

MINUTES

MONTANA SENATE 51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By Chairman Hager, on January 25, 1989, at
1:00 p.m.

ROLL CALL

Members Present: Senators: Tom Hager, Chairman, Tom
Rasmussen, Vice Chairman; J. D. Lynch, Matt Himsl, Bill
Norman, Harry H. McLane, Bob Pipinich.

Members Excused: None

Members Absent: None

Staff Present: Tom Gomez, Legislative Council
Dorothy Quinn, Committee Secretary
Delores Harris, Secretary

Announcements/Discussion: Senator Hager announced that
Committee Secretary Louise Sullivan had moved to the
Governor's Office, and has been replaced by Dorothy
Quinn.

HEARING On Senate Bill #26

Presentation and Opening Statement by Sponsor: Senator
Cecil Weeding, Senate District #14, stated that this
bill deals with the licensure and regulation of
Physician Assistant-Certifieds in Montana. It proposes
substantial revisions of the current PA law on the
books. It will provide for some limited representation
on the Montana Board of Examiners. It will provide for
licensure. It will provide for some limited
prescription and dispensing authority, and will clarify
rules relative to billing for insurance. It amends
many sections of law. The first nine sections are new
sections. Senator Weeding requested permission to go
through and introduce amendments as he went through
each section in order, noting changes. Permission was
granted by Chairman Hager. (Exhibits 1,2,3).

List of Testifying Proponents and What Group they Represent:

Paul Wheeler, Montana Academy of Physician Assistants
Jim Reid, Practicing Physician Assistant
Darryl Espeland, DO, General Practice Physician

James W. Crichton, M.D., Montana Academy of Family
Physicians
Frank Newman, Director of Montana Area Health Education
Center
Vicki Williams, B.S.R.N., State of Washington
Helen Viker, R.N., Broadus, Montana
Jim Ahrens, President of Montana Hospital Association
Milton Markuson, Montana Association of Counties
Susan Cahill, PA-C, Kalispell, Montana

List of Testifying Opponents and What Group They Represent:

Jerome Loendorf, Attorney, Montana Medical Association
John McMahon, M.D., Montana Medical Association
Tom Hopgood, Attorney, Health Insurance Association
of America
Sharon Dieziger, Montana Nurses' Association
Jean Shreffler, Montana Nurses' Association
Barbara Booher, Montana Nurses' Association

Testimony:

Paul Wheeler submitted written testimony to the Committee which he read and is attached as EXHIBIT #5. He stated he believes SB #26 is a viable solution to Montana's rural health care crises. He noted that Montana has only 26 practicing PA's compared to South Dakota's 150 and Washington's 600. He presented an extensive list of supporters (Exhibit #4).

Jim Reid provided prepared testimony (Exhibit #6). He stated this bill does not propose anything new or different from what is currently being done in other nearby rural states. In his opinion prescriptive authority is necessary if PAs are going to staff satellite clinics or other facilities without placing themselves, supervising physicians, or pharmacists in jeopardy. He addressed other concerns regarding billing and amending the Nurse Practice Act.

Darryl Espeland read and submitted his prepared testimony to the Committee (Exhibit #7). He gave first-hand information about working with PAs and their contribution to medical service in the rural areas, stating these areas have tried to recruit physicians but were unsuccessful. He addressed the problem concerning prescription medications. He stated he has never seen any inappropriate use of medications. He believes PAs should be represented and governed by the same body as represents and governs physicians, and he believes PAs should be represented on the Board of Medical Examiners.

James W. Crichton provided written testimony (Exhibit #8), and told the Committee he felt the most important item was licensing. Licensure will improve their ability to deliver their services where needed, and also enhance their status and allow them to function slightly more independently than in the past. He also strongly supports their ability to prescribe drugs in a limited way. He stated the Montana Academy of Family Practice generally supports the bill as proposed.

Frank Newman presented written testimony to the Committee (Exhibit #9). He advised he was testifying as a private citizen who has knowledge of health care delivery systems in Montana and issues of rural health. He added he was not acting as an agent of the Board of Directors of the Montana AHEC. He addressed the problem of the shortage of primary care physicians. He pointed out there are at least two legislative measures which recognize the value of the PA in the health care delivery system: (1) the Montana Medical Assistance Facility Act of 1987 and (2) Public Law 95-210, passed by Congress in 1977. He believes the PA, practicing under the supervision of a physician, provides a cost effective means of delivering quality health care to citizens of Montana, particularly in rural areas.

Vicki Williams submitted and read her written testimony to the Committee (Exhibit #10). She described the cooperative working relationship she believes exists between nurses and PAs in Washington. She is in favor of amending the Nurse Practice Act to allow Montana nurses to carry out patient medication and treatment orders from PAs. She urged a do pass recommendation on SB #26.

Helen Viker presented her written testimony to the Committee (Exhibit #11). She stated the Montana Nurses' Association and State Board of Nursing do not represent all nurses when they oppose SB #26. As a nurse who has worked with PAs, and one who recognizes the health care provider shortage in Montana, she urged passage of this bill to help ease this problem.

Jim Ahrens stated the Montana Hospital Association supports this bill. He believes that mid-level practitioners can play an important role in extending health care services to isolated rural, medically underserved areas of our state. In order to make the most efficient use of mid-level practitioners, their practice privileges must be extended. He urged a do pass recommendation on this bill.

Milton Markuson presented Resolution 88-1 from the Montana Association of Counties. It strongly supports mid-level health care in rural Montana. He stated MAC supports SB #26, and urged support of the bill. ((Exhibit #12)

Susan Cahill reviewed the educational requirements for PAs. She presented and read her written testimony (Exhibit #13), which details these requirements.

Jerry Loendorf, representing the Montana Medical Association, stated that the Association supported PA legislation as early as 1975. They support PA utilization not only in the rural area but throughout Montana. He stated he was testifying as an opponent because they have some concerns about some of the amendments in the bill, most of which were not discussed by the proponents. He stated in 1981, when the current law was drafted, the Legislature enacted a general statutory scheme and delegated to the Board of Examiners the task of filling in all the details regarding the Physician-Physician Assistant team. At that time the Legislature specifically instructed the Board to have authority over (1) supervision (2) protocol) (3) whether physicians could supervise more than one assistant. He stated that although the first six sections of this bill appear to be new, many of them enact some of those regulations and some of them change those regulations, adding that in one case there is a repeat of a statutory provision. He discussed the regulation adopted by the Board concerning definitions of supervision. He stated it is a flexible regulation, and he believes that the strength of the current law is the fact that the Board has flexibility to compare the talents of the two people who compose the physician-PA team and to put those talents to use under a utilization plan. What goes into that plan and what the Board has to regulate is what type of supervision should be provided. This particular definition changes the law so the Board could never require a physical presence as long as people are in radio or telephone contact, as they will always be. The current regulation would allow the Board to allow physical presence where it deems that needed.

He also discussed Section 6, dealing with protocol, what instructions or assistance should the PA be able to give to other health care providers. The Legislature passed that on to the Board and the Board answered it by adopting a regulation which states that a PA's instructions must be followed where the other

health care provider has at least reasonable or actual knowledge that the instructions come from, or are in consultation with the physician, and the PA is required to give to those other health care providers with whom he works regularly a copy of the utilization plan so that they will know the scope of his authority. Section 6, for some reason, changes that, and no reasons were given by proponents for making that change. Another change that this bill would propose regards the prescribing of drugs. The current law does not prohibit the PA from prescribing drugs, but the Board so far has determined by its regulation enacted in 1982 that PAs should not prescribe drugs, they are allowed to dispense drugs. The Board determined that the physician should not be able to escape that responsibility in delegating the task of prescribing to a PA. If education or training standards have changed, it seems that is something that ought to be brought to the attention of the Board. The Legislature determined that this state agency has the appropriate expertise to evaluate the education and training with regard to the prescribing of drugs and it seems they would be better able to make that decision than you would arbitrarily today based on the testimony you have. He commented briefly on billing - no great concern, but it could create a great office problem. He believes the current law is better than this bill, at least in its current form.

Jack McMahon, M.D., Chairman of the Legislative Committee representing the Montana Medical Association, stated that it is obvious that the physicians of the state of Montana are not in unanimity in any way over this issue. He believes the ultimate responsibility of ordering of prescriptions lies with the physician. He also stated that the Board of Medical Examiners is totally opposed to a change in the composition of the Board. He believes the bill needs a lot of work, and unless it can be demonstrated that the avenues of correcting problems have been utilized and no response was given, then he does not believe anything should be done about the bill. and reiterated the adage, "If it isn't broke, don't fix it."

Tom Hopwood spoke in opposition to SB #26. He stated this bill, insofar as it pertains to insurance, is a guarantee of reimbursement of PAs and insures fiscal stability of rural PA staff facilities. According to Mr. Hopwood, that is the best language he has ever heard to describe a mandated benefit. He reiterated the basic stance of the Health Insurance Association of America and that is that mandated coverage, which this

bill is insofar as it pertains to insurance, is going to increase the cost of providing health insurance and it is going to increase the cost of health insurance premiums. This bill, and others like it, are a contributing factor to the rising rate of health insurance.

Sharon Dieziger, representing the Montana Nurses' Association, spoke in opposition to SB 26. She presented and read prepared testimony to the Committee. (Exhibit #14). She recognized the frustration of rural Montana to directly access health care, but noted that many studies show that PAs, as well as other health care providers, migrate to the more metropolitan areas once they are licensed for independent practice. She listed the concerns of the Montana Nurses' Association, as noted in her testimony. In an addendum she suggested this legislation be tabled until the Nurse Practice Bill can be reviewed and compared. She stated the bill presented today is different from any of the drafts that the Nurses Association reviewed previously. She stated that they have intentionally not initiated a heavy lobby effort from nurses at this time because they trust that this committee will analyze and review the questions they have.

Jean Shreffler, Montana Nurses' Association, presented and read her written testimony to the Committee (Exhibit #17). She presented her views of how the provisions of this bill would create unnecessary health care risks for the citizens of Montana in relation to the licensure laws; increased risk of error and increased risk of liability if the nurse is required to accept orders from the PA, and concerns for public safety relative to the provision that would allow the PA to supervise the Licensed Practical Nurse.

Barbara E. Booher, Executive Director of the Montana Nurses Association. There are approximately 6000 Registered Nurses in Montana and the MNA represents approximately 1400 of those RN's. She appeared in opposition to SB #26, particularly Section 21. Specifically on Page 23, line 23, everyone recognizes that with terms physician, dentist, osteopath and podiatrist, the difference that adding a mid-level practitioner makes in this piece of legislation. Physician Assistant-Certifieds are, by their own definition and intention, to be mid-level practitioners. Physicians, dentists, osteopaths and podiatrists are not mid-level practitioners. They have the education, training and the definition of their practice which allows them to give orders for medications and treatment care to Registered Nurses,

and she questioned adding a mid-level practitioner in this kind of authority. It is the RNs of Montana and the nursing community that are asking the committee not to give a favorable recommendation on this specific part of the bill.

Questions From Committee Members

Senator Lynch questioned Jim Reid concerning the supervision of an RN. Mr. Reid stated that the language of the bill allows the PAs to transmit or initiate patient care treatment that should be followed by a nurse. The extension of a physician's authority through a PA is the premise on which 17 or more states actually ruled that PAs may initiate orders of treatment with the PA acting as an agent for the physician..

Senator Lynch asked if under this bill the PA would be able to prescribe drugs without the supervision of a physician. Mr. Reid stated that PAs would be able to initiate prescriptions without the prior approval of a physician, but that practice is reviewed by the supervising physician.

Senator Pipinich asked if the billing rate for PAs would be the same as the doctor's. In response Mr. Reid stated there is nothing in this statute that addresses the rate of reimbursement. Medicare tends to reimburse PA services at 65 to 75% of the physician's rate. In response to another question by Senator Pipinich regarding doctor and PA fees, Mr. Reid stated that in some areas the argument for maintaining the same rate has been that you get the knowledge and expertise of both the supervising physician and the PA.

