MINUTES

MONTANA HOUSE OF REPRESENTATIVES
51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES AND AGING

Call to Order: By Stella Jean Hansen, on March 6, 1989, at 3:00 p.m.

ROLL CALL

Members Present: All

Members Excused: None

Members Absent: None

Staff Present: Mary McCue, Legislative Council

Announcements/Discussion: None

HEARING ON HB 742

Presentation and Opening Statement by Sponsor:

Rep. Bradley stated that this bill was an act providing flexibility in establishing general assistance by replacing benefit schedules with amounts determined by rule and providing effective dates. Rep. Bradley also stated that the Department had provided amendments.

Testifying Proponents and Who They Represent:

None

Proponent Testimony:

None

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: Rep. Hansen asked Rep. Bradley how much can recipients receive based on the federal poverty level and Rep. Bradley stated that it would be on the 42% level. Rep. Hansen asked if the amount a recipient would receive vary year to year and not month to month and Rep. Bradley stated that it would vary on a yearly basis.

Rep. Simon asked Rep. Bradley if the schedule would be similar to the schedule which the Department now followed or would the schedule be higher or lower than we are currently authorized and Rep. Bradley stated that it was almost identical in regards to the payment levels. Rep. Simon then asked if we had a 4% inflation factor if then the poverty level is likely to increase by 4% for the second year of the biennium, would that have the effect of triggering an increase in the second year and Mr. Donlan stated that the poverty level will shift but the percentage stays the same.

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

DISPOSITION OF HB 742

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

Discussion: None.

Amendments, Discussion, and Votes: A Motion was made by Rep. Gould to move the amendments. A vote was taken and all voted in favor.

Recommendation and Vote: Rep. Gould made a Motion to DO PASS AS AMENDED. A voted was taken and all voted in favor. Motion carries.

HEARING ON SB 143

Presentation and Opening Statement by Sponsor:

Senator McLane stated that this bill was an act to remove restriction on the use of certain drugs by optometrists; to authorize optometrists, upon completion of a prescribed course, to use therapeutic pharmaceutical agents to treat primary open-angle glaucoma.

Testifying Proponents and Who They Represent:

Larry Bonderud, O.D.
Bill Simons, O.D.
Gregory Zell, O.D.
Thomas Lewis, O.D.
Senator Tom Rasmussen

Proponent Testimony:

Dr. Larry Bonderud stated that as a rural optometrist he wanted to stress the importance of this legislation. Not being able to provide the treatment of choice for his patients results in many miles of unnecessary travel for people who often find traveling difficult.

Dr. Bonderud also said that the care of primary open angle glaucoma by optometrists is a safe approach with a significant improvement in access and cost benefits for the citizens of Montana. Exhibit 1.

Dr. Bill Simons stated that since 1987, Montana optometrists have been authorized to use oral pain medications which are controlled substances and require a federal drug enforcement agency license. This bill would allow the use of other oral medications by optometrists for treatment of conditions such as sties and tear duct infections on the front of the eye. These conditions occasionally require the combination of a topical eyedrop and oral medication to administer the proper care of his patients. Exhibit 2.

Dr. Gregory Zell discussed the use of steroids for the treatment of eye diseases. The steroids that he wanted to use to treat eye disorders are different from other types of steroids, such as the anabolic steroids. Anabolic steroids have been widely publicized as being misused by athletes; anabolic steroids have no application in eyecare. Exhibit 3.

Dr. Thomas Lewis said that he was currently an Associate Professor and Dean of Academic Affairs at the Pennsylvania College of Optometry. Dr. Lewis said that he believed Montana optometrists have the skills and competencies to provide high quality eye care within the parameters of this bill. Exhibit 4.

Senator Tom Rasmussen stated that there were some amendments proposed. Surgeons do not need to do the routine care and optometrists should be able to care for these patients.

Testifying Opponents and Who They Represent:

Ken Younger, M.D.
Dan Lensink, M.D.
Lynn Severin
Tom Bulger, M.D.
Delpheon Clark
Joseph Kupko, M.D.

Opponent Testimony:

Ken Younger, M.D. stated that optometrists were general practitioners of the eye and that what they were asking to do in this bill should be reserved for the specialists. The items in this bill go beyond the realm of the generalists and belong on the realm of the specialist.

Dan Lensink, M.D. stated that he would be eventually practicing medicine with Dr. Younger and spoke of the background necessary and the medical training he had accomplished to be an ophthalmologist.

Lynn Severin told of the outcome of the eye surgery which was recently conducted on her son and perhaps could have been avoided had she taken her son to an ophthalmologist instead of an optometrist.

Tom Bulger, M.D. spoke of systemic medicine and topical medicines and the training of optometrists.

Delpheon Clark spoke of her vision which initially was treated by an optometrist and she was eventually treated by an ophthalmologist and declared legally blind and a diabetic.

Joseph Kupko, M.D. stated that if the optometrists were allowed to try to be the sole providers of eye care supported by legislation which appears to be self serving, he would never have moved there. Presently, Dr. Kupko works with three optometrists who have completed the required course. The key to medical training in practice is clinical experience supervised by those with much more experience. Without this, it is impossible to understand the far reaching effects and possible complications of medications and treatments.

Questions From Committee Members: Rep. Squires asked Dr. Lensink about how many times he had prescribed steroids and Dr. Lensink stated that approximately 20 times per week. Dr. Zell responded that he had prescribed them about 2 times a week.

Rep. Good asked Dr. Bulger about generalists versus specialists inasmuch as emergency room treatment and Dr. Bulger stated that perhaps he would be treated by an optometrist first.

Rep. Knapp asked Dr. Lewis about optometrists versus opthalmologists and their education.

Rep. Simon asked Dr. Bondrud about the legality of diagnosing glaucoma and Dr. Bondrud stated that he had malpractice insurance to cover his misdiagnosis. Rep. Simon than asked what the nearest physician that would have the capability of diagnosing glaucoma and Dr. Bondrud stated that the nearest eye surgeon is 90 miles away.

Rep. Stickney asked Dr. Younger if general practitioners treated glaucoma and Dr. Younger stated that they did not.

Rep. Boharski asked Dr. Younger about optometrists diagnosing

glaucoma and in so doing, the optometrist referred the diagnosis to a general practitioner who in turn agreed with the diagnosis and treatment and authorized the medication which was prescribed and Dr. Younger stated that it would be most unusual for a family practitioner to prescribe glaucoma medication.

Rep. Lee asked Dr. Younger if all of the drugs which were discussed were drugs of choice depending on certain circumstances but would they all be used in the treatment of glaucoma and Dr. Younger stated that there were no restrictions of chronic simple glaucoma or any restriction on the type of glaucoma.

Closing by Sponsor: Senator McLane closed on the bill.

HEARING ON SB 146

Presentation and Opening Statement by Sponsor:

Senator Hager stated that this bill was an act to revise the adoption statutes to authorize the Department of Family Services to contract with licensed social workers and licensed child-placing agencies to conduct investigations concerning parental adoptive placements and to charge a fee for such investigations.

