to your organization, I would like to offer our support in your pursuits to upgrade the Montana laws concerning the utilization of Physician Assistants. MAFP agrees in concept with changes to the current law which would allow better utilization of physician assistants in the state.

The rural nature of Montana is well suited to the health care team approach effected when physicians and physician assistants work together to provide care in small, rural, underserved areas. The fact that in some areas of the state, the need for medical care is reaching crisis proportions clearly defines the need for reform in the current laws. Physician assistants have been shown in the past to be quality health care providers and well suited to rural communities that cannot support or attract physicians. We believe as you do, that if Montana laws can be revised to allow physician assistants (PAs) to function to their full capacity, PAs will provide a viable answer to our rural, medically underserved communities.

In the coming months I will be glad to work with MAPA to assure that the legislative reform package your organization adopts will be one that MAFP can continue to endorse and one that can be successfully presented to the legislature in 1989.

Sincerely,

Stephen L. Huffman, M.D.  
Vice-President, MAFP

SH/jr

EXHIBIT 2  
DATE 3-1-89  
HB 26

**KOOTENAI ORTHOPAEDICS**

Randale C. Sechrest, M.D.  
Surgery of the Musculoskeletal System

401 Louisiana Avenue  
Libby, Mt. 59923

Telephone  
(406)293-8731

November 16, 1988

Mr. Paul Wheeler, PA-C, President  
Montana Academy of Physician Assistants  
P.O. Box 307  
Deer Lodge, MT 59722

Dear Mr. Wheeler;

I am writing in regards to the efforts of your organization to pursue changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

I have been fully educated as to the limiting nature of Montana laws concerning physician assistant utilization. I share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care desperately needed in the state of Montana.

As an orthopedic surgeon concerned about the delivery of quality health care in rural Montana, I support your efforts.

Sincerely,



Randale C. Sechrest

RCS/jbr

EXHIBIT 2  
DATE 3-1-89  
HB 26

CLYDE A. KNECHT, M.D.

GENERAL SURGERY

403 UTAH AVE. • LIBBY, MONTANA 59923 • TELEPHONE 293-8321

11-28-88

Montana Board of Medical Examiners  
1424 9th Ave.  
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for James Reid PA-C. Mr. Reid's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best regards,



cc: MAPA

EXHIBIT 2  
DATE 3-1-89  
HB 26

DEER LODGE CLINIC, P.C.  
FRANCIS L. BERTOGLIO, M.D.  
ERIC RIDGWAY, M.D.  
THOMAS H. WENDEL, M.D.

(406) 846-1722



## PROFESSIONAL PLAZA

1101 Maryland Avenue  
Deer Lodge, Montana 59722

CLINIC DENTAL OFFICE  
GARR T. PHELPS, D.D.S.  
D.G. HIESTERMAN, D.D.S.

(406) 846-1818

PHYSICAL THERAPY  
J. PATRICK MCGILLIS, R.T.

(406) 846-1991

November 29, 1988

Board of Medical Examiners  
State of Montana  
Mitchell Building  
Helena, Montana 59601

Dear Ladies and Gentlemen of the Board:

I strongly encourage you to support the proposed legislation of the Montana Academy of Physician Assistants.

These changes, as outlined in their bill, will provide significant expansion of our ability to deliver quality health care, particularly in rural Montana. Having worked with Physician Assistants in other states under state rules very similar to the MAPA's proposed legislation, I have had first-hand experience in seeing efficient, high quality care delivered with Physician Assistants.

Presently, I supervise two Physician Assistants and expect in the years to come to use more as the ability to attract M.D.'s to rural areas becomes more difficult.

Please take the time to review their proposed legislation, as I have. It is a sound piece of legislation which will greatly expand our abilities to provide efficient quality health care to the citizens of Montana, particularly in those rural areas and other situations where it has been difficult to attract and keep M.D. providers.

Once again, I strongly encourage you to support this legislation. If I may be of any help or answer any questions concerning this legislation or my function and responsibilities with Physician Assistants, both in the past and in my present practice in Deer Lodge, Montana, and at the Montana State Prison, please do not hesitate to let me know. If I could help you most by meeting with you in Helena, I would be happy to try and make an arrangement.

Sincerely yours,

Thomas H. Wendel, M. D.

THW:bk

EXHIBIT 2

DATE 3-1-89

HB 26



LIBBY CLINIC

GREGORY A. RICE, M.D., P.C.

BOARD CERTIFIED IN FAMILY PRACTICE

MICHAEL GATZKE, P.A.-C

GLENNE S. GÜNTHER, M.D.

BOARD CERTIFIED IN FAMILY PRACTICE  
AND INTERNAL MEDICINE

KENNETH BOGART, P.A.-C

11-28-88

Montana Board of Medical Examiners  
1424 9th Ave.  
Helena, MT 59620

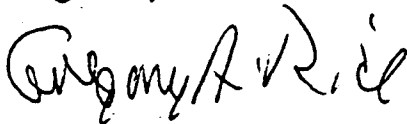
Dear Members of the Board,

As you know, I am a supervising physician for Michael Gatzke PA-C. Mr. Gatzke's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best regards,



cc: MAPA

EXHIBIT 2

211 EAST 2ND LIBBY, MONTANA 59923

TELEPHONE (406) 293-8711 DATE 3-1-89

HB 26

RANDY J. LOVELL, D.O.  
Box 969  
Thompson Falls, MT 59873  
(406) 827-4307

November 28, 1988

Montana Board of Medical Examiners  
1424 - 9th Avenue  
Helena, MT 59620

Dear Members of the Board:

I have a family practice clinic in Thompson Falls, Montana and, as you know, I am a supervising physician for Harvey Fry, PA. Mr. Fry's organization, the Montana Academy of Physician Assistants, is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Sincerely,



Randy J. Lovell, D.O.

RJL:lsp

cc: Harvey Fry

EXHIBIT 2  
DATE 3-1-89  
HB 26

11-28-88

Montana Board of Medical Examiners  
1424 9th Ave.  
Helena, MT 59620

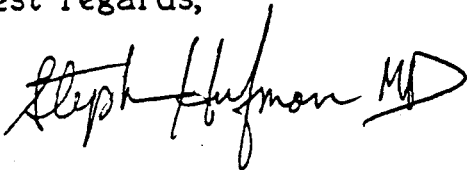
Dear Members of the Board,

As you know, I am a supervising physician for James Reid PA-C. Mr. Reid's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

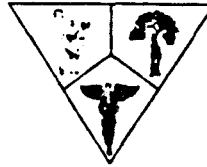
Best regards,



cc: MAPA

# MISSOULA ORTHOPAEDIC AND SPORTS INJURY CLINIC

MICHAEL SCHUTTE, M.D.



November 29, 1988

Montana Board of Medical Examiners  
1424 - 9th Ave.  
Helena, MT. 59620

Dear Members of the Board:

As you are aware, both Dr. Stephen Powell and myself are supervising physicians for Jerry J. King, PA-C. Mr. King's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you be aware that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best Regards,

MICHAEL J. SCHUTTE, M. D.

# MISSOULA ORTHOPAEDIC CLINIC



Fort Missoula Physician Center — 2825 Fort Missoula Road — Missoula, Montana 59801 — 406/728-6101

November 29, 1988

Montana Board of Medical Examiners  
1424 - 9th Ave.  
Helena, MT. 59620

Dear Members of the Board:

As you are aware, I am a supervising physician for Jerry J. King, PA-C. Mr. King's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you be aware that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best Regards,

STEPHEN G. POWELL, M. D.

STEPHEN G. POWELL, M.D., PC.  
Orthopaedic Surgery  
Surgery of the Hand

MICHAEL J. SCHUTTE, M.D., PC.  
Orthopaedic Surgery  
Missoula Sports Injury Clinic

EXHIBIT 2  
DATE 3-1-89  
HB 26

November 28, 1988

Thomas Malee, M.D., President  
Montana Board of Medical Examiners  
1424 Ninth Avenue  
Helena, MT 59620

Dear Dr. Malee:

Since 1985, I have had the pleasure of serving as preceptor for David P. Johnson, PA/C. My experience with mid-level practitioners, however, extends back to 1974. Since that time, I have had essentially continuous experience with nurse practitioners and physician assistants. This experience has taken place in four different states including Utah, Washington, Texas and Montana.

Uniformly, I have found nurse practitioners and physician assistants to be dedicated and conscientious professionals. The care they have delivered to my patients has been of the highest quality. I have been particularly impressed with the judgment displayed in managing clinical situation. Mr. Johnson, my present associate, displays these same qualities and characteristics to a very high degree.

For the past year, I have been aware of the Montana Academy of Physicians Assistants' efforts to reform the current PA practice act in the state of Montana. I am further aware of the efforts at obtaining limited prescriptive authority for physician assistants. I strongly support this group in its efforts. Having practiced in Washington state where such prescriptive authority is granted, I have seen first-hand that patient care has not suffered in the least and practice efficiency has been improved.