Senator Himsl questioned Dr. Espeland regarding his obstetrical work and whether PAs do that type service. He stated he may have them do prenatal checks, but not actual deliveries.

Senator Hager asked a representative from SRS for his comments. In response Lee Tickell stated their concern was that the latter part of the bill includes the PA within a mandatory coverage under the Medicaid program, and he requested a fiscal note be done to assess the impact of the legislation on the Medicaid budget.

Senator Rasmussen asked Mr. Reid if there was communication attempted with the State Board of Medical Examiners to work out the problems of this bill. Mr. Reid advised that the PA has gained some representation on the Board of Medical Examiners in the last 6 to 12 months. He

stated a number of the issues are not currently allowed in statutes, and added the Board of Medical Examiners does not have the authority to confer some of the things the PAs are asking, but could address it in regulation.

Senator Lynch asked for the comparison of education between PAs and RNs, and asked what the college education experience consists of. Mr. Reid advised that the duration of most PA programs is 24 months, in addition to four years of college. He stated 67% of first-year PAs have a previous degree, but you do not need a BS degree to go to PA school. In response to an inquiry by Senator Rasmussen, he stated the minimum requirements for all programs are at least two years of college credits in health sciences and at least one year of prior medical experience - 24 months of training.

Senator Himsel questioned whether or not the Committee had the duty or the expertise to extend a license. He believed it should have been done through the Board of Examiners. Mr. Reid responded by stating that the Board of Medical Examiners has no authority to grant the license without a statutory mandate.

Senator Pipinich also added his concern about the committee making such a decision.

Senator Norman asked if there was anyone present from the Board of Medical Examiners. Patricia Englund, attorney, advised that she was asked by the Board to be present. She stated that the amendments presented today were brought before the Board of Medical Examiners, but not necessarily in the exact form as they appear today. In answer to Senator Norman's question regarding the position of the Board on issues, she stated that the two amendments referring to the definition and the presence of the PA on the Board of Medical Examiners for limited purposes were specifically addressed, and also the deletion of the part requiring one of the Board to be a supervising physician. The consensus arrived at by the Board was that the form presented to the Committee was acceptable.

Senator Norman requested Patricia Englund to have the Board of Medical Examiners compose a memo setting forth their position on this bill. After some further discussion, she stated she would make the request.

Closing Comments By Sponsor:

Senator Weeding waived his closing comments in order that more proponents might testify.

HEARING ON SENATE BILL 147

Presentation and Opening Statement by Sponsor: Senator Eleanor L. Vaughn, Senate District #1, stated that the bill was presented at the request of the Department of Commerce. This is a bill for an act to generally revise the laws regulating the practice of Chiropractic. It will allow the chiropractic authorities to better regulate their rules as to befit their operation.

List of Testifying Proponents and What Group they Represent:

Dr. Roger Combs, Board of Chiropractors
Dr. Arvin Wilson, Board of Chiropractors
Lou Sage, D.O., Victor, Montana
Bonnie Tippy, Montana Chiropractic Association

List of Testifying Opponents and What Group They Represent:

None

Testimony:

Dr. Roger Combs stated that he is in private practice in Libby, Montana. He advised there are a number of reasons for the revisions proposed in SB 147. They would like to clarify the term "physician", which term chiropractors are allowed to use. They would like to add rule-making authority to collect fines and establish fees with the Board. They would like a student to be allowed to take the examination for licensure within thirty days of graduation from approved chiropractic colleges. The Board gives the examination twice a year which causes many to seek work in other states in order to make a living and begin paying back student loans. Most states give an exam more than two times a year, but due to limited budget the Chiropractor Board gives it two times a year. This proposal will allow the applicant to take the examination, but his scores will not be released until a copy of his diploma has been received by the Board office. Section 4 would allow the Board to issue a fine in a disciplinary matter, and would allow the Board to recover cost of any proceedings in the disciplinary matter. He asked for support for SB 147.

Dr. Arvin Wilson, Whitefish, Montana, stated he is a current

member of the Board of Chiropractors and that he supports SB 147. He requested the Committee's positive consideration.

Lou Sage, D.O., stated he has been in practice for 35 years, and is a member of the Board of Chiropractors. He believed Dr. Combs adequately covered the reasons for the revisions, and he believed they were in order. He stated that to more fairly and equitably serve the members of his profession and the people of Montana, the bill should be supported.

Bonnie Tippy stated she represents the Montana Chiropractic Association. She said her group was very well informed on this bill. They were given a preliminary copy of it as early as last summer. Their board discussed it at length and they wish to go on record as being in full support of this bill, and urged a favorable recommendation.

Questions From Committee Members:

Senator Norman asked if the fines would automatically revert from the general fund into the fund to sustain the Board of Chiropractors. Bonnie Tippy answered in the affirmative, adding that the money goes into an earmarked fund but it has to be appropriated by the legislature.

Closing by Sponsor:

Senator Vaughn stated she believed the Chiropractors and Bonnie Tippy covered the issues very well. She asked the committee's consideration of SB 147.

DISPOSITION OF SENATE BILL 147

Discussion: None

Amendments and Votes: None

Recommendation and Vote: Senator Rasmussen made a MOTION TO GIVE THE BILL A DO PASS RECOMMENDATION. Motion passed unanimously.

HEARING ON SENATE BILL 189

Presentation and Opening Statement by Sponsor: Senator Bob Pipinich, Senate District 33, advised that this is a housekeeping bill for the Health Department. It is for local Boards of Health with the powers and duties

of local health offices. The status has not been changed in a number of years and does not reflect the activities or responsibilities of the local health offices. The powers and duties of the local health offices are more independent and broader than those defined in Section 50-2-118. He stated some sections are not consistent with the actual practice. This bill makes changes to reflect that local health officers have more control on quarantine and disinfecting of buildings.

List of Testifying Proponents and What Group they Represent:

Dr. Don Espelin, Chief of the Mental Health Services
Bureau of the Department of Health and
Environmental Sciences
Judith Gedrose, State Epidemiologist
Robert Johnson, Lewis & Clark County Health Officer

List of Testifying Opponents and What Group They Represent:

None

Testimony:

Dr. Don Espelin stated that the basic reason for this bill is to clarify what already is happening between local health departments and the State Health Department. They want to smooth out the interaction and assume a posture of being advisory and supportive to the local health department.

Judith Gedrose provided written testimony (Exhibit #1), and discussed some of the points mentioned therein.

Robert Johnson, Lewis and Clark County Health Officer, indicated he supports this bill.

Questions From Committee Members: None

Closing by Sponsor: Senator Pipinich stated the goal of this bill is to allow more responsible local offices to have better control over communicable diseases that are occurring in the area. This has been checked with health officers in Silver Bow, Flathead, Gallatin, Cascade, Yellowstone, Lewis and Clark and Missoula counties, and they are in agreement with the bill.

DISPOSITION OF SENATE BILL 189

Discussion: None

Amendments and Votes: None

Recommendation and Vote: Senator McLane made a MOTION THAT THE BILL BE GIVEN A DO PASS RECOMMENDATION. MOTION PASSED UNANIMOUSLY.

HEARING ON SENATE BILL 181

Presentation and Opening Statement by Sponsor: Senator Joe Mazurek, Senate District 23, stated he introduced SB 181 at the request of the Department of Health and Environmental Sciences. This bill would simplify the premarital serology test. The language of the bill allows more administrative authority to the Department. It clarifies who is authorized to issue medical certificates, drops the requirement that the test be performed no more than six months before the issuance of the license; eliminates the requirement that the director of the laboratory which did the test must sign the medical certificates, and it simplifies the distribution of certificate forms.

List of Testifying Proponents and What Group they Represent:

Dr. Douglas Abbott, Chief of the Public Health Laboratory, Department of Health and Environment
Bob Johnson, Director of Lewis and Clark County Health Department

List of Testifying Opponents and What Group They Represent:

None

Testimony:

Dr. Douglas Abbott read and presented written testimony (Exhibit #1) which discusses the changes proposed in this bill.

Bob Johnson stated that his department supports this bill hoped the committee would give it favorable consideration.

Questions From Committee Members: Dr. Abbott responded to questions regarding the immunization requirements for rubella and the length of immunity.

Closing by Sponsor: Senator Mazurek reiterated his support for the bill, and requested Tom Gomez of the

Legislative Council to prepare an amendment on SB 181.

DISPOSITION OF SENATE BILL 181

Discussion: Some discussion centered around whether or not the other party should be notified of results of the test.

Amendments and Votes: None

Recommendation and Vote: None

ADJOURNMENT

Adjournment At: 3:05 p.m.



SENATOR TOM HAGER, Chairman

TH/dq

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ROLL CALL

PUBLIC HEALTH

COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date *Jan. 25*
1989

NAME	PRESENT	ABSENT	EXCUSED
Sen. Tom Hager	X		
Sen. Tom Rasmussen	X		
Sen. Lynch	X		
Sen. Himsl	X		
Sen. Norman	X		
Sen. McLane	X		
Sen. Pipinich	X		

Each day attach to minutes.

SENATE STANDING COMMITTEE REPORT

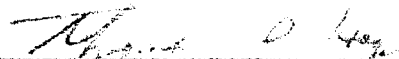
January 25, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration SB 147 (first reading copy -- white), respectfully report that SB 147 do pass.

DO PASS

Signed:



Thomas O. Hager, Chairman

Handwritten notes:
P.J. C.
1/26/89
9:34 am

SENATE STANDING COMMITTEE REPORT

January 25, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration SB 189 (first reading copy -- white), respectfully report that SB 189 do pass.

DO PASS

Signed: _____

Thomas O. Hager
Thomas O. Hager, Chairman

H.C.
11/26/89
9:34
a.m.

Amendments to Senate Bill No. 26
Introduced Reading Copy

For the Committee on Senate Public Health

Prepared by Doug Sternberg
January 25, 1989

SENATE HEALTH & WELFARE
EXHIBIT NO. 1
DATE 1/25/89
BILL NO. SB26

1. Page 2, line 7.

Following: "means the"

Strike: "opportunity or ability of a licensed physician to
provide or exercise"

Insert: "exercise of"

2. Page 2, line 10.

Following: "assistant-certified"

Insert: "by a licensed physician"

Exhibits

SB 26

Amendments to Senate Bill No. 26
Introduced Reading Copy

For the Senate Committee on Public Health

Prepared by Doug Sternberg
January 20, 1989

SENATE HEALTH & WELFARE
EXHIBIT NO. 2
DATE 1/25/89
BILL NO. SB 26

A. Page 7, line 13.

Following: "assistants-certified"

Strike: "A health service corporation"

Insert: "An insurer, health service corporation, or any employee health and welfare fund that provides accident or health insurance benefits to residents of this state"

B. Page 27, line 5.

Following: "chapter"

Strike: "30"

Insert: "22"

Following: "part"

Strike: "10"

Insert: "1"

C. Page 27, line 6.

Following: "chapter"

Strike: "30"

Insert: "22"

Following: "part"

Strike: "10"

Insert: "1"

Amendments to Senate Bill No. 26
Introduced Reading Copy

For the Committee on Senate Public Health

Prepared by Doug Sternberg
January 24, 1989

SENATE HEALTH & WELFARE
EXHIBIT NO. 3
DATE 1/25/89
BILL NO. SB26

- 1. Page 9, lines 5 through 7.
Strike: subsection (5) in its entirety
Renumber: subsequent subsections

4

Letters of Endorsement for PA Law Reform (SB26)

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

Physicians

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

Nurses

Barb Magone R.N., St. John's Lutheran Hospital, Libby
Thomas Goyette R.N., St. John's Lutheran Hospital, Libby
Susan Horelick R.N. MSN, St. John's Lutheran Hospital, Libby
Donna Noller R.N., St. John's Lutheran Hospital, Libby
Gina Edgar R.N., St. John's Lutheran Hospital, Libby
Penny Watkins C.C.R.N., St. John's Lutheran Hospital, Libby
Sheila Clark R.N., St. John's Lutheran Hospital, Libby
Marlys Mongan R.N., St. John's Lutheran Hospital, Libby
Connie Boyd R.N., St. John's Lutheran Hospital, Libby
Luann Hirschhorn R.N., St. John's Lutheran Hospital, Libby
Marilyn Kanta R.N., Nursing Home Director, Rosebud Health Care Center, Forsyth
D. Gregory R.N., Director Nrsng Svcs, Rosebud Health Care Center, Hospital, Forsyth

