MINUTES

MONTANA SENATE
51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By Chairman Tom Hager, on March 1, 1989, at 1:00 p.m., State Capitol

ROLL CALL

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

Members Excused: Bob Pipinich

Members Absent: None

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

Announcements/Discussion: None

HEARING ON HOUSE BILL 33

Presentation and Opening Statement by Sponsor:
Representative Bob Pavlovich, House District #72, stated that HB 33 was requested by the Chiropractic Association. He advised that this bill allows a chiropractor to be an impairment evaluator. The bill has been amended, and he stated he had people to testify regarding this bill.

List of Testifying Proponents and What Group they Represent:

Gary Blom, D.C., Montana Chiropractic Association
Lee Hudson, D.C., DABCO, Mt. Chiropractic Association
Michael Pardis, D.C., Mt. Chiropractic Association
Katrina Martin, speaking for Norman H. Grosfield, Attorney
Bonnie Tippy, Montana Chiropractic Association

List of Testifying Opponents and What Group They Represent:

George Wood, Montana Self Insurers Association
Oliver Goe, Attorney, Montana Municipal Insurance Authority

Testimony:

Dr. Gary Blom stated he is a chiropractor from Helena and past president of the Montana Chiropractors Association. He stated that impairment ratings are basically evaluations that are defined as appraisal of a patient's condition and the nature and extent of the person's illness or injury. According to Dr. Blom, an impairment rating is performed after the patient has reached maximum medical healing. He was trained to do impairment ratings during his last year of college. He stated he was able to do ratings up until the early 1980's, at which time the Worker's Compensation Judge Reardon decided that chiropractors could no longer rate impairment. He submitted copies of a study which indicated chiropractic costs being more cost effective than medicine (Exhibit #1). He reviewed the written testimony, and urged passage of HB 33.

Dr. Lee Hudson stated he is a chiropractic orthopedist from Great Falls and vice-president of the Montana Chiropractic Association. He advised that chiropractors have been taking care of work-comp cases for many years in Montana, but since the 1980's they have been unable to do ratings. In 1987-88, the Montana Chiropractic Association challenged that ruling in the courts and were unsuccessful because of new laws enacted in 1987 regarding impairment evaluations. It is the task of the legislature to set public policy, and they believe public policy should be that chiropractors should be allowed to do impairment ratings. At this point, a chiropractor's patient who needs an impairment rating must be sent to a medical doctor who may not have the day-to-day history of how that patient has progressed. He stated his group has contacted surrounding states regarding their policy and law. All allow chiropractors to do impairment ratings. They question why Montana's policy is in direct contradiction with almost every other state in the country. He urged the committee to give a favorable report on HB 33.

Michael Pardis, a chiropractor from Helena, stated that HB 33 is a fair bill which gives the injured worker a freedom of choice in choosing the doctor to evaluate his case. Two of the arguments used against chiropractors in the hearing process are (1) this is purely a medical determination; and (2) the whole person must be rated. He stated that "medical" is a generic term in this instance. The argument of the chiropractor not being able to treat the whole person is a non-convincing argument. Chiropractors have extensive training in the health care field,

specializing in the chiropractic field. He furnished copies of information defining the academic program a chiropractor must complete (Exhibit #2). He stated in addition, chiropractors must be certified by the State Board of Chiropractors to do impairment ratings. He believes this is a more stringent requirement than medical doctors have since they just need to be licensed in the state. He feels that impairment ratings are not something that should belong to one domain. He pointed out that this will not be a cost factor to Workers Comp or other insurers because there is a set fee defined by the doctor for an evaluation. He urged support of HB 33.

Katrina Martin stated she was standing in for Norman H. Grosfield, an attorney from Helena who represents both claimants and defendants in relation to workers' compensation matters. Mr. Grosfield was unable to appear because of a trial date conflict. In his written testimony, read by Ms. Martin, he urged passage of HB 33. She submitted his testimony (Exhibit #3).

Bonnie Tippy, Executive Secretary at the Montana Chiropractic Association, stated she wished to submit an amendment to the bill, and explained the reasoning behind the amendment (Exhibit #4). She stated this bill is in deference to patients as well as to chiropractors and that they should be able to be rated by a chiropractor. She related statements from various states indicating those states felt chiropractors were qualified to do impairment ratings. She advised they know of no other state which has requirements like Montana's where only medical doctors are allowed to do impairment evaluations. She stated the chiropractors are viable alternative health care providers. According to Ms. Tippy, an impairment rating is a scientific evaluation, and chiropractors are qualified to perform this function for their patients. She urged the committee to pass HB 33.