EXHIBIT 2  
DATE 3-1-89  
HB 26

**ALLERGY**

L. Bruce Anderson, Jr. MD  
Kathleen C. Davis, MD

**DERMATOLOGY**

Thomas F. Gormley MD  
Albert C. Reynaud, MD

**FAMILY PRACTICE**

Brian C. Smith, MD - Heights  
Joseph T. Bedzarski, MD - Heights  
William B. Brown, Jr. MD - Red Lodge  
James J. Kurne, MD - Red Lodge  
Benjamin K. Kulas, MD - Red Lodge  
David I. McLaughlin, MD - Red Lodge  
Timothy C. Weill, MD - Red Lodge  
Larry W. Sonnenberg, MD - Red Lodge

**IMMEDIATE CARE**

Gene V. Holden, MD  
John J. Finn, MD

**INTERNAL MEDICINE**

Allen Lee Gouding, MD, PC  
George R. Brycius, MD  
Paul V. Hoyer, MD  
Lucinda M. Husky, MD  
Barry M. Hochstadt, MD  
Robert B. Kerr, MD - Red Lodge

**CARDIOLOGY**

Walter C. Degnan, MD  
John R. Burg, MD  
Herman D. Sorenson, MD

**ENDOCRINOLOGY**

Martin E. Kadosh, MD

**GASTROENTEROLOGY**

John C. Finke, MD  
Mark C. Rumans, MD

**HEMATOLOGY/ONCOLOGY**

Warren D. Bowman, Jr. MD  
Wilderness and Mountain Medicine

**INFECTIOUS DISEASES**

Donald I. Tavit, MD  
Roger G. Santala, MD

**NEPHROLOGY**

Donald L. Hicks, MD  
James D. Knostman, MD

**PULMONARY AND**

**CRITICAL CARE MEDICINE**

Nicholas J. Witter, MD  
Frederick W. Kahn, MD

**RHEUMATOLOGY**

Philip E. Griffin, Jr., MD  
Susan C. English, MD

**NEUROSCIENCES**

**NEUROLOGY, ELECTROMYOGRAPHY & ELECTROENCEPHALOGRAPHY**

Dale M. Peterson, MD  
Patricia J. Cahill, MD

**NEUROLOGICAL SURGERY**

Robert C. Wood, MD  
Lashman W. Soria, MD

**PSYCHOLOGY**

Robert E. Tompkins, Ed.D.  
William P. Bredemeyer, Ph.D.

**OBSTETRICS AND GYNECOLOGY**

William H. Deschner, MD, PC  
Thomas C. Olson, MD, PC

Mark E. Randak, MD  
James R. Harris, MD

**OCUPATIONAL AND PREVENTIVE MEDICINE**

James L. Dietrich, MD  
William S. Shuck, MD

**OPHTHALMOLOGY**

James S. Goss, MD, PC  
James H. Olson, MD

**ORTHOPEDICS**

James T. Priddy, MD  
Mark P. Reynolds, OD

**OTOLARYNGOLOGY - HEAD AND NECK SURGERY**

William J. Mull, MD  
James E. Scott, MD, PC

**FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY**

James F. Schwartz, MD  
Randum N. Jenkins, MD

**STENTIL, ROY, MD**

**PEDIATRICS**

Robert S. Schultz, MD  
Stephen A. Kramer, MD

**GENERAL THORACIC, CARDIAC AND VASCULAR SURGERY**

John W. Heizer, MD, PC  
O. Adrian Johnson, MD, PC

Hewes D. Agnew, MD  
Paul F. Gimenez, MD, PC

Robert N. Hurd, MD  
John R. Gregory, MD

**UROLOGY**

Jeffrey L. Stone, MD - Red Lodge  
C. Dale Vermilion, MD

**RADIOLOGY**

Richard B. Meizer, MD  
Jerry D. Wolf, MD

V. Paul Johnson, MD  
Dean A. Brustwein, MD

**MEDICAL DIRECTOR**

John A. Hager, MD  
Steven E. Ruder

**ADMINISTRATION**

John D. Jones  
The Billings Clinic

The Billings Clinic  
2825 8th Avenue North  
P.O. Box 35100  
Billings, MT 59007-5100  
406-256-2500

Heights Branch  
100 Wicks Lane  
P.O. Box 35104  
Billings, MT 59007-5104  
406-256-2575

Red Lodge Branch  
10 South Oaks  
P.O. Box 1130  
Red Lodge, MT 59060  
406-446-2412

Columbus Branch  
4th Avenue & A Street  
P.O. Box 239  
Columbus, MT 59019  
406-332-4542

Thomas Malee  
Page 2  
November 28, 1988

I encourage you and the board to endorse MAPA efforts during the upcoming legislative session. If I may be of assistance to you in this matter, please feel free to call upon me.

Sincerely,

WILLIAM S. SHAW, M.D.  
DIRECTOR  
OCCUPATIONAL MEDICINE SERVICES

lp

EXHIBIT 2  
DATE 3-1-89  
HB 26

**P. F. Henke, M.D.**  
**Obstetrics and Gynecology**  
401 Louisiana Avenue  
Libby, Montana 59923  
(406) 293-8731

November 28, 1988

Montana Board of Medical Examiners  
1424 9th Avenue  
Helena, MT 59620

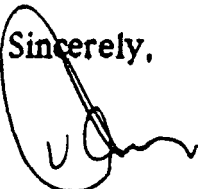
Dear Members of the Board;

As you know I am a supervising physician for Jim Reid PA-C. Mr. Reid's organization, the Montana Academy of Physician Assistants, is pursuing legislative reform of the current PA practice act.

I though it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Sincerely,



P.F. Henke, M.D.

cc: MAPA

PFH/mh

EXHIBIT 2  
DATE 3-1-89  
HB 26



# COMMUNITY CLINIC

BOX 1119  
BAKER, MONTANA 59313  
(406) 778-2833

November 30, 1988

Montana Board of Medical Examiners  
1424 9th Avenue  
Helena, MT 59620

Dear Members of the Board,

I am Kent Hoerauf, M.D., Internist, currently practicing out of the United Clinic in Hettinger, North Dakota. As a physician at United Clinic, I travel to satellite clinics, including Baker, Montana. I have become informed of recent legislative consideration regarding extension of privileges and responsible health care for Montana PA's. Part of the United Clinic's system involves multiple satellite clinics. I am personally responsible for a PA in Lemmon, South Dakota and am an alternate physician in charge of a PA in Ekalaka and Baker, Montana, Dan Davis and Marilyn Nona, respectively. As a practicing physician in rural North Dakota and Montana, I am keenly aware of physician shortage and the enormous need for health care providers in rural areas. It is my personal experience of the past four years, that it is extremely difficult to recruit physicians in rural areas. Physician Assistants have been extremely valuable in acting as physician extenders to maintain health care continuity in delivering care in shortage areas.

I have reviewed recent legislative proposals with my PA's. I think the physician has a personal responsibility to become familiar with the clinical judgement and expertise of their individual PA's. I think that if this is accomplished, it would be valuable for the PA's to have the ability to prescribe medications. I agree that this should be limited to medications other than Control Class II medications. I think it is important that PA's be able to provide orders for hospital admission and act independently with review by the physician within a reasonable period of time. I think that it would be necessary to file protocols. It is the responsibility of each individual physician in charge of a PA to be comfortable with their PA's capabilities, as individual PA experiences tend to vary in

EXHIBIT 2  
DATE 3-1-89  
HR. 26

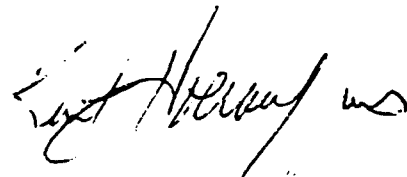
Montana Board of Med. Exam.  
Kent Hoerauf, M.D.  
November 30, 1988

Page 2

nature, procedures, etc. I think it would be reasonable to have basic guidelines, but important not to restrict interaction between individual PA's and their responsible physicians.

In summary, I feel that current legislative proposals are reasonable in that it allows PA's to act more fully in the role of physician extender and that I think emphasis should be on the individual physician responsibility in monitoring PA activities with certain state guidelines. It is also reasonable that PA's should write orders to initiate patient care and that these would be followed up on by the physician within a reasonable length of time.

Sincerely,

A handwritten signature in black ink, appearing to read "Kent Hoerauf M.D.", with a stylized flourish at the end.

Kent Hoerauf, M.D.

KH/srn

EXHIBIT 2  
DATE 3-1-89  
HB 26

Heights Family Practice Clinic

935 Lake Elmo Road  
Billings, Montana 59105  
(406) 657-7674

JOHN J. MALLOY, M.D.

November 29, 1988

Montana Board of Medical Examiners  
1424 . 9th Ave.  
Helena, Mt. 59620

Dear Members of the Board:

I understand that the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I would like to endorse these efforts inasmuch as these changes would bring PA's up to the level of those in surrounding rural states. I believe that the utilization PA's in rural Montana would enhance health care in these areas. The maldistribution of physicians is likely to continue in spite of oversupply in urban areas and I think the PA is well suited to fill that gap.

Sincerely,



John J. Malloy, M. D.

JJM/mw

cc: Mr. Paul Wheeler PA-C  
President MAPA  
P. O. Box 307  
Deer Lodge, Mt. 59722

EXHIBIT 2  
DATE 3-1-89  
HB 26

LIBBY CLINIC

GREGORY A. RICE, M.D., P.C.

BOARD CERTIFIED IN FAMILY PRACTICE

MICHAEL GATZKE, P.A.-C

GLENNE S. GÜNTHER, M.D.

BOARD CERTIFIED IN FAMILY PRACTICE  
AND INTERNAL MEDICINE

KENNETH BOGART, P.A.-C

11-28-88

Montana Board of Medical Examiners  
1424 9th Ave.  
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for Ken Bogart PA-C. Mr. Bogart's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Best regards,

*Glenn Guth, MD*

cc: MAPA



**HUNTLEY-PROJECT**  
*Family Medical Center*

*John J. Malloy, M.D.*  
*Fred G. Sriver, M.D.*  
*Randy Spear, Physician Assistant*

November 29, 1988

Montana Board of Medical Examiners  
1424 9th Avenue  
Helena, MT 59620

Dear Members of the Board,

As you know, I am a supervising physician for Randy Spear, PA-C. Mr. Spear's organization, the Montana Academy of Physician Assistants is pursuing legislative reform of the current PA practice act.

I thought it important that you know that I personally and professionally support their efforts. I would encourage the board to do the same by endorsing MAPA's efforts and testifying on their behalf during the legislative session.

If I can provide you any further information, please do not hesitate to contact me.