SENATE HEALTH & WELFARE
EXHIBIT NO. 4
DATE 1/25/89
BILL NO. SB 26

Darlene Sharpe R.N., Nursing Home, Rosebud Health Care Center, Forsyth
 Doris Keippelid R.N., McCone County Hospital, Circle
 Sandra Quick R.N., McCone County Hospital, Circle
 June Nelson R.N., McCone County Hospital, Circle
 Daleen Johnson-Heitz R.N., McCone County Hospital, Circle
 Karen R. Casterline R.N., McCone County Hospital, Circle
 Sue Good-Brown R.N., McCone County Hospital, Circle
 Jeannette Jensen R.N., McCone County Hospital, Circle
 Deanna Logar R.N., Community Clinic, Baker
 Mary Graham R.N., Community Clinic, Baker
 Helen Jensen R.N., Community Clinic, Baker
 Sandra Rueb R.N., McCone County Nursing Home, Circle
 Gladys Wittman R.N., Huntley-Project Family Medical Center, Worden
 Mary Eggum L.P.N., Huntley-Project Family Medical Center, Worden
 Maxine Seckles R.N., Garfield County Health Center Inc., Jordan
 Rita Amundson R.N., Garfield County Health Center Inc., Jordan
 Janice Brown R.N., Garfield County Health Center Inc., Jordan
 Lilly Johnston R.N., Garfield County Health Center Inc., Jordan
 Elsie Helm L.P.N., Garfield County Health Center Inc., Jordan
 Freda Hensleigh L.P.N., Garfield County Health Center Inc., Jordan
 Janet Clark R.N., Garfield County Health Center Inc., Jordan
 Darlene Shawne L.P.N., Garfield County Health Center Inc., Jordan
 Kathy Wankel R.N., Garfield County Health Center Inc., Jordan
 Tammy Smith L.P.N., Montana State Prison, Deer Lodge
 Kerry Williams L.P.N., Montana State Prison, Deer Lodge
 Beverly Beck R.N. BS, Montana State Prison, Deer Lodge
 Peg Rosenleaf Bartlett R.N., Montana State Prison, Deer Lodge
 Ronald D. Floyd L.P.N., Montana State Prison, Deer Lodge
 Lauraine Barrington L.P.N., Montana State Prison, Deer Lodge
 Teri Hamel L.P.N., Montana State Prison, Deer Lodge
 Carla Bielly R.N., Montana State Prison, Deer Lodge

Administrators

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

Pharmacists

Robert H. Likewise, Montana State Pharmaceutical Association, Helena
 Dale F. Miller R.Ph., Billings

Theodor P. Walters R.Ph., Billings

Scott Nafts R.Ph., Billings

Walter B. Fellows R.Ph., Billings

Charles Balzarini R.Ph., Billings

Howard W. George R.Ph., Billings

Others

Senator Pat Williams, U.S. Senate, Washington, D.C.

Kenneth A. Coulter, Board of County Commissioners, Garfield County

Joe McDowell, Vice President, Powder River Farm Bureau, Broadus

Diane Foster R.L.T., Heights Family Practice Clinic, Billings

Wilma Hoff, C.R.T., Heights Family Practice Clinic, Billings

Elmo Dreyer, Circle

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

SENATE HEALTH & WELFARE
EXHIBIT NO. 5
DATE 1/25/89
BILL NO. SB 26

January, 1989
Proponent SB26

Mr. Chairman and members of the committee,

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

We are pleased, with Senator Weeding's gracious assistance, to be able to bring to you SB26. Continuing a grass roots effort to reform PA laws, MAPA developed SB26 to expand and better define the roles of PAs statewide. By allowing PAs to practice to their full capacity in Montana, as they do in other rural states, with physician supervision, PAs will be able to offer Montana health care consumers, especially in the rural, medically underserved majority of the state, a workable solution to the current health care provider shortage. Montana has only 26 practicing PAs, as compared to South Dakota's 150 and Washington's 600. This disparity is not because Montana's need for mid-level providers is any less, it is only because our laws are sub-standard and outdated.

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

MAPA has received inquiries from over 12 communities who are considering securing a PA. Many of them have no physician or are facing the possibility of losing their current physician if someone is not found to help share the load. I doubt if PAs

will come to Montana and address these needs if the reform measures proposed in SB26 are rejected.

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

Please give SB26 a do pass.

Thank you.

6

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

SENATE HEALTH & WELFARE
EXHIBIT NO. 6
DATE 1/25/89
BILL NO. SB26

January, 1989
Proponent for SB26

Mr. Chairman and members of the committee,

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

Prescribing by PAs is currently prohibited in Montana. Twenty-one other states however grant prescribing/dispensing authority to PAs. Prescriptive authority is absolutely necessary if PAs are going to staff satellite clinics or medical assistance facilities without placing themselves, their supervising physicians, and their local pharmacists in jeopardy.

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

The licensing of PAs is not a step toward independent practice. PAs will always remain dependent upon supervising physicians. It will however address organized nursing concerns about taking orders from non-licensed providers, and it will allow a mechanism for locum tenens coverage by PAs that does not currently exist.

The standard list of duties and responsibilities SB26 directs the board of medical examiners to develop, will better define a uniform scope of practice for all PAs.

The language on billing does not authorize PAs to bill independently, but does provide a mechanism to secure reimbursement for PA services that will help assure the fiscal survivability of rural clinics and MAFs staffed by PAs.

In regard to the section which amends the nurse practice act, I offer the following. In 19 other states nursing associations have similarly questioned the authority of PAs to initiate patient treatment and medication orders. In 17 of those 19 states the attorney general, upon request of an opinion, ruled that because PAs act as an agent of the supervising physician, who ultimately accepts responsibility for the PA's actions, nurses should carry out PA orders as if they came from the supervising physician. In the two states where an unfavorable ruling was initially made, the statutory language cited by the AG as obstructive, was subsequently amended. In addition to the opinions cited above, regulatory agencies in three states have issued specific rulings which affirm the authority of PAs to write orders.

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

Thank you.

COMMUNITY CLINIC

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

SENATE HEALTH & WELFARE
EXHIBIT NO. 7
DATE 1/25/89
BILL NO. SB 26

(7)

January 25, 1989

RE: SB26 Proponent

Mr. Chairman and Members of the Committee,

My name is Darryl Espeland, D.O. I am currently a general practice physician at the Community Clinic in Baker, Montana and am in support of SB26. Numerous changes are occurring in medicine, particularly rural medicine. Although there is a supposed and predicted physician surplus, these personnel are not going to the rural community, nor are many of these rural communities able to financially support a physician. At the present time I work with two physician's assistants (PAs), one that practices with myself in Baker, and one in Ekalaka, Montana. Together, we provide medical treatment for two counties with a combined area of approximately 5,000 square miles and between 5,000 to 6,000 in population. If you include Garfield and Powder River counties, each with one PA, that represents three counties in southeast Montana with PA coverage only. The only option for people in the above mentioned communities is an 80+ mile drive for medical services. All the above mentioned communities have tried to recruit physicians but were unsuccessful. As the situation has been noted up to this point, really only two options exists: either having a PA in place to supply medical care to these communities or, no

other advance medical care whatsoever. I believe a lot of friction as concerns PA policy in legislation has come from physicians in the larger communities who feel that they represent competition. I would invite you to talk with people and physicians in RURAL communities as to what their feelings are and I doubt that you would find any friction. This also appears to be true amongst rural nurses. The fact is that we are grateful to have PAs available.

PAs in rural communities, especially in a "solo practice" in a rural community, presents a special problem as concerns prescription medications. At present they may prescribe a unit dose or one day's dose worth of medication, however, none beyond that, which obviously is not very practical; nor is having the precepting physician prescribe all medications. I believe limited prescriptive rights are not only more practical but really are necessary for PAs. I believe that PA training is such that this could be done without difficulty. There certainly are enough other states at the present time with limited prescriptive rights to let us know that they (PAs), do in fact know what they are doing. From my own experience, having worked with two separate PAs, I have never seen any inappropriate use of medications. If there has been question as to what to use or when, these questions are invariably expressed to me.

The present system of utilizing PAs involves a preceptor physician which I strongly feel is necessary. PAs have limitations, just as I, as a general practitioner, have,

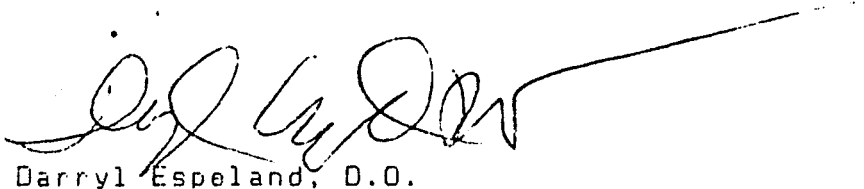
and we must realize our limitations. The two PAs I work with and I are not in competition, and in fact we function as a health care team. I am able to be aware of how the health care needs are being administered in both counties and insure the continued quality of care by being a preceptor. I review and sign all charts for both PAs and there is direct interaction as concerns any special issues or special treatments we may consider. I feel that I function not as a superior, but rather as a supervisor and coordinator. I consider my PA's colleagues, rather than inferiors.

Since PAs are in fact professionals, I believe they should undergo peer review and have representation on the State Board of Medical Examiners, especially as concerns PA issues. I do not believe a separate "PA body" would be practical or productive. The fact of the matter is, that PAs are able to perform many duties that we as physicians also perform and I believe as a result, should be represented and governed by the same body as represents and governs physicians.

I do not believe that I can strongly enough express the concerns I have for rural medicine in Montana. The fact is we are going to find relatively few physicians who are willing to go to a small rural community and practice medicine. This is and has in many circumstances created serious problems as concerns health care in rural communities. I believe PAs have proven to be valuable and

productive in this type of setting. I also believe I can not strongly enough stress that rather than dealing with the situation where a PA is an "independent practitioner", the situation requires interaction and supervision by a licensed physician. I believe the productivity and effectiveness of PAs is severely limited with the limited prescriptive rights available at the present time, and I also believe that PAs have adequate training and experience to, infact, be able to prescribe most medications in a responsible and appropriate manner. Lastly, I also believe "proper regulation and governing of PAs, representation by PAs on the board of Medical Examiners, especially for PA issues is necessary."

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'Darryl Espeland', with a long horizontal line extending to the right.

Darryl Espeland, D.O.

DE/srn

8

W. Crichton, M.D.
Maher, M.D.
Telephone:
406-442-3570



HELENA FAMILY PHYSICIANS

820 North Montana • Helena, MT 59601

Legislative Hearing for Senate Bill No. 26

An Act For Providing Licensure For Physicians Assistants
Etc.

SENATE COMMITTEE ON WELFARE
EXHIBIT NO. # 8
DATE 1/29/89
BILL NO. SB 26

Gentlemen:

I am here to speak in favor of legislation that would enhance the ability of physicians' assistants to contribute to the delivery of health care in Montana. I am speaking on behalf of the Montana Academy of Family Physicians.

It is the belief of the Montana Academy of Family Physicians that licensure would enhance the ability of physicians' assistants to carry on their work within the State of Montana. Once their status is established through a licensure, it would be easier for them to change locations or to change the relationship with the physician or physicians with whom they work.

The Montana Academy of Family Physicians believes that the prescription of certain drugs for certain indications is well within the ability of physicians assistants. It would greatly enhance their ability to deliver health care if they were able to prescribe under certain circumstances. It is our position that the present system, though somewhat complex, of having the Board of Medical Examiners specifically review each physician's assistant and physician who are going to be working together, is a good one. Specifically, we would like to see a law which allows the Board of Medical Examiners to evaluate a protocol which could be submitted by each such team as to its appropriateness rather than to write a blanket law allowing physicians assistants to prescribe.