Testifying Proponents and Who They Represent:

Betty Bay, Montana Department of Family Services

Proponent Testimony:

Betty Bay stated that the Department is required by law to investigate and file a report with the court when birth parents arrange for the placement of their child with adoptive parents of their choice. The services required are provided at no cost to adoptive parents. Exhibit 5.

Testifying Opponents and Who They Represent:

None.

Opponent Testimony:

None.

Questions From Committee Members: Rep. Good asked Ms. Bay how much the fee might be and Ms. Bay indicated it would be about $500.00.

Rep. Simon asked Ms. Bay why we were singling out this one profession of social workers. Why are we not considering any other professions that might be

involved with these children that might be appropriate for the Department to contract with and Ms. Bay indicated that no one else was a licensed child placing agency.

Closing by Sponsor: Senator Hager closed on the bill.

DISPOSITION OF SB 146

Motion: Rep. Simon made a Motion to BE CONCURRED IN.

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

HEARING ON SB 147

Presentation and Opening Statement by Sponsor:

Senator Vaughn stated that this bill was an act to generally revise the laws regulating the practice of chiropractic.

Testifying Proponents and Who They Represent:

Roger Combs, D.C., Montana Board of Chiropractors
Margaret Richardson, Montana Chiropractic Association

Proponent Testimony:

Dr. Combs stated that the bill provides for a student who will be within 90 days of graduation to take the examination for licensure. Exhibit 6.

Margaret Richardson stated that she supports this bill and felt that the legislation was important to the continuing regulations of the chiropractic profession.

Testifying Opponents and Who They Represent:

None.

Opponent Testimony:

None.

Questions From Committee Members: Rep. Simon asked Dr. Combs about the member of the chiropractic profession who was doing things beyond the scope of his practice and accusation that the Board was taking against him and further was Dr. Combs suggesting that in this case that the proper kind of disciplinary action that he, as a doctor would want to take against this associate. Dr. Combs stated that the Board would recover some of the costs for investigation.

Closing by Sponsor: Senator Vaughn closed on the bill.

DISPOSITION OF SB 147

Motion: Rep. Good made a Motion TO BE CONCURRED IN.

Recommendation and Vote: A vote was taken with all voting in favor with the exception of Rep. Simon. Motion carries.

HEARING ON SB 181

Presentation and Opening Statement by Sponsor:

Rep. Brown opened on the bill for Senator Mazurek and stated that this bill was an act to simplify the premarital serology test requirements by changing the content and signature of the medical certificate and distribution of certificate forms and by eliminating the requirement that the test be performed no more than 6 months before the issuance of a marriage license.

Testifying Proponents and Who They Represent:

Douglas Abbot, M.D., Montana Department of Health and Environmental Sciences

Proponent Testimony:

Douglas Abbot, M.D. stated that the present requirement for premarital rubella testing has been a very successful part of the state's rubella control program. This bill is designed to simplify and clarify some of the administrative procedures to make compliance easier. Exhibit 7.

Testifying Opponents and Who They Represent:

None.

Opponent Testimony:

None.

Questions From Committee Members: Rep. Boharski asked Dr. Abbot about serological testing and Dr. Abbot stated that this was a test to determine if the woman in the proposed marriage is immune to rubella. The purpose of this is that if a woman becomes infected with rubella during the first part of a pregnancy, there is good chance of the child being damaged.

Rep. Russell asked Dr. Abbot if this was the only test that was done and Dr. Abbot stated that it was.

Closing by Sponsor: Rep. Brown closed on the bill for Senator Mazurek.

DISPOSITION OF SB 181

Motion: Rep. Brown made a Motion TO BE CONCURRED IN.

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

HEARING ON SB 189

Presentation and Opening Statement by Sponsor:

Senator Pipinich stated that this bill was an act to require local health officers or their authorized representatives to take any appropriate action necessary to prevent or control the spread of communicable disease if the action does not conflict with rules adopted by the Department of Health and Environmental Sciences and providing effective dates.

Testifying Proponents and Who They Represent:

Judith Gedrose, Montana Department of Health and Environmental Sciences

Proponent Testimony:

Judith Gedrose stated that she was the state epidemiologist and that local health officers have been given and are practicing the responsibility and authority to implement all of the public health actions necessary to control communicable disease in their county. The other statutes and rules have been put into practice for seven years now and this statute should be changed to match them and actual practice.

Testifying Opponents and Who They Represent:

None.

Opponent Testimony:

None.

Questions From Committee Members: Rep. Boharski asked Ms. Gedrose about the measle epidemic in Kalispell, what does this bill change and Ms. Gedrose stated that there was not a problem in the measle outbreak and Senator Pipinich also stated that the officials in Kalispell tried to contact the Department of Health for action for what they were going to take. There was a five day delay in setting some quarantine areas.

Closing by Sponsor: Senator Pipinich closed on the bill.

DISPOSITION OF SB 189

Motion: Rep. Good made a Motion TO BE CONCURRED IN.

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

ADJOURNMENT

Adjournment At: 7:00 p.m.

REP. STELLA JEAN HANSEN, Chairman

SJH/ajs

M0607.min

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date 3/6/89

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 7, 1989

Mr. Speaker: We, the committee on Human Services and Aging report that SENATE BILL 146 (third reading copy -- blue) be concurred in.

Signed: _____
Stella Jean Hansen, Chairman

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

STANDING COMMITTEE REPORT

March 7, 1989

Mr. Speaker: We, the committee on Human Services and Aging report that SENATE BILL 147 (third reading copy -- blue) be concurred in .

Signed: _____
Stella Jean Hansen, Chairman

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

STANDING COMMITTEE REPORT

March 7, 1989

Mr. Speaker: We, the committee on Human Services and Aging report that SENATE BILL 181 (third reading copy -- blue) be concurred in .

Signed: _____
Stella Jean Hansen, Chairman

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

STANDING COMMITTEE REPORT

March 7, 1989

Mr. Speaker: We, the committee on Human Services and Aging report that SENATE BILL 189 (third reading copy -- blue) be concurred in.

Signed: _____
Stella Jean Hansen, Chairman

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

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STANDING COMMITTEE REPORT

March 7, 1989

Mr. Speaker: We, the committee on Human Services and Aging report that HOUSE BILL 742 (first reading copy -- white) do pass as amended .

Signed: _____
Stella Jean Hansen, Chairman

And, that such amendments read:

1. Page 2, lines 11 and 12.
Following: "household" on line 11
Strike: remainder of line 11 through "benefits," on line 12
Following: "households."
Insert: "The amount must be based on a percentage of the federal poverty index. The percentage is established in the state general appropriations act."

2. Page 7, lines 3 and 4.
Following: "household" on line 3
Strike: remainder of line 3 through "benefits," on line 4
Following: "households."
Insert: "The amount must be 150% of the amount established in 53-3-205(2)."

SB 143

For the record, my name is Dr. Larry Bonderud. As a rural optometrist I would like to stress the importance of this legislation. Not being able to provide the "treatment of choice" for my patients results in many miles of unnecessary travel for people who often find traveling difficult.

