MINUTES

MONTANA HOUSE OF REPRESENTATIVES
51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES AND AGING

Call to Order: By Stella Jean Hansen, on March 13, 1989, at 3:10 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 311

Presentation and Opening Statement by Sponsor:

Senator Harding stated that this bill was an act creating a self-sufficiency trust account to be administered by the Department of Social and Rehabilitation Services to provide care and treatment for certain developmentally disabled, mentally ill, or physically handicapped persons.

Testifying Proponents and Who They Represent:

Alicia Pichette
Chris Volinkady, Montana Developmentally Disabled
John Thorson, Mental Health Association of Montana

Proponent Testimony:

Alicia Pichette stated that the Self Sufficiency Trust is a comprehensive life care planning option designed to supplement the government services provided to people with disabilities now and in the future. More than a pooled income trust, the Self Sufficiency Trust is an innovative private sector financing mechanism which allows parents and other family members to plan a secure future for their disabled dependent without the fear of loss of governmental benefits or invasion of their trust principal. Exhibit 1.

Chris Volinkady stated that this program was a good partnership between the public and private sector and

has been put together by parents who are more than willing and eager to play a participating role in that child's habilitation and future.

John Thorson stated that this bill has two very good provisions. It removes the disincentives for parents and other relatives to provide resources for their developmentally disabled or mentally ill children and it creates a charitable trust which provides additional resources for the entire mental health system.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: Rep. Nelson asked Ms. Pichette about the Paul Medland speech in a previous hearing and Ms. Pichette said he had come to Montana to help her organization get the legislation prepared that would enable the flow of the money from the private sector through the state trust through SRS to pay the providers. Rep. Nelson asked if this would be privately funded and Ms. Pichette indicated that it would.

Rep. Gould asked Senator Harding if there should be a coordination clause in this bill and Rep. Harding stated that there could be.

Rep. Good asked Senator Harding if the $1000.00 for administration per case per year and Senator Harding stated that the total is $1000.00 per state per year. Rep. Good then questioned what would be done in the continuing years and Senator Harding stated that they would continue educating the states in the program. Rep. Good then asked if there was any where in the bill addressed that we would be dealing with the Chicago based people and Senator Harding stated that it was not.

Rep. Simon asked Dennis Taylor if the state treasurer was in the business of actually directing investments as it had been indicated in the bill. Senator Harding said that the State Auditor only pays out as directed from these funds and then referred the question to Dennis Taylor of SRS. Mr. Taylor stated the sum of money in the state treasurers holdings to direct these funds according to the general rules and regulations that the state provides for short term investment. Mr. Taylor then suggested amendments to read this.

Rep. Hansen asked Ms. Pichette if the money that was paid to this trust is not a trust in the state of Montana it is a trust that is provided by the National Foundation for the Handicapped and Ms. Pichette stated that the money was held in trust in a local bank. Rep. Hansen then stated that the state was not going to invest the money. Rep. Hansen then asked that when the money did come back to the recipient, are the parents are deceased or how soon does the money begin to come back to help this child and Ms. Pichette stated that it was done according to how the trust fund was set up.

Rep. Good asked if the money was going from the trust to the board to SRS to the client. Ms. Pichette stated that the funds go from the private trust through the state trust through SRS to the private non profit service providers. Rep. Good asked why it was advantageous to have SRS involved in this and Ms. Pichette stated that SRS provided the services.

Rep. Boharski asked why the state would not exempt money in a trust account that is used solely for the benefit of the person as accountable resources against supplemental services and Mr. Taylor stated that the problem was not with state entitlement services.

Rep. Brown asked Mr. Taylor if the state were under contract to continue with the same service and Mr. Taylor stated that they were not.

Closing by Sponsor: Senator Harding closed on the bill.

HEARING ON SJR 14

Presentation and Opening Statement by Sponsor:

Steve Browning opened on the bill for Senator Hager and stated that this bill was a joint resolution supporting and commending philentrophic activities in Montana; supporting the newly formed Montana community foundation and its goal of bettering Montana communities; and encouraging all Montanans to give their support to the Montana community foundation and to meet the challenge grants awarded to the Montana community foundation. Mr. Browning then supplied Exhibit 2.

Testifying Proponents and Who They Represent:

None

Proponent Testimony:

None

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: None

Closing by Sponsor: Steve Browning closed on the bill for Senator Hager.

DISPOSITION OF SJR 14

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

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

HEARING ON SB 214

Presentation and Opening Statement by Sponsor:

Senator Pipinich stated that this bill was an act removing the law that limits the money available for subsidized adoption; and providing an immediate effective date.

Testifying Proponents and Who They Represent:

Gary Walsh, Montana Department of Family Services

Proponent Testimony:

Gary Walsh stated that the subsidized adoption program is an ideal program because it provides a mechanism to place children in permanent homes in a cost effective manner. Exhibit 3.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: Rep. Boharski asked Mr. Walsh if funds could be transferred between foster care and subsidized adoption and Mr. Walsh stated that it was correct.

Rep. Simon asked Mr. Walsh that if, under the appropriations, there is money specifically for one account and could the money be transferred to another account and Mr.

Walsh stated that in the appropriations legislation, it could be done. Rep. Simon also asked if general fund money could be used for foster care and Ms. Taylor stated that it did. Rep. Simon then stated that the original purpose of this bill was to keep the money under control would be lost if the statute were repealed.

Closing by Sponsor: Senator Pipinich closed on the bill.

DISPOSITION OF SB 214

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

Discussion: Rep. Boharski stated the DFS comes to the Department of Family Services and asks for funding for foster care programs and come to the appropriations and asked for a certain amount of money for their subsidized adoption program. If their appropriation is wrong they want to be able to shift money from the foster care program to the subsidized adoption program. Ms. Taylor stated that in the subsidized adoption program there are two types of subsidized adoptions and that is for children who are eligible for 4-E which is a federal program. They must come from an AFDC family. Because of the limitation that is currently in the law, to provide subsidized adoption as a benefit of children who are not eligible for 4-E even though DFS can pay their foster care until 18. What the department wishes is to be able to offer subsidized adoption as an option for those children and to transfer money that would have been spent for them in foster care to the subsidized adoption program. DFS is limited by their appropriation in both programs, more money would not be allocated then DFS is authorized to spend. Money must be kept in the foster care payment. There is a county, federal and state match. Rep. Boharski stated that foster care was complete general fund appropriations. If these clients are AFDC clients, how is this bill going to allow you to serve someone who is not an AFDC client to receive federal match money. Ms. Taylor said that general fund money would be used for those children. Foster care children are paid by general fund as well because federal match cannot be received in foster care either.

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

HEARING ON SB 407

Presentation and Opening Statement by Sponsor:

Senator Jacobson stated that this bill was an act to generally revise and clarify the laws relating to emergency medical services and providing effective dates.

Testifying Proponents and Who They Represent:

Drew Dawson, Montana Department of Health and Environmental Sciences
Robert Sherherd, M.D., Montana Medical Association
Richard Bandy, Montana Emergency Medical Services Association
Art Bicsak, Bicsak Ambulance
Cliff Halls, Halls Emergency
Nels D. Sandoal, CIT Foundation
Gary Heigh, EMS Region 1B Inc.
Owen Warren, AARP
Joe Hansen, Sweet Grass County Ambulance
Lyle Nagel, Montana State Volunteer Firefighters Association
Sharon Diziger, Montana Nurses Association

Proponent Testimony:

Drew Dawson stated that this bill repeals some of the outdated sections; provides for the department to classify, by rule, the various types and levels of emergency medical services and provides the licensure of non transporting medical units and air ambulances in addison to the ground ambulance services; provides authority to the department to investigate complaints and clarifies the enforcement actions allowed by the department; establishes procedures for waiver of rules; provides rule making authority to the department regarding licensing standards, classification of services, application procedures and some operational procedures; provides for a two year licensing period for all emergency medical services rather than the one year period under the current law. Mr. Dawson also stated that in the strongest possible terms, he could assure the committee there is no intention, and there has never been any intention, to specify, by rule, the maximum age or mileage on an ambulance vehicle nor to require 21 EMT's on an ambulance service. Exhibit 4.

Robert Shepherd, M.D. stated that he had taught EMT's for the ten years that he had been in Montana and stated that this represents some substantial improvements over the existence licensure law. Dr. Shepherd discussed minimum training for EMT's.

Richard Bandy stated that emergency medical services is a young and dynamic field that is constantly changing. By taking specific regulations out of the law and putting them in the rules, it allows the state to be more responsive to the needs and changes in emergency medical services.

Art Bicsak stated that changes needed to be made in the law. Mr. Bicsak also offered testimony on behalf of Rich Bandy.

Cliff Halls stated his support of this bill.

Nels Sandoal stated that in Boulder they have met all of the state requirements and stated that if this bill was enacted, even though Mr. Sandoal did represent a small town in Montana, the requirements would still be met.

Gary Haigh stated that it is time that the legislature start giving serious consideration to emergency medical services in our state. Exhibit 6.

Owen Warren stated that the American Association of Retired Persons saluted our guardians of life in times of emergency for being knowledgeable and sensitive to these modern day needs of the public. Exhibit 7.

Joe Hansen stated that the current ambulance licensing law is obsolete and that there is much confusion in Montana's medical community regarding appropriate levels of care for patients transported between medical facilities which needs to be addressed in the rule making process. Exhibit 8.

Lyle Nagel stated a large number in the last 10 years have become involved in emergency medical care.

Sharon Dieziger stated that she commended the efforts of the task force over the past months. Exhibit 9.

Testifying Opponents and Who They Represent:

Reed Redman, EMT from Denton

Opponent Testimony:

Reed Redman stated that the present ambulance licensing law does need to be updated but this bill could potentially threaten the existence of ambulance services in small communities such as Denton. Exhibit 10.

Questions From Committee Members: Rep. Good asked Senator Jacobson about the concerns of the opponent, Mr. Redman and Senator Jacobson said that public hearings had been held and that Mr. Dawson had been conferring with the people in this Denton community and there is no intention for these people to make any rules regarding the age of an ambulance vehicle or the number of miles on a vehicle. Phasing in of higher levels of training is one of the goals of the committee. Rep. Good then asked who would be paying for this training and Mr. Dawson stated that the instructor is paid to become a course coordinator and the recommendations that resulted from the public hearings. Recommendation was made to take the existing level of training which is federally funded.

However, the money is not available to train. The cost is up to the community and the certification fee is $35.00.

Rep. Knapp then asked what the total hours were of training and Mr. Dawson stated that it was 110 hours which was the national standard of curriculum. Advanced first aid is about 54 hours.

Rep. Boharski asked what the effect of the statement of intent was and Senator Jacobson stated that availability would be considered. $1,000 per day was then discussed. Mr. Dawson said that if a licensed EMT is not reasonably available, the Department should not preclude the occasional and infrequent transportation by other means. The second issue relative to the civil penalty is that currently in the existing statute, is a criminal penalty. The dollar amount is acceptable. Rep. Boharski asked if the effective date 1991 and its effect on the legislation.

Rep. Lee asked Mr. Dawson about the statement that rules should not be so stringent that the provision of emergency medical care in small communities and their exclusion and Mr. Dawson stated it would be considered as the board was making the rules.

Rep. Simon discussed the rules on mileage and age of ambulances and stated that Mr. Dawson had made some strong statements about this in his testimony. Rep. Simon then said that the testimony that is provided to a legislative committee would virtually the same effect as a statement of intent in that Mr. Dawson's statement would have the same effect as the statement of intent as far as the adoption of rules. Mr. Dawson stated that was exactly correct. Mr. Dawson stated that his testimony would serve as binding authority on the Department in the rule making process.

Rep. Hansen questioned the implementation of the fines or under what circumstances would these people be fined. If a community could not meet these rules would these communities be fined because they could not provide the service. Mr. Dawson said that after the notice of violation was considered, the opportunity for appeal to the individual, the resolving of that appeal to the Board of Health and all the administrative remedies, the only time that civil penalty would go into effect is if in fact after all of that, the appeal process was not adequately dealt with and the person still operated his service, the board would need to seek judicial remedy and that would be done through the civil penalty as opposed to the criminal penalty.

Closing by Sponsor: Senator Jacobson closed on the bill.

DISPOSITION OF SB 407

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

Discussion: Rep. McCormick stated that this was a bad bill for people in smaller communities as did Rep. Russell.

Rep. Strizich stated that there was good testimony offered by the proponents and opponents and supports this legislation.

Rep. Lee stated his support of this bill.

Rep. Knapp supports this bill but with added amendments regarding rule making authority.

Rep. Good stated that smaller towns would have recourse which would be upheld. The main intent of the bill is to grant rule making authority. The rural towns do have a safeguard in this bill.

Rep. Gould stated that we do have the administrative code committee which looks at the rules closely and when there opposition there is a hearing and that usually takes care of a problem.

Rep. Simon initially opposed this bill but after the testimony was offered, and after he had questioned the Department for a specific reason, the Department's testimony is a permanent part of this committee's record as to what their intent is. The administrative code committee and everyone that wants to challenge these rules can use the Department's testimony in fighting any rules that they think are adverse to a small community for financial reasons or any other reasons. There are good protections built into this bill and consequently he supports this bill.

Rep. Hansen told of receiving telephone messages from several communities in Montana.

Recommendation and Vote: A vote was taken TO BE CONCURRED IN and all voted in favor with the exception of Reps. Knapp and McCormick. Motion carries.