Respectfully Submitted,

James W. Crichton, M.D.
President Elect, Montana Academy of Family Physicians

JWC/mt

SENATE BILL NUMBER 26
PHYSICIAN ASSISTANTS LEGISLATION

9
SENATE HEALTH & WELFARE
EXHIBIT NO. _____
DATE 1/25/89
BILL NO. SB 26

January 25, 1989

My name is Frank Newman. My home of residence is in Bozeman, Montana. I am Director of the Montana Area Health Education Center (Montana AHEC). I should like to testify for Senate Bill Number 26 as a private citizen having knowledge of health care delivery systems in Montana and issues of rural health facing Montana and the nation. The Board of Directors of the Montana AHEC has not been asked to endorse Senate Bill 26 and I am, therefore, not acting as an agent of the board during this testimony.

My recommendation is that the committee approve the reform measures in Senate Bill 26 which will allow Physician Assistants to provide more effective care to rural and underserved citizens of Montana and allow Physicians and Physician Assistants more flexibility in delivering medical care in a cost-effective manner.

Montana has a shortage of primary care physicians (Family Practice, Internal Medicine, Pediatrics, Obstetrics and Gynecology). The Montana AHEC listings of "Montana Communities Seeking Physicians" currently contains 49 openings for physicians. We believe that even this figure is not indicative of the true number of communities, hospitals and clinics recruiting physicians. A review of this list shows that thirty-six of the openings are in rural communities. Our definition of rural is those communities with populations of less than 15,000. Forty-four of the forty-nine listings are for family physicians.

The shortage of family physicians is a national phenomenon. The shortage has a greater impact on the rural communities for a number of reasons including: (1) larger cities and medical centers are recruiting the family physician, (2) physician income in larger cities and in medical centers is at least equal to that which can be achieved in rural communities, (3) physicians in larger cities have greater access to referral services and to continuing medical education and (4) physicians in larger cities can spend fewer hours in practice and have more time for other activities. While all of these reasons may not be laudable, we must understand the realism of supply and demand and the changing patterns of health care delivery. Eighty percent of Montana physicians practice in the seven larger cities (Billings, Great Falls, Missoula, Helena, Butte, Bozeman, Kalispell). While this does not mean that the physicians practicing in these cities do not serve rural citizens, it does suggest that the accessibility of the rural citizen to medical care is far less than that of the urban resident and that the cost is greater due to travel distances to medical centers and large hospitals for secondary and tertiary care.

The Physician Assistant is a mid-level practitioner with the education, background and experience to help relieve the shortage of physicians, particularly family physicians, in rural communities of Montana. The quality of education received by the Physician Assistant is recognized by the fact that the American Medical Association accredits the Physician Assistant educational

programs throughout the United States. Maintenance of quality in practice is assured by at least three factors: (1) to become certified the Physician Assistant must pass a competency examination and be reexamined every six years, (2) the Physician Assistant must complete 100 hours of continuing medical education every two years, and (3) the Physician Assistant must practice under a licensed physician.

There are at least two legislative measures which recognize the value of the Physician Assistant in the health care delivery system: (1) the Montana Medical Assistance Facility Act of 1987 and (2) Public Law 95-210 passed by the national congress in 1977. Very briefly, Public Law 95-210 provided financial support for medical facilities using "physician extenders" to provide primary health care services in rural and medically underserved areas. This law authorized Medicare and Medicaid payments to qualified rural health clinics for covered services furnished by, or under the direction of, physician assistants and nurse practitioners, even though the clinic might not be under the full-time direction of a physician. In fact, this law requires the employment of these mid-level practitioners. To the best of my knowledge, there are no clinics in Montana operating under the provisions of Public Law 95-210.

In summary, the Physician Assistant, practicing under the supervision of a physician, provides a cost effective means of delivering quality health care to the citizens of Montana and particularly those living in rural and underserved communities.

I should like to express my thanks to members of the committee for the opportunity to present my views on Physician Assistant utilization in Montana.

Frank S. Newman, Ph.D.
515 South Eighth Avenue
Bozeman, Montana 59715

PHYSICIAN ASSISTANTS: PARTNERS IN HEALTH CARE

PHYSICIAN ASSISTANTS:

Physician assistants (PA's) are skilled members of the health care team who, working dependently under the supervision of licensed physicians, provide a broad range of medical services in almost all health care settings.

The PA profession began in 1965 at Duke University where the first PA training program consisted of four former military corpsmen. Today, some 19,000 PA's practice in the U.S., almost 12,000 of whom are members of the American Academy of Physician Assistants, the national organization representing PA's.

ROLE OF THE PHYSICIAN ASSISTANT:

The physician assistant provides diagnostic and therapeutic health care so the physicians can spend more time on complex patient problems. Working under physician supervision, PA's take patient histories, perform physical examinations, and order laboratory tests. Once medical problems are diagnosed, PA's develop treatment plans and explain them to patients. They recommend medications and drug therapies and, in a growing number of states, have the authority to write prescriptions.

PA's provide a wide range of primary care, as well as care in specialty areas. Those PA's trained in programs that emphasize surgery and surgical care are known as Surgeon's Assistants (SA's).

PRACTICE SETTINGS:

Physician assistants work in a variety of settings, including private practice, hospitals, health maintenance organizations, nursing homes, occupation medicine, student health services, and urban and rural clinics.

The U.S. Government, which has helped fund PA educational programs since 1971, employs PA's in the military, Veterans Administration, Bureau of Prisons, Public Health Service, and other agencies.

EDUCATION:

Physician assistants are taught at education programs located primarily in university schools of medicine and allied health. There are 51 accredited PA programs nationwide, most of which require 24 months to complete, although some are as short as 14 months or as long as 48 months. Many programs require applicants to have completed two years of college prior to admission and to have previous health care experience.

The education of PA students is similar to that of medical students: A 9 to 12 month didactic phase is followed by 12 to 15 months of supervised clinical experiences (also called rotations). An academic degree and/or certificate is awarded upon graduation, depending on the institution and the educational background of the student. Physician assistant programs are accredited on behalf of the American Medical Association by the Committee on Allied Health Education and Accreditation, which is recognized by the federal government as the national accrediting agency for allied health programs. Accreditation is based on quality standards deemed essential for PA education.

CREDENTIALS:

PA's are certified by the National Commission on Certification of Physician Assistants after passing an examination developed by the National Board of Medical Examiners. PA's maintain this certification by earning 100 hours of continuing medical education every two years. Recertification is required every six years.

IMPACT ON HEALTH CARE DELIVERY:

PA's, working with physicians, promote better distribution of health care services and can improve access to care in rural and underserved communities, as well as among the elderly. They also increase efficiency within ambulatory care practices, reduce patient waiting time, and allow physicians more time for difficult cases.

PA's improve patient rapport, compliance and satisfaction through increased counseling and education, and can reduce the frequency and duration of costly hospitalization by stressing preventive health care. The use of PA's also prevents higher costs for health care through increased practice productivity.

For more information on PA's or PA programs, call or write:

The American Academy of Physician Assistants
1117 N. 19th St.
Arlington, VA 22209
(703) 525-4200

or

Paul E. Wheeler, PA-C
President, Montana Association of PA's (MAPA)
808 Milwaukee Ave.
Deer Lodge, MT 59722
(406) 846-1320/2861



MEDEX NORTHWEST

PHYSICIAN ASSISTANT TRAINING

MEDEX Northwest, the University of Washington's Physician Assistant Training Program, recently graduated its 20th class of physician assistants. The program admits 24 experienced health care professionals each September for a twenty-one month training program. The first nine months of classroom training take place on the University of Washington's campus. The twelve month clinical portion of the program is divided into a six month primary care preceptorship, and six months of clinical rotations in areas such as surgery, inpatient internal medicine, geriatrics, emergency medicine, pediatrics, and occupational medicine.

Throughout its twenty year history, the MEDEX program has emphasized the training of practitioners for rural areas. A key strategy is to recruit students from among the working health care professionals in rural areas. These individuals may be able to return home for portions of their training. The program has been successful in assisting these health care providers to develop new roles in rural areas upon completion of training. Appropriate individuals for physician assistant training at MEDEX Northwest includes paramedics, nurses, x-ray, surgical and respiratory technicians, and other health care personnel who have significant primary care experience. This experience, combined with the equivalent of two years of undergraduate courses, are pre-requisites for entry into the program. For information about admission into the program, contact Jennifer Johnston, Admissions Coordinator, MEDEX Northwest, 3731 University Way NE, #301, Seattle, WA 98105, (206) 543-6483.

The MEDEX Program faculty is also available to provide consultation to individuals or institutions who are considering the employment of physician assistants. Physician assistants work under the supervision of a precepting physician and are regulated by the Board of Medical Examiners. One significant new development is MEDICARE reimbursement for some physician assistant services to practices employing physician assistants. For information on job development, regulatory or reimbursement issues, contact either the Montana Academy of Physician Assistants, Paul Wheeler, President, 808 Milwaukee, Deer Lodge, MT 59722 or Ruth Ballweg, PA-C, Program Director, MEDEX Northwest, (206)-543-6483.

MEDEX Northwest is also in the process of developing some self-study continuing education materials which may be utilized by physician assistants and nurse practitioners in rural areas. The Montana AHEC Bulletin will carry further information about these courses.

*Ruth Ballweg
MEDEX Northwest*

RURAL HEALTH CLINIC ACT

In December 1977, Congress passed the Rural Health Clinic Services Act (Public Law 95-210). The purpose of this legislation was to provide financial support for facilities using physician extenders to provide primary health care services in rural, medically underserved areas. This law authorized Medicare and Medicaid payments to qualified rural health clinics for covered services furnished by or under the direction of nurse practitioners and physician assistants, even though the clinic may not be under the full-time direction of a physician.

The law is summarized as follows:

Qualifications for Designation as a Rural Health Clinic

The facility may be either provider-based (hospital, skilled facility, or home health agency), or it can be an independent unit housed in a mobile or permanent structure. It can be either privately owned or publically owned, and operated either on a profit or not-for-profit basis. In order to qualify as a Rural Health Clinic under Medicare and Medicaid the facility must be under the general direction of a physician and

- be located in a rural area
- be operating in an area designated by the Department of Health, Education, and Welfare as having a shortage of personal health services or a shortage of primary medical care manpower
- be engaged essentially in providing outpatient primary medical care,
- employ at least one qualified physician assistant or nurse practitioner who meets certain education, training, and experience requirements and who is legally permitted by the state to perform the professional services for which Medicare or Medicaid reimbursement can be made
- comply with all applicable Federal, State, and Local requirements
- meet health and safety requirements prescribed by Medicare and Medicaid regulations.

Federal Health and Safety Standards for Rural Health Clinics

To be certified a Rural Health Clinic must

- receive its medical direction from a physician who periodically reviews the services furnished by a physician assistant or nurse practitioner, provides general medical supervision and guidance, is available to prepare necessary medical orders and gives advice and assistance in medical emergencies,
- have the physician present in the clinic at least once in every two week period meet the State law with regard to physician supervisory requirements

- have a nurse practitioner or physician assistant available for patient care services in the clinic at least sixty percent of the time the clinic is open,
- provide routine diagnostic services including clinical laboratory services
- maintain health records on all patients
- have written policies governing the services which the clinic provides
- have available appropriate drugs and biologicals needed for medical emergencies and appropriate procedures for storing, administering, and dispensing such drugs and biologicals
- have arrangements with providers and suppliers participating in the Medicare or Medicaid program to furnish such medically necessary services as inpatient hospital care, physician services, and additional or specialized laboratory services not available at the clinic.

Required Rural Health Clinic Services

To receive Medicare and Medicaid reimbursement, Rural Health Clinics must provide

- physician and physician supervisory services for nurse practitioners and physician assistants
- services and supplies furnished as an incident to the professional services of the physician
- services of physician assistants, nurse practitioners, nurse midwives, and specialized nurse practitioners,
- services and supplies furnished as an incident to a nurse practitioner's or physician assistant's services and
- visiting nurse services on a part-time or intermittent basis to home-bound patients.