Two years ago, legislation was passed allowing optometrists to treat diseases of the eye. Amendments, that were added on the floor of the house, restricted the use of a few drugs necessary to provide the "treatment of choice" for some of these conditions. Not being able to provide "treatment of choice" creates unnecessary referrals and added cost to patients. Ethical or legal questions arise if alternate methods are used and patients not referred.

Glaucoma treatment is a very important to me as a rural optometrist. The term "glaucoma" does not simply mean one eye disease. Rather, it applies to a group of diseases designated as "the glaucomas" all having an abnormal eye pressure resulting in damage to the eye.

In SB 143 we are only concerned with primary open angle glaucoma, which is a slow developing form of glaucoma treated effectively by eyedrops.

The difficulty for any doctor in handling primary open angle glaucoma is not in the actual treatment of the disease but in the correct diagnosis of the disease. For years optometrists have been legally require to diagnose glaucoma.

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Treatment is a logical extension of those diagnostic capabilities that Montana optometrists presently have.

The potentially serious pulmonary and cardiovascular side effects of glaucoma medications can be monitored by the optometrist by use of a careful case history, consultation with the glaucoma patient's personal physician, and the selection of glaucoma medications that are most appropriate for the individual glaucoma patient. Consultation with their physician before glaucoma treatment is just proper standard care for all optometrists.

Frequent follow-up visits are a key factor in the successful treatment of glaucoma. As a rural optometrist, I can attest to the difficulty that elderly Montanans have in traveling the many, many miles for these necessary follow-up visits.

Another key factor in the treatment of glaucoma is proper compliance to treatment. Research shows that 50% of patients with chronic diseases, such as glaucoma, do not take their medications properly. Local, easily accessible, frequent evaluation of their condition will encourage proper compliance.

Patient compliance is also effected by the cost of care. Only 10 ophthalmologists accept medical assignment; seven (7) of those in one city. Seventy-four (74) optometrists throughout Montana accept Medicare assignment.

I assure you that the care of primary open angle glaucoma by optometrists is a safe approach with a significant improvement in access and cost benefits for the citizens of Montana.

SB 143

Madame Chairperson and members of the committee, my name is Bill Simons, an optometrist practicing privately in Helena, MT. I would like to ask your support for Senate Bill 143.

Since 1987, Montana optometrists have been authorized to use oral pain medications which are controlled substances and require a Federal Drug Enforcement Agency license. SB 143 would allow the use of other oral medications by optometrists for treatment of conditions such as "styes" and "tear duct infections" on the front of the eye. These conditions occasionally require the combination of a topical eyedrop and oral medication to administer the proper care of our patients.

There is some confusion as to the use of injectable medications or "shots". Giving shots in the eye or anywhere else on the body is "NOT" and has never been a consideration by Montana optometrists. Injections are not part of the optometric curriculum in the United States and is not a consideration of Senate Bill 143. All modes of treatment will be approved by the Montana Board of Optometrists, just as they are by the board of Dentistry for Dentists and Board of Medicine for Physicians. Be assured that no state board would ever allow a procedure to be performed by untrained or unskilled persons.

Optometrists in many states, such as West Virginia, have been treating eye disease including glaucoma for 13 years. Over that time, insurance premiums have stayed level and in many cases have actually decreased 30 to 40 percent! I currently pay $220 per year for liability insurance, about the same as my colleagues

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in West Virginia. Liability insurance premiums are considered the single most unbiased indicator of optometry's safety record in treating ocular disease. I have attached the insurance report for your convenience. For these reasons I urge your support of SB 143. Thank you.

EXHIBIT 2
DATE 3-6-89

AMERICAN OPTOMETRIC ASSOCIATION
PROFESSIONAL LIABILITY RATE SCHEDULE
1,000,000 EACH CLAIM
1,000,000 AGGREGATE
EFFECTIVE SEPTEMBER 1, 1988

	(1) EACH OPTOMETRIST INSURED IN PROGRAM	(2) EACH CONTRACTED OPTOMETRIST NOT INSURED IN PROGRAM	(3) EACH OPTICIAN
Countrywide, except as noted below	$220	$ 55	$ 88
California			
Los Angeles	$300	$ 75	$120
San Francisco	$300	$ 75	$120
Connecticut	$179	$ 45	$ 72
District of Columbia	$300	$ 75	$120
Florida			
Broward County	$300	$ 75	$120
Dade County	$300	$ 75	$120
Georgia			
Atlanta	$300	$ 75	$120
Fulton County	$300	$ 75	$120
Illinois			
Chicago	$300	$ 75	$120
Cook County	$300	$ 75	$120
Kansas	EXCLUDED	EXCLUDED	EXCLUDED

Massachusetts			
Boston	$300	$ 75	$120
Norfolk County	$300	$ 75	$120
Suffolk County	$300	$ 75	$120
Michigan			
Detroit	$300	$ 75	$120
New Jersey			
Camden	$300	$ 75	$120
Trenton	$300	$ 75	$120
Hudson County	$300	$ 75	$120
Essex County	$300	$ 75	$120
Union County	$300	$ 75	$120
New York			
Bronx	$300	$ 75	$120
Brooklyn	$300	$ 75	$120
Manhattan	$300	$ 75	$120
Queens	$300	$ 75	$120
Staten Island	$300	$ 75	$120
Nassau County	$300	$ 75	$120
Suffolk County	$300	$ 75	$120
Ohio			
Cleveland	$300	$ 75	$120
Pennsylvania			
Philadelphia	$300	$ 75	$120

SB143

For the record my name is Dr Gregory Zell, Missoula Mt.

STEROIDS

I want to discuss the use of steroids for the treatment of eye diseases. The steroids that I want to use to treat eye disorders are different from other types of steroids, such as the anabolic steroids. Anabolic steroids have been widely publicized as being misused by athletes; anabolic steroids have no application in eyecare.

Steroids have been used in the treatment of eye disease for nearly 40 years. For many common anterior segment eye disorders, steroids, either alone or in combination with antibiotics, are considered the treatment of choice. Of all the states that allow optometrists to use therapeutic drugs, Montana and Florida are the only states that do not allow optometrists to use steroids.

Steroids are used for their anti-inflammatory effect. If a patient comes to me with an inflamed eye, ie. a red, swollen, itchy eye, an anti-inflammatory drug can add to my patients comfort quickly, and in some cases reduce the risk of permanent scarring.

By using a steroid medication when indicated I can save my patients the inconvenience, time, and finanical expense of unnecessary visits to other physicians. My patients would avoid

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the unneeded and prolonged discomfort associated with these conditions.

For disorders involving the front of the eye, local application of steroids is usually satisfactory. Undesirable, systemic side effects of steroids rarely occur with local application to the eye.

I am well aware of the risks with steroids. That is why I will take the proper precautions before prescribing steroids or any drug. I will follow the proper standard of care; I will take other considerations before prescribing a drug. To insure my patient's safety, I will monitor my patient's progress with the proper follow-up care.

The use of steroid drugs are within the scope of my optometric training. I need these medications for my patients.

Thank you.