HEARING ON SB 437

Presentation and Opening Statement by Sponsor:

Senator Norman stated that this bill was an act entitled the aids prevention act; mandating that HIV antibody testing be administered only in conjunction with adequate pretest and posttest counseling; requiring informed consent for HIV antibody testing; providing for confidentiality of HIV test results in a manner consistent with he requirements of the Uniform Health Care Information Act; and requiring HIV

antibody testing of donors of semen and human body parts.

Testifying Proponents and Who They Represent:

Ellen Leahy, Missoula City County Health Department
Larry Akey, Montana Health Network
Mary Beth Frideres, Montana Aids Coalition
John Ortwein, Montana Catholic Conference
Bob Johnson, Montana Public Health Association
Sharon Dieziger, Montana Nurses Association
Jerry Loendorf, Montana Medical Association
Diane Sands, Montana Women's Lobby
Peter Funk, Attorney General's Office
Bonnie Leifer, Missoula Aids Council
Neil Egan, Helena Aids Support Network

Proponent Testimony:

Ellen Leahy stated that as a public health official she had the responsibility to control contagious diseases. Ms. Leahy said there was one sure measure of controlling the spread of the aids virus with counseling.

Larry Akey supplied amendments to this bill. Exhibit 11.

Mary Beth Frideres stated that there were issues in this bill the fact the HIV testing be administered only in conjunction with appropriate posttest and pretest counseling.

John Ortwein stated that he was supplying testimony from Tim Harris in Exhibit 12.

Bob Johnson stated that the most important elements of the bill still exist and that is with this test, and all of the problems associated with the test, the test could not be imposed on anyone without their consent.

Sharon Dieziger stated her support of this bill.

Jerry Loendorf stated that this bill allows a person to be tested with appropriate confidentially and appropriate counseling and if the test is positive, it requires the provider to encourage the person to inform others he might have had contact with, which would result in the spread of aids or to allow the health care provider to notify such persons and provides for the testing of prospective donors of organs.

Diane Sands stated that she had been involved with the drafting of the bill and urged the passage.

Peter Funk stated that from the Department of Justice's point of view, the legislation is supported and think

that it is certainly a good first step in dealing with the problem of aids in Montana and also stated that the language in a portion of bill directs the attorney general's office to maintain a civil action to enforce compliance with the provisions of the bill. The way that the attorney general's office is currently structured, their are really no lawyers who do original trial work from the plaintiff's side and particularly with civil litigation. Consequently, the Department wishes this to be amended.

Bonnie Leifer stated that she supported this bill.

Neil Egan stated that he supported this bill and said that any legislation that helps a person guarantee his confidentiality and accurate information distributed among the population in general and those potentially at risk in HIV positive is extremely important in addressing this issue.

Testifying Opponents and Who They Represent:

None.

Opponent Testimony:

None.

Questions From Committee Members: Rep. Simon asked Mr. Anderson what rules the Department might adopt for the extension of authority on the bill and would it only extend the Department's authority to adopt rules to the definition of a communicable disease and the reporting and control of communicable diseases. Is there any possibility that rules would be outside the scope of this and require a statement of intent. Mr. Anderson stated that he felt this bill would necessitate a statement of intent.

Rep. Good asked Mr. Hopgood what would happen if a person wanted to buy an insurance policy and a person was tested positive for aids, will the information be allowed to be turned over to the insurance company in order for them to make a decision. Mr. Hopgood stated that it would.

Closing by Sponsor: Ellen Leifer closed on the bill for Senator Norman.

DISPOSITION OF SB 437

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

Amendments, Discussion, and Votes: Rep. Brown moved the Akey amendments. A vote was taken and all voted in favor. Rep.

Nelson moved the Funk amendments. A vote was taken and all voted in favor.

Recommendation and Vote: Rep. Brown made a Motion TO BE CONCURRED IN AS AMENDED. A vote was taken and all voted in favor. Motion carries.

HEARING ON SB 454

Presentation and Opening Statement by Sponsor:

Senator Walker stated that this bill was an act to allow emergency service personnel exposed to infectious disease during transport or patients to health care facilities to be notified of measures necessary to prevent or control the spread of the disease; to require confidentiality; to provide a penalty for a violation of confidentiality; to protect health service personnel from liability for good faith compliance with this act; and providing effective dates.

Testifying Proponents and Who They Represent:

Drew Dawson, Montana Department of Health and Environmental Sciences
Sharon Deziger, Montana Nurse's Association
Richard Seden, Montana State Firemen's Association
Lyle Nagel, Montana State Volunteer Firefighters Association
Gary Haigh, EMS Association

Proponent Testimony:

Drew Dawson stated that he believed this is a necessary bill to protect the health of emergency services workers throughout Montana. It protects the confidentiality of the patient while still assuring emergency services workers are provided with essential information about their exposure to the infectious disease. It places responsibility with the emergency services worker with the health care facility and with the physician. Exhibit 13.

Sharon Deziger supports this bill.

Richard Seden supports this bill.

Lyle Negel supports this bill.

Gary Haigh supports this bill.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: None

Closing by Sponsor: Senator Walker closed on the bill.

DISPOSITION OF SB 454

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

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

ADJOURNMENT

Adjournment At: 7:30 p.m.

Stella Jean Hansen

REP. STELLA JEAN HANSEN, Chairman

SJH/ajs

M1307.min

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date 3-13-89

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 14, 1989

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 214 (third reading copy -- blue) be concurred in .

Signed: _____
Stella Jean Hansen, Chairman

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

STANDING COMMITTEE REPORT

March 14, 1989

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 407 (third reading copy -- blue) be concurred in .

Signed: _____
Stella Jean Hansen, Chairman

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

STANDING COMMITTEE REPORT

March 14, 1989

Mr. Speaker: We, the committee on Human Services and Aging report that SENATE BILL 437 (third reading copy -- blue) be concurred in as amended .

Signed: _____
Stella Jean Hansen, Chairman

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

And, that such amendments read:

1. Page 8, lines 17 through 21.
Following: "(1)"
Strike: remainder of line 17 through "if" on line 21
Insert: "Immediately prior to donation of an organ, semen, or tissues, HIV-related testing of a prospective donor is required unless"
Renumber: subsequent subsection

2. Page 11, line 16.
Strike: "attorney general"
Insert: "department"

STANDING COMMITTEE REPORT

March 14, 1989

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 454 (third reading copy -- blue) be concurred in .

Signed: _____
Stella Jean Hansen, Chairman

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

STANDING COMMITTEE REPORT

March 14, 1989
Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Joint Resolution 14 (third reading copy -- blue) be concurred in .

Signed: _____
Stella Jean Hansen, Chairman

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

EXHIBIT 1
DATE 3-15-89
~~HB~~ SB 311

IN SUPPORT OF SB 311

Madame Chairman, and Members of the Committee:

For the record, my name is Alicia Pichette, I urge your support of SB 311. The Self-Sufficiency Trust is a comprehensive life-care planning option designed to supplement the government services provided to people with disabilities now and in the future. More than a pooled income trust, the Self-Sufficiency Trust is an innovative private sector financing mechanism which allows parents and other family members to plan a secure future for their disabled dependent without the fear of loss of governmental benefits or invasion of their trust principal. The Self-Sufficiency Trust provides a mutually beneficial public/private working relationship between families of disabled individials, the state, and the community-based human service network. Enacted into state law, the Self-Sufficiency Trust becomes a stable financing mechanism which operates through individualized programs to arrange for purchase of supplemental services from existing provider networks. The existing service delivery system is augmented and thus expanded--all for the need-specific benefit of individuals with disabilities.

When families with children who are disabled by mental or physical handicaps ponder the future, they face concerns that parents of non-disabled children do not. They must provide a life-care legacy that will not render their disabled dependent vulnerable after the parent's death. Currently providing such a legacy is difficult to do, because the laws in most states (including Montana) allow the state to require that the disabled persons' entire legacy be spent before state benefits are provided. In addidtion, parents in Montana are acutely aware that the available state supported programs for adults with disabilities do not begin to meet the needs of the individuals who qualify for those services. At present, over 1,000 qualifying individuals are on waiting lists for adult services and the wait can be as long as three to five years. Further, there is no way that parents can supplement or enhance state services for their child without jeapordizing the child's ability to receive such benefits as Supplemental Security Income and Medicaid.

Two wholly separate pooled-income trust funds exist as part of the SST structure--the Private Trust and the Charitable Trust. Interest income from both of these trusts flows into the State Trust Fund which uses the money to purchase services from private, non-profit providers. The Private Trust accepts, holds and invests the pooled assets of each family participating in the SST. Although each family's assets are comingled for investment purposes, all returns on investments are

credited proportionately to each private trust. The Charitable Trust accepts residual and donated assets earmarked for low-income and indigent persons with disabilities who are unable to participate in the Private Trust. Interest earnings on both the Private and Charitable Trusts are transferred at the direction of the Trustees and the families to the counterpart State Trust Fund which immediately disburses the assets to purchase supplemental services to be provided to the individual recipient. Funds disbursed from the State Trust Fund are not viewed as income to the disabled person, therefore they do not affect public entitlement eligibility for Supplementary Security Income or Medicaid.

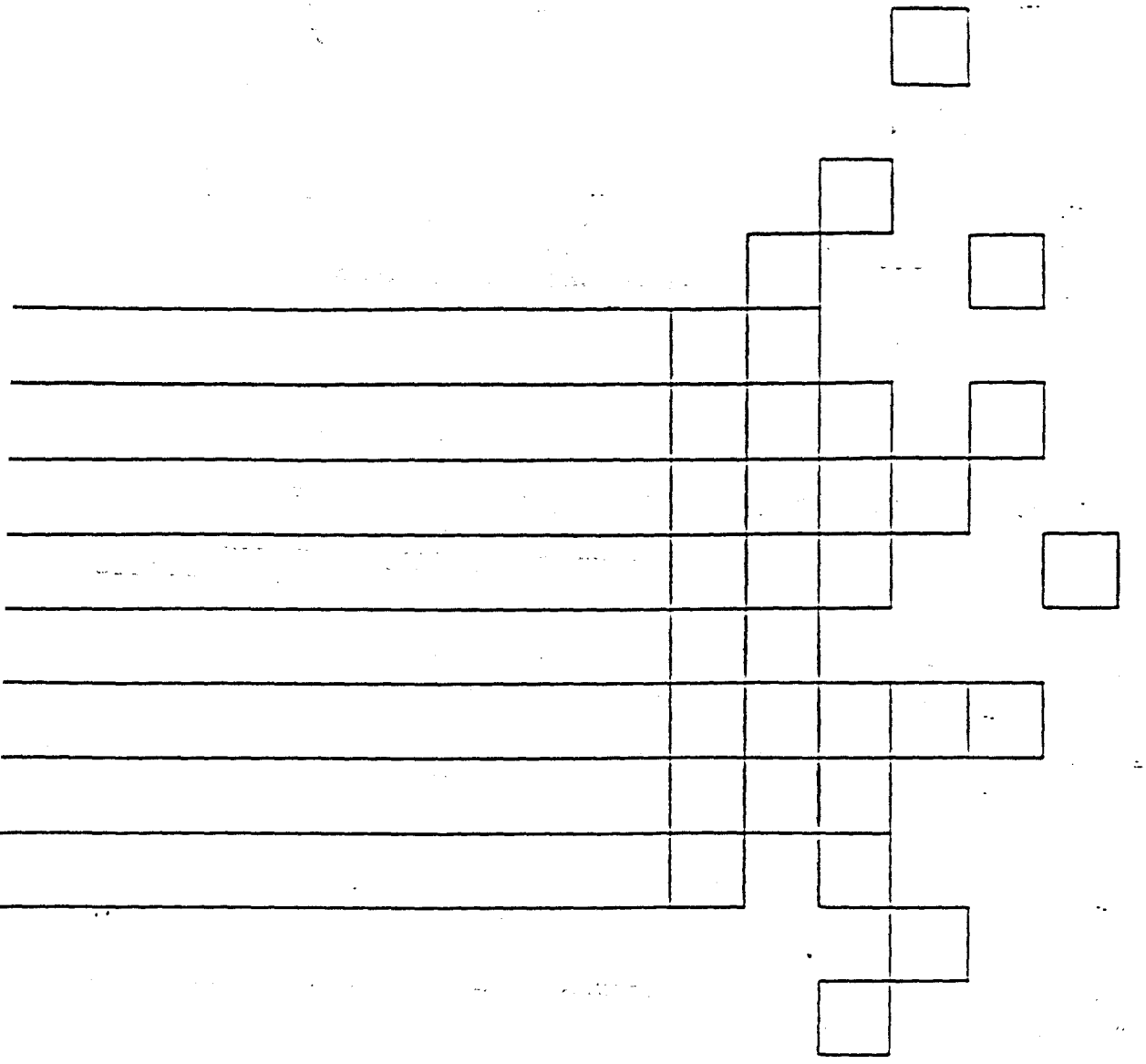
The concept of a Self-Sufficiency Trust has wide support throughout Montana from parents of children with disabilities. At a hearing before the legislature on January 5, 1989, forty parents testified to the need for a mechanism to pool private and public resources to provide lifetime services to individuals with disibilities. Self-Sufficiency Trust has the support of the Developmental Disabilities Division which has agreed to be the state agency that administers the State Trust Fund. Boards of Directors of the private non-profit corporations that actually provide the services are enthusiastic in their support of SST, since its existence will allow for some expansion of the service system that is currently so overburdened.