Reimbursement of Rural Health Clinics for Medicare and Medicaid

Medicare and Medicaid will pay provider-based clinics according to the established cost-reimbursement principles used for reimbursing covered services furnished by participating providers.

Medicare and Medicaid will pay independent rural health clinics interim payments for covered services based on an all-inclusive rate-per-visit computed by Medicare, with end-of-year adjustments to reflect actual costs.

Medicare reimburses a clinic for 80 percent of the approved all-inclusive rate-per-visit for rural health clinic services.

Medicaid reimburses a clinic 100 percent of the Medicare-approved all-inclusive rate-per-visit for rural health clinic services furnished to Medicaid patients.

Certification as a Rural Health Clinic

To become certified as a Rural Health Clinic an application must be made on a form entitled "Request to Establish Eligibility" which is available from the state certifying agency. The state certifying agency will make a determination about whether the clinic meets location requirements (i.e., is the

clinic in a rural area which is medically underserved). The state certifying agency will then schedule a site visit to determine if the clinic meets the conditions of certification. If all requirements for certification have been fulfilled, the state certifying agency forwards a recommendation for certification to the Secretary of HEW.

The Montana AHEC can provide additional information about the Rural Health Clinic Act (Public Law 95-210) to interested parties.

(10)

Vicki Williams B.S.R.N.
Prosser Memorial Hospital
Prosser, Washington
509-588-5553

SENATE HEALTH & WELFARE
EXHIBIT NO. 10
DATE 1/25/89
BILL NO. SB 26

January, 1989

Proponent for SB26

Mr. Chairman and members of the committee,

I am a registered nurse in the state of Washington, with a bachelor's of science degree in nursing and four and a half years of nursing experience. I am currently the Director of Nursing Services at Prosser Memorial Hospital, a 49 bed acute care facility with an adjoining 26 bed nursing home, located in a rural and medically underserved area of southeastern Washington. I am speaking in support of SB26.

The Montana Academy of Physician Assistants has asked me to describe to you the cooperative working relationship that exists between nurses and physician assistants in Washington. Since 1980, when the Washington state supreme court upheld a previous 1978 attorney general's opinion, nurses have been authorized to carry out patient medication and treatment orders from physician assistants. The basis for the positive ruling on the part of the attorney general and the supreme court was the premise that PAs act as agents of their supervising physicians and as such their orders should be accepted as if they came from the supervising physician.

In the eight years since that decision, Washington nurses have been executing PA orders. The concerns of the state nurse's association expressed at the height of the conflict in Washington have, in my experience, been proven unwarranted and without substance.

I personally work with two PAs who write medication and treatment orders for both inpatients and outpatients at our facility. I, the nurses, and administration at my

facility have seen no problems with this arrangement. We find PAs to be knowledgeable, conscientious, and competent medical providers. We consider it a pleasure to work with them and have no reservations about the quality, safety, or appropriateness of the orders they write. In the state of Washington, execution of PA orders by nurses does not lead to any increased liability risk, but instead in my opinion, leads to increased quality of care by the entire nurse, PA, physician health care team.

I urge you to consider the experience of Washington state in deliberating on SB26 and in particular on Section 21 of this bill which amends the nurse practice act to allow Montana nurses to carry out patient medication and treatment orders from physician assistants.

I urge you to report this bill out of committee with a do pass recommendation.

Thank you.

Helen Viker R.N.
Powder River Manor
P.O. Box 70
Broadus, MT 59317
406-436-2646

19
SENATE HEALTH & WELFARE
EXHIBIT NO. 11
DATE 1/25/89
BILL NO. SB26

January, 1989

Proponent for SB26

Mr. Chairman and members of the committee,

My name is Helen Viker. I am a registered nurse and the Director of Nursing Services at Powder River Manor nursing home in Broadus. I have been in nursing for nineteen years and have been in Broadus for the past eleven years. I am speaking in favor of SB26.

I am well aware of the health care provider shortage in Montana and the potential that exists for physician assistants to help ease this pressing problem. In defense of SB26, I would like to share with you my feelings and the feelings of those nurses with whom I work, on the conflict between organized nursing and physician assistants.

Despite the current Board of Medical Examiners regulation that suggests otherwise, the Montana Nurses' Association and the State Board of Nursing maintain that nurses cannot accept or execute patient treatment and medication orders from physician assistants. SB26 will change the Montana nurse practice act to allow this.

The MNA and Board of Nursing do not represent all nurses when they oppose SB26. I, my co-workers in Broadus, and other nurses in Montana who have worked with PAs, who understand their scope of practice, and who recognize the competency of PAs to give quality medical care, encourage you to support this bill. It will remove the impending threat to our licenses that the board of nursing has

expressed in the past and would express again. This threat and the attitude it reflects is in our opinion, an obstruction to the delivery of medical care in rural Montana. An obstruction based on unfamiliarity with the PA profession and concerns that are ultimately unjustified.

We asked MAPA to draft legislative language that would change the nurse practice act. We now ask you to give this bill a favorable report. I offer my testimony and the signatures of over 40 other nurses on the letters that have been submitted to you as evidence that SB26 is not opposed by all nurses.

The nurses in Broadus have been executing orders from our PA, Leroy Biesheuvel, for the last four years. He is the only medical provider in our community. Without Leroy, we would have no nursing home and we would have to travel 80 miles to the nearest medical care. Please do not deny us this opportunity to legitimize what is clearly our only satisfactory option. Please give SB26 a do pass.

Thank you.

MONTANA
ASSOCIATION OF
COUNTIES

SENATE HEALTH & WELFARE
EXHIBIT NO. 12
DATE 1/25/89
BILL NO. SB 26

1802 11th Avenue
Helena, Montana 59601
(406) 442-5209

Chairman Hager and Members,

I am Milton Markuson, Carter County Commissioner. I also represent the Montana Association of Counties and am offering their Resolution 88-1. This resolution was passed unanimously at the Association's Annual Convention in June, 1988. It was given a High Priority Status by MACo.

Mid-level health care is desperately needed in Rural Montana.

MACo supports SB 26 and I urge you to support SB 26.

Thank you

MACo

RESOLUTION 88- 1

PHYSICIAN'S ASSISTANT

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

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

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

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

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

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

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

SPONSORED BY: Districts 1-2-3

PRIORITY: HIGH

APPROVED: ANNUAL CONVENTION

DATE: JUNE 15, 1988

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Susan Cahill, PA-C
6100 Highway 35
Big Fork, MT 59911
755-3752

SENATE HEALTH & WELFARE
EXHIBIT NO. 13
DATE 1/25/89
BILL NO. SB 26-A

January, 1989
Proponent SB26

Mr. Chairman and members of the committee,

I am Susan Cahill. As a PA, I have practiced with Dr. James Armstrong in Kalispell for 12 years. I am speaking in favor of SB26. For your benefit, I would like to review the education and credentialing requirements for physician assistants.

PAs are educated at programs located primarily in university schools of medicine or allied health. Most of the 51 accredited programs require 24 months to complete, although some are as long as 48. PA programs are accredited by the American Medical Association's Committee on Allied Health Education and Accreditation.

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

Physician assistants are trained to perform physical exams, order and interpret lab and x-ray studies, diagnose illness and disease, and prescribe medications. They are also trained to respond to emergency conditions with life saving measures.

An academic degree and/or certificate is awarded upon graduation. PAs then sit for

the two day national board examination administered by the National Commission on Certification of Physician Assistants. This is an independent agency originally formed as a branch of the National Board of Medical Examiners which administers board exams to physicians.

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

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

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

Thank you.

SENATE HEALTH & WELFARE
EXHIBIT NO. 14
DATE 1/25/89
BILL NO. SB 26

14

Mr. Chairman, Members of the Committee

I am Sharon Diezger and I am representing the Montana Nurses' Association. We are here to speak in **opposition** to SB 26.

The Montana Nurses' Association has met with the Physician's Assistant group a minimum of four times to try to understand and resolve our concerns and professional differences as patient advocates. The bill before us today is different from any of the drafts that we reviewed previously.

We maintain the same concerns that we had in the beginning and many unanswered questions.

- A. The scope of practice of the PA has never been defined anywhere in the law.
- B. Our major concern is their attempt to open the Nurse Practice Act to insert themselves as qualified practitioners to write medical orders for patients of which nurses are required to initiate and carry out.
- C. Physician's Assistants' education varies from fourteen months to forty-eight months. (This is information they provided.)
- D. This legislative body has not been able to reconcile the request that we as nurses have had to increase our educational level to meet the changing demands of health care. With this piece of legislation we, as nurses, would be expected to carry out medical orders from a potential group of people with even less educational preparation than the minimal educational level of the registered nurse.

- E. Current monitoring of Physician's Assistants practice is of some concern today and needs to be addressed prior to expansion of the role.
- F. Prescriptive and Dispensing Privileges - what does that encompass once you have legislated a new license to another health care provider?
- G. The legislation has prompted the Nurse Practitioners to also come forth with a bill for Nurse Practitioner Prescriptive Practice.
- H. The PA's tell us they must have this legislation in order to carry out the proposed Medical Assistance Facility Act of the past legislative session.
- I. Physician's Assistants and/or Nurse Practitioners are used synonymously in that piece of legislation.
- J. Physician's Assistants and Nurse Practitioners, under the Medical Assistance Facility Act, do not even have to contact a physician until twenty-four hours after a patient's admission. A patient can stay in the facility for up to ninety-six hours (four days) and at no time is a physician required to see the patient. After ninety-six hours, they must be transferred to an acute care facility. The average length of stay for a patient in an acute care facility in Montana in 1987, was 5.2 days. This includes patients in for coronary artery bypass, colon resection and major joint replacement. People do not enter hospitals in this day and age, for minor illness. Minor illness is an inappropriate admission and is not reimbursable.

Therefore, what kind of patient population are we looking at? If the illness is severe enough to require a four-day Medical Assistance Facility stay and then they are required to transfer to an acute care facility, we are certainly risking lengthening the overall stay and cost.

In this day of modern transportation and communication systems, is this acceptable for rural Montana?

We recognize the frustration of rural Montana to directly access health care. Is this the best answer we have?

We have asked the Physician's Assistants why they feel they need to expand their current practice. What is it they want to do that they cannot do now? We are not getting an answer to that question. Maybe you, as a committee, can pursue that. To try and plug a hole temporarily in the rural areas with legislation that impacts the entire state does not seem appropriate. Many studies show that Physician's Assistants, as well as other health care providers, migrate to the more metropolitan areas once they are licensed for independent practice.

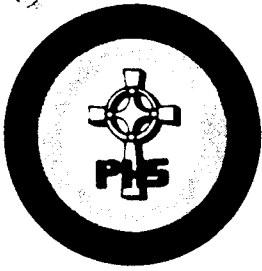
We urge you to vote **NO** on **SB 26**. At the very least, **Section 21**, which opens the Nurse Practice Act, needs to be stricken. If this legislation is intended to meet the health care needs of rural Montana then we would strongly urge that this practice be limited to rural Montana and the Health Care Facility Act, and not be allowed to proliferate throughout the metropolitan areas.

Addendum

Another option you may want to consider in this very difficult decision, is table this piece of legislation until the Nurse Practice Bill can be reviewed and compared. It appears these two groups should look at some common language in the area of prescriptive practice.

If the emphasis of these two pieces of legislation is to make the Medical Assistance Act functional, then nurse practitioners and physician's assistants will need to be treated equally by this legislative body.

In a quick comparative review, it appears there may be some conflicting language. Both groups may need to be inserted into each other's sections of these revisions in order for either one to be legal.



Garfield County Health Center, Inc.