SB 143

My name is Dr. Thomas Lewis. I am currently an Associate Professor and Dean of Academic Affairs at the Pennsylvania College of Optometry. In addition to being an optometrist, I hold a Doctor of Philosophy Degree in Anatomy from Jefferson Medical College in Philadelphia. I have also completed a post-doctoral fellowship in the Department of Ophthalmology, School of Medicine, Washington University, St. Louis, Missouri.

I sit on the Board of Directors of the National Board of Examiners in Optometry. The National Board prepares, administers and grades a national certifying examination used by 85% of the State Boards of Optometry. The National Board also administers a therapeutic examination for practicing optometry. My background has given me 15 years of experience in teaching and evaluating optometry students and optometrists on a national level. The Pennsylvania College of Optometry trains more optometrists, 150 a year, than any other school. Since 1972, the college has be deeply involved in post-graduate continuing education. Of the 23 states that currently allow optometrists to treat eye diseases, 19 states with over 6500 optometrists have received part or all of their education and testing for certification from the Pennsylvania College of Optometry. Of the ten states which allow optometrists to use anti-glaucoma drugs, eight received their training from Pennsylvania.

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When evaluating the skills and competencies of practicing optometrists to treat eye diseases, don't concentrate solely on the continuing education they receive related specifically to drugs and eye diseases. Remember the years of clinical experience and the thousands of patients these doctors have examined. Remember also that optometrists in Montana have been legally required for years to make specific diagnoses of the eye diseases. They are now asking to be able to treat. I believe Montana optometrists have the skills and competencies to provide high quality eye care within the parameters of SB 143. I am here to answer, at the appropriate time, any questions you might have related to optometric education.

Thank you.

CASE REPORT

Vision loss due to undetected diabetes in optometry patient.

August 1984

This 42 year old woman began to have blurred vision. She went to her optometrist thinking she needed a change in glasses. The optometrist saw her on multiple occasions but seemed to be unable to determine the cause for vision loss.

March 21, 1985

Patient is diagnosed as having diabetes

April 8, 1985

First examination by ophthalmologist. Referral was made by the optometrist, who advised the ophthalmologist that the patient had been having major changes in her refraction, but that the refraction was stable, the glasses had changed, but the vision had not improved. This was the reason for referral. Examination on April 8th, 1985 showed best vision of counting fingers at eight feet in the right eye, counting fingers at three feet in the left eye, (legal blindness each eye). Extensive diabetic retinopathy was noted in each eye as the cause of vision loss (see photographs).

April 12, 1985

Laser treatment started right eye

April 24, 1985

Laser treatment started left eye

June 1985

Progressive vision loss stabilized (approximately 20/400 OU)

1988 Vision stable at 20/400 bilateral (legal blindness)

SUMMARY

Patient under optometric care for several months for reduced vision due to diabetic retinopathy. Optometrist was unable to detect this and referral did not occur until the patient was legally blind. Had the patient been seen at the onset of symptoms laser treatment may have prevented this loss of sight.

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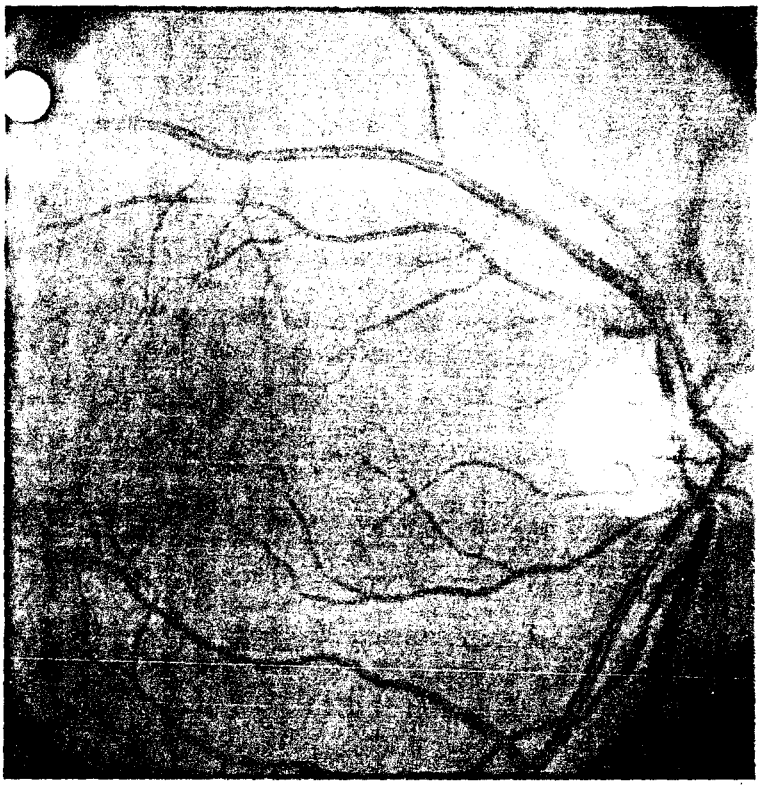
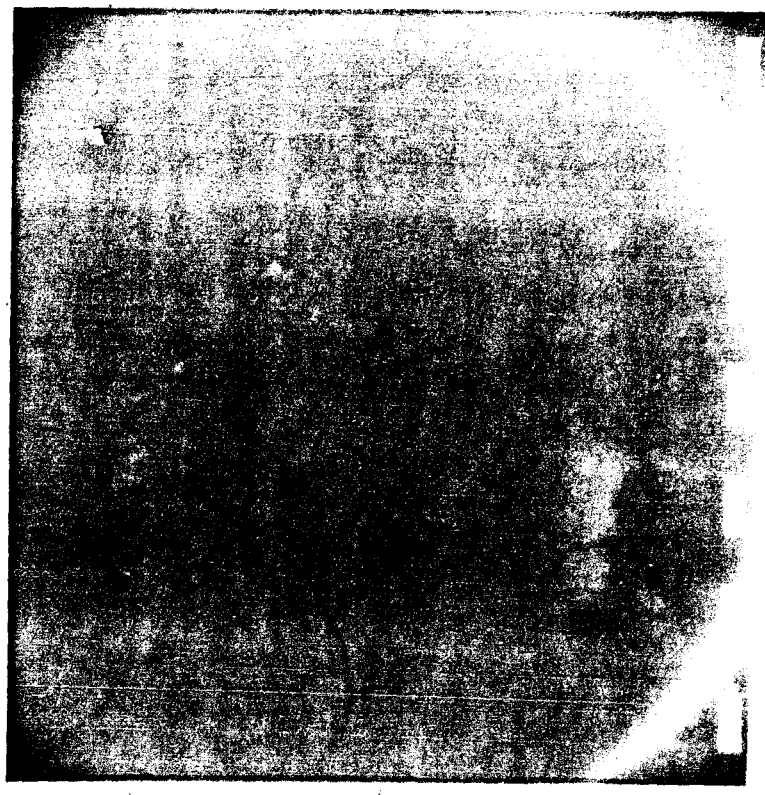
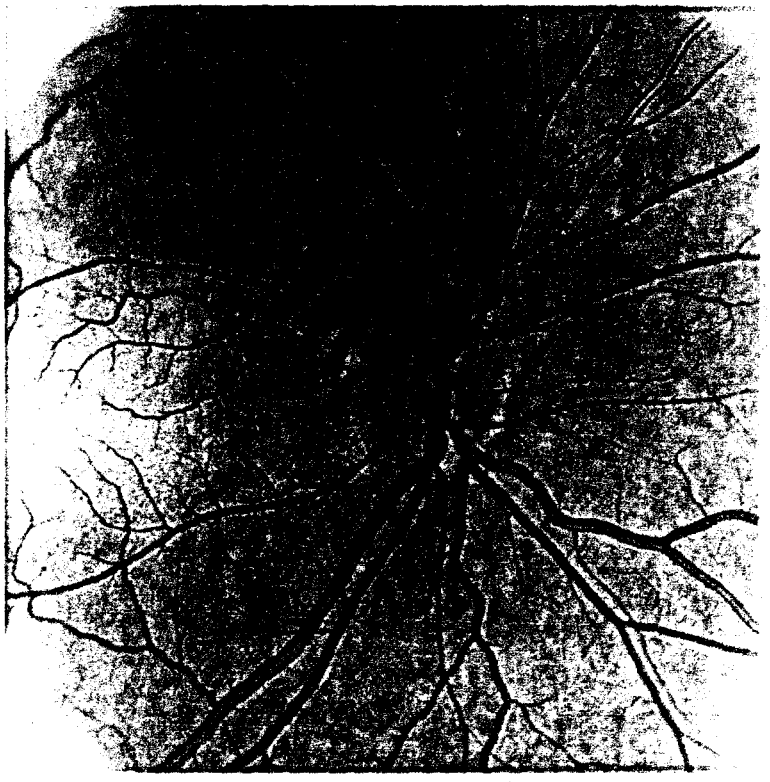
RETINAL PHOTOGRAPHS DIABETIC CASE