While some states that are attempting to institute self-sufficiency trusts have had difficulty achieving agreement and coordination between public agencies and private non-profit corporations, this has not been the case in Montana. Personnel from the Developmental Disabilities Division, members of the Montana Associaiton of Independent Providers, the Family Support Services Advisory Council, legislators and parents in Parents, Let's Unite for Kids have planned the Self-Sufficiency Trust of Montana together. All involved see this concept as a unique opportunity to relieve some of the problems the state faces in meeting the increasing needs of individuals with disabilities.

In closing, the Self-Sufficiency Trust has been enacted into law in Illinois and Maine. To date, an additional eleven states are in the process of passing SST legislation. In the future, a national network of such trusts is envisioned which could result in economy of scale, trust management savings, larger principal investment and return, less dependence by states on federal support, and most importantly, increased private sector voice in services and financing of services for the disabled.

Thank you.

EXHIBIT_____
DATE_____
HB_____



Orientation

STATE OF ILLINOIS

PUBLIC ACT 84-1373

SELF SUFFICIENCY TRUST

SUMMARY Rev 5-20-88 ©TM

EXHIBIT_____

DATE_____

HB_____

SELF-SUFFICIENCY TRUST SUMMARY

The Self-Sufficiency Trust © is a comprehensive life-care planning option designed to meet the supplemental service needs of people with disabilities now and in the future.

More than a pooled income trust, the Self-Sufficiency Trust is an innovative private sector service financing mechanism which allows parents and families to plan a secure future for their disabled dependent without the fear of loss of governmental benefits or invasion of their trust principal.

The Self-Sufficiency Trust provides a mutually beneficial public/private working relationship between families of disabled individuals, the state, and the community-based human service network. Enacted into state law, the Self-Sufficiency Trust becomes a stable financing mechanism which operates through individualized programs (Life-Care Plans) to arrange for supplemental services from existing provider networks. The existing service delivery system is supplemented and thus expanded ---all for the need-specific benefit of individuals with disabilities.

The Self-Sufficiency Trust evolved from the research and support of the National Foundation for the Handicapped under the direction of Mr. James DeOre, with partial funding from the Illinois Department of Mental Health and Developmental Disabilities. In 1986, the Illinois Legislature by unanimous vote established the first Self-Sufficiency Trust in the country [Illinois Revised Statutes Chapter 91 1/2, Sections 5-118 and 5-119]. Maine followed in the spring of 1987 (HP 331-L.D. 430). In both cases, the Self-Sufficiency Trust was seen as a major development in non-traditional estate and future care-planning which would replace the usual "catch 22" problems faced by families with a viable and comprehensive means to impact the present and plan for the future of the individual with disabilities.

HOW DOES THE TRUST WORK?

* Two wholly separate pooled-income trust funds exist as part of the SST structure. Each of the two funds has a public sector or State Trust Fund by virtue of the public law enacted by each state.

* A volunteer Board of Trustees is appointed from the private sector (parents and professionals) to manage and control the Private Trust Fund. The parent or family member who establishes a trust is called the Grantor, and his/her dependent is the Trust Beneficiary. The Grantor or his designee serves as Co-Trustee and shares in trust disbursement decisions.

EXHIBIT_____

DATE_____

HB_____

* The Private Trust Fund accepts, holds, and invests the "pooled" assets of each family participating in the SST. Although assets are comingled, all returns on investments are credited proportionately to each "private trust". Interest earnings on Private Trust Fund assets are transferred at the direction of the Trustees and the parents or guardian, who serve as Co-Trustee, to the counterpart State Trust Fund which immediately disburses the assets for the supplemental goods or services to be provided the Trust Beneficiary. The state's Mental Health Department may be designated to hold the State Trust Fund and these funds are generally disbursed by the state treasurer. Technically, funds disbursed from the State Trust Fund become "state" monies and are not viewed as earned or unearned income to the disabled Trust Beneficiary, therefore not affecting public entitlement eligibility under Supplementary Security Income (SSI) or Medicaid.

* A segment of the trust fund controlled by the Board of Trustees is the Charitable Trust Fund. This fund is a repository to accept residual and donated assets earmarked for low-income and indigent persons with disabilities who are unable to participate in the Private Trust. This important part of the Self-Sufficiency Trust model is supported by:

  1) Assets left to the Charitable Trust Fund by grantors of private trusts at the death of the disabled beneficiary;

  2) Contributions from private donors, bequests, corporations or foundations;

  Earnings on the principal of the Charitable Trust Fund can be transferred to the State Trust Fund allowing participation of low-income and indigent disabled individuals in the concept.

* A Life-Care Plan is developed for each Trust Beneficiary which embodies the wishes of the parent (Grantor) and defines the scope and nature of supplemental services to be provided the disabled individual. Trained Self-Sufficiency Trust counselors provide the direction for parents to develop a realistic and need-specific plan.

* The Self-Sufficiency Trust computerized data base assesses each Trust Beneficiary's present functional abilities and service needs, projects future care requirements and correlates present and future costs based on existing residential per diem schedules. This process provides each family with a realistic projection of the principal necessary to provide a flow of interest income sufficient to fund the individual supplemental service Life-Care Plan.

  This data collection system is also very important to the States.

EXHIBIT_____
DATE_____
HB_____

1) Via the SST intake process, disabled persons of all ages who are not currently identified within the provider system may now be accounted for and identified by disability (type, severity), age, residential and day-mode program needs.

2) The data generated will allow each state to more accurately plan for state services based on valid need. Appropriations may be sought using real statistics.

* The universal concern of parents and families with disabled dependents, "who will care for my dependent when I am gone?", has been addressed by the Self-Sufficiency Trust. Personalized advocacy and successor guardianship services are an intregal part of the Trust operation ensuring consistency and quality of care. In Illinois, PACT, Inc., a private and independent guardianship agency is under contract by the Board of Trustees to broker and monitor the supplemental services and ongoing care of Self-Sufficiency Trust Beneficiaries.

In total, the Self-Sufficiency Trust offers permanency and flexibility to adapt to changing governmental policies, estate planning and management expertise, security against loss of eligibility for public entitlement benefits, and peace of mind that concerned and knowledgable professionals will ensure the quality personalized care that will be provided for your disabled dependent now and/or in the future.

HOW DOES PARTICIPATION AFFECT PUBLIC BENEFITS?

The Health Care Financing Authority (H.C.F.A.) of the Department of Health and Human Servises, Washington, D.C. has ruled that in most cases Self-Sufficiency Trust principal and interest will not count in determining Medicaid eligibility.

Region V of the Social Security Administration has determined that, based on current regulations, the SST assets will not count as resources in determining eligibility under the Supplemental Security Income (SSI) program.

These two federally-funded entitlement programs are the primary sources of support to the disabled population.

TOTAL LIFE-CARE PLANNING OPTIONS

The Self-Sufficiency Trust creates incentives for a family to begin financial and care planning for their dependent who is disabled.

EXHIBIT_____
DATE_____
HB_____

A Self-Sufficiency Trust permits families to:

1. Enhance services with family resources.
2. Help secure the quality of care they desire.
3. Help maintain continued quality of lifestyle after the family itself can no longer do so.
4. Enhance access to housing.

The Self-Sufficiency Trust enables the family to contribute assets -- savings, investments, real estate, insurance, etc. -- for the benefit of their relative who is disabled and others who have similar disabilitites.

ADVOCACY CARE

Lifelong care and the quality of that care is a primary concern for all families with relatives who are disabled. Families naturally desire the assurance that their disabled relative receives all the services to which he or she is entitled. Families also want to improve the lifestyle of the disabled person by providing extras to meet individual personal needs, leisure-time activities, training, clinical services, and transportation.

Self-Sufficiency Trust participation can provide a disabled dependent enhanced care and a personal advocate, even after the death of a parent or guardian.

In Illinois, PACT, Inc. an experienced private surrogate family model organization which provides personal case management and guardianship services, is under contract to provide advocacy and successor guardianship service to Trust Beneficiaries when these services are requested by the Grantor. Families can contract with the Self-Sufficiency Trust and PACT, Inc. as a personal advocate and advisor to broker and monitor supplemental services and assure that programs are being properly provided to their relative with a disability.

RESIDENTIAL NEEDS

Another key component of the Self-Sufficiency Trust is that families can create housing alternatives through private efforts.

This may enable a family to overcome long waiting lists for existing facilities and permits location near the family's home.

Through this program, families not only help make a residential facility available, but also determine the quality of that residence.

EXHIBIT_____
DATE_____
HB_____

Parents could provide the capital needed for purchasing a house. Where necessary, affiliates of the National Foundation for the Handicapped would negotiate with the appropriate state agency to determine the Trust portion and the state portion of funding the cost of care within existing state licensure and rate methodology guidelines. Contracts would also be negotiated with existing provider agencies to provide management for the residence.

STATEWIDE DATABASE

The Trust will collect information about individuals with disabilities and their current and future needs. This information will be compiled in the Disabled Population Profile System © and presented in a confidential manner to the Department of Mental Health and Developmental Disabilities, to allow the state to plan effectively for future needs.

In addition, a computer program has been developed which uses federal functional disability criteria to perform need-specific assessment of present and future residential configurations and their costs. Families may use this data in preparing an estate plan sufficient to generate the necessary annual income needed to purchase the supplemental services desired for the Trust participant.

FINANCING

Families can finance their participation in the Trust by making a transfer of cash or other assets, either immediately, over time as various services are initiated, or through a will. Life insurance provides another means for families to fund the program and to participate in the Trust.

SUMMARY

Program funding for people with disabilities becomes more difficult to obtain each year. This uncertainty threatens the stability of the state's provider network and concerns the families of individuals with disabilities.

Unmet housing needs for a significant portion of the disabled population is a widespread dilemma. Longer lifespans of people with disabilities and the aging of responsible family members increases anxieties concerning long-term care and future housing needs.

EXHIBIT_____
DATE_____
HB_____

The Self-Sufficiency Trust creates a stream of money which may be channeled through the state to help provide for the needs of people with disabilities.

Finally the Self-Sufficiency Trust provides families of the disabled a strong voice and potentially powerful role in the present and future decisions which impact their disabled family members. Planning today for a secure tomorrow is within the reach of most families with disabled dependents through the Self-Sufficiency Trust.

FOR MORE INFORMATION:

For families and guardians seeking additional information:

Headquarters:
The Self-Sufficiency Trust of Illinois
340 W. Butterfield Road, Suite 3C
Elmhurst, IL 60126
312/941-3498

Chicago Office:
PACT, Inc.
166 W. Washington, Suite 300
Chicago, IL 60202
312/641-6363
312/641-6524 (TDD)

For providers and state officials throughout the United States:

Paul L. Medlin
Senior Vice-President
Corporate Development
National Foundation for the Handicapped
340 W. Butterfield Road
Elmhurst, IL 60126
(312) 832-9700

Printed in the U.S.A. Revised 5/20/88

EXHIBIT_____
DATE_____
HB_____

SELF-SUFFICIENCY TRUST

PRIVATE SECTOR

* Governed by a Volunteer Board of Trustees
- Selected for individual commitment to and understanding of the needs of PEOPLE with DISABILITIES and THEIR FAMILIES.

- Appointed by the National Foundation for the Handicapped.

** The Board of Trustees:
- Set policy for the operating of the Private and Charitable Trust Funds.

- Select and contract with Corporate Fiduciary Agent (Bank) to invest and manage all trust assets.

- Select and contract with a Social Service Agent to complete all necessary intake processes, including the development of each Life-Care Plan.

- Approve each Life-Care Plan and vote on participation of each family Trust/ Life-Care Plan.

- Use discretionary trustee powers in cooperation with the Special Trustee to modify or approve expenditures within the guidelines of each Life-Care Plan.

*** The Board of Trustees must comply with the TRUST and TRUSTEES ACT of Illinois (Ill. Rev. Stat. Ch. 17, Par. 1651-1690).

PUBLIC SECTOR

* 1986 passaged into law of Public Act 84-1373 creating a mechanism to receive private trust assets to expand, enhance and supplement services for disabled · eligible for services under the Illinois Department of Mental Health and Developmental Disabilities.
- Established Chapter 91 1/2 Sections 5-118 and 5-119 of the "Mental Health and Developmental Disabilities Code".

- Enpowers the State Treasurer as ex-officio and custodian of the public sector fund.

- Provides for the Comptroller to direct payments from each account within the "fund" upon receipt of certified vouchers approved by the Director of DMH-DD.

- Requires DMH-DD to adopt rules and regulations for the administration of the public sector "fund".

- Monies shall be spent pursuant to existing department rules governing expenditures for services and based upon the individual trust agreements (Life-Care Plan) for each eligible Beneficiary.

- If Director determines monies cannot be expended pursuant to department rules or service availability, funds and accrued interest will be returned to the beneficiary's Private Trust Fund.

** The receipt of monies from the Self-Sufficiency Trust (Private Fund) will not in any way reduce, impair or diminish the benefits each beneficiary would otherwise be entitled to under law.

*** Establishes a "Fund" for the Disabled to accept monies from any source which, subject to appropriations, will be used for services to low-income disabled eligible for DMH-DD services.