Sincerely,

Frederick G. Sriver, MD

FGS:sls

DEER LODGE CLINIC, P.C.  
FRANCIS L. BERTOGLIO, M.D.  
ERIC RIDGWAY, M.D.  
THOMAS H. WENDEL, M.D.

(406) 846-1722



## PROFESSIONAL PLAZA

1101 Maryland Avenue  
Deer Lodge, Montana 59722

CLINIC DENTAL OFFICE  
GARR T. PHELPS, D.D.S.  
D.C. HIESTERMAN, D.D.S.

(406) 846-1818

PHYSICAL THERAPY  
J. PATRICK MCGILLIS, R.P.T.  
(406) 846-1991

December 1, 1988

Board of Medical Examiners  
State of Montana  
Mitchell Building  
Helena, Montana 59601

Dear Sirs:

I have been professionally involved with Physician Assistants in my personal practices in Wyoming and Montana for over 5½ years.

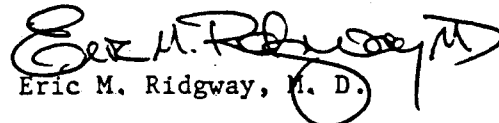
During this period of time, I have been involved with six (6) Certified Physician Assistants, all of whom have been knowledgeable, caring and competent.

I have seen these individuals make significant impacts on the health care of communities in which they have served. Their contributions to the health care delivery system is particularly important in rural states such as Montana.

I have seen the proposals put forth by the Montana Academy of Physician Assistants and believe that they are necessary and reasonable. I urge your support of this proposal and hope that you will elect to defend them in the upcoming legislative session.

Thank you for your consideration in this matter.

Respectfully,

  
Eric M. Ridgway, M. D.

EMR:bk

EXHIBIT 2  
DATE 3-1-89  
HB 26

November 30, 1988


Board of Medical Examiners  
State of Montana  
Mitchell Building  
Helena, MT 59601

Dear Ladies and Gentlemen:

My experience with physician assistants consists of the last three years as a supervising physician of two physician assistants. Physician assistant services are invaluable in the practice of medicine in this particular setting.

I strongly encourage you to support the proposed legislation of the Montana Academy of Physician Assistants.

Sincerely,



• WILLIAM A. VESSIE, M.D.

PEW/WAV/cmj

EXHIBIT 2  
DATE 3-1-89  
HB 26

JAMES H. ARMSTRONG, M.D.

795 SUNSET BOULEVARD  
KALISPELL, MONTANA 59901

Telephone ~~253-2800~~ 752-8104

Montana Board of Medical Examiners  
1424 9th Avenue  
Helena, Montana

EXHIBIT 2  
DATE 3-1-89  
HB 26

Dear ladies and gentlemen:

I am writing in support of the effort of the physician's assistants in Montana to revise the law so as to permit them to provide more services under the supervision of the employing physician.

For example it would be very helpful to me if Mrs. Susan Catell, PA, who is employed by me, could write prescriptions <sup>as</sup> authorized and recorded by me.

It seems to me also a good idea to have a PA and/or a PA employer on the Board to provide more input.

As you know PA's are not interested in independent practice as some groups are, but only under the supervision of a physician.

Thank you sincerely,  
James H. Armstrong





# St. John's Lutheran Hospital, Inc.

August 12, 1988

Mr. Paul Wheeler PA-C, President  
Montana Academy of Physician Assistants  
808 Milwaukee  
Deer Lodge, Montana 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

Dawn Mayone RN  
254 Warden Rd  
Libby, MT. 59923

Thomas B. Angell RN  
1216 Louisiana Ave  
Libby, MT 59923

Sharon A. Henshaw RN, MN  
PO Box 102  
Libby, MT 59923

Donna Harker RN  
1000 Empire Center Rd  
Libby, MT 59923

Lina Edgar RN  
170 Klondike Ave  
Libby Mt. 59923

Dorothy M. Hutchinson, CCRN  
983 Sheldon Hats Rd  
Libby, MT 59923

Shirley Clark, RN  
644 Florence Rd.  
Libby, MT. 59923

Barbara Thompson RN  
605 1/2 1st St. E.  
Libby, MT 59923

Connie Bayd  
2659 Bull Lake Road  
Troy, Mont. 59925

Lillian Thorschek  
437 Florence Rd.  
Libby, MT. 59923

EXHIBIT 2  
DATE 3-1-89  
HB 26



## Rosebud Health Care Center

October 7, 1988

Mr. Paul Wheeler PA-C, President  
Montana Academy of Physician Assistants  
P.O. Box 307  
Deer Lodge, Montana 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity,. As competent members of the health care team working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

Joyce Asay  
Administrator

*Marilee Kanta, R.N.*  
*Nursing Home Director*  
*Dorlene Sharpe R.N.*

*I. Braggs, M.D. (Hospital)*

McCONE COUNTY  
HOSPITAL  
P.O. BOX 47  
CIRCLE, MONTANA 59215



Mr. Jim Reid, PA-C  
Secretary  
Montana Academy of Physician Assistants  
P.O. Box 1254  
Libby, Montana 59923

January 16, 1989

Dear Mr. Reid:

It is our understanding that your organization is pursuing changes to the legislation which governs the practice of Physician Assistants in the state of Montana, specifically the Nurse Practice Act. We support your efforts to amend the Nurse Practice Act to allow Nurses to carry out orders of Physician Assistants.

Sincerely,

*Laura Keppeler RN*  
*Sandra Quick RN*  
*June Nelson RN*  
*Daleen Johnson-Hutz RN*  
*Karen R. Casteline RN*  
*Sue Good-brown RN*  
*Therese Jones RN*

Nurses of McCone County Hospital

cc: MAPA, Helena

EXHIBIT 2  
DATE 3-1-89  
21

# COMMUNITY CLINIC

BOX 1119  
BAKER, MONTANA 59313  
(406) 778-2833

October 28, 1988

Mr. Paul Wheeler PA-C, President  
Montana Academy of Physician Assistants  
P.O. Box 307  
Deer Lodge, MT 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. I share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

As practicing registered nurses, concerned about the delivery of quality health care in rural Montana, we support your efforts.

Sincerely,

*Deanna Logar R.N.*  
Deanna Logar, R.N.

*Mary Graham R.N.*  
Mary Graham, R.N.

*Helen Jensen R.N.*  
Helen Jensen, R.N.

EXHIBIT 2  
DATE 3-1-89  
HB 26

COMMUNITY  
CLINIC

BOX 1119  
BAKER, MONTANA 59313  
(406) 778-2833

October 28, 1988

Honorable Leo A. Giacometto  
Montana House of Representatives  
Helena, MT 59620

Dear Mr. Giacometto,

It has come to our attention that the Montana Academy of Physician Assistants is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

As practicing registered nurses, concerned about the delivery of quality health care in rural Montana, we support your efforts.

Sincerely,

Deana Logar  
Registered Nurse

Mary Graham  
Registered Nurse

Helen Jensen  
Registered Nurse

*office  
nurses*

EXHIBIT 2  
DATE 3-1-89  
HB 26

**McCONE COUNTY NURSING HOME**

205 SULLIVAN  
P.O. BOX 198  
CIRCLE, MONTANA 59211  
(406) 485-3381



January 18, 1989

Dear Mrs. Kasten:

I understand the vote regarding SEnate Bill 26 concerning the practice of PHysician Assistants will be held soon. I would like to express my support for this bill.

Considering the problems facing many small hospitals and communities in Montana in regard to health care, I think approval of this bill would greatly ease the situation. The Physician Assistant and Medical Assistance Facility concepts are the most promising solutions I have seen. However, physician assistants must be given a broader base of responsibility in order for their services to be utilized to have the greatest impact--especially in the following areas:

- prescription writing privileges
- amendments to the Nurse Practice Act to allow nurses to carry out orders directed by the Physician Assistant
- reimbursement by medicare, medicaid and private insurance

I urge you to positively consider this bill and I thank you for your time in considering my opinions.

Sincerely,

*Sandra Rueb RN, DON*

Sandra Rueb, RN  
Director of Nursing

EXHIBIT 2  
DATE 3-1-89  
HB 26



**HUNTLEY-PROJECT**  
*Family Medical Center*

*John J. Malloy, M.D.*  
*Fred G. Sriver, M.D.*  
*Randy Spear, Physician Assistant*

October 14, 1988

Mr. Paul Wheeler PA-C, President  
Montana Academy of Physician Assistants  
P.O. Box 307  
Deer Lodge, Montana 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

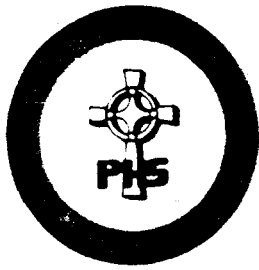
*Mary Eggum LPN*

Mary Eggum, LPN  
Licensed Practical Nurse

*Gladys Wittman RN*

Gladys Wittman, RN  
Registered Nurse

ME/GW: slg



# Garfield County Health Center, Inc.

P.O. Box 389, Jordan, Montana 59337

Members of Presentation  
Health System

PACE Shared Services  
Sioux Falls, South Dakota

Brady Memorial Home  
Mitchell, South Dakota

Holy Rosary Hospital  
Miles City, Montana

McKenna Hospital  
Sioux Falls, South Dakota

Mother Joseph Manor  
Aberdeen, South Dakota

St. Joseph Hospital  
Mitchell, South Dakota

St. Luke's Hospital  
Aberdeen, South Dakota

Faulk County  
Memorial Hospital  
Faulkton, South Dakota

Marshall County  
Memorial Hospital  
Britton, South Dakota

St. Joseph Hospital  
Polson, Montana

Dickey County  
Memorial Hospital  
Ellendale, North Dakota

A. L. Vadheim Memorial Hospital  
Tyler, Minnesota

September 27, 1988

Mr. Paul Wheeler P.A.-C, President  
Montana Academy of Physician Assistants  
P.O. Box 307  
Deer Lodge, MT 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PA's) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PA's to function to their full capacity. As competent members of the health care team, working with physician supervision, PA's can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,  
The Nursing Staff of Garfield County Health Center