George Wood, Executive Secretary of the Montana Self Insurers Association, stated he spoke in opposition to HB 33. He stated the question is not just whether chiropractors can rate impairment, but their concern goes farther. Mr. Wood gave a brief history of previous attempts by the Chiropractic Association to have their proposal accepted, but their efforts were unsuccessful. The question of whether "medical" is a generic term was discussed by Mr. Wood. In the act the definition of impairment is used as a medical term. There is another consideration in terms of compensation and that is the payment for loss of wage. Only one

portion of that has to do with the medical. Impairment is one of the conditions on which disability is rated. He reiterated that "medical" is a medical term in the sense that it is used by medical doctors. He also stated that the standard of proof in disputed cases in Montana is one of preponderance of medical evidence. That has always been taken to mean the preponderance of the doctor testifying. They are concerned that if "medical" is accepted as a generic term in one section, that "medical" will then be a generic term when it comes to the element of proof, which is an entirely different matter. He stated that if it is changed in one place, the system may be upset as far the adjudication of cases by making it go farther into the other sections of the act. He recommended that HB 33 do not pass.

Oliver Goe, Attorney, stated that he wished to follow up on Mr. Woods' comments which reflect concerns of the Montana Municipal Insurance Authority regarding HB 33. He pointed out that this bill is not about chiropractic care, whether it is less or more expensive, or more or less beneficial to the worker, and has nothing to do with whether a chiropractor can treat an individual who is injured on the job. He further stated there is nothing in this bill which will prohibit or allow chiropractors to testify concerning their care and treatment of injured workers. However, the Worker's Compensation Act was amended in 1987 and made it very clear that impairment ratings are medical determinations. He stated the chiropractor clearly plays a role in the system, but he feels there is a potential problem with having them do impairment ratings which have always been medical determinations. He stated the amendment appears to be appropriate, and if the committee feels it is appropriate for chiropractors to do impairment ratings, he would urge the passage of the amendment.

Questions From Committee Members:

Senator Himsl asked if special training was given to chiropractors to do evaluations to which Dr. Pardis stated the training would come mostly through postgraduate courses. He stated the doctors currently in the field would have to go back to school to become certified to do ratings. The majority of chiropractors would not want to do impairment ratings, but a certain percentage would.

Senator Himsl also asked that since the impairment ratings are done after the whole healing, do they first

determine the person is fully healed, and then rate his disability. Dr. Pardis answered in the affirmative and stated that they are required to notify insurers when the patient has reached maximum medical improvements. Dr. Pardis indicated they are qualified to pass that judgment.

Senator Rasmussen stated that the Florida study indicated costs are less when chiropractors do the work. He asked Mr. Wood if they are interested in lowering costs. Mr. Wood advised that they are interested in costs. However, he questions studies - where they come from and what background is used.

Senator Rasmussen asked if there were mandatory education requirements as far as re-licensing is concerned. Dr. Blom advised that 12 hours per year are required. He stated three yearly seminars are provided, and if chiropractors wish to do impairment rating, they must be certified by the Chiropractic Board of Examiners, which is appointed by the Governor.

Senator Norman asked who commissioned the Florida study. Dr. Blom informed that it was made at the request of the Foundation for Chiropractic Research and Education. Senator Norman and Dr. Blom discussed various situations involving costs. Dr. Norman suggested that since chiropractors do not hospitalize patients, the study is saying that less extensive treatment costs less. Senator Norman then asked Dr. Blom if the bill as now amended would permit a chiropractor to evaluate a patient who was not treated by a chiropractor. Dr. Blom stated that was not the case. Senator Norman presented some hypothetical situations and questioned whether a chiropractor would be able to evaluate those cases. Dr. Blom stated he would only rate what is contained in their scope of practice.

Senator Rasmussen asked if the Florida study would be comparing apples to apples, that is injuries that did not include surgery would be factored out. Ms. Tippy said that is her understanding. She stated that both the Florida study and a study by the Oregon Work-Comp commission showed the same kinds of results. Regarding the impairment situation of who can do what, she stated that under current law an obstetrician can rate for neurological impairment or any other kind, and that is probably no more proper than a chiropractor being able to rate a neurological or cardiac disease.