EXHIBIT
DATE
HR

SELF-SUFFICIENCY TRUST
Supplemental Service Funding Process

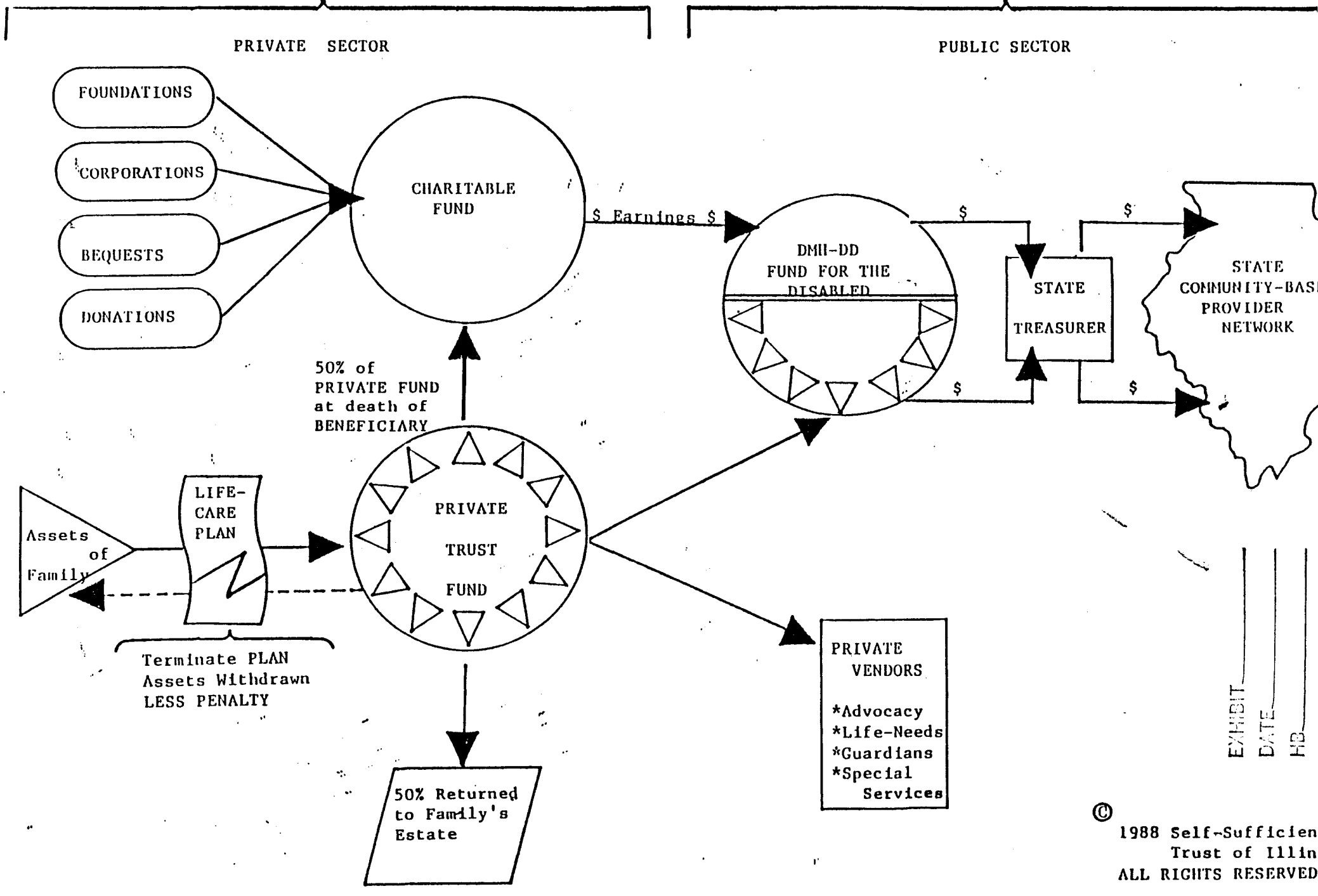


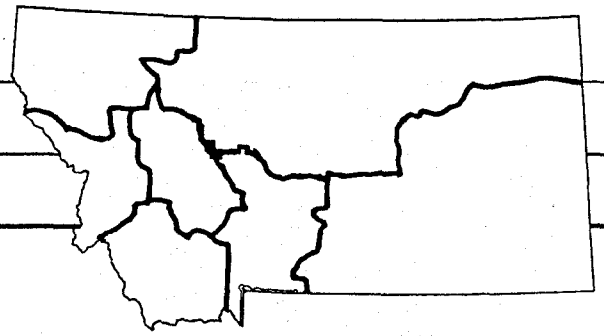
EXHIBIT
DATE
HB

A SENSE OF PARTNERSHIP . . .

A community foundation is a relatively new concept in Montana, but it has a proven record elsewhere. The first community foundation was established in 1914. Now, there are more than 300 around the nation with assets of more than $3.3 billion and with granting activities totalling $300 million annually.

A coalition of community leaders around the state, capitalizing in part on the vision and vitality of the Billings-based Community Development Foundation, incorporated the Montana Community Foundation in February 1988.

Anchored by a comprehensive mission statement, the foundation's structure provides for a 24-member statewide board of directors and a regional network sensitive to local needs.



A SENSE OF PLACE . . .

Montanans are a generous people. Traditionally, we have worked with neighbors to make our state and communities better places in which to live.

It has been said that all of Montana is one large family. With our wide-open spaces and sparse population, we value even more the need to make and maintain connections, to show our care and consideration for others.

What is a community foundation? It is a non-profit **public** charity that pools resources to gain maximum investment income which, in turn, is redirected to a variety of needs within the area it serves.

Donors can give most effectively through a community foundation. As a channel for those who want to contribute to the betterment of their society, it provides prime tax advantages and an array of giving options. For donors, it combines flexibility with stability—no matter the size or nature of the gift.

A community foundation does not compete with other non-profit or charitable interests; it focuses on endowments and planned or deferred giving, not on annual drives and special-project fundraising. And, it can serve as trust agent to manage higher yield for smaller organizations as well as to stimulate more consistent patterns of giving.

A community foundation represents collective confidence . . . in a place, its people, and its future.

A SENSE OF PURPOSE . . .

The new statewide foundation has received pledges of $2 million in "challenge grants" from out-of-state private foundations. The challenge, then, is to accumulate $5 million by mid-1991, positioning the Foundation to enter into its own grant-making phase.

Individuals, families, corporations, private foundations, government agencies, trade associations, service clubs, civic organizations, financial advisors . . . anyone can participate in meeting the challenge.

Gifts can be in the form of cash or checks, securities, life insurance, real estate, pooled income funds, unitrusts, charitible lead trusts, bequests or other types of arrangements, such as the transfer of existing charitable accounts under the Foundation's stewardship.

Montanans are involved. In a state with less than one million people, we support more than 5,000 non-profit organizations dedicated to the cultural, educational, recreational, environmental, health and other concerns of our citizens.

Despite those individual efforts, Montana has not been blessed with any consistent, professional philanthropic presence during its first century of statehood. None of the early personal fortunes was converted locally as a substantial, enduring trust for the benefit of next generations. Later years saw corporations come and, unfortunately, corporations go.

It is fitting, therefore, that one significant Centennial legacy will be endowing a statewide community foundation with the capacity to strengthen the fragile financial and management base which has marked our charitable history.

From recent experience, we are convinced that not only is it a **good** idea for Montanans to pull together, but that we **can** pull together. Our mission is to marshall charitable capital for leveraging even greater philanthropic response.

A CHOICE OF FUTURES,
A FUTURE OF CHOICES . . .

RESPONDING TODAY,
INVESTING FOR TOMORROW . . .

POWER BLOCK BUILDING
SUITE 4-P
7 WEST SIXTH AVENUE
HELENA, MONTANA 59601

TELEPHONE: 406/443-8313
TELEFAX: 406/449-3668

Raymon Dore, Executive Director

The MONTANA COMMUNITY FOUNDATION

TYPES OF FUNDS

Unrestricted (Discretionary): Not designated by the donor for a specific purpose; the most flexible to meet whatever charitable needs and opportunities deserve community priority.

Field-of-Interest: Must be used for specific areas (e.g., arts, health, aging, etc.).

Restricted (Designated): Beneficiaries are named at the time the fund is created (e.g., scholarships, specific institutions, etc.)

Donor-Advised: The right to recommend grants is reserved by the donor.

Agency Endowments: Funds of other organizations are held in a trustee relationship.

Administration: Supports operational costs of the Foundation.

Citizens Form a Statewide Foundation to Serve Montana's Scattered Populace

After trying since 1981 to set up a community foundation in Billings, Mont., local citizens by this year had amassed only about $350,000—not enough to justify even the hiring of an executive director. At that rate, recalls David L. Auer, a local businessman, "we realized we wouldn't reach the magic figure for a long time."

Although the city has 100,000 residents and is home to several small foundations and corporation offices, the local economy remains depressed, so the citizens elected not to launch a major fund drive in Billings. Instead, Mr. Auer says, they decided to merge their efforts with those under way in a couple of other cities, broadening their definition of "community" to include all of Montana's 800,000 inhabitants.

With seed money from the Northwest Area Foundation and the Charles Stewart Mott Foundation, the group convened leaders from seven Montana cities to wrestle with the question, "How do you structure yourself to serve the rural population in a state of such a large size but with so few people?"

Their answer was the Montana Community Foundation, which is now organizing to assess needs and to tap resources in every part of the state. Because of Montana's large size, economic diversity, and strong regional pride, the foundation's seven constituent regions will play major roles in deciding how to raise and spend money in their areas. Overall direction will be provided by the statewide board.

Mr. Auer is chairman of both the Billings and the Montana community foundations, which will be formally merged on Jan. 1. The expanded group has now hired an executive director, Raymon E. Dore, who began working in September from an office in Helena. "We want to be a true statewide foundation, but with the recognition that we don't all think the same," says Mr. Dore, who until recently was deputy commissioner with the Minnesota Department of Revenue.

David L. Auer: One goal is to build endowments for Montana's non-profit institutions.

Montana has many small foundations, attached to trade associations and other groups, that cannot operate efficiently, Mr. Dore notes. "It may be attractive to them to come under our umbrella," he says, to benefit from pooled investments and lower expenses. Those funds, in turn, can help meet the community foundation's matching requirement.

Stable Source of Funds

Montana's needs, Mr. Dore adds, are considerable. Agriculture, forestry, and mining have been severely depressed since 1980, and this past summer's forest fires may curb tourism, the state's other major industry. Economic development is particularly needed on the state's Indian reservations. "We have our work cut out for us," he declares.

One of Mr. Auer's long-term goals is to develop a more stable source of operating funds for the state's non-profit institutions. "If a new hospital or theater is needed, we build it," he observes. "But there are many wealthy ranchers whose wealth escapes or is dissipated and doesn't go into endowments." By approaching well-to-do citizens in small towns for gifts in the $100,000 to $200,000 range, he says, the Montana Community Foundation may be able to help towns endow funds to meet what they consider to be their most pressing needs.

In addition to conducting more conventional fund-raising activities, the foundation hopes to receive about $3-million for a rural scholarship fund next year in connection with Montana's centennial, which is being marked by a reenactment of a great cattle drive. Organizers plan for several thousand cowboys to drive 10,000 head of cattle from Roundup to Billings, where the animals will be sold at auction.

In his grant-seeking visits to foundations in other states, Mr. Auer reports, "we've had an excellent reception. There's a feeling that rural America needs some help." —S.G.G.

Community foundations taking on new responsibilities

(EDITOR'S NOTE: Community foundations, for a long time the quiet arms of philanthropy, are coming of age and providing funds for more serious projects than ever before. The Hartford Foundation is a prime example of the change in size and activity.)

By DEAN GOLEMBESKI
The Associated Press

HARTFORD, Conn. — When the Ford Foundation decided to lend a helping hand to AIDS patients and their families, it found that, even with its billions of dollars, it couldn't handle the project alone.

It sought the help of much smaller community foundations, non-profit organizations that are emerging as key players in philanthropic work in this country.

"In the last five years, community foundations have come of age and are being recognized for their potential and what they're doing," said R. Malcolm Salter, director of the Hartford Foundation for Public Giving.

Since the first community foundation was founded by bankers in Cleveland in 1914, many of the organizations have been content to fund such activities as planting flowers or supporting the local symphony.

But, increasingly, community foundations are being called on to tackle more serious issues, such as AIDS, a trend their leaders attribute in part to the Reagan administration's eight years promoting volunteerism and reducing federal spending on social services.

The result is that community foundations now make up the smallest, but fastest growing faction of the Council on Foundations, a Washington, D.C.-based group that represents most of the nation's foundations.

There are now about 325 community foundations, and another 30 have been proposed and are in various stages of organization, according to council officials.

The combined assets of those groups are estimated at about $4 billion, and they made grants totaling about $300 million last year.

Ford, meanwhile, has assets of about $5.5 billion, and made grants totaling $204 million in 1987, said Joanne B. Scanlan, who directs the council's effort to bolster community foundations.

"For a long time, community foundations have been kind of a quiet type of philanthropy," Scanlan said. "Over time, partly because assets have built up and partly because community foundations have started working together and promoting themselves, a lot more private foundations have started working with them."

The Hartford Foundation is recognized as a leader among community foundations in both its size and activity. Its assets of roughly $125 million make it the sixth largest in the nation, while it doles out about $6 million annually to various Hartford-area projects.

The wealthiest of the community foundations in the country is in New York, followed by foundations in Cleveland, Chicago, Boston, San Francisco and Hartford.

New York's community foundation has assets of about $500 million, while Cleveland's has about $450 million in assets, Scanlan said.

Every foundation is organized under federal tax guidelines as a non-profit organization.

Unlike the United Way, which must solicit funds each year to give money to specific groups, community foundations have endowments from which they draw earnings to fund their grant programs.

The foundations rely on donations from individuals and corporations to continue expanding their endowments.

A donor can have a long-term impact, since it is the interest on a gift and not the donation itself that is spent from year to year, said Tom Smith, the Council on Foundation's public affairs director.

"It's more than a one-time gift, because what a community foundation does is it pools those funds, and your money can go farther," Smith said.