*Margie Seales RN*  
*Lita Cunningham RN*  
*Jennie Brown RN*  
*Larry Johnston RN*  
*Edna Hensleigh L.P.N.*  
*Janet Clark RN*  
*Barbara Shawne SDN*  
*Fathy Wankel RN*

EXHIBIT 2  
DATE 3-1-89  
HB 26



DEPARTMENT OF INSTITUTIONS  
MONTANA STATE PRISON



TED SCHWINDEN, GOVERNOR

STATE OF MONTANA

(406) 846-1320

DEER LODGE, MONTANA 59722

August 15, 1988

Mr. Paul Wheeler PA-C, President  
Montana Academy of Physician Assistants  
808 Milwaukee  
Deer Lodge, Montana 58722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,

*Jimmy Smith RN*  
*Kerry Williams RN*  
*Beverly Beck RNBS*  
*Peg Bartlett, RN (Rosenleaf)*  
*Ronald L. Flagg RN*  
*Lauraine Barrington RN*  
*Teri Hamel RN*  
*Carla Smith RN*

EXHIBIT 2  
DATE 3-1-89  
HR. 26

Deer Lodge, Montana  
November 1, 1988

TO WHOM IT MAY CONCERN:

I am writing in support of the Montana Academy of Physician Assistants' current efforts to reform the physician assistant laws in Montana via legislative reform bill LC21.

I am a Registered Nurse with an Associate Degree from MSU. In addition to being a homemaker and mother, I have worked as a nurse in emergency services, treatment and I.V., doctor's offices (OB-GYN, Vascular Surgery), home health care, and at Warm Springs State Hospital on a research project for the influenza vaccine. I have worked in California, Colorado and primarily Montana. For the past five and a half years, I have worked full time as a correctional nurse at Montana State Prison.

I review my work record in support of a conviction that has grown through these life and nursing experiences that there is a place and a need in our profession for extended health care givers from all modalities. In particular, if we are to uphold the basic nursing concept of responding to the health care needs of our patients and fulfill our role of patient advocate, we must work toward expanding and utilizing alternative health care services.

I have had the opportunity of working closely with two Physician Assistants in my experience at Montana State Prison--one for three years, and the other for one and a half years. These P.A.'s have been an integral part of our efforts to upgrade the delivery of health care at M.S.P. With a current census of approximately 1000 inmates, the prison can be compared to a rural community in terms of the health needs of adult male felons.

Under the supervision of a full time sponsoring physician, our two P.A.'s deliver good quality midlevel health care. They provide a valuable contribution to the on-going health care of our clientele by way of physical examinations, minor surgical procedures, routine diagnostic tests, preliminary diagnoses, treatment plans, and response to emergency situations. They are essential members of our health care team, functioning within their skill levels and as a valuable resource for our nursing personnel to assure comprehensive quality patient care.

It is my hope that with passage of the current P.A. legislative efforts, more P.A.'s will join with Montana's nurses in bringing progressive health care to the residents of our state.

Sincerely,

*Peg Bartlett, R.N.*

Peg (Rosenleaf) Bartlett, R.N.  
First Shift Leadworker

EXHIBIT 2  
DATE 3-1-89

UP 26



# Saint Vincent Hospital and Health Center

November 21, 1988

Mr. Paul Wheeler PA-C, President  
Montana Academy of Physician Assistants  
P. O. Box 307  
Deer Lodge, Montana 59722

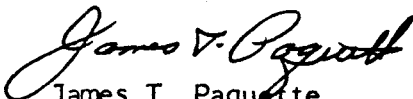
Dear Mr. Wheeler:

Saint Vincent Hospital and Health Center would like to go on record as supporting your organization and its efforts to bring positive changes in Montana's current legislation regulating the utilization of physician assistants in this state.

Saint Vincent Hospital has been involved with supporting rural health care for quite a few years. Our experience with physician assistants in rural settings has been a very positive one. Saint Vincent Hospital shares your interest in pursuing changes to the current laws which will allow PAs to function to their full capacity in areas which physicians cannot be easily placed. As competent members of the health care team working with physician supervision, PAs can continue to provide the kind of quality health care many areas of Montana desperately need.

As an administrator concerned about the delivery of quality health care in rural Montana, I support your efforts,

Sincerely,

  
James T. Paquette  
President

JTP/ge

*We touch your life.*

EXHIBIT 2  
DATE 3-1-89  
HB 26

# Physician Services

November 18, 1988

Mr. Paul Wheeler PA-C, President  
Montana Academy of Physician Assistants  
P. O. Box 307  
Deer Lodge, Montana 59722

Dear Mr. Wheeler:

I would like to go on record with your organization as strenuously supporting your efforts to change current legislation relating to the utilization of physician assistants in this state.

With over ten years of experience in hospitals and health care in Idaho and Montana, and close to three years as a consultant to physicians and physician groups in rural areas, I am acutely aware of the need and value of qualified physician assistants in these areas. As the recruitment and retention of qualified physicians becomes an ever increasing problem, the ability for physician assistants to practice to the limit of their abilities becomes more and more critical.

In particular, several of your suggested changes to the current legislation make immediate sense to me and, I believe, would impact the delivery of rural health care in a positive fashion. Specifically, I support the placement of a supervising physician on the Board of Medical Examiners. The establishment of prescribing and dispensing of authority is a proposal whose time has come particularly in Montana with the proposed medical assistance facility as a practical solution for many rural hospitals. It also makes sense that third party carriers accept billing from physician assistants. Finally, the proposal to provide a mechanism whereby a P.A. could do locum tenens work is a rational proposal with positive benefits to many rural delivery sites in the state.

In summary, the proposed changes to current legislation are needed. As competent members of the health care team working with physician supervision, P.A.s can provide the kind of quality health care I can support and Montana desperately needs.

Sincerely,




Rick Palagi  
Director, Physician Services

RP/lm

Saint Vincent Hospital and Health Center

P.O. Box 35200, Billings, Montana 59107-5200  
406 657-8720

EXHIBIT 2  
DATE 3-1-89  
HB 26



# Planned Parenthood of Missoula

July 18, 1988

Jim Tavery, Administrator  
Powder River Manor  
P.O. Box 70  
Broadus, MT 59317

Dear Mr. Tavery,

Planned Parenthood of Missoula uses Physician Assistants in providing family planning services in Western Montana. Our clinic holds a Class IV facility pharmacy license. Under this license, any legend drugs dispensed must be packaged, labeled and 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 a pharmacist. Family planning clients, who are at high risk for unplanned pregnancy, would benefit from allowing our Physician Assistant to dispense commercially, prepackaged prescriptive contraceptives in our family planning clinic under the delegated authority of our Affiliate Medical Director.

Any changes to the existing pharmacy regulations would increase our ability to provide cost-effective, high quality services to our clients. Many of our clients must travel long distances to obtain services at our clinic and would have to return to our clinic after our pharmacist dispenses their prescription. It would be extremely beneficial to our clients to be able to obtain their oral contraceptive prescription at the time of their reproductive health examination.

Along with our other mid-level health providers, Physician Assistants offer quality medical services and education to our clients. This enables us to offer our services at an affordable price. Therefore, Planned Parenthood of Missoula favors an expanded prescriptive and dispensing authority for Physician Assistants in Montana.

Sincerely,



Melanie Reynolds  
Executive Director

EXHIBIT 2  
DATE 3-1-89  
HB 26

**KOOTENAI ORTHOPAEDICS**

Randale C. Sechrest, M.D.  
Surgery of the Musculoskeletal System

401 Louisiana Avenue  
Libby, Mt. 59923

Telephone  
(406)293-8731

November 16, 1988

Mr. Paul Wheeler, PA-C, President  
Montana Academy of Physician Assistants  
P.O. Box 307  
Deer Lodge, MT 59722

Dear Mr. Wheeler;

I am writing in regards to the efforts of your organization to pursue changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

I have been fully educated as to the limiting nature of Montana laws concerning physician assistant utilization. I share your interest in pursuing a change in the current laws which would allow PAs to function to the full extent of their capabilities. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care desperately needed in the state of Montana.

As a clinic administrator concerned about the delivery of quality health care in rural Montana, I support your efforts on behalf of MAPA.

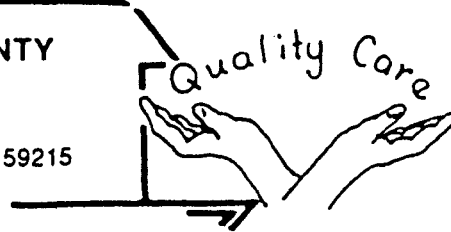
Sincerely,

*Jinger B. Redd*

Jinger B. Redd

EXHIBIT 2  
DATE 3-1-89  
HB 26

McCONE COUNTY  
HOSPITAL  
P.O. BOX 47  
CIRCLE, MONTANA 59215



Mr. Paul Wheeler, P.A.  
President  
Montana Academy of Physician Assistants  
P.O. Box 307  
Deer Lodge, Montana 59722

December 13, 1988

Dear Mr. Wheeler:

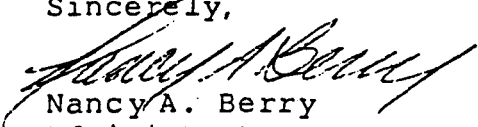
I am aware that your organization is pursuing changes to the legislation which governs the practice of Physician Assistants (PA's) in Montana.