NORMAL RETINA



DIABETIC PATIENT MARCH 1985
(Note Hemorrhages)



ANGIOGRAM
NORMAL PATIENT

ANGIOGRAM
DIABETIC MARCH 1985

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Kalispell, Mont.

March 3, 1989

Montana Legislature

Senate Bill 143

Dear Committe Members:

Since I have Glaucoma I am definitely opposed to Senate Bill 143. My experiences with Optometrists leads me to conclude that treatment of Glaucoma patients should be left in the hands of well qualified Ophthalmologists.

Optomotrists have checked my eyes every two years ever since 1964. Stronger lenses were always recommended and I was sent on my way. My last visit to an Optomotrist was in 1983 when my vision was really giving me problems. Seemingly, no problem was found, but my vision never improved. I then decided to go to an Ophthalmologist, who was highly recommended to me by a friend. Dr. Weber checked my eyes and found my problem immediately. He has controlled my eye pressure with Lasar surgery, Timoptic eye drops, and Diamox pills for nearly 4 years now. I am deeply grateful for his concern and wonderful care. I definitely feel if I hadn't gone to him with my problem I would be blind today. Therefore, I hope Senate Bill 143 does not pass.

I am convinced that only Ophthalmologists have the expertise to treat Glaucoma patients!

Sincerely,

Phyllis A. Wagner

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CASE REPORT

63 year old woman who became legally blind due to optometrists failure to detect chronic "simple" glaucoma.

May 1985 — Patient presents to the ophthalmologist for the first time with a complaint of decrease in vision in her left eye for two years. Findings included good central vision, elevated eye pressure (26 right, 27 left) far advanced glaucoma damage to her optic nerve, and extensive visual field loss to the point of being legally blind (see attached visual fields). Patient was wearing an arm cast at the time and indicated she tripped over something recently because she was unable to see the ground. Patient reported that she had been under optometric care and had not been previously diagnosed as having glaucoma. Optometric records were obtained and are summarized:

1974 - Pressure 17 each eye, normal exam

1978 - Pressure 28 right, repeat 24. Pressure left eye 23 (these pressures are within the glaucoma range)

1982 - Routine exam. Pressure was 21 on the right, 21 on the left, and optic nerves were noted to have enlarged cups (signs of chronic simple glaucoma). No referral was made.

We have had this patient on glaucoma treatment for three years and she has suffered some additional vision loss during that time. The patient wanted to be able to relate this story but was unable to come to Helena because of the health of her husband.

SUMMARY

The optometric records show definite evidence of glaucoma seven years and again three years prior to the time the patient self referred to an ophthalmologist. No referral was made. If the optometrist had made the diagnosis he would have referred the patient for treatment and the extensive visual loss could have been avoided.

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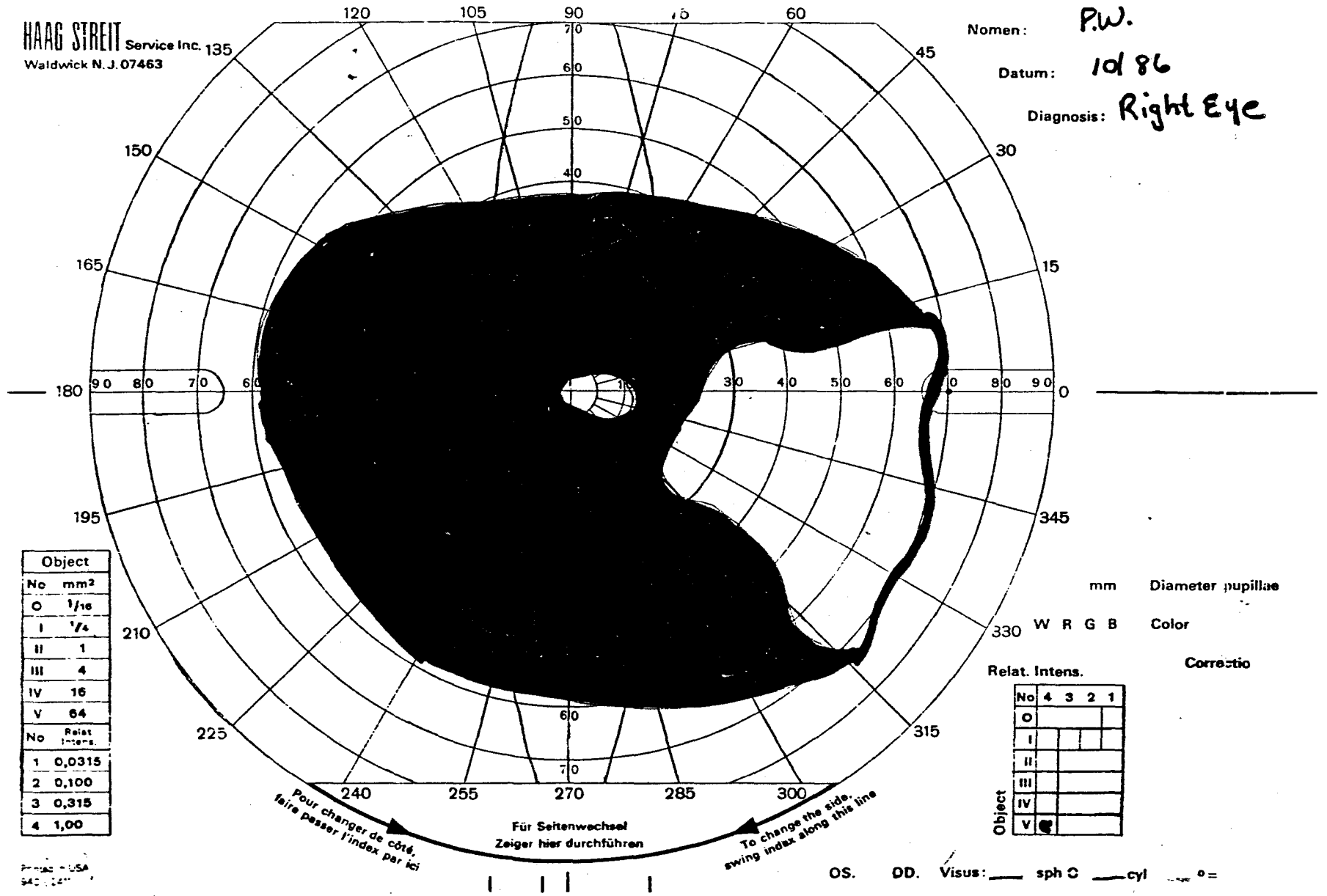
HAAG STREIT Service Inc.
Waldwick N.J. 07463