P.O. Box 389, Jordan, Montana 59337

SENATE HEALTH & WELFARE
EXHIBIT NO. 15
DATE 1/25/89
BILL NO. SB 26

Members of Presentation
Health System

PACE Shared Services
Sioux Falls, South Dakota

Brady Memorial Home
Mitchell, South Dakota

Holy Rosary Hospital
Miles City, Montana

McKenna Hospital
Sioux Falls, South Dakota

Mother Joseph Manor
Aberdeen, South Dakota

St. Joseph Hospital
Mitchell, South Dakota

St. Luke's Hospital
Aberdeen, South Dakota

Faulk County
Memorial Hospital
Faulkton, South Dakota

Marshall County
Memorial Hospital
Britton, South Dakota

St. Joseph Hospital
Polson, Montana

Dickey County
Memorial Hospital
Ellendale, North Dakota

A. L. Vadheim Memorial Hospital
Tyler, Minnesota

January 25, 1989

TESTIMONY: Kenneth A. Coulter before the Senate

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

I am Kenneth Coulter of Jordan, Montana. I have just completed 18 years as Commissioner of Garfield County.

Presently I am Chairman of the Board of Garfield County Health Center, Inc. This is a non-profit organization that manages the health facility in Jordan.

All of our health services in Jordan are consolidated into a county-owned Hill-Burton funded 20 bed hospital building, constructed in 1952. It is now operating as an 18 bed licensed nursing home, ^{with} dental services, the County health nurse offices, and a medical clinic with X-ray and a small lab. The facility serves an area of approximately fifty miles in radius and a population of 1600 people with perhaps 400 households.

In the 18 years I served as County Commissioner it was clear to me that replacing our retired resident medical



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P.O. Box 389, Jordan, Montana 59337

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Health System

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Brady Memorial Home
Mitchell, South Dakota

Holy Rosary Hospital
Miles City, Montana

McKenna Hospital
Sioux Falls, South Dakota

Mother Joseph Manor
Aberdeen, South Dakota

St. Joseph Hospital
Mitchell, South Dakota

St. Luke's Hospital
Aberdeen, South Dakota

Faulk County
Memorial Hospital
Faulkton, South Dakota

Marshall County
Memorial Hospital
Britton, South Dakota

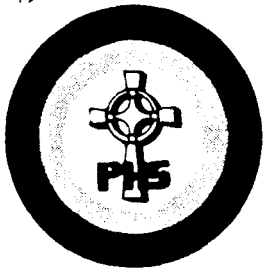
St. Joseph Hospital
Polson, Montana

Dickey County
Memorial Hospital
Ellendale, North Dakota

A. L. Vadheim Memorial Hospital
Tyler, Minnesota

doctor was the highest priority need of our community. During these 18 years we have recruited, used locum tenum physicians, imposed on neighboring doctors for coverage, participated with R.H.I. and National Health Service Corps. and have brought in about 10 or 12 licensed doctors. We made various guarantees up to \$80,000.00 per year. Much of the time we have been without medical services. None of the mentioned efforts or programs have filled our need for a competent medical provider who would live here as a resident and be a participant in our community until we recruited a Physician Assistant in June of 1987.

Jordan, Montana, is 84 miles from Miles City, 116 miles from Glasgow, about the same from Glendive, 130 miles from Lewistown and 175 miles from Billings. The County owns two ambulances, operated by trained emergency medical volunteer drivers. There is a modern lighted and surfaced airport available. An excess amount of transporting of patients has been done over the past years. Requiring



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Polson, Montana

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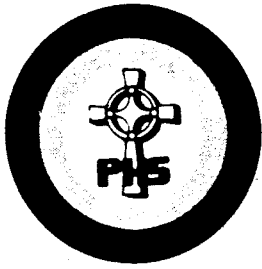
A. L. Vadheim Memorial Hospital
Tyler, Minnesota

residents and the ambulances to travel these long distances for medical attention is very unsatisfactory. Many people will not be served with necessary medical care and some will die before they reach these distant medical centers. I believe medical services must be provided in places like Jordan.

Since these communities do not provide the practice incentives, the social aspects or the income levels to attract competent medical doctors, then we must look to other alternatives to retain medical care. To see my friends, neighbors and relatives isolated from medical care that jeopardizes their health and threatens their lives is very disturbing to me.

Jordan now has a resident Physician Assistant. We are again being provided general medical care on a continuous basis. Referrals are made to other medical centers. Many lives have been saved. Supervision is accomplished by Dr. Campidonio of Miles City.

It is becoming increasingly difficult for our County to



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Members of Presentation
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Britton, South Dakota

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Polson, Montana

Dickey County
Memorial Hospital
Ellendale, North Dakota

A. L. Vadheim Memorial Hospital
Tyler, Minnesota

provide the deficit funding necessary to maintain the local health care services. The alternative of losing the nursing home and local medical services is unacceptable. Therefore, new ways must be developed to meet our health care needs. I believe Senate Bill 26 is needed to conduct our medical services in the most reasonable, the most economical and the most professional manner while retaining the assurance of quality performance. Your favorable consideration of this proposal will address this need as other states have done to improve the delivery of medical services.

Thank you for your consideration in this matter.

Sincerely,

Kenneth A. Coulter

WITNESS STATEMENT

NAME: KENNETH A. COULTER DATE: 1-25-89

ADDRESS: Box 36, BRUSETT, MONT 59318

PHONE: 406-557-2517

REPRESENTING WHOM? MONT. ASSOC. PHY. ASSISTANTS + GARFIELD COUNTY HEALTH CTR.

APPEARING ON WHICH PROPOSAL: S. B. 26

DO YOU: SUPPORT? AMEND? OPPOSE?

COMMENTS: WRITTEN TESTIMONY SUBMITTED

Multiple horizontal lines for additional comments or notes.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

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

SENATE HEALTH & WELFARE
EXHIBIT NO. 16
DATE 1/25/89
BILL NO. SB 26

January, 1989
Proponent SB26

I am Peggy Bartlett, RN. I have been at the Montana State Prison Deer Lodge, for the last five and a half years. There I have had the opportunity to work with two PAs.

I would like to speak for all the RNs and LPNs at MSP in endorsing this bill, SB26, and the PA law reforms it introduces.

Please give SB26 a do pass.

Thank you.

SENATE HEALTH & WELFARE
 EXHIBIT NO. 11
 DATE 1/25/89
 BILL NO. SB 26

Honorable Chairman, Senators and Others:

My name is Jean Shreffler and I speak in opposition to SB 26. I have worked in nursing administration and nursing education in Montana for the past 10 1/2 years and have worked with Physician's Assistants in a rural area as well as in Missoula.

I believe that Physician's Assistants serve a needed function in assisting physicians to meet health care needs in rural and urban areas, however, provisions of this bill would create unnecessary health care risks for the citizens of Montana.

Licensure laws generally contain some description of scope of practice of the practitioner to be licensed. This bill provides a very broad general description of scope of practice. It also provides that a general utilization plan will be approved by the board of medical examiners and the details of the P.A.'s practice will be "at the discretion of the supervising physician." I trust that most physicians will use good judgement in deciding what the P.A. will do but I also believe that licensure laws are created to protect the public so that the public does not have to depend upon trust. I have had the experience of working with a group of physicians in Montana who regularly delegated tasks to their P.A. that were expressly prohibited in the existing regulations, and that were beyond the P.A.'s training and capabilities. It follows then with SB26 that I am concerned that so much is left to trust and discretion.

With the provisions in SB26, I have concerns for public safety due to increased risk of error and increased risk of liability if the nurse is required to accept orders from the P.A. This places an additional individual in line of communication between the physician and nurse. In an opinion dated February, 1983, the Montana Board of Nursing stated, "It is important that nurses deal directly with the physician, dentist, osteopath or podiatrist authorized by state law to prescribe medications and treatments so that health care delivered to the public is carried out in a safe manner." I know of nothing that has changed since then to make that not true today.

I have concerns for public safety in relation to the provision that would allow for the Physician's Assistant to supervise the Licensed Practical Nurse. Both the P.A. and the L.P.N., by each groups licensure laws would be midlevel practitioners each requiring supervision - in other words, the P.A. being supervised by the physician, supervising the LPN in the delivery of nursing care. I believe that this indirect authority and accountability poses increased risks for the citizens of Montana.

In conclusion, I strongly oppose S.B. 26.

Montana State Pharmaceutical Association

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

SENATE HEALTH & WELFARE
EXHIBIT NO. 18
DATE 1/25/89
BILL NO. SB 26

DATE: January 24, 1989

TO: Senate Public Health Committee

FROM: Robert H. Likewise
Executive Director

Re: SB026

Mr Chairman, Members of the committee for the record my name is Robert H. Likewise. I am the executive director for the Montana State Pharmaceutical Association.

I am here as the spokesman for the pharmacists. We are not here as proponents or opponents of this bill. We are here instead to make this committee aware that prior to this legislative session the pharmacists reviewed the draft proposal of this bill and voiced their concerns with the individuals drafting the legislation. They in turn addressed our concerns in the writing of their legislation in an effort to work with the pharmacists. In summary we can state that our concerns were addressed prior to the final drafting of the bill.

Medical Associates, P.C.

A Professional Corporation

SEVEN EAST BEALL, BOZEMAN, MONTANA 59715

PHONE: 406-587-5123

Family Practice

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

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

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

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

Pediatrics

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

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

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

September 10, 1988

SENATE HEALTH & WELFARE
EXHIBIT NO. 19
DATE 11/25/89
BILL NO. SB 26

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

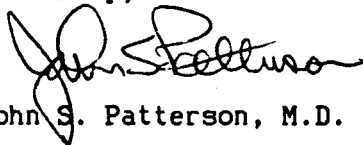
Dear Mr. Wheeler:

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

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

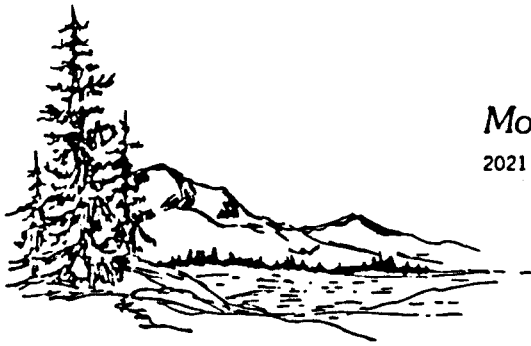
Please keep in touch through the year relative to your efforts in this regard and how we might help you.

Sincerely,



John S. Patterson, M.D.

JSP/cbr



Montana Academy of Family Physicians

2021 Eleventh Avenue

Helena, Montana 59601

December 9, 1988

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

Dear Mr. Zins:

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

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

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

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

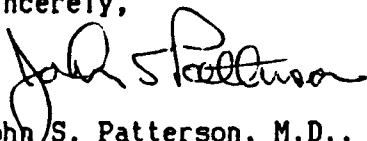
Jim Reid, P.A. very well outlines the reasons for the legislative reforms in his article, "The Rationale for Reform." As family physicians and as physicians most often linked to P.A.s - we are, all too keenly, becoming aware of the health care crisis facing rural Montana. Typical examples of the importance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

G. Brian Zins
December 9, 1988
Page Two

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

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

Sincerely,



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

JSP/cbr

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

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

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

Dear Mr. Wheeler,

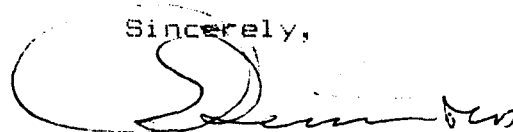
It has come to my attention that your organization is pursuing changes in the current legislation regulating the utilization of physician assistants in this state.

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "F.G. Scriver", written over a circular scribble.

F.G. Scriver M.D.



Montana Academy of Family Physicians

2021 Eleventh Avenue, Suite 12

Helena, Montana 59601



07-29-88

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

Dear Mr. Wheeler:

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

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

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

Sincerely,

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

SH/jr

KOOTENAI ORTHOPAEDICS

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

401 Louisiana Avenue
Libby, Mt. 59923

Telephone
(406)293-8731

November 16, 1988

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

Dear Mr. Wheeler;

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

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

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

Sincerely,



Randale C. Sechrest

RCS/jbr

CLYDE A. KNECHT, M.D.