I would like to offer my support for these critical changes. For many small rural communities like Circle, these changes to the legislation will likely make the difference between having health care services available or having no primary or acute care for a distance of at least 50-70 miles. If the proposed reforms are not passed, specifically the prescription writing privileges and the Nurse Practice Act amendments, the PA would not be a viable option for Circle. Without PA coverage, the Medical Assistance Facility Program would also not be viable. Therefore, when our current physician would retire, McCone County would be without primary and acute care services. Furthermore, both professional and non-professional jobs would be lost. In a community the size of Circle, this would have a devastating impact on an already burdened local economy.

The other extremely vital issue which you have addressed is that of third party coverage of PA services both outpatient and inpatient. This reimbursement is also key if we wish to maintain a viable health care operation.

I support your efforts in this area and if I may be of any assistance, please let me know.

Sincerely,

  
Nancy A. Berry  
Administrator

cc: Mr. James Reid, Secretary, MAPA  
Mr. Tony Wellever, MHA  
Ms. Jeannie Bennet, MT Nurse Association  
Ms. Phyllis McDonald, MT Board of Nursing

EXHIBIT 2  
DATE 3-1-89  
HB 26

Deaconess  
Medical  
Center



December 22, 1988

Mr. Paul Wheeler, PA-C, President  
Montana Academy of Physician Assistants  
P. O. Box 307  
Deer Lodge, MT 59722

Dear Paul:

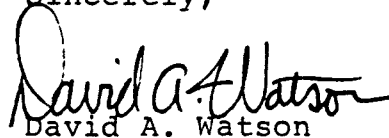
I would like to offer my support to MAPA's efforts to improve utilization of physician assistants in Montana.

I have worked with physician assistants in a variety of settings in Wyoming, New Mexico, and North Carolina and have been impressed with the wide range of duties that can be performed by PA's. I am aware of the current limitations affecting PA's in Montana and feel that your efforts are entirely appropriate.

Many of the locations I visit in Montana would be well-served by PA's, provided that the changes you have proposed are implemented. Without the changes, I don't see much hope for health care in many of the small, isolated communities in rural Montana.

Please let me know if I can help you in any other way. Your efforts are vitally important for rural Montana.

Sincerely,

  
David A. Watson

Physician Liaison

Deaconess  
Medical Center  
of Billings, Inc.

Brooklyn at  
Ninth Avenue North  
P.O. Box 2547  
Billings, Montana 59103

Telephone 406-657-4000

cc: Howard Zankner  
Vice President  
Corporate Services

EXHIBIT 2  
DATE 3-1-89  
HB 26



Mr. Paul Wheeler, P.A.-C  
President  
MT Academy of Physician Assts.  
P.O. Box 307  
Deer Lodge, Montana 59722

Mr. Joe Killham  
President  
McCone County Hospital  
Association  
P.O. Box 47  
Circle, Montana 59215

December 30, 1988

Dear Mr. Wheeler:

It has come to our attention that your organization is pursuing changes in the legislation which governs the practice of Physician Assistants (PA's) in the state of Montana.

The McCone County Hospital Association governs the operation of the McCone County Nursing Home and Hospital. The service area of these institutions is most of McCone County. As a board facing the crucial problems existent in rural health care today, we are considering new options, namely the PA, to maintain the necessary health services in McCone County.

It is our feeling that some changes are necessary in this legislation if PA's are to be a viable solution to many of the problems present in rural healthcare. Specifically, the following points are of concern:

1. Prescription Writing - In small, isolated communities such as ours, it is important for a practitioner to be able to provide a complete service to the patient, which would necessarily include prescription writing privileges. Like the other aspects of the PA's practice, this would be in consultation with the supervising physician. However, if the PA is granted prescription writing privileges, the supervising physician need not be physically present.
2. Nurse Practice Act - Currently, the Nurse Practice Act does not allow nurses to administer medications and treatments as prescribed by a Physician Assistant. The board of medical examiners has addressed this issue with a regulation that states nurses may carry out orders of a PA, since a PA works under the supervision of and in consultation with a supervising physician. The state board of nursing, however, apparently disagrees. This conflict must be resolved before nurses and PAs can successfully work together in an acute care setting.
3. Private Insurance and Medicaid Coverage - This coverage is necessary for both inpatient and outpatient services provided by a physician assistant. A large percentage

EXHIBIT 2

DATE 3-1-89

HR 26

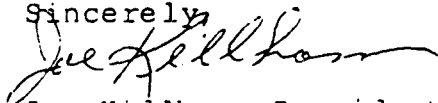
Page 2

RE: PA Legislation

of our patients are covered by these insurances; realistically this issue must be addressed before a PA can be a successful health care practitioner.

We, the McCone County Hospital Association Board, support your efforts to change this legislation to enable PA's to become part of the rural health care team.

Sincerely,



Joe Killham, President  
McCone County Hospital Association

cc: Mr. James Reid, Secretary, MAPA  
Ms. Betty Lou Kasten, State Representative  
Mr. Cecil Weeding, State Senator

EXHIBIT 2  
DATE 3-1-89  
HB 26

# TOWN OF WEST YELLOWSTONE

## MONTANA

*naturally interesting*

January 11, 1989

Senator Cecil Weeding  
State Capitol Building  
Helena, Montana 59620

RE: SB 26

Dear Senator,

On behalf of the Town of West Yellowstone I am writing in support of SB 26; your bill revising the licensing laws for Physician's Assistants.

I have read the proposed legislation and discussed the bill with Mr. Tom Tully, a Physician's Assistant - Certified, who resides in West Yellowstone. I have also discussed the proposal with Dr. Gene Wilkins of Ennis, Mr. Tully's Supervising Physician.

We support your legislation. The availability of the PA-C to West Yellowstone has been a veritable lifesaver.

For several years the Town went through a succession of Physicians who would stay only a short time, usually because of economic reasons or because the demands of being the only health care provider to this isolated Community were just too great. Mr. Tully arrived in West Yellowstone about three years ago and has made the difference for our Town between having health care and not. The closest Doctor to the Town when Tom arrived was in Ashton, Idaho, 60 miles away; that hospital is now closed. The next closest was the Clinic and Hospital in Ennis, 70 miles distant. Comprehensive health care is 90 miles away in Bozeman. With our harsh winters and busy summers it was often difficult and sometimes impossible for people to get health care. Now, many of the Town's medical needs are met by Mr. Tully. Further, as Director of the West Yellowstone Ambulance I know that Tom has been in a position to literally save lives and undue hardship for injured people and their families when accidents or other serious illnesses have struck visitors to the area.

The legislation you propose would broaden the powers of PA - C's in Montana and put them on a par with other States in the region. PA's are part of the solution to Montana's health care problems. I sincerely believe that if all PA's are like those



Box 579 West Yellowstone, Montana 59758 (406) 646-7795

EXHIBIT 2  
DATE 3-1-89  
HB 26

Senator Cecil Weeding  
January 11, 1989  
Page 2

I know, they should have this responsibility you propose and I am certain they would not abuse it.

I ask, if at all possible, you would submit this letter of support for the record when SB 26 comes up for hearing on January 25th.

Sincerely,



Kevin Ken Davis  
Mayor

KKD/lwb  
XC: Tom Tully

EXHIBIT 2  
DATE 3-1-89  
HB 26

# Montana State Pharmaceutical Association

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

December 1, 1988

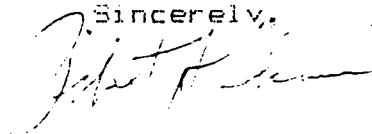
James R. Reid, PA-C  
Legislative and Governmental  
Affairs Committee  
Montana Academy of Physicians Assistants  
P. O. Box 1254  
Libby, MT 59923

Dear Mr. Reid:

The Montana State Pharmaceutical Association is pleased that the Physician Assistants have been willing to incorporate language in their bill that we have requested to clarify areas of concern.

We do not have any problems with this bill since clarification has been made as per our request.

Sincerely,



Robert H. Likewise

RHL/al

EXHIBIT 2  
DATE 3-1-89  
HB 26

YELLOWSTONE COUNTY PHARMACISTS

12-1-88

Mr. Paul Wheeler PA-C, President  
Montana Academy of Physician Assistants  
P.O. Box 307  
Deer Lodge, Montana 59722

Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physiann assistants (PAs) in this state.

Although not a formal organization, we as individual pharmacists wish to indorse the purposed changes by your organization, particularly the effort to gain prescriptive rights. We applaud your foresight in seeking input by the Montana Board of Pharmacy and the Montama Pharmaceutical Association in drafting that section of the legislation.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

As practicing pharmacists, concerned about the delivery of quality health care in rural Montana, we support your efforts.

Sincerely,

<u>Dale F. Miller R.Ph.</u>	<u>Dale F. Miller R.Ph Billings, Mt.</u>
<u>Theodor P. Walters R.Ph.</u>	<u>Theodor P. Walters R.Ph Billins, Mt.</u>
<u>Scott Nafts R. Ph</u>	<u>Scott Nafts R. Ph Billings, Mt.</u>
<u>Walter B. Fellows R.Ph.</u>	<u>Walter B. Fellows R.Ph Billings, Mt.</u>
<u>Charles Balzarini R.Ph.</u>	<u>Charles Balzarini R.Ph Billings, Mt.</u>
<u>Howard W. George R.Ph.</u>	<u>Howard W. George R.Ph Worden, Mt</u>

EXHIBIT 2  
DATE 3-1-89  
HB 26

PAT WILLIAMS  
MONTANA, WESTERN DISTRICT

MAJORITY DEPUTY WHIP

COMMITTEES:

BUDGET

CHAIRMAN

TASK FORCE

ON HUMAN RESOURCES

EDUCATION AND LABOR

CHAIRMAN

POSTSECONDARY EDUCATION

SUBCOMMITTEES:

ELEMENTARY, SECONDARY AND

VOCATIONAL EDUCATION

EMPLOYMENT OPPORTUNITIES

LABOR STANDARDS

SELECT EDUCATION



# Congress of the United States

## House of Representatives

Washington, DC 20515

September 21, 1988

2457 RAYBURN BUILDING  
WASHINGTON, DC 20515  
(202) 225-3211

DISTRICT OFFICES:

BUTTE

(406) 723-4404

FINLEN COMPLEX

59701

HELENA

(406) 543-7878

32 N. LAST CHANCE GULCH

59801

MISSOULA

(406) 549-5550

302 W. BROADWAY

59802

Mr. Jesse T. Brown  
203 Kootenai Drive  
Libby, Montana 59923

Dear Jesse:

Thank you for including me during your recent visit to Washington, D.C. I am sorry I was unable to meet with you. As you know, the fires in Yellowstone and throughout Montana took me unexpectedly out of the Washington office Thursday.