Connecticut has 19 community foundations, most of them very small in comparison to Hartford's, which is the state's largest. Waterbury established the state's first community foundation in 1923, followed by Hartford in 1925.

The Hartford Foundation's recent experience exemplifies what is happening to community foundations around the country, particularly in terms of demand.

Applications to the foundat were up 28 percent this year co pared to last, and the amount money requested was up 70 perce In the past eight years, the foun tion has given out $34 million c pared to just $25 million in its fi four decades.

EXHIBIT
DATE
HB

MISSION STATEMENT
OF THE
MONTANA COMMUNITY FOUNDATION

Adopted January 29, 1988

The Montana Community Foundation (the Foundation) is a steward through which private assets entrusted to us by donors are invested to meet the challenges of contemporary life. We are committed to respecting the trust and intent of our donors, while maintaining our integrity and responsiveness as a community foundation.

We seek to protect and enhance the unique resources of Montana--its people and their needs, its diversity of culture, its richness of artistic creation and appreciation, and the beauty and quality of its land, air, and water-so that these resources may be enjoyed now and in the future.

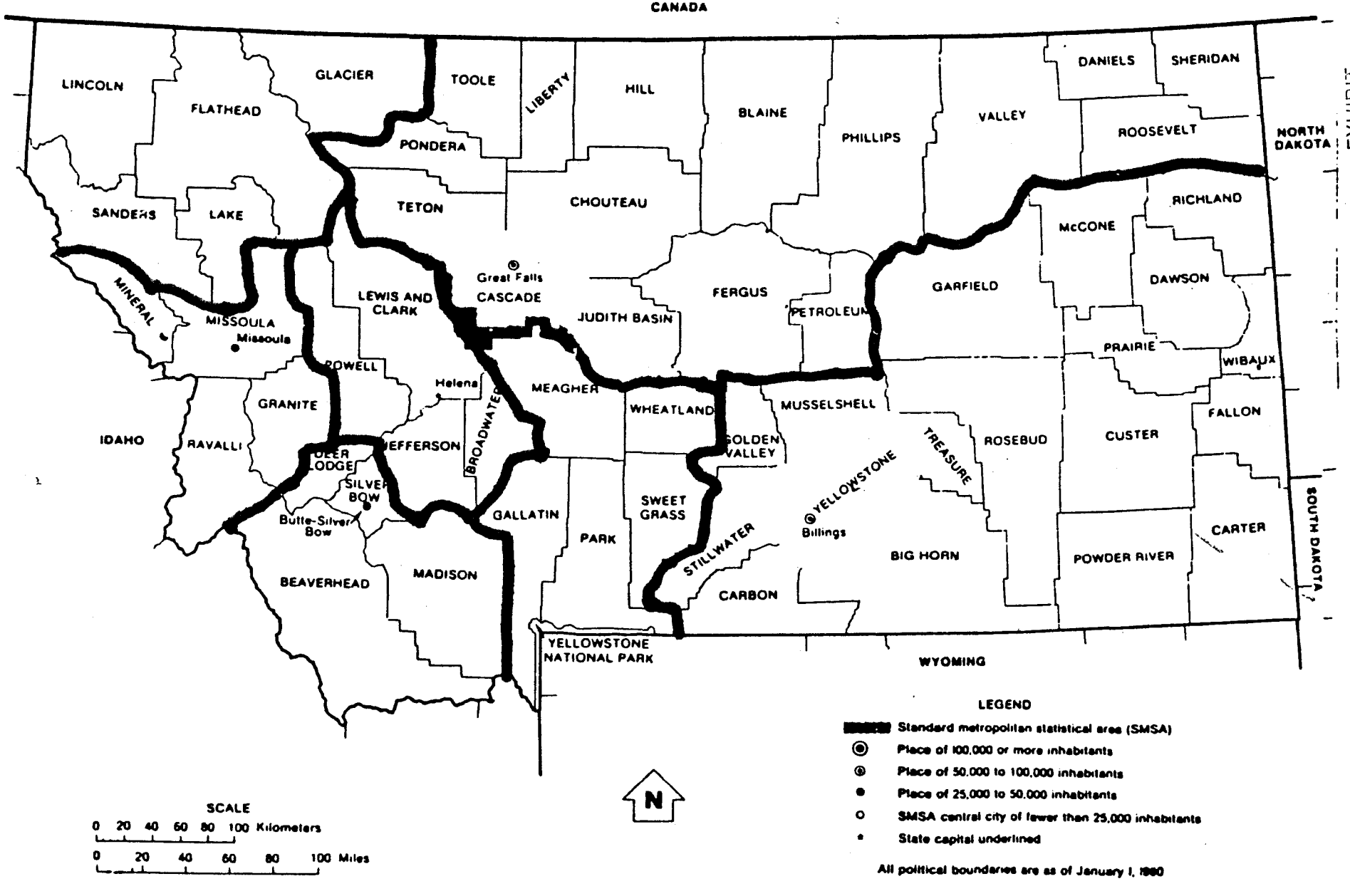
We are committed to equality of opportunity and justice for all Montanans. We seek to enhance human dignity by providing support for community members to participate actively in determining the course of their lives and the life of their community.

We seek to establish mutual trust, respect, and communication between the Foundation, its grantees, and the communities they serve. We will respond to creative ideas of organizations and individuals as they address the opportunities and challenges of changing community needs.

We are committed to using the resources entrusted to us for funding the highest quality projects throughout Montana, recognizing that issues are often complex, interdependent, and changing. We will seek out new and creative approaches to solving problems as well as methods that are tried and effective.

We recognize that the process of change and enhancement involves cooperation among individuals, groups, and institutions. We will be a catalyst in this process as a leader in the Montana philanthropic community.

EXHIBIT_____
DATE_____
HB_____



EXHIBIT

DATE

HB

Twenty-five Largest Community Foundations*

		1987 Assets
1.	New York Community Trust	$540,000,000
2.	Cleveland	427,000,000
3.	Marin Community Foundation	400,000,000
4.	The Chicago Community Trust	278,024,000
5.	The Boston Foundation	194,375,685
6.	The San Francisco Foundation	178,641,014
7.	Hartford Foundation for Public Giving	133,392,821
8.	The Columbus Foundation	119,000,000
9.	The Minneapolis Foundation	110,264,565
10.	The Pittsburgh Foundation	108,690,270
11.	The St. Paul Foundation	104,623,000
12.	The New Haven Foundation	73,498,030
13.	California Community Foundation	69,961,885
14.	Metropolitan Atlanta Community Foundation	68,019,271**
15.	The Milwaukee Foundation	63,000,000
16.	Kalamazoo Foundation	62,273,433
17.	The Greater Cincinnati Foundation	61,834,973
18.	The Philadelphia Foundation	60,800,000
19.	The Rhode Island Foundation	59,422,151
20.	The Indianapolis Foundation	44,712,277
21.	The Oregon Community Foundation	41,151,868
22.	Winston-Salem Foundation	41,000,000
23.	The Grand Rapids Foundation	38,334,470
24.	The Seattle Foundation	35,000,000
25.	New Hampshire Charitable Fund and Affiliated Trust	34,000,000

*

** Members of the Council on Foundations
1986 Assets

EXHIBIT_____
DATE_____
HB_____

March 13, 1989

TESTIMONY IN SUPPORT OF SB214

An act removing the law that limits the money available for subsidized adoption.

Submitted by Gary Walsh, Department of Family Services

The Department supports the repeal of Section 53-4-305, MCA which states that the Department may not expend or obligate funds in excess of those specifically appropriated for the purpose of subsidized adoption. The elimination of this restriction would allow the Department to transfer foster care funds for use in the subsidized adoption program.

The subsidized adoption program provides:

- a monthly maintenance payment and/or
- a medical subsidy

EXHIBIT 3
DATE 3-13-89
~~HB~~ SB 214

The purpose of the subsidized adoption program is to encourage and promote the adoption of children with special needs. These children are hard to place because of:

- physical or mental disease or disability, or
- recognized high risk of physical or mental disease or disability, or
- are members of a sibling group.

In addition to being hard-to-place, the child must be:

- legally free for adoption,
- under 18 years of age at the time a subsidized adoption contract is signed, and
- adoptive placement is in his best interest.

Families who adopt these special needs children are carefully screened and subject to a home study and approved as adoptive parents prior to placement.

The subsidized adoption program is beneficial to the child and the agency. The children benefit because they are placed in a permanent home. The benefits to the agency are:

- elimination of the need for continued supervision by a department social worker, and
- since the subsidy payments are less then foster care payments, the department's costs are reduced.

There are currently 96 subsidized adoption cases. The annualized savings for these cases is $110,912.

EXHIBIT_____
DATE_____
HB_____

The subsidized adoption program is an ideal program because it provides a mechanism to place children in permanent homes in a cost effective manner. The department urges your support for passage of SB214.

SB214.TESTIMONY

EXHIBIT_____
DATE_____
HB_____

Subsidized Adoption Savings
Estimated Annual Costs for current placements
Lotus: Subadot
RWE 1/23/89
Source: December Invoice

	Client	Monthly Cost	Annual Cost	Regular Foster Care Cost	Savings
1	RS	330.00	3,960.00	4,244.95	284.95
2	TO	225.00	2,700.00	4,244.95	1,544.95
3	CO	225.00	2,700.00	4,244.95	1,544.95
4	BO	225.00	2,700.00	4,244.95	1,544.95
5	BS	268.00	3,216.00	3,390.85	174.85
6	CS	278.00	3,336.00	3,390.85	54.85
7	JC	254.00	3,048.00	4,244.95	1,196.95
8	PH	165.00	1,980.00	3,390.85	1,410.85
9	DF	230.00	2,760.00	4,244.95	1,484.95
10	RC	245.00	2,940.00	4,244.95	1,304.95
11	LS	150.00	1,800.00	3,390.85	1,590.85
12	DC	250.00	3,000.00	3,390.85	390.85
13	RS	150.00	1,800.00	3,390.85	1,590.85
14	JF	230.00	2,760.00	4,244.95	1,484.95
15	SW	208.33	2,499.96	3,390.85	890.89
16	CH	338.00	4,056.00	3,390.85	(665.15)
17	CH	125.00	1,500.00	3,390.85	1,890.85
18	CG	200.00	2,400.00	4,244.95	1,844.95
19	AV	240.00	2,880.00	3,390.85	510.85
20	JW	200.00	2,400.00	3,390.85	990.85
21	PS	50.00	600.00	3,390.85	2,790.85
22	DS	50.00	600.00	3,390.85	2,790.85
23	JS	50.00	600.00	3,390.85	2,790.85
24	TW	150.00	1,800.00	3,390.85	1,590.85
25	DR	240.00	2,880.00	4,244.95	1,364.95
26	OR	240.00	2,880.00	3,390.85	510.85
27	SC	247.00	2,964.00	3,390.85	426.85
28	JB	242.00	2,904.00	3,390.85	486.85
29	RB	242.00	2,904.00	3,390.85	486.85
30	MO	268.70	3,224.40	3,390.85	166.45
31	JH	200.00	2,400.00	3,390.85	990.85
32	NL	268.00	3,216.00	3,390.85	174.85
33	JA	268.00	3,216.00	3,390.85	174.85
34	SK	250.00	3,000.00	3,390.85	390.85
35	SJ	268.70	3,224.40	3,390.85	166.45
36	RB	150.00	1,800.00	3,390.85	1,590.85
37	CB	242.90	2,914.80	3,390.85	476.05
38	MA	268.00	3,216.00	3,390.85	174.85
39	TS	268.00	3,216.00	3,390.85	174.85
40	HB	242.90	2,914.80	4,244.95	1,330.15
41	JV	100.00	1,200.00	3,390.85	2,190.85
42	CB	242.90	2,914.80	3,390.85	476.05
43	RJ	268.70	3,224.40	4,244.95	1,020.55
44	BS	240.00	2,880.00	3,390.85	510.85
45	MF	232.50	2,790.00	3,390.85	600.85
46	AC	247.00	2,964.00	3,390.85	426.85
47	LD	268.70	3,224.40	3,390.85	166.45
48	CD	268.70	3,224.40	3,390.85	166.45