Nomen: P.W.

Datum: 10 86

Diagnosis: Right Eye



Object	
No	mm²
0	1/16
I	1/4
II	1
III	4
IV	16
V	64
No	Relat. Intens.
1	0,0315
2	0,100
3	0,315
4	1,00

mm Diameter pupillae

W R G B Color

Correctio

Relat. Intens.

Object	No	4	3	2	1
	0				
	I				
	II				
	III				
	IV				
	V				

OS. OD. Visus: ___ sph ○ ___ cyl ___ ° =

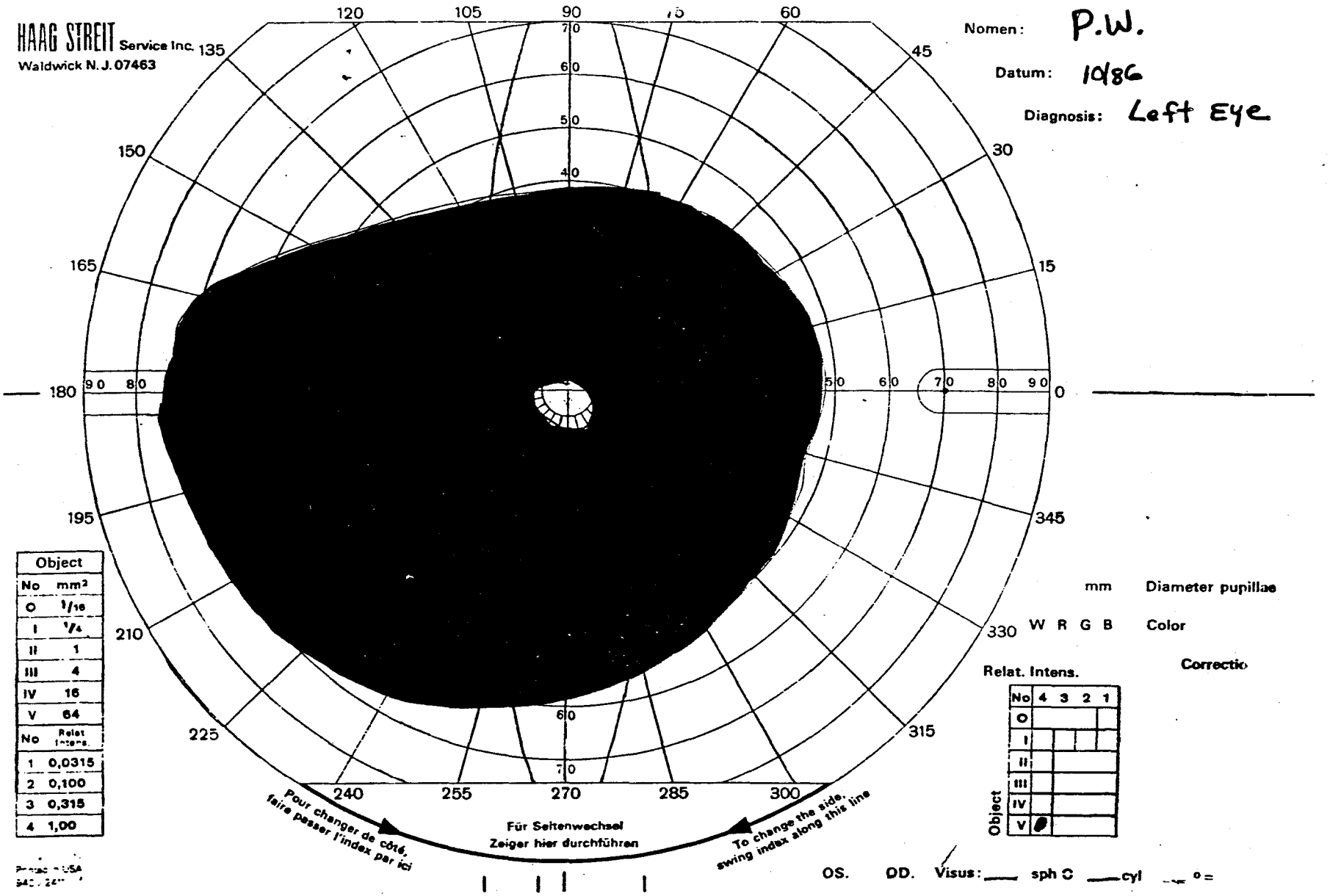
EXHIBIT 4
DATE 3-6-89
HB 143

HAAG STREIT Service Inc.
Waldwick N. J. 07463

Nomen: P.W.

Datum: 10/86

Diagnosis: Left Eye



Object	
No	mm²
0	1/16
I	1/4
II	1
III	4
IV	16
V	64

No	Relat. Intens.
1	0,0315
2	0,100
3	0,315
4	1,00

mm Diameter pupillae

W R G B Color

Correctio

Relat. Intens.

Object	No	4	3	2	1
	0				
	I				
	II				
	III				
	IV				
	V				

OS. OD. Visus: ___ sph ○ ___ cyl ___ ° =

DEPARTMENT OF FAMILY SERVICES

STAN STEPHENS, GOVERNOR

(406) 444-5900

STATE OF MONTANA

P.O. BOX 8005
HELENA, MONTANA 59604

March 7, 1989

Testimony in Support of SB 146
ALLOWING THE DEPARTMENT TO CONTRACT WITH LICENSED SOCIAL WORKERS AND TO CHARGE A FEE FOR INVESTIGATIONS FOR PRIVATE PARENTAL ADOPTION

Submitted by Betty Bay

The Department of Family Services is required by M.C.A. 40-8-109 and 40-8-122 to investigate and file a report with the court when birth parents arrange for the placement of a child with adoptive parents of their choice. The services required are now provided at no cost to the adopting parents. The time necessary to fulfill the requirement of the law takes away from time D.F.S. social workers could use in other needed agency services such as protective services to abused and neglected children, and arranging placements for the children in the Department's custody. D.F.S. would like to contract with licensed social workers or a licensed child placing agency to conduct the investigation of the parental placement and prepare the report to the court.