I appreciate you meeting with Don. He has passed on your interest and continued efforts to achieve Montana legislative action for the appropriate regulations and accreditation for physician assistants. I believe your efforts are on the right track to raise the nursing community's awareness of compatible physician, physician assistant, and nursing relationships which exist in other states with broadened but clearly defined physician assistant certification and regulations.

I know interest is rising in establishing interim acute medical treatment centers in Montana. I believe your point that physician assistants are needed to bring this plan to fruition is a compelling reason for your continued efforts. I wish you well.

I have written to General Ledford requesting consideration for granting commissioned officer status to physician assistants in the Army as is now practiced in the Navy and Air Force. I have also noted your support for S. 2597 and contacted Congressman Waxman in regards to H.R. 4983 which starts with a set \$5 million grant for 1989 and increases 4% for two successive years.

Thanks again for coming in to meet. The information you have provided is helpful.

Best regards.

Sincerely,

Pat Williams

EXHIBIT 2  
DATE 3-1-89  
HB 26

Box 48  
Broadus, Mt. 59317  
Dec. 9, 1988

Mr. Jim Reed, P. A.  
Box 1254  
Libby, Mt. 59923

Dear Jim:

Have been trying to get the exact wording of Farm Bureau Policy but so far they have not sent out the new policy books. This is the policy our lobbyists will be guided by at the up-coming legislative session.

I am enclosing the news bulletin that was in our Powder River Examiner and an approximate wording of the policy that will appear in the policy book. "We support enabling legislation for the profession of Physician Assistant."

Did you contact the Mt. Chamber of Commerce for their support? They are well organized at the state level for the purpose of lobbying.

Hope this answers your questions. If I can be of further help please let me know.

Sincerely,

*Joe McDowell*  
Joe McDowell, Vice Pres.  
Powder River Co. Farm Bureau

cc; Jim Tavery, Admin.  
Powder River Rest Home

EXHIBIT 2  
DATE 3-1-89  
HB 26



Heights Family Practice Clinic

935 Lake Elmo Road  
Billings, Montana 59105  
(406) 657-7674

JOHN J. MALLOY, M.D.

October 17, 1988

Mr. Paul Wheeler PA-C, President  
Montana Academy of Physician Assistants  
P. O. Box 307  
Deer Lodge, Montana, 59722

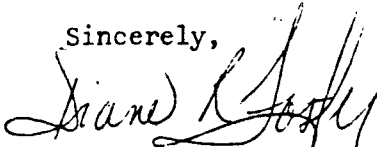
Dear Mr. Wheeler,

It has come to our attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants (PAs) in this state.

We are aware of the limiting nature of Montana laws concerning physician assistant utilization. We share your interest in pursuing a change in the current laws which would allow PAs to function to their full capacity. As competent members of the health care team, working with physician supervision, PAs can provide the kind of quality health care we can support and Montana desperately needs.

We, the undersigned persons, representing the nursing profession at this institution, would like to offer our support of your pursuits.

Sincerely,



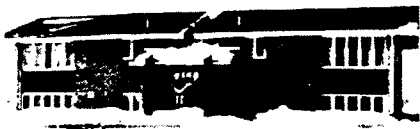
Diane Foster, RLT  
Registered Laboratory Technician



Wilma Hoff, EMT CRT  
Certified Radiology Technician

DF/WH:mw

EXHIBIT 2  
DATE 3-1-89  
HB 26



*Flying V Apts. Inc.*

BOX 137



ELMO DREYER, PRES.

CIRCLE, MONTANA 59215

EFFIE DREYER, SEC.

PHONE 406/485-2566

January 10, 1989

Dear Mr. Reid:

Yesterday's Billings Gazette had a major story on PA's in Montana and you were listed as their sec. Senator Cecil Weeding's bill # 26, is very important for the state of Montana. I wrote and told him too, to keep pushing it.

Doctor's just don't want to come to some smalltowns in eastern Montana. Circle is about 950 I guess. We do have an old doctor here that would chase anybody out. ~~He~~ has been here since 1961 and made a mint of money, but has control of the county. But still PA's are needed in a lot of places.

I hope that you can get the changes in the laws about prescriptionns etc. Dan Muniak from Jordan has been in Circle when our other doctor was out of town, and is really well liked.

When the bill comes up, and if you need support, I believe I could get some letters or telephone calls from here. We have a major problem here so know how bad doctor help is needed a lot of places.

We have aabout a foot of snow here now, but sure ~~do~~ need the moisture for dams and crops.

Thanks for what you are doing.

Yours truly,

*Elmo Dreyer*  
Elmo Dreyer

EXHIBIT 2  
DATE 3-1-89  
HB 26

**Peggy Bartlett R.N.  
Montana State Prison  
Deer Lodge, MT 59722  
846-1320 x2212**

February, 1989

Proponent SB26

House Human Services Committee

Madam Chairman and members of the Committee,

I am Peggy Bartlett RN. I have been at the Montana State Prison Deer Lodge, for the last five and a half years. There I have had the opportunity to work with two PAs. I can speak very highly of the kind and quality of care that PAs provide. There are many nurses at the prison and across Montana who have worked with PAs and have an understanding of their role and abilities in the delivery of quality midlevel medical care. Even before the compromises made with the MNA, I and these nurses who accept the expanded utilization of PAs in Montana, have whole heartedly supported SB26. I encourage you to do the same.

SB26 in its present form, if the MNA and the board of nursing make good on their commitments to withdraw their previous position statements to the contrary, will facilitate the ability of Montana nurses to carry out medication and treatment orders from PAs. This is a very necessary change that will improve the practical delivery of health care in rural Montana. I speak for myself and the other nurses at Montana State Prison and across the state, in applauding the resolution of this long standing conflict.

Please give SB26 a do pass.

Thank you.

Peggy Bartlett, R.N. /

EXHIBIT 2  
DATE 3-1-89  
HR 26

**Paul Wheeler PA-C  
808 Milwaukee  
Deer Lodge, MT 59722  
406-846-2861**

House Human Services Committee

February, 1989

Proponent SB26

Madam Chairman and members of the committee,

I am Paul Wheeler, a physician assistant practicing in Deer Lodge at the Montana State Prison. As president, I am representing the Montana Academy of Physician Assistants in asking you to give SB26 a favorable report.

We are pleased, with Senator Weeding's gracious assistance, to be able to bring to you SB26 as amended in the Senate. After significant debate following the Senate Public Health Committee hearing, MAPA, the MMA, and the MNA have reached compromise language for SB26 that will achieve our primary goals and protect their special interests.

Continuing a grass roots effort to reform PA laws, MAPA developed SB26 to expand and better define the roles of PAs statewide. By allowing PAs to practice to their full capacity in Montana as they do in other rural states, as part of a physician/PA team, PAs will be able to offer Montana health care consumers, especially in the rural, medically underserved majority of

EXHIBIT 3  
DATE 3-1-89  
HB 26

the state, a workable solution to the current health care provider shortage. Montana has only 26 practicing PAs, as compared to South Dakota's 150 and Washington's 600. This disparity is not because Montana's need for mid-level providers is any less. It is only because our laws are sub-standard and outdated.

I have presented to the committee secretary, an extensive list of physicians, nurses, pharmacists, administrators, and others who support this bill and copies of the letters that express their support.

MAPA has received inquiries from over 15 communities who are considering securing a PA. Many of them have no physician or are facing the possibility of losing their current physician if someone is not found to help share the load. I doubt if PAs will come to Montana and address these needs if the reform measures proposed in SB26 are rejected.

Unless SB26 is passed, a viable solution to Montana's rural health care provider crisis may never be realized. I have not seen another bill that offers Montanans a more viable option.

Please give SB26 a do pass.

Thank you.

EXHIBIT 3  
DATE 3-1-89  
HB 26

James R. Reid, PA-C  
Box 1254  
Libby, Montana  
406-293-4349

Jesse Brown, PA-C  
203 Kootenai Drive  
Libby, Montana  
406-293-9830

February, 1989  
House Human Services Committee  
Proponent for SB26

Madam Chairman and members of the committee,

I am Jesse Brown, a physician assistant practicing in Libby. I am presenting this testimony on behalf of Jim Reid, also of Libby, who is unable to attend today.

I would like to highlight a few important points about SB26. Most importantly, this bill does not propose anything new or different from what is currently being done in other nearby, rural states.

Prescribing by PAs is currently prohibited in Montana. Twenty-one other states however grant prescribing/dispensing authority to PAs. Prescriptive authority is absolutely necessary if PAs are going to staff satellite clinics or medical assistance facilities without placing themselves, their supervising physicians, and their local pharmacists in jeopardy. The current language in SB26 authorizes PA prescribing under regulation of the board of medical examiners and the supervising physician. Both will pre-approve prescribing practices by PAs by way of rule and utilization plan.

To avoid competition with pharmacists, and at their request, SB26 imposes the same limitations on dispensing by PAs as are placed on physicians.