Senator Lynch asked if Montana is the only state that does not allow chiropractors to rate. The proponents

indicated that was correct, and there is evidently no great problem in other states.

In response to a query by Senator Norman, Dr. Hudson advised that in a case where the patient was a patient of a chiropractor and he was referred to a medical orthopedist for surgery, under current Work-Comp laws there can only be one treating physician. Dr. Hudson stated it is his understanding that the orthopedist would then be the treating physician and it would be within his realm to do the impairment evaluation.

Closing by Sponsor: Representative Pavlovich closed by stating that he would accept the amendments if the committee sees fit to include them. (Exhibit #4)

DISPOSITION OF HOUSE BILL 33

Discussion: Discussion was had concerning the terms "chiropractic physician" and "Doctor of Chiropractic". It was decided to retain the terminology in the current statute, "chiropractor".

Amendments and Votes: Senator Lynch moved that the AMENDMENTS BE ADOPTED. Senators in favor, 6; opposed,0.

Recommendation and Vote: Senator Lynch moved that HB 33 BE CONCURRED IN AS AMENDED. Senators in favor, 6; opposed 0.

HEARING ON HOUSE BILL 305

Presentation and Opening Statement by Sponsor: Representative Angela Russell, House District 99, stated that HB 305 is an act requiring the appointment of a person knowledgeable about Indian culture and family matters to child protective teams and youth placement committees. She stated in the last session there was a similar bill adding a person knowledgeable about Indian culture and family matters to foster care review committee. This bill is similar but it adds such a person to child protective teams and youth placement committees. She stated that the Indian population in Montana is about 5%, and they have a large and growing school-age population of 7%. According to Rep. Russell, they are very concerned that Indians be involved in all planning for their children either in their homes or in foster care.

List of Testifying Proponents and What Group they Represent:

Bea Lunda, Department of Family Services
John Thorson, Mental Health Association of Montana

List of Testifying Opponents and What Group They Represent:

None

Testimony:

Bea Lunda, Indian Child Welfare Specialist, Department of Family Services, asked the committee to read her testimony which she presented in written form. (Exhibit #5). She also read the testimony in its entirety, and asked for favorable consideration of HB 305.

John Thorson, representing the Mental Health Association of Montana, urged the support of HB 305. He stated they feel that the placement of individuals who are familiar with Indian culture on those placement committees and child detention teams would help in placement of youths at issue, and mitigate the tensions that exist when that minority culture is attempting to live with another culture.

Questions From Committee Members:

Senator Hager asked if he was correct in assuming that this bill refers to where an Indian child is placed in a foster home that is not with Indian parents or not on a reservation. Rep. Russell stated that the bill last session concerned foster care. The intent of this bill is to add a person knowledgeable about Indian culture to that placement team during discussion of that child.

Bea Lunda advised that Youth Placement Committees were created with the advent of Family Services and it is part of that bill. Composition of those committees are spelled out in the statute. They decide where a child will be placed, which is different than a child protection team committee.

Senator Himsl asked if Youth Placement Committees have jurisdiction over Indian children. Ms. Lunda said they certainly do if that child is residing in Great Falls, for example. Those children would go through district court when they are residing off the Reservation.

Closing by Sponsor:

Representative Russell stated that since the last session

they have had the Foster Care Review Committee in place and they have an individual involved in that process and it seems to be working well. She asked for the committee's favorable support of this bill also.

DISPOSITION OF HOUSE BILL 305

Discussion: None

Amendments and Votes: None

Recommendation and Vote: Senator Lynch moved that HOUSE BILL 305 BE CONCURRED IN. Senators in favor, 6; opposed, 0.

HEARING ON HOUSE BILL 484

Presentation and Opening Statement by Sponsor: Senator J. D. Lynch, Senate District #34, stated he is a stand-in for Representative Tom Hannah, House District #86, who is the chief sponsor of HB 484.