GENERAL SURGERY

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

11-28-88

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

Dear Members of the Board,

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

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

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

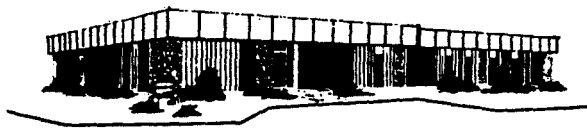
Best regards,

A handwritten signature in black ink, appearing to read "Clyde Knecht MD". The signature is fluid and cursive, with the "MD" part being more distinct and larger than the name.

cc: MAPA

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

(406) 846-1722



PROFESSIONAL PLAZA

1101 Maryland Avenue
Deer Lodge, Montana 59722

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

(406) 846-1818

PHYSICAL THERAPY
J. PATRICK MCGILLIS, R.P.T.

(406) 846-1991

November 29, 1988

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

Dear Ladies and Gentlemen of the Board:

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

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

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

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

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

Sincerely yours,

Thomas H. Wendel, M. D.

THW:bk

LIBBY CLINIC

GREGORY A. RICE, M.D., P.C.
BOARD CERTIFIED IN FAMILY PRACTICE

MICHAEL GATZKE, P.A.-C

GLENNE S. GÜNTHER, M.D.
BOARD CERTIFIED IN FAMILY PRACTICE
AND INTERNAL MEDICINE

KENNETH BOGART, P.A.-C

11-28-88

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

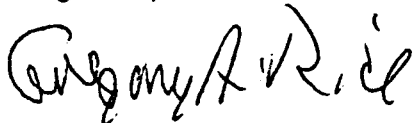
Dear Members of the Board,

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

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

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

Best regards,



cc: MAPA

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

November 28, 1988

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

Dear Members of the Board:

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

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

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

Sincerely,



Randy J. Lovell, D.O.

RJL:lsp

cc: Harvey Fry

11-28-88

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

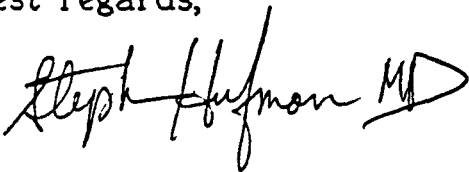
Dear Members of the Board,

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

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

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

Best regards,

A handwritten signature in black ink that reads "Stephen Huffman MD". The signature is written in a cursive style with a large, stylized "S" and "H".

cc: MAPA

MISSOULA ORTHOPAEDIC AND SPORTS INJURY CLINIC
MICHAEL SCHUTTE, M.D.



November 29, 1988

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

Dear Members of the Board:

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

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

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

Best Regards,

MICHAEL J. SCHUTTE, M. D.



MISSOULA ORTHOPAEDIC CLINIC

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

November 29, 1988

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

Dear Members of the Board:

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

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

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

Best Regards,

STEPHEN G. POWELL, M. D.



Work Care

A Service of The Billings Clinic

Occupational Medical Services for the Workplace

ALLERGY

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

DERMATOLOGY

Thomas P. Gormley MD
Albert C. Reynaud, MD

FAMILY PRACTICE

Brian C. Wittz, MD - Heights
Joseph T. Bednarek, MD - Heights
William B. Bevins, Jr., MD - Red Lodge
James J. Kane, MD - Red Lodge
Benjamin K. Karas, MD - Red Lodge
David I. McLaughlin, MD - Red Lodge
Timothy C. Weil, MD - Red Lodge
Larry W. Sonnenberg, MD - Red Lodge

IMMEDIATE CARE

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

INTERNAL MEDICINE

Allan Lee Goulding, MD, PC
George R. Brokus, MD
Paul V. Hoyer, MD
Lukinda M. Husby, MD
Barry M. Hochstadt, MD
Robert B. Kerr, MD - Red Lodge

CARDIOLOGY

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

ENDOCRINOLOGY

Martin E. Kodish, MD

GASTROENTEROLOGY

John C. Finke, MD

HEMATOLOGY/ONCOLOGY

Warren D. Bowman, Jr., MD
Widerness and Mountain Medicine
Donald I. Tarto, MD

INFECTIOUS DISEASES

Ronald H. Smith, MD

NEPHROLOGY

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

PULMONARY AND

CRITICAL CARE MEDICINE

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

RHEUMATOLOGY

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

NEUROSCIENCES

NEUROLOGY, ELECTROMYOGRAPHY & ELECTROENCEPHALOGRAPHY

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

NEUROLOGICAL SURGERY

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

PSYCHOLOGY

Robert E. Tompkins, Ed D
William P. Brederhoff, PhD

OBSTETRICS AND GYNECOLOGY

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

OPHTHALMOLOGY

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

OTOLARYNGOLOGY, HEAD AND NECK SURGERY

Janet L. Dietrich, MD
William S. Shaha, MD

OPHTHALMOLOGY

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

ORTHOPEDICS

James T. Phiddy, MD
Mark P. Reynolds, MD

ORTHOPEDICS

Willard J. Hull, MD
James E. Scott, MD, PC

ORTHOPEDICS

James F. Schwartz, MD
Rayburn M. Jenkins, MD

ORTHOPEDICS

Robert S. Schultz, MD
Robert S. Schultz, MD

ORTHOPEDICS

Stephen A. Kramer, MD
Sheri L. Poff, MD

PEDIATRICS

Allen P. Hartman, MD
Patrick Sauer, MD

PEDIATRICS

Paul H. Ketter, MD
Fred E. Gumville, MD

PEDIATRICS

Linda R. Johnson, MD
GENERAL THORACIC, CARDIAC

AND VASCULAR SURGERY

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

AND VASCULAR SURGERY

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

AND VASCULAR SURGERY

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

AND VASCULAR SURGERY

J. Scott Millar, MD
Jeffrey L. Stone, MD - Red Lodge

UROLOGY

C. Dale Vermilion, MD
Richard B. Meizer, MD

UROLOGY

Jerry D. Wolf, MD
V. Paul Johnson, MD

UROLOGY

Dean A. Bruchmann, MD
Larry Herbert, MD

UROLOGY

MEDICAL DIRECTOR
John W. Heizer, MD

ADMINISTRATION

Steven F. Rogge
John D. Jones

November 28, 1988

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

Dear Dr. Malee:

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

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

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

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

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

Red Lodge Branch
10 South Oaks
P.O. Box 1130
Red Lodge, MT 59068
(406) 446-2412

Columbus Branch
4th Avenue & A Street
P.O. Box 239
Columbus, MT 59019
(406) 442-4542

Thomas Malee
Page 2
November 28, 1988

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

Sincerely,

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

lp

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

November 28, 1988

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


Dear Members of the Board;

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

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

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

Sincerely,



P.F. Henke, M.D.

cc: MAPA

PFH/mh

COMMUNITY CLINIC

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

November 30, 1988

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

Dear Members of the Board,

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

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

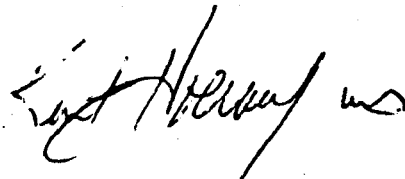
Montana Board of Med. Exam.
Kent Hoerauf, M.D.
November 30, 1988

Page 2

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

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

Sincerely,

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

Kent Hoerauf, M.D.

KH/srn

Heights Family Practice Clinic

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

JOHN J. MALLOY, M.D.

November 29, 1988

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

Dear Members of the Board:

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

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

Sincerely,



John J. Malloy, M. D.

JJM/mw

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

LIBBY CLINIC

GREGORY A. RICE, M.D., P.C.
BOARD CERTIFIED IN FAMILY PRACTICE

MICHAEL GATZKE, P.A.-C

GLENNE S. GÜNTHER, M.D.
BOARD CERTIFIED IN FAMILY PRACTICE
AND INTERNAL MEDICINE

KENNETH BOGART, P.A.-C

11-28-88

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

Dear Members of the Board,

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

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

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

Best regards,



cc: MAPA



HUNTLEY-PROJECT
Family Medical Center

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

November 29, 1988

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

Dear Members of the Board,

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

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

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

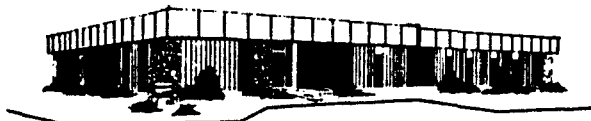
Sincerely,

Frederick G. Scriver, MD

FGS:sls

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

(406) 846-1722



PROFESSIONAL PLAZA

1101 Maryland Avenue
Deer Lodge, Montana 59722

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

(406) 846-1818

PHYSICAL THERAPY
J. PATRICK MCGILLIS, R.P.T.

(406) 846-1991

December 1, 1988

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

Dear Sirs:

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

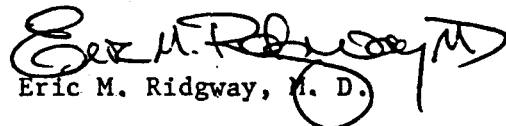
During this period of time, I have been involved with six (6) Certified Physician Assistants, all of whom have been knowledgeable, caring and competent.

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

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

Thank you for your consideration in this matter.

Respectfully,


Eric M. Ridgway, M. D.

EMR:bk

November 30, 1988

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

Dear Ladies and Gentlemen:

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

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

Sincerely,



WILLIAM A. VESSIE, M.D.

PEW/WAV/cmj

JAMES H. ARMSTRONG, M.D.

795 SUNSET BOULEVARD
KALISPELL, MONTANA 59901

Telephone 257-7800 752-8109

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

Dear Ladies and Gentlemen:

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

For example it would be very helpful to me if Ms. Susan Cahill, PA, who is employed by me, could write prescriptions, ^{as} authorized and recorded by me.

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

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

Thank you sincerely,
James H. Armstrong



St. John's Lutheran Hospital, Inc.

August 12, 1988

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

Dear Mr. Wheeler,

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

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

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

Sincerely,

Paul Magone RN
254 Warden Rd
Libby, Mt. 59923

Thomas R. ~~Agutter~~ RN
1216 Louisiana Ave
Libby, MT 59923

Susan ~~Horsick~~ RN, MSN
PO Box 1102
Libby, MT 59923

Debra Noller RN
100 Emma's Garden Rd
Libby, mt. 59923

Lina Edgar RN
170 Klondike Ave
Libby Mt. 59923

Dorothy M. ~~Kutsch~~, CCRN
982 Sheldon Hats Rd
Libby, MT 59923

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

Barbara Mangum RN
6257 Pipe Creek Rd
Libby, Mont 59923

Connie Boyd
2659 Bull Lake Road
Troy Mont. 59935

Susan ~~Shreckhorn~~
437 Florence Rd.
Libby, mt. 59923



Rosebud Health Care Center

October 7, 1988

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

Dear Mr. Wheeler,

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

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

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

Sincerely,

Joyce Asay
Administrator

Marilyn Kanta, R.N.
Nursing Home Director
Dorlene Sharpe R.N.

D. Gregory (Hospital)

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



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

January 16, 1989

Dear Mr. Reid:

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

Sincerely,

Marie Keppelid RN
Sandra Quick RN
June Nelson RN
Daleen Johnson-Heitz RN
Karen R. Castlerline, RN
Sue Good-Brown RN
Jeannette Jensen RN

Nurses of McCone County Hospital

cc: MAPA, Helena

COMMUNITY CLINIC

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

October 28, 1988

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

Dear Mr. Wheeler,

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

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

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

Sincerely,

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

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

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

COMMUNITY
CLINIC

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

October 28, 1988

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

Dear Mr. Giacometto,

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

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

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

Sincerely,

Deana Logar
Registered Nurse

Mary Graham
Registered Nurse

Helen Jensen
Registered Nurse

*office
nurses*

McCONE COUNTY NURSING HOME

205 SULLIVAN
P.O. BOX 198
CIRCLE, MONTANA 59215
(406) 485-3381



January 18, 1989

Dear Mrs. Kasten:

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

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

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

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

Sincerely,

Sandra Rueb RN, DON

Sandra Rueb, RN
Director of Nursing



HUNTLEY-PROJECT
Family Medical Center

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

October 14, 1988

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

Dear Mr. Wheeler,

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

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

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

Sincerely,

Mary Eggum LPN

Mary Eggum, LPN
Licensed Practical Nurse

Gladys Wittman RN

Gladys Wittman, RN
Registered Nurse

ME/GW: slg



Garfield County Health Center, Inc.