The Department does not have adequate funding to contract for the investigation. We are asking that prospective adoptive parents be charged a reasonable fee for the cost of the investigation and completing the report. The fees collected would be used to contract with licensed social workers or a licensed agency.

People who adopt children through private agencies must pay a fee for adoption services they receive. Montana Intercountry Adoptions (MICA) charges from $1,000 to $1,400 for an adoptive home study similar to that D.F.S. wishes to charge a fee for. Lutheran Social Services charges from $2,500 to $6,000 for all the services related to placing a child.

The Department will provide training for those licensed social workers and agencies with whom we contract so that the investigations and report will conform to those now performed by D.F.S. social workers.

EXHIBIT 5
DATE 3-6-89
HB 146

BOARD OF CHIROPRACTORS
DEPARTMENT OF COMMERCE

TED SCHWINDEN, GOVERNOR

1424 9TH AVENUE

STATE OF MONTANA

(406) 444-5433

HELENA, MONTANA 59620-0407

March 6, 1989

TO: Rep. Stella Hansen, Chairman
Members, House Human Services Committee

My name is Dr. Roger Combs, Libby, Montana. I am a licensed chiropractor and the current president of the Board of Chiropractors.

S.B. 147 as proposed by the Board of Chiropractors would clarify regular physicians to medical doctors, and osteopaths in Section 1 of the bill.

The bill provides for a student who will be within 90 days of graduation to take the examination for licensure. The board only gives the examination twice a year, and this would assist that student in getting started in his profession immediatly, instead of having to find other work to support himself and pay student loans.

Section 4 of the bill is amended to add a fine provision in disciplinary actions and to recover costs of investigation and legal actions taken against a licensee who has been found in violation of the law and rules of the board. Other states have been recovering costs for years and this language is borrowed from a number of other states who are successfully disciplining in this manner.

A number of states who use fines and recovery have found that a licensee who has violated the law will be susceptible to cleaning up his act if it hits him in the pocketbook as well probation or suspension.

For instance, we had a licensee who dispensed prescription drugs which is prohibited by law for chiropractors. The licensee in question did not deny he had given the patient the drug. The board contracted with a handwriting analyist which proved the doctor had given the drug and written on the envelope. This chiropractor was put on probation, but if the board could have issued a fine and made him pay the cost of the handwriting analyist which was over $600 it would have caught his attention more effectively.

We ask your support of S.B. 147

EXHIBIT 6
DATE 3-6-89
HB 147

Roger Combs, D.C., President
Lou Sage, D.C., board member
Arvin Wilson, D.C. board member

EXECUTIVE SUMMARY

PURPOSE AND OBJECTIVES

The overall aim of this inspection was to promote a better understanding of State licensure and discipline practices concerning dentists, chiropractors, optometrists, and podiatrists. In regard to these practices, it sought to identify the extent and type of changes occurring, the major issues being addressed, and the kinds of improvements that might be made.

BACKGROUND

The inspection follows up on a similar inquiry that was conducted by the Office of Inspector General in 1985 and 1986 which addressed medical licensure and discipline. It is based primarily on three lines of inquiry: (1) telephone discussions with board members or staff of State licensure and discipline bodies in the four professional areas noted above, (2) a review of pertinent literature and data bases, and (3) discussions with representatives of national professional associations.

This report, which focuses on licensure and discipline of chiropractors, is the second in a series of reports to be issued as part of the inspection. Its organization and presentation closely parallel that of the first report, which addressed the licensure and discipline of dentists. A number of the findings and recommendations also parallel those set forth in the first report.

FINDINGS

- In both the licensure and discipline realms State board officials tend to feel that they are seriously constrained by insufficient funding and limitations on staffing and authority. As a result, the effectiveness of both licensure and discipline operations is compromised.

Licensure

- The definition of scope of practice--what a chiropractor is allowed to do and is prohibited from doing--differs substantially from State to State. Some enabling statutes are broad and nonrestrictive, whereas others offer a detailed description of what constitutes the practice of chiropractic.

- Diversity in defining the scope of chiropractic practice leads to diversity in requirements for licensure. As a result, State boards devote most of their time and resources to licensing activity, in particular to testing the clinical competence of each applicant.

- The boards' focus on testing allows for little attention given to investigating situations that might call for disciplinary action. Background checking for prior disciplinary activity in another State is seldom given major attention.

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DATE 3-6-89
HB 147

- Despite laws that allow for reciprocity, the boards are restrictive about granting it. In most States, reciprocity, if granted, covers only the basic and clinical science examinations. The applicant under reciprocity still must pass a clinical competence examination.

- Many practicing chiropractors strongly object to the boards' reluctance to grant reciprocity. They note that the absence of effective reciprocity inhibits their economic opportunity and freedom of interstate movement.

- The widely perceived inadequacy of the two national clearinghouses that collect and disseminate information on disciplinary actions taken against chiropractors serves to reinforce the boards' reluctance to grant reciprocity. Those board officials who were familiar with clearinghouse operations expressed serious reservations about the extent, quality, and timeliness of the information provided.

Discipline

- As of 1984, almost all State chiropractic boards had the authority to revoke or suspend a chiropractor's license if proper grounds were identified. Most boards, however, lacked the authority to restrict a license, to censure, to reprimand, to impose probation, or to impose fines.

- The annual number of State board disciplinary actions taken against chiropractors changed very little during the 3-year period we reviewed, 1984-1986. The number rose from 163 in 1984 to 174 in 1985, and fell back to 151 in 1986.

- The more serious types of disciplinary action--revocation, suspension, and probation--account for most of the disciplinary actions taken against chiropractors. They comprised about two-thirds of all actions in each of the 3 years from 1984 to 1986.

- The rate of disciplinary actions taken against chiropractors is higher than that for medical doctors, and almost equal to that for dentists. In 1985, chiropractic boards disciplined about 0.57 percent of all chiropractors, dental boards about 0.54 percent of their licensees, and medical boards about 0.42 percent.

- Comparatively low license renewal fees appear to be closely associated with low rates of disciplinary action. Of the 20 State boards with annual renewal fees of $50 or less in 1987, 16 had 1984-1986 rates of disciplinary action below the median for all States.

- Billing abuses (relating to utilization or to fees) and advertising abuses are the two most common types of violation on which disciplinary actions against chiropractors have been based. Discipline of a chiropractor on the basis of clinical insufficiency is extremely rare.

EXHIBIT 6
DATE 3-6-89
HB 147

- Consumer complaints are the major source of disciplinary actions against chiropractors. Few actions result from referrals by State chiropractic associations or from investigations initiated by the boards themselves.

- State chiropractic board officials tend to be supportive of the national data bank to be established under Public Law 99-660. However, they raise a number of concerns about its implementation. These focus on the accuracy, timeliness, confidentiality, and accessibility of the data.