EXHIBIT_____
DATE_____
HB_____

49	JB	200.00	2,400.00	3,390.85	990.85
50	CS	268.00	3,216.00	3,390.85	174.85
51	AP	268.00	3,216.00	3,390.85	174.85
52	SH	200.00	2,400.00	3,390.85	990.85
53	SB	200.00	2,400.00	3,390.85	990.85
54	EH	334.00	4,008.00	3,390.85	(617.15)
55	AB	200.00	2,400.00	3,390.85	990.85
56	VS	150.00	1,800.00	4,244.95	2,444.95
57	RB	150.00	1,800.00	4,244.95	2,444.95
58	DH	200.00	2,400.00	4,244.95	1,844.95
59	VH	200.00	2,400.00	4,244.95	1,844.95
60	JG	200.00	2,400.00	3,390.85	990.85
61	JG	200.00	2,400.00	3,390.85	990.85
62	ET	268.00	3,216.00	3,390.85	174.85
63	AH	200.00	2,400.00	3,390.85	990.85
64	CH	258.80	3,105.60	3,390.85	285.25
65	JC	240.00	2,880.00	4,244.95	1,364.95
66	JS	230.00	2,760.00	3,390.85	630.85
67	BK	150.00	1,800.00	4,244.95	2,444.95
68	MR	50.00	600.00	3,390.85	2,790.85
69	JR	50.00	600.00	3,390.85	2,790.85
70	ZM	269.00	3,228.00	3,390.85	162.85
71	MS	1.00	12.00	3,390.85	3,378.85
72	TS	1.00	12.00	3,390.85	3,378.85
73	LS	78.18	938.16	3,390.85	2,452.69
74	JH	200.00	2,400.00	4,244.95	1,844.95
75	TH	200.00	2,400.00	4,244.95	1,844.95
76	LH	275.00	3,300.00	4,244.95	944.95
77	RL	175.00	2,100.00	4,244.95	2,144.95
78	JN	150.00	1,800.00	4,244.95	2,444.95
79	JR	140.00	1,680.00	4,244.95	2,564.95
80	WR	140.00	1,680.00	4,244.95	2,564.95
81	JS	100.00	1,200.00	4,244.95	3,044.95
82	JH	100.00	1,200.00	4,244.95	3,044.95
83	RH	275.00	3,300.00	4,244.95	944.95
84	KC	275.00	3,300.00	3,390.85	90.85
85	TG	200.00	2,400.00	4,244.95	1,844.95
86	JM	100.00	1,200.00	4,244.95	3,044.95
87	CG	270.00	3,240.00	3,390.85	150.85
88	JA	268.00	3,216.00	3,390.85	174.85
89	GG	270.00	3,240.00	3,390.85	150.85
90	RR	230.00	2,760.00	4,244.95	1,484.95
91	JG	270.00	3,240.00	3,390.85	150.85
92	DD	250.00	3,000.00	3,390.85	390.85
93	SP	268.70	3,224.40	3,390.85	166.45
94	HF	250.00	3,000.00	3,390.85	390.85
95	DS	310.00	3,720.00	4,244.95	524.95
96	AR	268.00	3,216.00	3,390.85	174.85
			241,940.52	352,852.80	110,912.28

EXHIBIT_____

DATE_____

HB_____

SB 407
TESTIMONY OF DREW DAWSON, CHIEF
EMERGENCY MEDICAL SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

March 13, 1989

Madam Chairman, and members of the committee. I am Drew Dawson, Chief of the Emergency Medical Services Bureau in the Department of Health and Environmental Sciences. I am pleased to testify as a proponent of Senate Bill 407 which was introduced at the request of the department.

For several years an Emergency Medical Services Advisory Council, composed of eighteen different organizations and individuals, has been developing an updated state emergency medical services plan. The Council has been chaired by Senator Jacobson.

We have made a big effort to secure the input and recommendations of emergency medical services providers throughout Montana. Last spring we distributed an opinion survey to approximately 5,000 EMS providers and local government officials. In November 1988, we mailed over 700 copies of a draft state plan. This plan contained a draft of Senate Bill 407. In December, 1988, we held public information sessions at ten locations throughout Montana to solicit public input regarding the Advisory Council recommendations including the content of SB 407. Based on the survey and the public hearings, we have made a substantial number of changes to the original recommendations.

As the plan's first priority, the EMS Advisory Council recommended updating the Montana Ambulance Licensing Law. Their recommendations are reflected in Senate Bill 407.

The Montana Ambulance licensing law was adopted in 1971. Although the training and technology of emergency medical services has changed considerably since then, there has been only one minor amendment to the ambulance licensing law. This law has simply not kept pace with the advances in emergency medical services.

PROBLEMS WITH EXISTING LAW

There are a number of problems with the existing statute:

*The list of ambulance equipment referred to is a 1967 American College of Surgeons list. The College of Surgeons has updated their list several times since 1967. The places unrealistic requirements on the ambulance services.

*The wording is very vague, contradictory and often unenforceable. Although it does not happen frequently,

EXHIBIT 4
DATE 3-13-89
HB SB 407

there have been several obvious problems with ambulance services with which we have not been able to take appropriate enforcement action.

*There are many details contained in the law which don't allow the flexibility of change as advances are made in emergency medical services.
*The minimum level of training specified is Advanced First Aid and Emergency Care. This was adopted prior to the advent of EMT training and other levels of emergency medical services training and certification.

*The statute refers only to Basic Life Support ground ambulance services. It does not allow for different types and levels of ambulance service - e.g. allowing for differing requirements for Basic Life Support ambulance services and Advanced Life Support Ambulances.

*While ground ambulances must meet certain minimum licensing standards, there are no standards for air ambulance services, either fixed wing or helicopter.

*As emergency medical services systems have matured, other methods of delivering pre-hospital care have developed - such as Quick Response Units and other types of non-transporting medical units. These units are not required to meet any minimal standards.

*The method of granting variances from rules is very awkward. Also, there is no provision for involving EMS providers in advising the department in enforcement and/or variance actions.

SUMMARY OF SENATE BILL 407

Senate Bill 407 does the following:

***Repeals some of the outdated sections**

These sections primarily concern equipment and training requirements.

***Provides for the department to classify, by rule, the various types and levels of emergency medical services and provides the licensure of non-transporting medical units and air ambulances in addition to the ground ambulance services.**

Emergency medical services providers, often volunteers in your communities, offer essential services. To assure the

EXHIBIT_____
DATE_____
HB_____

public health and safety, we feel there should be minimum standards for all types of emergency medical services units (ground ambulances, air ambulances, and non-transporting medical units) With the variety of types and levels of services which have evolved in recent years, there is a need for differing standards for various types and levels of services. These standards need to be realistic for rural Montana.

For instance, advanced life support units, staffed by paramedics or nurses, clearly have different requirements from units staffed by basic emergency medical technicians. Helicopter ambulance services, responding directly to the scene of medical emergencies and accidents, have differing requirements from fixed wing services which primarily provide transportation between hospitals or medical facilities.

Although each of these situations are different, we feel there should be some minimal standards for each different type and level of service. Because we want to build an emergency medical services system throughout Montana, these standards need to clearly recognize the rural nature of Montana and need to be "doable".

***Provides authority to the department to investigate complaints and clarifies the enforcement actions allowed by the department.**

Complaints about ambulance services are not frequent. However, when there is a complaint, there should be the ability to investigate the complaint and, if necessary, to take appropriate enforcement action. Under the current law, investigation and enforcement action is nearly impossible. If we receive a complaint about the type of care rendered on an ambulance, or about ambulance operations, no matter how flagrant the problem may be, we do not have the capability to investigate or to assure corrective action is taken.

SB 407 would allow for investigation of complaints and would allow the department to take several types of corrective action. The legislation also allows for an appeals process. To assure that there is peer review, the proposed legislation provides for an advisory committee of EMS providers to advise the department and/or the board regarding enforcement actions.

***Establishes procedures for waiver of rules.**

Although we will do our best to develop rules which are realistic for Montana, communities will sometimes be faced with extenuating circumstances which are beyond their control. For this reason, we strongly encourage a method of

EXHIBIT_____
DATE_____

waiving any of the various requirements.

***Provides rule-making authority to the department regarding licensing standards, classification of services, application procedures and some operational procedures.**

During the past few weeks, there has been some concern expressed about providing rule-making authority to the Department of Health and Environmental Sciences. We feel very strongly that EMS providers need to be actively involved with the development of the rules which will affect them. We will assure they will have considerable opportunity for detailed input. For instance, the EMS Advisory Council has already suggested some of the rules. These have been mailed to EMS providers throughout Montana, and there have been a series of public information sessions throughout the state. If the legislation passes, these suggestions will serve as a starting point for the formal development of rules. We will involve task forces of EMS providers to help write the rules and are committed to traveling throughout the state to solicit suggestions and comments.

Through the rule-making process, EMS providers throughout the state will have a great number of opportunities to help determine the content of rules. There are so many types and levels of emergency medical services and the technology is changing so rapidly it is simply more realistic to specify the details by rules. We feel very strongly that the active involvement of EMS providers in the rule-making will assure realistic and appropriate rules for Montana.

As identified in the Statement of Intent, **the rules must reflect the unique needs of rural Montana and should not be so stringent that the provision of emergency medical care will unreasonably difficult or expensive.** We are very strongly committed to the development of realistic and reasonable rules for Montana's EMS providers.

***Provides for a two-year licensing period for all emergency medical services rather than the one-year period under the current law.**

OTHER COMMENTS

As we have traveled throughout the state and have solicited input and recommendations concerning this legislation, there have been several areas which need explanation to the committee:

We have had numerous discussions regarding the minimum personnel training requirements (to be established by rule) for basic life

EXHIBIT_____
DATE_____

support ground ambulance services. While we originally proposed the requiring of two Emergency Medical Technicians on ambulance services within five years, the input from field EMS providers have clearly illustrated this is not currently feasible. During the public hearing process in December, 1988, and in cooperation with the EMS providers represented, we arrived at a compromise. We are recommending the rules would require one EMT by October, 1995, allowing First Responders with supplemental training to serve on ambulance services and modifying our training program to allow persons to progress more easily from one level of training to another.

During the last two weeks there has also been some confusion and newspaper publicity about whether we intend to specify, in the rules, a maximum age or mileage on ambulance vehicles. To assist us with planning for mechanisms to help communities replace vehicles, and as an ideal situation, the Emergency Medical Services plan recommended a goal about the age and mileage on a vehicle. As is clearly stated in the plan, this is intended to serve only to assist in statewide planning - and will not be a rule or any other requirement. **In the strongest possible terms, I can assure you there is no intention, and there has never been any intention, to specify, by rule, the maximum age or mileage on an ambulance vehicle nor to require 21 EMTs on an ambulance service.** Rules need to be realistic for rural Montana; this would clearly not be practical. Our office wants to help improve emergency medical services throughout Montana, not to make it more difficult or cumbersome.

SUMMARY

This legislation updates the ambulance licensing law, extends this to air ambulance and non-transporting medical units and allows for the adoption of reasonable rules by the department.

Based on all of the public input we have received, and the modifications we have made, we feel this is a good piece of legislation which would allow the establishment of reasonable requirements. I urge your favorable consideration.

Thank you for the opportunity to testify.

EXHIBIT_____
DATE_____

Deaconess
Medical
Center

February 17, 1989

Senator Thomas Hager, Chairman
Senate Public Health Committee
Senate Office Building
Helena, MT 59620

Dear Senator Hager:

We encourage your support for Senate Bill 407. It is an important step in updating our state EMS and towards the establishment of a comprehensive state-wide EMS/Trauma plan.

The bill will set minimum standards for licensing of ground and air ambulances. We feel this is an important step toward a goal of providing quality Emergency Medical Services to all the people of Montana. The bill adds air ambulances to the licensing structure, without requiring the licensing of fixed base operators who do not provide life support services. This provision allows for the setting of standards for our state's air ambulance services, which will be important in insuring the continued delivery of quality care by these services.

The establishment of a structure to assume minimum standards of services are met by organizations providing pre-hospital care, is another important provision of the bill.

The availability of quality pre-hospital care is a goal that everyone involved in Emergency Medical Services has been striving toward. We believe this bill will help us reach that goal. Your support for Senate Bill 407 is very much appreciated.

Sincerely yours,

R. James Majxner, M.D.
Medical Consultant

Nancy S. Rahm, R.N.
Nurse Consultant

cc: Drew Dawson
Chief, EMS Bureau

EXHIBIT_____
DATE_____
HB_____

Deaconess
Medical Center
of Billings, Inc.

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

Telephone 406-657-4000

FALLON COUNTY COMMUNITY AMBULANCE

320 Hospital Driver, P.O. Box 820, Baker, Montana 59313 · (406) 778-3331

To: Drew Dawson, Chief
Emergency Services Bureau
Department of Health and Environmental Sciences
Cogswell Building
Helena, Montana 59620

FROM: Kathleen A. Cornelius REMT-A
Director
Fallon County Ambulance Association
Baker, Montana 59313

March 13, 1989

Drew, please submit copies of this letter to the House Human Services Committee at the hearing today on Senate Bill 407.

Madam Chairman and Members of the Committee, I deeply regret not being able to appear in person today to support SB 407. We have been following the progress of this legislation for some time. As director of the ambulance sevices in Baker, I feel I can speak for the typical rural volunteer emergency medical service. As Region 4 B Director of the Montana Emergency Medical Association, I represent and communicate with EMTs and services in Carter, Fallon, Custer, Powder River and Rosebud Counties.

I support this Bill because revision of the laws relating to emergency medical services is long overdue. Like anything medically related, our field of expertise has evolved tremendously in the last two decades. It is time that the laws were changed to keep pace with this progress.

As part of this necessary update, SB 407 grants rule making authority to the Department of Health and Environmental Sciences. This authority has some limitations. As part of the rule making process, public hearings would be held so that the EMS providers themselves would have input on the issues involved. I feel the fears expressed by some individuals about this process are greatly exaggerated and due to an insufficient knowledge of the system. We out here in the southeast corner of the state do not believe that passage of this Bill is in any way detrimental to our rural ambulance services. We realize the necessity of modernizing our EMS system, and we welcome it.

If the current Bill fails, we will carry on for another two years under antiquated laws. How many of you, members of the committee, could return home and participate in your businesses or professions under the same criteria you might have used twenty years ago?

I request your support and passage of SB 407.

EXHIBIT_____
DATE_____
HB_____

Respectfully,

Kathleen Cornelius REMT-A

TESTIMONY OF RICK BANDY, PRESIDENT
MONTANA EMERGENCY MEDICAL SERVICES ASSOCIATION

CONCERNING SENATE BILL 407

Mr. Chairman, members of the committee. My name is Rick Bandy. I am President of the Montana Emergency Medical Services Association. MEMSA is a professional organization that represents EMTs who serve on ambulance services. We are the only organization that speaks on behalf of prehospital emergency care providers. I am also a member of a rural ambulance service in Phillips County.