P.O. Box 389, Jordan, Montana 59337

Members of Presentation
Health System

PACE Shared Services
Sioux Falls, South Dakota

Brady Memorial Home
Mitchell, South Dakota

Holy Rosary Hospital
Miles City, Montana

McKenna Hospital
Sioux Falls, South Dakota

Mother Joseph Manor
Aberdeen, South Dakota

St. Joseph Hospital
Mitchell, South Dakota

St. Luke's Hospital
Aberdeen, South Dakota

Faulk County
Memorial Hospital
Faulkton, South Dakota

Marshall County
Memorial Hospital
Britton, South Dakota

St. Joseph Hospital
Polson, Montana

Dickey County
Memorial Hospital
Ellendale, North Dakota

A. L. Vadheim Memorial Hospital
Tyler, Minnesota

September 27, 1988

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

Dear Mr. Wheeler,

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

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

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

Sincerely,

The Nursing Staff of Garfield County Health Center

Margie Seeltes R.N.
Lita Cimurdon, R.N.
Jennie Brown, R.N.
Lily Johnston R.N.
Ernie W. S.D.
Freda Hensleigh L.P.N.
Janet Clark R.N.
Darlene Shawne S.D.
Fathy Wankel R.N.

DEPARTMENT OF INSTITUTIONS
MONTANA STATE PRISON



TED SCHWINDEN, GOVERNOR

STATE OF MONTANA

(406) 846-1320

DEER LODGE, MONTANA 59722

August 15, 1988

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

Dear Mr. Wheeler,

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

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

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

Sincerely,

Jimmy Smith RN

Kerry Williams RN

Beverly Beck RNBS

Peg Bartlett, RN (Rosentleaf)

Ronald W. Flay RN

Lauraine Barrington RN

Teri Hamel RN

Carla Bille RN

Deer Lodge, Montana
November 1, 1988

TO WHOM IT MAY CONCERN:

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

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

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

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

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

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

Sincerely,

Peg Bartlett, R.N.

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



Saint Vincent Hospital and Health Center

November 21, 1988

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

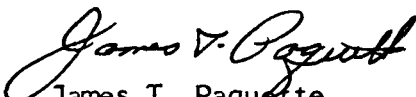
Dear Mr. Wheeler:

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

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

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

Sincerely,


James T. Paquette
President

JTP/ge

Physician Services

November 18, 1988

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

Dear Mr. Wheeler:

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

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

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

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

Sincerely,



Rick Palagi
Director, Physician Services

RP/lm

Saint Vincent Hospital and Health Center

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



Planned Parenthood
of Missoula

July 18, 1988

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

Dear Mr. Tavery,

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

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

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

Sincerely,



Melanie Reynolds
Executive Director

KOOTENAI ORTHOPAEDICS

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

401 Louisiana Avenue
Libby, Mt. 59923

Telephone
(406)293-8731

November 16, 1988

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

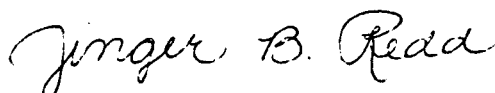
Dear Mr. Wheeler;

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

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

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

Sincerely,



Jinger B. Redd

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



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

December 13, 1988

Dear Mr. Wheeler:

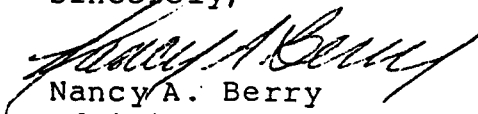
I am aware that your organization is pursuing changes to the legislation which governs the practice of Physician Assistants (PA's) in Montana.

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

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

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

Sincerely,


Nancy A. Berry
Administrator

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

Deaconess
Medical
Center



December 22, 1988

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

Dear Paul:

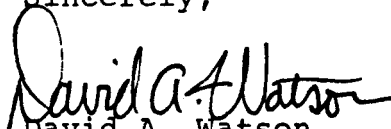
I would like to offer my support to MAPA's efforts to improve utilization of physician assistants in Montana.

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

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

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

Sincerely,


David A. Watson
Physician Liaison

Deaconess
Medical Center
of Billings, Inc.

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

Telephone 406-657-4000

cc: Howard Zankner
Vice President
Corporate Services

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

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

December 30, 1988

Dear Mr. Wheeler:

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

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

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

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

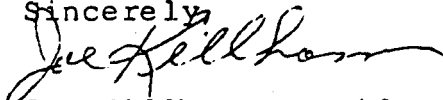
Page 2

RE: PA Legislation

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

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

Sincerely,



Joe Killham, President
McCone County Hospital Association

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

TOWN OF WEST YELLOWSTONE



January 11, 1989

Senator Cecil Weeding
State Capitol Building
Helena, Montana 59620

RE: SB 26

Dear Senator,

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

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

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

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

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




Senator Cecil Weeding
January 11, 1989
Page 2

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Ken Davis". The signature is written in a cursive style with a large initial "K".

Kevin Ken Davis
Mayor

KKD/lwb
XC: Tom Tully

Montana State Pharmaceutical Association

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

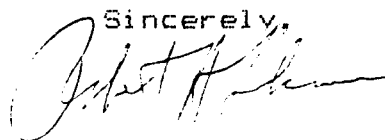
December 1, 1988

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

Dear Mr. Reid:

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

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

Sincerely,


Robert H. Likewise

RHL/al

YELLOWSTONE COUNTY PHARMACISTS

12-1-88

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

Dear Mr. Wheeler,

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

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

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

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

Sincerely,

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

PAT WILLIAMS
MONTANA, WESTERN DISTRICT

MAJORITY DEPUTY WHIP

COMMITTEES:

BUDGET

CHAIRMAN
TASK FORCE

ON HUMAN RESOURCES

EDUCATION AND LABOR

CHAIRMAN

POSTSECONDARY EDUCATION

SUBCOMMITTEES:

ELEMENTARY, SECONDARY AND
VOCATIONAL EDUCATION

EMPLOYMENT OPPORTUNITIES

LABOR STANDARDS

SELECT EDUCATION



Congress of the United States
House of Representatives
Washington, DC 20515

September 21, 1988

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

DISTRICT OFFICES:

BUTTE

(406) 723-4404
FINLEN COMPLEX
59701

HELENA

(406) 443-7878
32 N. LAST CHANCE GULCH
59801

MISSOULA

(406) 549-5550
302 W. BROADWAY
59802

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

Dear Jesse:

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

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

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

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

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

Best regards.

Sincerely,

A handwritten signature in cursive script that reads "Pat".

Pat Williams

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

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

Dear Jim:

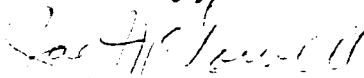
Have been trying to get the exact wording of Farm Bureau Policy but so far they have not sent out the new policy books. This is the policy our lobbyists will be guided by at the up-coming legislative session.

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

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

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

Sincerely,



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

cc; Jim Tavery, Admin.
Powder River Rest Home

Heights Family Practice Clinic

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

JOHN J. MALLOY, M.D.

October 17, 1988

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

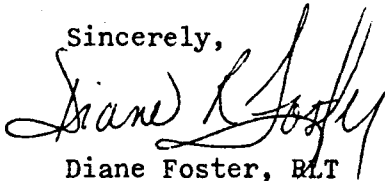
Dear Mr. Wheeler,

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

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

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

Sincerely,



Diane Foster, BLT
Registered Laboratory Technician



Wilma Hoff, EMT CRT
Certified Radiology Technician

DF/WH:mw



MONTANA FARM BUREAU FEDERATION

502 South 19th • Bozeman, Montana 59715
Phone: (406) 587-3153

BILL # SB 26 ; TESTIMONY BY: Lorna Frank

DATE 1/25/89 ; SUPPORT yes ; OPPOSE _____

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

We support SB 26 licensing Physician-Assistants, as a solution to lack of available physicians in some rural areas.

SIGNED: Lorna Frank



Flying V Apes, Inc.

BOX 137



ELMO DREYER, PRES.

CIRCLE, MONTANA 59215

EFFIE DREYER, SEC.

PHONE 406/485-2566

January 10, 1989

Dear Mr. Reid:

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

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

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

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

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

Thanks for what you are doing.

Yours truly,
Elmo Dreyer
Elmo Dreyer

Exhibit

SB # 189

①

January 25, 1989

MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
FOR THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
TESTIMONY

SB 189

SENATE HEALTH & WELFARE
EXHIBIT NO. _____
DATE 1/25/89
SB 189
BILL NO. 189

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

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

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

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

JG/vg-101d

Exhibit

SB # 181

SENATE HEALTH & WELFARE
EXHIBIT NO. 1
DATE 1/25/89
BILL NO. SB 181

1

TESTIMONY IN SUPPORT OF SENATE BILL 181

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

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

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

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

The others changes are to drop the requirement that the medical certificate be signed by the director of the laboratory that performed the test, and lastly, to simplify the distribution of the certificate forms allowing them to be sent out by request.

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
Beth Sorensen		SB 26	X	
Asham Mezyj	Mt. Nurse Assoc	SB 26		X
Jean Suter	Mt. Nurses Assoc	SB 26		X
Bomb Booher	MNA	SB 26		X
Roger E. Lombard, C.	Board of Chiropractors	SB 147	X	
Armi R. Wilson	Board of Chiropractors	SB 147	X	
FRANK NEWMAN		SB 26	X	
David A. Watson	Deaconess Med Center - Billings	SB 26	X	
Randy Spear	Huntley Proj. Med Center, Warden	SB 26	X	
David Johnson	MAPA - The Billings Clinic	SB 26	X	
Donald Handlo	MAPA & Madison Valley Community	SB 26	X	
Maria Handlo		SB 26	X	
Peg Bartlett	MSP	SB 26	X	
Kenneth A. Coulter	MAPA - GARFIELD Co	SB 26	X	
Lutz Coeuter	MAPA - Garf. Co.	SB 26	X	
Susan Child	MAPA - Hothead Co	SB 26	X	
Marilyn Nona	MAPA - Fallon Co	SB 26	X	
Leroy Bieschevel	MAPA Powder River Co	SB 26	X	
Helen Viker	Powder River Co	SB 26	X	
DAN DAVIS	Dahl Healthcare Assn, mt ^{Etakka}	SB 26	X	
JERRY KING	MISSOULA ORTHOPAEDIC & SPORTS INJURY CLINIC	SB 26	X	
Ronan Meyer	Dahl Health Care Assn ^{Kalaka} Don	SB 26	X	
Janice Markuson		SB 26	X	
MILTON MARKUSON	Ma Co	SB 26	X	
Dyl Myers	Fallon Mem Hosp.	SB 26	X	
William Duffell	Fallon Co Comm.	SB 26	X	

1/25/89

DATE

COMMITTEE ON Public Health

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
James D. PA.	MAPA.	SB-26	✓	
Lecky Williams, MD, DMS	MAPA	SB-26	✓	
Rick Palagi	St-Vincent Hospital			
Don Sullivan PA-C	M.A.P.A.	SB 26	✓	
ES CONGER	Christian Science Committee on Publication	SB 189		
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WILLIAM ZIM	MT. Med. Assoc	SB 26		X
Bob Likewise	ms PA	SB 26		
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Keith W. Boone	MT Nurses Assn	SB 26		
Robert Johnson	L & C City-City Branch	SB 189		
Donald Egan	DHES	SB 189	✓	
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Justice Galloway	DAES	SB 189	✓	
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Jim Amen	MT Hospital Assoc	SB 26	✓	
James W. Gichten MD	Montana Academy of Family Physicians	SB 26	✓	
Anthony L. Welleven	MT Hospital Assn	SB 26	✓	
Ernest Munn	MAA	SB 26	✓	

DATE

Jan. 25, 1989

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