RECOMMENDATIONS

- State governments should ensure that the State chiropractic boards have sufficient resources to carry out their responsibilities effectively.

- State governments should ensure that the State chiropractic boards have sufficient enforcement authority and a full range of disciplinary options available to them.

- State chiropractic boards should move toward the establishment and use of high-quality national licensure examinations.

- The Federation of Chiropractic Licensing Boards (FCLB), in consultation with the American Chiropractic Association (ACA) and the International Chiropractors Association (ICA), should develop guidelines for State chiropractic practice acts.

- The FCLB should accumulate and disseminate, on a regular basis, changes in State practice acts and regulations.

- The ACA and the ICA should foster professional review of chiropractor clinical competency by the several State associations.

- The national professional associations (ACA and ICA) should encourage more extensive and effective interaction between State associations and State chiropractic boards.

- The Public Health Service (PHS) should assist the FCLB to carry out a more effective leadership role in working with its member boards.

EXHIBIT 6
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COMMENTS

The PHS, ACA and ICA were in general agreement with the recommendations directed to them. The ACA suggested that State chiropractic boards be granted the same "antitrust immunity" granted to hospital peer review boards under the Health Care Quality Improvement Act of 1986. The FCLB expressed a willingness to cooperate and assist State boards, but noted that they find it difficult to function beyond their current financial limitations. Detailed comments of these and other organizations as well as our responses to them appear in appendix III.

TESTIMONY IN SUPPORT OF SENATE BILL 181

My name is Dr. Douglas Abbott and I am Chief of the Public Health Laboratory in the Department of Health and Environmental Sciences

The present requirement for premarital rubella testing has been a very successful part of the state's rubella control program. This bill is designed to simplify and clarify some of the administrative procedures to make compliance easier.

The most significant change from the present law is to drop the requirement that a rubella test be given within 6 months prior to issuance of the marriage license. There no longer appears to be any valid evidence to justify a particular time limit for this testing. The best current recommendation we have is that if a patient has been shown to have had a satisfactory level of immunity at any time in the past, that should be sufficient to carry out the intent of the law.

This bill also changes the wording on who is authorized by law to issue a premarital certificate. The present statute states that the certificate may be issued by a physician or any other person authorized by the laws of Montana to make a medical certificate. Since the statutes are not clear on who else except a physician really might be authorized to issue a certificate, it was suggested that the Department of Health and Environmental Sciences be authorized to designate by rule others who may issue the certificate.

The others changes are to drop the requirement that the medical certificate be signed by the director of the laboratory that performed the test, dropping the requirement that both applicants for a license be notified of the rubella test result,and lastly, to simplify the distribution of the certificate forms allowing them to be sent out by request.

EXHIBIT 7
DATE 3-6-89
HB 181

March 6, 1989

MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
TESTIMONY FOR HOUSE HUMAN SERVICES COMMITTEE

SB 189

Chair Hansen and Committee Members, I am Judith Gedrose, State Epidemiologist. In 1979, Montana Code Annotated Title 50, Chapter 1, relating to the Department of Health and Environmental Sciences (MDHES) was changed to make MDHES a consultatory agency rather than a supervisory agency for local health departments and their health officers. In accord with this change, Administrative Rules of Montana (ARM) Title 16, Chapter 28, were revised and have been followed and implemented since 1980. A specific portion of these administrative rules speaks to the issue being addressed in the bill before you.

Section 16.28.403 entitled "Investigation of a Case" reads as follows:

> "Upon being notified of a case, suspected case, or an epidemic of a communicable disease, a local health officer shall take whatever steps deemed appropriate and necessary for the investigation and control of the disease occurring within his jurisdiction. If he finds that the nature of the disease and the circumstances of the case or epidemic warrants such action, he shall make or cause to be made an examination of an infected person in order to verify the diagnosis, make an epidemiologic investigation to determine the source and possible spread of infection, and take appropriate steps to prevent or control the spread of disease."

As it has been outlined above, local health officers have been given and are practicing the responsibility and authority to implement all of the public health actions necessary to control communicable disease in their county. In MCA 50-2-118, as it now exists, in the Section entitled "Powers and Duties of Local Health Officers", it appears the local health officer is restricted to only a few duties for communicable disease control and these duties must be okayed by MDHES. The other statutes and rules have been put into practice for seven years now and this statute should be changed to match them and actual practice.

JG/vg-101d

EXHIBIT 8
DATE 3-6-89
HB 189

VISITORS' REGISTER

HUMAN SERVICES AND AGING COMMITTEE

BILL NO. SB 146 DATE 3/6/89

SPONSOR Hager

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Betty Bay	D.F.S	✓	
Tom Hager	Senate Dist 46	✓	

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 143 DATE 3/6/89

SPONSOR

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
M. F. Keller	GREAT FALLS	✓	
MARY A. Keller	" "	✓	
William Davis	Billings	✓	
Doug McBride Jr.	Billings	✓	
Cathy M. McMahon	Billings	✓	
Kevin W. McBride	Billings	✓	
Don Lewis		✓	
Gerry Mazurek	GT Falls	✓	
Greg Gallagher	Missoula	✓	
[illegible]	Great Falls	✓	
Bill Simonich	Helena	✓	
Ruben Sanchez	Billings	✓	
H Kantus MD	Gt Falls	✓	
Steve Brown	Mt. Academy of Ophthal.		X
Tom Priddy MD	Billings		—
James Threatt MD	Billings		✓
Rick Neumeister MD	Missoula		✓
Betsy Mason	Kalispell		✓
Delphean Clark	Kalispell		✓

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

OLeS

CS-33

SB143

		For	Against
Steve Weber			+
B.J. Esperland			X
~~Lynn~~ Severin			X
Lonie Severin			X
Ron Ullman, M.D			X
Daniel B. Hensler			X
Lee Boudreau, DO		X	
Kenneth Younger			X
Roland D Pratt	MOA-Helena	X	
Loren McKerrow			X
Harry LaRock		X	
Tom Ferguson	MSCA	X	
W. Bruce Cole	Helena	X	
Al Kantz	Billings	X	
Joseph & Diana Kupko-Hamilton			XX
[illegible]	Missoula	X	X
[illegible]			
James Zoeller	Helena		✓

VISITORS' REGISTER

HUMAN SERVICES AND AGING COMMITTEE

BILL NO. SB 147 DATE 3/6/89

SPONSOR

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Roger E. Combs D.C.	Libby Mt	Yes	
Harri R. Wilson	Whitefish Mt.	Yes	
[illegible]	[illegible]		X
Margaret Richardson	Montana Chiropractic Ass	YES	
Bonnie Rapp	Montana Chiropract Ass	Yes	

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 181 DATE 3/6/89

SPONSOR

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
Doug Abbott	DHES	✓	

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 189 DATE 3/6/89

SPONSOR

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
Judith Gedrose	MDHES	X	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

HUMAN SERVICES AND AGING COMMITTEE

BILL NO. HB 742 DATE 3/6/89

SPONSOR BRADLEY

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
John Downen	SRS		

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.