Senate Bill 407 is a long overdue attempt at revising an antiquated law that causes serious problems for ambulance services.

Emergency medical services is a young and dynamic field that is constantly changing. By taking specific regulations out of the law and putting them in the rules, it allows the state to be more responsive to the needs and changes in emergency medical services.

Our organization developed a state wide protocol manual which tell EMTs how to treat different types of illnesses and injuries. MEMSA updates this book of protocols every two years because our profession is constantly changing and improving the ways we take care of patients.

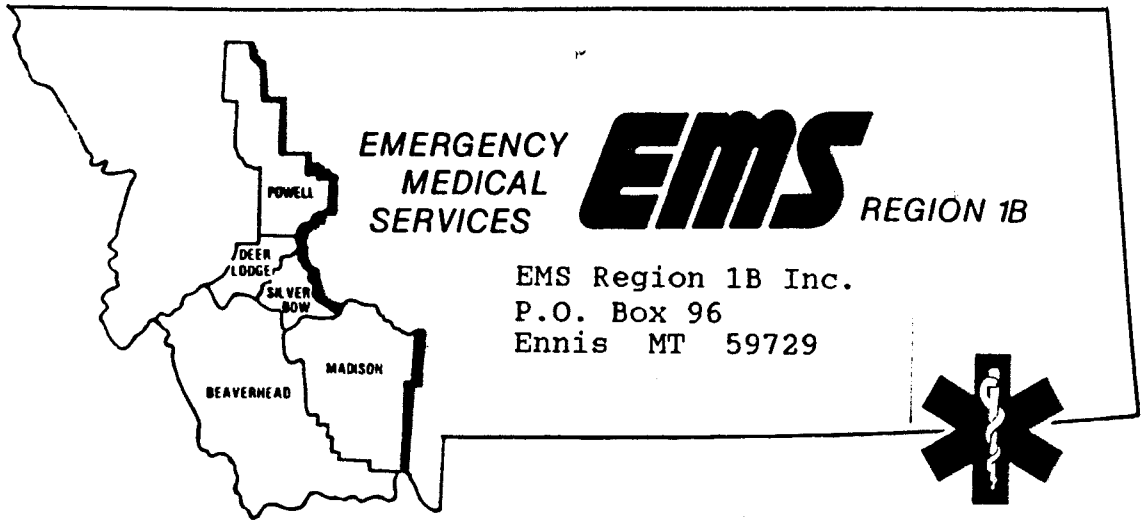
Senate Bill 407 would allow the state to be more responsive to the changes in our field also.

As a member of a rural ambulance service, I have experienced the frustrations of working with the current, outdated law. We are told that we have to carry equipment that will not be used and if we do not have that equipment, we have to spend money to buy it. This list of equipment in the current law is totally inadequate and does not include minimal life-saving equipment that needs to be carried on every ambulance.

There are enough checks and balances in the rules process that we are not concerned about something being included that would be to the detriment of emergency medical services. It would allow the system to be flexible and responsive to Montana's emergency medical services system.

The Montana Emergency Services Association urges a do pass recommendation on Senate Bill 407.

EXHIBIT 5
DATE 3-15-89
HB 407



EMERGENCY MEDICAL SERVICES **EMS** REGION 1B

EMS Region 1B Inc.
P.O. Box 96
Ennis MT 59729

March 13, 1989

Montana House of Representatives
Human Services and Aging Committee
Helena MT 59601

EXHIBIT 6
DATE 3-13-89
HB 407

Chairman and Members of the Committee:

For the record I am Gary Haigh an EMT from Ennis and I'm here on behalf of EMS Region 1B Inc.. EMS Region 1B is comprised of representatives from the Anaconda Ambulance Service, Beaverhead EMS (in Dillon), Butte EMS System, Deer Lodge Ambulance, Ennis Ambulance Service, and Ruby Valley Ambulance (in Sheridan).

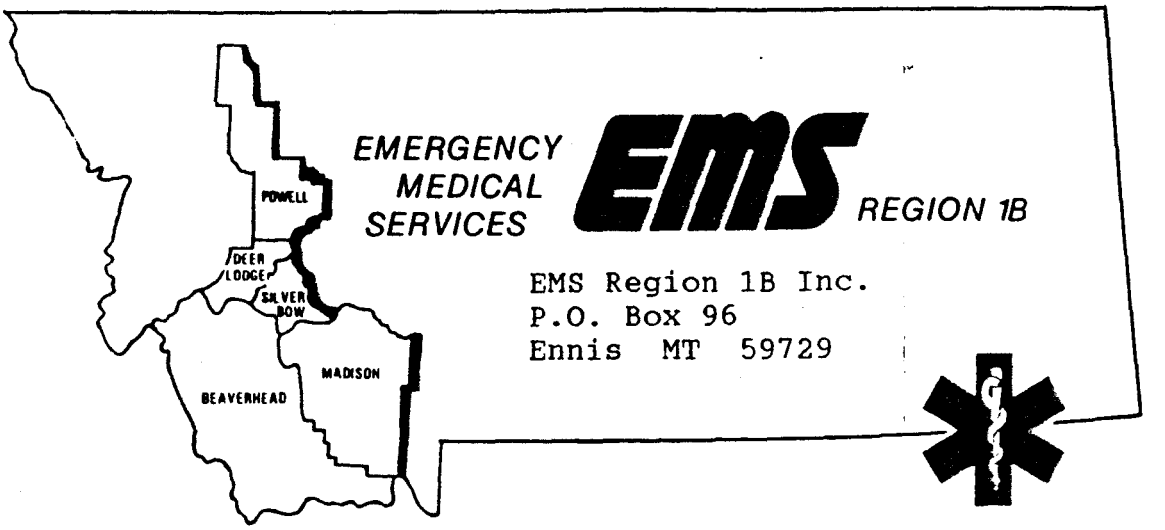
First I would like to express a personal opinion. It is time that the legislature start giving serious consideration to emergency medical services in our state. We have laws requiring fire and police protection to keep our property safe but there is nothing that requires the existence of EMS to protect and preserve our lives. This legislation is a step in the right direction.

The Board of Directors and members of EMS Region 1B Inc. strongly support Senate Bill 407. The area's served by the ambulances in Region 1B are largely rural, scarcely populated, and suffer adverse weather and geographic conditions. These factors alone make the provision of quality EMS a tough challenge. When the laws governing our operation are outdated and inefficient this adds to the challenge. We can not control the population, weather, or lay of the land but the laws we have can be current and efficient. SB407 would:

Replace an outdated equipment list for ambulances with a mechanism to create and update a minimum equipment list that is both practical and functional.

Provide the dedicated EMS volunteer with a greater opportunity to influence the rules and regulation that govern their operation through the public hearing, rule and regulation process.

Establish a clear method through which a service, that due to lack of funding and\or available volunteers can apply for and receive a waiver of licensing



EMERGENCY MEDICAL SERVICES **EMS** REGION 1B

EMS Region 1B Inc.
P.O. Box 96
Ennis MT 59729

Create legal standing for nontransporting emergency medical units, better known as quick response units. This would make it easier for them to obtain liability and malpractice insurance as well as receive payment from medicare for their services.

Recent studies have shown that the availability of advanced life support care in rural areas is greatly beneficial to the patient. This legislation would provide legal standing for ALS, thus encouraging ambulance services to provide this level of care.

Emergency medical services is a dynamic and rapidly changing field. As old levels of training change and new training is created our minimum levels of training for EMS personnel must also be able to change. SB407 would provide the needed flexibility through the public hearing, rule and regulation process.

Generally clarify the EMS transportation laws enabling the average volunteer to understand them.

This legislation gives rule making authority to the Department of Health and Environmental Sciences and requires a public hearing be held for review of any rules. This in itself will provide, us the volunteers in the ditches doing the work with far greater control over how we are governed. The bill also stipulates that "the rules should not be so stringent that the provision of emergency medical care in smaller communities will be made unreasonably difficult or expensive" giving us added protection. from unrealistic rules.

For these and many more reasons EMS Region 1B Inc. actively supports Senate Bill 407.

Sincerely

Gary R. Haigh
Region 1B Representative

EXHIBIT_____
DATE_____
HB_____

AARP

1988-1989
MONTANA STATE LEGISLATIVE COMMITTEE

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

VICE CHAIRMAN
Mr. Fred Patten
1700 Knight
Helena, MT 59601
(406) 443-3696

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

March 13, 1989

TO: Human Services and Aging

FROM: Owen Warren,American Association of Retired Persons

RE: In support of SB 407, An Act to Generally Revise and Clarify the Laws Relating to Emergency Medical Services

The Montana State Legislative Committee of AARP supports this bill for the following reasons:

In reading the information on the subject furnished by Mr. Drew Dawson, Chief of the Emergency Medical Services Bureau, we can agree that a 1971 licensing law and a 1967 standard for equiping ambulances could hardly meet the standards expected by the demanding public of today.

We are well informed today of modern technology in life saving techniques and in life saving emergencies we expect the best.

Therefore, we salute our guardians of life in times of emergency, for being knowledgable and sensative to these modern day needs of the public.

We recommend you give this your favorable consideration.

EXHIBIT 7
DATE 3-13-89
HB SB 407

SWEET GRASS COUNTY AMBULANCE
P.O. BOX 435
BIG TIMBER, MONTANA 59011-0435

March 13, 1989

Human Services and Aging Committee
Montana House of Representatives
Capitol Station
Helena, Montana 59620

RE: SENATE BILL NO. 407

Dear Committee Members:

I strongly urge the Committee to give a favorable recommendation to Senate Bill No. 407, "AN ACT TO GENERALLY REVISE AND CLARIFY THE LAWS RELATING TO EMERGENCY MEDICAL SERVICES..." The provisions of this bill, though largely enabling in nature, provide much needed direction for the regulation of Emergency Medical Services in Montana.

The current ambulance licensing law is obsolete. It contains provisions which require ambulances to carry patient care equipment which has long since been determined to be unsafe to use in caring for seriously ill or injured patients. It provides only for the licensing and regulation of certain classes of ground ambulances, leaving air ambulances and other classes of service completely unregulated as regards patient care and patient care equipment. It is unfortunate that fixed base operators have been excluded from this act. If you could believe the yellow pages in the phone book, every FBO in Montana has an air ambulance, even if that air ambulance is only a single engine crop duster.

There is much confusion in Montana's medical community regarding appropriate levels of care for patients transported between medical facilities which need to be addressed in the rule making process provided for in Senate Bill No. 407.

The regulation of the acts of prehospital care providers currently resides with the Board of Medical Examiners under the Department of Commerce. Because of their already heavy responsibility of licensing and policing of physicians, they have been woefully ineffective in overseeing the acts or omissions of EMTs.

EXHIBIT 8
DATE 3-13-89
HB SB 407

MONTANA EMS SYSTEM
EMERGENCY MEDICAL SERVICES

In summary, Senate Bill No. 407 enables the fair and consistent regulation of emergency medical services in Montana. It's provisions make possible the protection of Montana's citizens and some assurance of consistent quality prehospital patient care which every Montanan has a right to expect.

I support this bill and ask that the Committee give a "do pass" recommendation to the House.

Sincerely,

Joseph D. Hansen
Director

EXHIBIT_____
DATE_____
HB_____

Montana Nurses' Association

P.O. Box 5718 • Helena, Montana 59604 • 442-6710

Representative Hanson - Members of the Committee

My name is Sharon Dieziger and I represent the Montana Nurses' Association. I'm here to speak **in favor of SB 407.**

We commend the efforts of the task force chaired by Judy Jacobson over the past months. The Montana Nurses' Association had representation on that task force and we believe their diligence toward this effort is admirable.

We must keep abreast of the changing times and technology in emergency care.

In addition to the support of the Montana Nurses' Asociation, I am also the Director of the Mercy Flight Air Ambulance Helicopter Service at Montana Deaconess Medical Center in Great Falls. We welcome the opportunity to become licensed with the development of standards and rules. Patients and nurses should not be put at risk in the air unless the highest standards of operation can be met. It is very difficult for me to imagine that when patient care in an emergency situation is our focus, that anyone could object to rising to meet the challenge to assure to the public that we are not only willing and able but determined to provide the best possible care that we can aspire to. We must meet at least minimal statewide standards at all levels in order to accomplish that.

Please vote in favor of SB 407.

Thank you.

EXHIBIT 9
DATE 3-13-89
HB SB 407

EXHIBIT 10
DATE 3-13-89
HB SB407

SB407

Testimony of Reed Redman

Madam Chairperson, and members of the committee. I am Reed Redman, an Emergency Medical Technician from Denton Montana. I am here to testify as an opponent of Senate Bill 407, representing the Denton Ambulance Service and the concerned citizens of the Community of Denton.

I agree that the present ambulance Licensing law does need to be updated, and Senate Bill 407 would seem to be a way of doing this. However, I and the people of Denton, over 70 of whom signed a letter which was sent to all of you, have a concern that Senate Bill 407 as written, could potentially threaten the existance of ambulance services in small communities such as Denton.