The language on billing does not authorize PAs to bill independently, but does provide a mechanism to secure

EXHIBIT 4  
DATE 3-1-89  
HB 26

reimbursement for PA services that will help assure the fiscal survivability of rural clinics and MAFs staffed by PAs. Recognizing the cost effectiveness of PAs, the federal medicare program currently reimburses for PA services in all health manpower shortage areas. SB26 will provide for the medicaid program and other insurers to reimburse PA services as well.

Section 3 of SB26, which establishes the physician assistant as an agent of the supervising physician, will allow nurses to carry out medication and treatment orders from PAs and still function within the scope of their nurse practice act.

SB26 also provides for a non-voting liaison to the board of medical examiners. This position does not incur any expense to the board but does give the board a resource for information on the appropriate utilization of PAs.

I urge you to give SB26 your utmost consideration, and a do pass.

Thank you.

*James R. Reid PA-C*

EXHIBIT 4  
DATE 3-1-89  
HB 26

Susan Cahill, PA-C  
6100 Highway 35  
Big Fork, Montana  
406-755-3752

House Human Services Committee

February, 1989

Proponent SB26

Madam Chairman and members of the committee,

I am Susan Cahill. As a PA, I have practiced with Dr. James Armstrong in Kalispell for 12 years. For your benefit, I would like to review the education and credentialing requirements for physician assistants.

PAs are educated at programs located primarily in university schools of medicine or allied health. The majority of the 51 accredited programs require two years of basic biological science pre-requisites which are followed by 24 months of professional education. PA programs are accredited by the American Medical Association's Committee on Allied Health Education and Accreditation.

PA students are trained by physicians. In the first year, a physician assistant student completes courses in the basic medical sciences. These are integrated with, or followed by a course in clinical medicine. Second year students complete clinical experiences in family practice, internal medicine, obstetrics, gynecology, psychiatry, surgery, and emergency medicine, among others. These clinical rotations occur within a hospital, office, clinic or institutional setting and are supervised by practicing physicians.

Physician assistants are trained to perform physical exams, order and interpret lab and x-ray studies, diagnose illness and disease,

EXHIBIT 5  
DATE 3-1-89  
HB 26



and prescribe medications.

An academic degree and/or certificate is awarded upon graduation. PAs then sit for the two day national board examination administered by the National Commission on Certification of Physician Assistants. This is an independent agency originally formed as a branch of the National Board of Medical Examiners which administers board exams to physicians.

Re-registration with the NCCPA is required every two years by completion of 100 hours of AMA approved continuing medical education. Re-certification by examination is required every six years.

Having passed the national board exam, PAs are then subject to individual state regulations usually administered by the state board of medical examiners.

I hope this information is helpful in your evaluation of SB26 and approving the changes it proposes.

Thank you.

EXHIBIT 5  
DATE 3-1-89  
HB 26

RESOLUTION 88- 1

PHYSICIAN'S ASSISTANT

WHEREAS, the vast majority of the State of Montana is considered rural in nature; and

WHEREAS, experience has demonstrated that most competent medical doctors choose to practice in the less isolated areas and many of our rural sectors are medically under served or face the prospect of becoming so in the near future; and

WHEREAS, numerous physicians and health care entities in our nation have relied for many years on the professional skills of physician's assistants; and

WHEREAS, the improvement of medical services in our sister states of South Dakota, Oregon, Alaska, Idaho, Wyoming and Washington demonstrates the success of upgraded laws and regulations concerning physician's assistants; and

WHEREAS, a positive change in the Montana Laws and regulations, concerning the practice of physician's assistants, would be a productive step toward increased usefulness of physician's assistants as professional medical providers substantially improving medical care for the residents of the State of Montana.

NOW THEREFORE BE IT RESOLVED that the Montana Association of Counties supports legislation during Montana's 1989 Legislative Session designed to restructure and revise Montana Laws and associated statutes and regulations allowing Physician's

Assistants to function in a similar manner as they do now in those states previously mentioned.

SPONSORED BY: Districts 1-2-3

PRIORITY: HIGH

APPROVED: ANNUAL CONVENTION

DATE: JUNE 15, 1988

SB 74 MANDATORY LICENSING OF ADULT FOSTER HOMES

Testimony of Charles McCarthy - Hearing of March 1, 1989

The Department of Family Services currently licenses approximately 110 adult foster homes statewide. The Montana statutes define adult foster homes as "private homes owned by one or more persons 18 years of age or older which offer light personal care or custodial care to disabled adults who are not related to the owner by blood or marriage or which offer light personal care or custodial care to aged persons." See Section 53-5-302, MCA.

In 1975, the first licensing bill for adult foster homes was passed. The law was passed in response to a federal requirement that homes providing care for SSI recipients had to meet minimum standards adopted by the State. Since its inception the licensing law has been mandatory only for those homes that care for SSI recipients.

Adult foster care is a growing industry. An increasing number of aged and disabled adults are being cared for in such facilities, and the Department is responding to an increasing number of complaints about adult foster care. When abuse or neglect does occur in a licensed facility, the Department has several options for enforcement short of requesting that criminal charges be filed; however, when abuse or neglect occurs in an unlicensed facility, the department has no options other than criminal charges.

During the past year, the Department worked with 28 homes that do not have a license. Department staff investigated complaints involving 13 of these facilities. Unlicensed facilities often do not meet minimum standards for health, fire, and safety of the residents. Because unlicensed adult foster homes are not meeting these minimum requirements, they avoid any costs associated with doing so. This places an unlicensed facility at an unfair advantage in establishing its rate of payment for the care of a person.

This bill will eliminate the unfair advantage that unlicensed facilities currently hold over licensed facilities and will assure the consistent application of health, fire, and safety standards to all adult foster homes providing care to the aged and disabled adults in Montana.

I encourage your support for this important legislation.

EXHIBIT 7  
DATE 3-1-89  
HB 74

STATE OF MONTANA  
DEPARTMENT OF FAMILY SERVICES

**LICENSING REQUIREMENTS  
FOR  
ADULT FOSTER HOMES**

EXHIBIT 7  
DATE 3-1-89  
HB 26

Reprinted 9/88



1988-1989  
MONTANA STATE LEGISLATIVE COMMITTEE

CHAIRMAN  
Mrs. Molly L. Munro  
4022 6th Avenue South  
Great Falls, MT 59405  
(406) 727-5604

SECRETARY  
Mr. John C. Bower  
1405 West Story Street  
Bozeman, MT 59715  
(406) 587-7535

March 1, 1989

TO: House Human Services and Aging Committee  
FROM: Le Dean Lewis, American Association of Retired Persons  
RE: Senate Bill No. 74  
Mandatory Licensing of Adult Family Foster Care Homes

The American Association of Retired Persons supports mandatory licensing of adult foster care homes.

At present there are no licensing requirements or procedures in place to ensure that these homes provide safe and quality living conditions for their residents. There are no provisions to ensure fire protection, proper ventilation and adequate heat; no nutritional safeguards for the meals served; no assurance that there is the necessary life-safety equipment to safeguard the residents in these homes.

This bill would make provision for all of these. In addition, it would identify where these adult family foster care homes are located, who is responsible for maintenance of records and periodic inspection of premises as well.

The American Association of Retired Persons strongly urges your passage of this bill.

EXHIBIT 8  
DATE 3-1-89  
HB 74



Montana Human Resource Development Council Directors Association  
Power Block Level 4  
Helena, MT 59601  
(406) 443-1570

March 1, 1989

TESTIMONY IN SUPPORT OF SENATE BILL 70

Madam Chairman and members of the Human Services and Aging Committee. My name is Jim Smith and I am before you today on behalf of the Human Resource Development Councils Directors Association. Madam Chair, the HRDCs want you to know that they are strong supporters of Senate Bill 70.

Senate Bill 70 represents a big step in the right direction for our welfare system. In essence, SB 70 implements some key provisions of Federal Welfare Reform in Montana. One title of the Family Support Act of 1988, passed last December, is the Jobs, Opportunities and Basic Skills Program (JOBS), which funds and provides direction to states for the training, education, and employment of persons receiving Aid to Families with Dependent Children (AFDC).

Federal Welfare Reform and SB 70 attempt to redefine the nature of the relationship between society and those in need of the aid of society. In Montana, there are nearly 10,000 individuals, mostly women, on AFDC. The program serves not only these 10,000 people, but also 20,000 children.

EXHIBIT 9  
DATE 3-1-89  
HB 70

To these 10,000 parents, 80% of whom are single heads of households, the state historically has provided very little in the way of guidance or direction. Basically, we have expected nothing from these people and provided nothing to these people except cash assistance, and less of that each year for the last decade.

The subliminal message from society has been: "It's okay to be on welfare and it's okay to stay on welfare." SB 70 sends a different kind of message to these individuals and families. Its explicit, stated purpose is to assist people to get off welfare and to become independent, self-sufficient, taxpaying citizens. SB 70 commits the State of Montana to helping people accomplish that goal. It commits us as a society to provide the education, training, skills development and employment opportunities that people need to become economically self-sufficient. These are essential services. In addition, it commits us to providing support services, such as child care, transportation, clothing, and encouragement, which are absolutely necessary if this effort is going to work.

I believe this effort can work. I believe that women and families on AFDC will respond positively to the opportunities contained in SB 70. I urge you to give this bill your favorable consideration.

I should also, however, that I have one concern that I'd like to share with the committee. This is the proposed starting date of the program authorized in SB 70. You'll find that

referenced on page 13 of the bill in Section 17 of SB 70. The effective dates are:

April 1, 1990 for the Child Care provisions and

July 1, 1990 for all other activities authorized in SB 70.

We can, however, initiate this program anytime after July 1, 1989 and I would urge this committee to amend SB 70 by changing the effective dates to:

July 1, 1989 for Child Care and

October 1, 1989 for all other activities.