In the bill it states that in order to carry out the provisions, the Department of Health and Environmental Sciences shall proscribe and enforce rules for emergency medical services. Included are rules proscribing minimum licensing standards for each type and level of services, including requirements for personnel, medical control, maintenance, equipment, reporting, recordkeeping, sanitation, and minimum insurance coverage as determined appropriate by the department. Most of this we have no problem with. However in the department's draft plan, they stated certain rules which they felt should be implemented. One of these was that the minimun level of training for ambulance attendants should be Emergency Medical Technition, (Emt), as they feel that Advanced First Aid is simply inadequate to provide ambulance care. They feel that this should be phased in over 6-7 years. We feel that this would be simply impossible for many small community ambulance services. We in Denton consider ourselves very lucky to, at this time, have six EMTs, three of whom live out of town, on our service. We have been doing all that we can to recruit and train more for the past 10-15 years. We have had as many as 8. We supplement the EMTs with Advanced First Aiders. I personally know of small community ambulance services with as few as one EMT. They also have had more at some times, but EMT certification is difficult, time consuming, and somewhat expensive for a volunteer to maintain. We try to have EMTs on all of our ambulance runs, but sometimes we just can not, and if we could not have Advanced First Aid trained personnel on our services, the sick or injured individual would have to wait at least 40 minutes for an ambulance. If the individual were to die in this time, it would not help that slightly better trained people were on that ambulance. For this reason, we feel that the minumum level of training for Ambulance Attendents should remain Advanced First Aid.

Another rule proposed is that a medical director should be required for every ambulance service. A medical director is defined as a Physician licensed in Montana who is responsible and accountable for the overall medical direction and supervision of a licensed service. The Physician's name, state license number and signature shall appear on the license application and he shall be responsible for approving written medical protocols for the ambulance service, critiquing

ambulance runs on a regularly scheduled basis, and the medical appropriateness of all treatment administered by the ambulance personnel. We feel that this requirement would be difficult if not impossible for a service in a small community which has does not have a resident physician to fulfill . We could not even find a Doctor willing to be on a course committee so that we could conduct EMT training. And you all know that there are many small communities in Montana with no resident physician.

There are also several other proposed rules and goals in the Department of Health and Envirenmental Science draft plan which could cause problems, including such things as - all vehicles should be equal to or less than 10 years of age or have less than 100,000 miles, each ambulance service should have a minimum of 2 vehicles, volunteer ambulance services should have a minimum of 21 persons per primary vehicle, vehicles should be certified in addition to services, and each category of emergency medical care service shall, as a part of their application, specify the geographic coverage area in which they intend to provide service, (we go where we are called and help all that we can).

Representatives of the department have assured us that these last would not be implemented, but I have found that where there is rulemaking authority and stated goals, usually someone will eventually implement rules.

Also there is a section in the bill which includes a civil penalty with fines of up to $1000 per day for violations of the rules. What could this do to a small volunteer ambulance service?

For these reasons I, and the people of Denton feel that this bill should not be passed, and urge you to kill it.

I thank you all for your attention and for allowing me to take up your valuable time.

Thank you

EXHIBIT_____

DATE_____

HB_____

Amendments to Senate Bill No. 437
Presented to House Human Services Committee
March 13, 1989

1. Page 8, line ~~14~~ 17 through ~~16~~ 18.
   Strike: Subsection (1) in its entirety.
   Renumber subsequent subsections.

2. Page 8, line ~~17~~ 20
   Strike: "Testing"
   Insert: "Immediately prior to donation of an organ, semen, or tissues, HIV-related testing"
   Strike: "of an organ or tissue"

3. Page 8, line ~~18~~ 21
   Following: "is"
   Strike: "not"
   Following: "required"
   Strike: "if"
   Insert: "unless"

With the amendments, subsection (2), now renumbered (1) will read as follows:

"Immediately prior to donation of an organ, semen, or tissues, HIV-related testing is required unless the transplantation of an indispensable organ is necessary to save a patient's life and there is not sufficient time to perform an HIV-related test."

EXHIBIT 11
DATE 3-13-89
HB SB 437

MONTANA INDEPENDENT LIVING PROJECT

38 South Last Chance Gulch
Helena, Montana 59601

(406) 442-5755
Toll Free 1-800-233-0805 (VOICE/TDD)

March 13, 1989

RE: SB 437 - AIDS Prevention Act

Madame Chairperson and members of the committee: I am Tim Harris and I am employed with the Montana Independent Living Project. The Project supports SB 437 and urges the committee to support the bill.

The tradgedy of AIDS knows no bounds, affecting the innocent as well as the not-so innocent, the rich and poor alike, crossing racial lines and geographic boundaries, sapping the very life from those directly infected and draining the psychological well being of families, friends and significant others. The ordeal is one which none of us ever wants to face. Until a cure is found, education is a must for everyone, especially high risk groups. SB 437 is a step toward prevention.

In working with people with disabilities, we understand the need for confidentiality, counseling, and informed consent. The onus of the disease in itself is burden enough for one to carry without the public at large knowing the details of one man's burden. We work hard at maintaining confidentiality for the sake of our consumers.

We also offer peer counseling for persons with disabilities, a service which also works well with folks who have been identified as HIV positive. A one-to-one relationship which offers support, understanding and education can bring a measure of healing to one who is hurting.

At present, the only way for us to put an end to AIDS is to provide quality information programs which not only detail safe practices for prevention but also describe services for support and treatment for those who are affected directly or indirectly by AIDS.

It is not you or I who stand here today infected by AIDS but we could be. Let's not wait until it's too late.

EXHIBIT 12
DATE 3-13-89
HB SB 437

SB 454

TESTIMONY OF DREW DAWSON
EMERGENCY MEDICAL SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

March 13, 1989

Madam Chairman and members of the committee. I am Drew Dawson, Chief of the Emergency Medical Services Bureau within the Department of Health and Environmental Sciences.

The bill is presented as a recommendation of our Emergency Medical Services Advisory Council. In December, 1988, the concept of this legislation was presented in a series of public information sessions throughout Montana and received wide-spread support.

Emergency services workers, including law enforcement personnel, firefighters, ambulance service personnel, emergency medical technicians and others work under very adverse circumstances. We encourage and train emergency services personnel to take good safety precautions against exposure to communicable disease. This includes the use of rubber gloves, the use of masks for mouth to mouth resuscitation, and other techniques to minimize exposure to communicable diseases.

However, these techniques are fraught with difficulty in the field. There is often poor lighting, broken glass, gasoline, jagged metal and other factors which make adequate protection almost impossible. The patients are frequently bleeding profusely and it is often necessary to do mouth to mouth resuscitation.

Despite the best intentions, it very often logistically impossible for emergency services personnel to totally protect themselves from exposure to a potential communicable disease. This entire issue has been recently reinforced by reports from both the U.S. Fire Administration and by the Center for Disease Control.

When a patient is diagnosed as having an infectious disease, it is very easy to forget the emergency services workers who cared for the patient - often without adequate protection. This bill, patterned after one adopted in Massachusetts, places certain responsibilities with both the emergency services worker and with the health care facility. It is an effort to assure that emergency services workers are notified on a "need to know basis" of their exposure to an infectious disease.

It would work like this:

1. If an emergency services worker sustains an

EXHIBIT 13
DATE 3-13-89
~~HB~~ SB 454

unprotected exposure, he would fill out a standard, and uniform statewide form and present this to the health care facility. This would be presented only when the emergency services worker sustained an unprotected exposure - not for every patient.

2. If a physician determines that the patient in question has an infectious disease and that the unprotected exposure is capable of transmitting the infectious disease, he would notify the health care facility.

3. The health care facility would then notify the emergency services workers who had submitted an unprotected exposure form. This notification would include standard information about suggested medical treatment and medical precautions.

4. Confidentiality is essential. The bill contains criminal penalties for violation of patient confidentiality.

The Department of Health and Environmental Sciences would, by rule:

1. Define an unprotected exposure. In Massachusetts this includes:

   a. Puncture wounds including those resulting from needles, glass or sharp objects contaminated with blood, or human bites.

   b. Blood to blood contact with an open wound - such as an open cut, sores, rashes, etc.

   c. Mucous membrane contact - such as might occur with mouth to mouth resuscitation, eye splashing with infected fluids such as blood, sputum, and other body fluids

2. Define the list of infectious diseases. Examples used in Massachusetts include:

   a. Hepatitis B Virus infection

   b. Meningococcal infections

   c. Active tuberculosis

   d. Haemophilus Influenza B (HIB) disease

   e. AIDS

EXHIBIT_____
DATE_____
HB_____

3. Develop the standard, statewide form for emergency services personnel to report an unprotected exposure.

4. Define the accepted medical precautions and recommended treatment the health care facility would provide to emergency services workers who sustained an unprotected exposure to a communicable disease.

We believe this is a necessary bill to protect the health of emergency services workers throughout Montana. It protects the confidentiality of the patient while still assuring emergency services workers are provided with essential information about their exposure the infectious disease. It places responsibility with the emergency services worker, with the health care facility and with the physician. I would urge your support of this bill.

EXHIBIT_____
DATE_____
HB_____

MISSOULA CITY-COUNTY HEALTH DEPARTMENT

February 16, 1989

Representative Stella Jean Hansen, Chair
Human Services and Aging Committee
Montana House of Representatives
Capitol Building
Helena, MT 59620

Dear Representative Hansen,

I am writing in support of SB 437, the AIDS Prevention Act.

As a local public health official, I am responsible for the control of communicable disease. Control of the spread of HIV, the virus that causes AIDS, is particularly difficult as we have no vaccine or cure available. We do, however, have the opportunity to provide education directly to persons infected and at risk of infection when they present for HIV antibody testing. In fact, the practice of counseling and testing is the cornerstone of AIDS prevention activities.

In our function as one of the state's Counseling and Testing Sites, our department provides testing only in conjunction with counseling. SB 437 could extend this communicable disease control measure to persons who present for testing somewhere other than Counseling and Testing Sites as about 60 percent of test subjects do in this state.

SB 437 has undergone amendments necessary for the broad-based support it now represents. I strongly urge your committee to promote one of the few communicable disease control methods we have available to us for the control of AIDS and favorably recommend SB 437 for passage.

Sincerely,

Ellen Leahy

Ellen Leahy, R.N., M.N.
Acting Health Officer

EXHIBIT 14
DATE 3-13-89
~~HB~~ SB 437

VISITORS' REGISTER

HUMAN SERVICES AND AGING COMMITTEE

BILL NO. SJR 14 DATE 3/13/89

SPONSOR

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
JOHN DELANO	MT. COMM. FOUND.	X	
Steve Browning	"	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. SB 214 DATE 3/13/89

SPONSOR

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
Gary Walsh	DFS	✓	

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 311 DATE 3/13/89

SPONSOR

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
John Titorlow	Mont Health Assoc of Mountain	—	
Chris Volinkaty	DD	✓	
Alicia Pichette	FSSAC	X	
Dennis M. Taylor	DDD/SRS		
I.M. HARRIS	MONT. INDEPENDENT LIVING PROJECT	✓	

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 407 DATE 3/13/89

SPONSOR

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
JOE HANSEN	Sweet Grass Co Ambulance	X	
Owen Warren	AARP.	X	
Gary Haigh	EMS Region 1B Inc	X	
ART BICSAK	BICSAK AMBULANCE/MEMSA	X	
Clifford C. Walls	mt. Private Ambulance Operators Walls Emergency	X	
NORS D. SANDAL	CIT FOUNDATION	X	
Drew Dawson	Dept of Health	X.	
Reed Redman	Town of Denton		X
[illegible] M.D.	Advisory Council	X	
[illegible]	Town of Denton		X
GREG GARCIA	SOLC		X
Richard Seddon	Mont State Fire Assoc	X	
Dale Tolsford	DHES		
Henry E. Zeh	Mont State Firefighters	X	
Gayle P. Nagel	Mt St. Vol. Firefighters Assn	X	
John Semple	Montana Aviation Trades Assn		
Jerome T Loendorf	Mt. med. Assn	✓	
LARRY ALLEY	MT HEALTH NETWORK	✓	
Sharon Morgan RN	MT. Nurses Assoc	✓	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

_____ COMMITTEE

BILL NO. SB 407 DATE _____

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Ada Keeding	Jordan, MT. Area Service	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. SB 437 DATE 3/13/89

SPONSOR

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Ellen Leahy	Missoula City-County Health Dept.	X	
Bonnie Leifer	Missoula AIDS Council	X	
Wilbur Rehmann	Helena - MNA	X	
Robert R Johnson	Helena -	✓	
Lynn Harris	Montana Independent Living Project	✓	
Mary Beth Frideres	Montana AIDS Coalition	✓	
Jerry Loendorf	Mt. Med. Assn	✓	
Larry Akey	MT Health Network	✓ w/ Amend	
Sharon Mezger	Mt Nurses Assoc	✓	
Dave Shaw	MT Chamber Lobby	✓	
Sandra L. Hale	Clancy	✓	
John Ortverm	MT Catholic Conf	✓	
Neil Egan	Helena AIDS Support Network	✓	
Nancy Dragin	MT Womens Lobby	✓	
Tom Hopgood	Health Ins. Assoc. America		
~~Sharon Mezger~~ above	~~MT Nurses Assoc~~	✓	

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 454 DATE 3/13/89

SPONSOR

NAME (please print)	REPRESENTING	SUPPORT	OPPOSE
Gary Haigh	EMS Region IB Inc	X	
JOE HANSEN	Sweet Grass Co. Ambulance	X	
Clifford C. Walls	Mt. Private Ambulance Operators Walls Emergency	X	
Nels D. SANDOAL	CIT FOUNDATION	X	
Drew Dawson	Mt Dept Health	X	
~~Reed Redman~~	~~City of Bozeman~~		~~X~~
ART BIGSAK	BIGSAK AMBULANCE/MEMSA	X	
Kyle Nagel	Mt. St. Vol. Fire Fighters Assn	X	
Henry C. Lohn.	Mont State Vol. Firefighters	X	

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

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.