During the first half of the session, when this bill was considered by the Senate Labor Committee, and while the Joint Appropriations Subcommittee on Human Services considered the entire Federal Welfare Reform program, there were concerns expressed about the cost implications of an early versus a later start-up date. However, neither committee ever received a good comparison. I think the amendment I've suggested will, at the very least, force that comparison. I've heard a lot of views from more than a few analysts on whether it would cost more, less, or the same to start this program in 1989 rather than in 1990. I have not, however, seen a clear comparison that is accepted by the Legislative Council, the LFA and the Governor's budget office. I think this committee needs that information. And if, as I suspect, it's an equal or nearly equal cost impact no matter which year we start this program, then let's begin as soon as federal law allows, which is July 1, 1989.



The other concern I heard expressed is that the state needs a year in order to "coordinate" the various welfare and work programs in existence now or being contemplated.

This is a real concern, and I've been advocating that state agencies improve their communication and coordination for close to ten years. However, I believe that with the "Governor's Coordination" amendment, found as Section 11 on page 9 of the bill, that the concern about a coordinated effort and program can be addressed this year. The administration can begin the process now, today, if it want to, before the 51st session adjourns if it chooses, or immediately afterwards, if that's the best choice. I do not, however, agree that we've got to wait an entire year, and spend that whole time talking about coordination. I think the majority of what needs to be done can be done in one cabinet meeting with some stern and explicit direction from the Governor to his Executive Agencies.

In short, state bureaucrats and people like me can sit around and talk for a year, or we can get on with the job of reforming an archaic welfare system and of actually assisting some people to get out of that system. I'd like to get on with the job, and I believe the adoption of the amendment I've suggested will do just that, or in the alternative, provide the legislature with a good, empirical reason to wait another year before proceeding with welfare reform in Montana.

Finally, Madam Chair, I feel it's very important for you and the members of the committee to understand that SB 70 is one bill in a package of bills brought to the Legislature by the Interim

Welfare Committee that studied this issue during the interim between the 50th and 51st sessions.

For the record, here are the other bills recommended to you by that committee:

SB 67

SB 99

SB 100

SB 101

SB 128

SB 129

SB 130

SB 134

HB 72

I'll be before you supporting the rest of these bills, as I did in the Senate. I urge you to look over each of these bills, but also to look at them as a whole, as a coherent body of welfare legislation that holds great promise for the reform of this system. Not everyone, including me, likes every line of every bill in this package, but I think that this is an acceptable package of legislation, one that deserves to be enacted by this body during this session. I'll be here testifying on all of these bills, but I want you to know that we come into this session in support of this entire package, and that we are still in support of all the bills at this time and at this point in the legislative process. I'd like to see all of these bills pass. I'd like to get through a biennium without a major lawsuit, and

I'd like to see all of us work together for the next two years. We might be amazed at the success of our efforts. We might be able to help a lot of people get out of poverty and not simply off the welfare rolls. In my opinion, that's what SB 70 is all about, and that's what this whole package of bills is all about.

Thanks, Madam Chairman, for your time, and I'll be happy to answer any questions you may have.

March 1, 1989

AMENDMENTS TO SB 70

Before the House Human Services and Aging Committee.

Requested by the Department of Labor and Industry.

1. Page 13, line 1  
Following: "through"  
Strike: "8,"
2. Page 13, line 2  
Following: "effective"  
Strike: "July 1, 1990"  
Insert: "October 1, 1989"
3. Page 13, line 3  
Strike: line 3 in its entirety.

EXHIBIT 10  
DATE 3-1-89  
HB 70

111  
3615

**MODIFIED REQUEST**  
**Labor & Industry - JTPA**

**1. Welfare Reform (JOBS) (92002)**

This modification would fund development of an AFDC model project relating to the federal welfare reform, and includes 4.00 FTE.

	<u>1990</u>	<u>1991</u>
<b>Expenditures</b>		
Personal Services	76,674	<del>75,811</del> 77,615
Operating	56,007	67,147
Equipment	3,500	0
Grants	1,051,062	2,285,307
Total	1,187,243	2,450,069
<b>Funding</b>		
General Fund	0	194,307
Federal	1,187,243	2,255,762

Committee Issues

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Committee Action

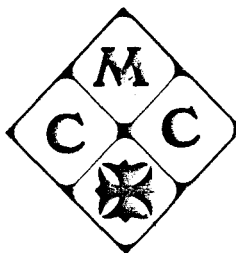
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EXHIBIT 10  
DATE 3-1-89  
HB 70



# Montana Catholic Conference

March 1, 1989

CHAIRPERSON HANSEN AND THE HOUSE HUMAN SERVICES COMMITTEE

I am John Ortwein representing the Montana Catholic Conference.

The Montana Catholic Conference supports the intent of this bill--to educate, train, and assist those on AFDC to be better equipped to be active participants in the work force.

We do have several concerns about the bill. Section (f) line 2, on page 5 indicates a woman who gives birth would be required to participate in a program within five months of having given birth. We question if this is an adequate adjustment time for the new mother before entering a work training program.

We are particularly pleased the legislation provides for the necessary child care assistance to allow participants to better themselves through the program.

It is our hope that Senate Bill 70 will be of benefit to those trying to become self-sufficient.

EXHIBIT 11  
DATE 3-1-89  
HB 70



Tel. (406) 442-5761

P.O. BOX 1708

530 N. EWING

HELENA, MONTANA 59624



Montana

Association of  
Churches

MONTANA RELIGIOUS LEGISLATIVE COALITION • P.O. Box 745 • Helena, MT 59624

March 1, 1989

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

CHAIRWOMAN HANSEN AND MEMBERS OF THE HOUSE HUMAN  
SERVICES COMMITTEE:

I am Mignon Waterman of Helena and I represent the Montana  
Association of Churches.

The Montana Association of Churches supports SB70 because  
we believe it will increase the training and job  
opportunities for individuals receiving AFDC.

We recognize the cost involved in implementing this  
legislation but we believe that it is only through efforts  
such as this and other progressive reform that low income  
individuals can receive the training and support necessary  
to become productive members of Montana's workforce.

We urge this committee to support SB70.

EXHIBIT 11

DATE 3-1-89

HB 70

## NAME \_\_\_\_\_

WHOM DO YOU REPRESENT?

## SUPPORT

OPPOSE

AMEND

COMMENTS :

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Form CS-34  
Rev. 1985

EXHIBIT.

DATE \_\_\_\_\_

HB





**MONTANA FARM BUREAU FEDERATION**

502 South 19th • Bozeman, Montana 59715

Phone: (406) 587-3153

BILL # SB 26; TESTIMONY BY: Lorna Frank  
DATE March 1, 1989; SUPPORT Yes; OPPOSE

Mr. Chairman, members of the committee, for the record, my name is Lorna Frank, representing 3600 Montana Farm Bureau members.

We support SB 26 and was glad to see that a compromise was worked out on this bill. We see this as a solution to the lack of available physicians in some rural areas.

We urge this committee to give SB 26 a "do concur" recommendation, Thank you for allowing us to testify on this bill.

SIGNED: Lorna Frank

FARMERS AND RANCHERS UNITED

## COMMITTEE

DATE 3/1/89

[illegible]

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

## VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. SB 26

DATE 3/1/89

SPONSOR Senator Weeding

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
Roger Krupp	H.D. #27	X	
Bob Decker	SB # 26	X	
Gordon Morris	MAPA	SB 26	
William Duffell	MAPA + Fallon Co	X	
J. M. G. D.D.	Fallon Medical Complex	X	
Jesse Blaw	MAPA	X	
Dan Davis PA-C	Ekadaka, MT PAHL Memorial Healthcare	X	
David Watson	Deaconess Medical Center of Billings, Inc	X	
Susan Cahill	MAPA	X	
RANDY SPEAR	Hurley Project Medical Center, Wolfen, MT	X	
Jerat T. Funder	mt med assn	✓	
Selena Nelson	Fallon Co Complex, Baker	✓	
Bob Pkeeling EMT	Starfield Co. Health Center (Jordan)	✓	
P. Wheeler MAPA	MAPA	✓	
Peg Bartlett	MSP	X	
Sandra Pedersen	MSP	X	
Don Sullivan PA-C	MAPA	X	
Greg Bailey	Supt. of Schools	X	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

## HUMAN SERVICES AND AGING COMMITTEE

DATE 3/1/89

[illegible]

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

## VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. SB 70

DATE 3/1/89

SPONSOR Senator Norman

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
<i>Vigene Jellison</i>	MLIC		✓
<i>Christine Devery</i>	LWVMT	✓	
<i>Ms Davis</i>	"	✓	
<i>EDITH CARLSON</i>	MT ASSN Soc Wkrs	✓	
<i>Brenda Nordlund</i>	MT Women's lobby	-	
<i>John Campbell</i>	MAEYC	✓	
<i>Mignon Waterman</i>	MT Assoc of Churches	✓	
<i>Sue Mohr</i>	MT Dept of LABOR	X	
<i>Susan Christofferson</i>	MABC	✓	
<i>Lisa Memahan</i>	"	✓	
<i>John Peterson</i>	MT Catholic Cong	-	
<i>John Donnan</i>	SPS		
<i>Nancy Suggin</i>	Univ. of MT	✓	
<i>Jim Smith</i>	HRDC Assoc	✓	
<i>Charles McCarthy</i>	Dept Family Services	✓	

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. SB 74DATE 3/1/89SPONSOR Senator Regan

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
<i>Ed Dean Lewis</i>	<i>A.A.R.P.</i>	<i>X</i>	
<i>Owen Warren</i>	<i>A.A.R.P.</i>	<i>X</i>	
<i>Charles McCarthy</i>	<i>Dept Family Services</i>	<i>X</i>	
<i>John E Haas</i>	<i>private</i>		<i>X</i>

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.