List of Testifying Proponents and What Group they Represent:

Bill Potts, Montana Department of Health
Chris Kaufman, Montana Environmental Information Center

List of Testifying Opponents and What Group They Represent:

None

Testimony:

Bill Potts stated he was with the Solid and Hazardous Waste Bureau of the State Department of Health. He was asked by Rep. Hannah to address certain technical issues associated with HB 484 which requires persons using halogenated solvents to register that activity with the Department of Health and Environmental Sciences. Mr. Potts read and presented his written testimony to the committee (Exhibit #6).

Representative Tom Hannah apologized for being late due to conflicting Senate and House schedules. He stated that he had several handouts for the committee's information which he distributed (Exhibit #7). By way of background information he stated that he received a report on what was happening with regard to small-quantity waste generators. It indicated that the most common method of solvent disposal is mixture with waste

oils, with subsequent usage for heating fuel, oil recycling or, in some cases, road oiling. For spent solvents that are classified as hazardous wastes, these disposal methods may constitute violations of hazardous waste laws. What HB 484 is designed to do is to educate people who are using this material and get them to register with the DHES if they are using over 20 gallons. He stated he feels it is a good step in the right direction.

Chris Kaufman stated her department is in favor of any legislation that would discourage the use of halogenated solvents and encourage proper disposal of that waste should it need to be used. They believe it is a good bill, does not come down hard on anyone, and the registration process will allow the Department to know who is using such solvents, how they are disposing of it, and supply information regarding alternative products and proper disposal procedures. She stated they support HB 484.

Questions From Committee Members:

Senator Hager asked how many more substances are referenced in 40 CFR 261.31. Mr. Potts stated there are just the three listed.

Senator Himsl asked who sells these solvents. Rep. Hannah stated that most of them are sold through chemical distributors. In response to a question by Senator Himsl, Rep. Hannah stated that automotive shops would fall under this bill.

Closing by Sponsor: Representative Hannah closed with no additional comments.

DISPOSITION OF HOUSE BILL 484

Discussion: None

Amendments and Votes: None

Recommendation and Vote: Senator Lynch moved that HOUSE BILL 484 BE CONCURRED IN. Senators in favor, 5; opposed, 0.

Senator Hager will carry the bill.

ADJOURNMENT

Adjournment At: 2:30 p.m.

SENATOR TOM HAGER, Chairman

TH/dq

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ROLL CALL

PUBLIC HEALTH COMMITTEE

51st LEGISLATIVE SESSION -- 1989 Date 3/1/89

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

March 2, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration HB 33 (third reading copy -- blue), respectfully report that HB 33 be amended and as so amended be concurred in:

Sponsor: Pavolich (Lynch)

1. Title, line 7.
Following: "~~CHIROPRACTOR~~"
Strike: "DOCTOR OF CHIROPRACTIC"
Insert: "CHIROPRACTOR IF THE CLAIMANT'S TREATING PHYSICIAN IS A CHIROPRACTOR"

2. Page 2, line 19.
Following: "~~chiropractor~~"
Strike: "DOCTOR OF CHIROPRACTIC"
Insert: "chiropractor"

3. Page 3, lines 12 and 13.
Following: "~~physician~~"
Strike: "AN EVALUATOR of the party's choice"
Insert: "a medical doctor or from a chiropractor if the claimant's treating physician is a chiropractor"

4. Page 5, lines 1 through 4.
Following: "~~physician~~" on line 1
Strike: remainder of line 1 through "be" line 4
Insert: "except if the claimant's treating physician is a chiropractor, the evaluator may be a chiropractor who is"

AND AS AMENDED BE CONCURRED IN

Signed: _____
Thomas O. Hager, Chairman

3:41 p.m.

SENATE STANDING COMMITTEE REPORT

March 2, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration HB 305 (third reading copy -- blue), respectfully report that HB 305 be concurred in.

Sponsor: Russell (Yellowtail)

BE CONCURRED

Signed: _____

Thomas O. Hager, Chairman

3-2-89
3:11 p.m.

SCRHB305.302

SENATE STANDING COMMITTEE REPORT

March 1, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration HB 484 (third reading copy -- blue), respectfully report that HB 484 be concurred in.

Sponsor: Hannah (Hager)

BE CONCURRED IN

Signed: _____

Thomas O. Hager, Chairman

3/2 11:9

scrhb484.301

Chiropractic Versus Medical Care: A Cost Analysis of Disability and Treatment for Back-Related Workers' Compensation Cases

by

Steve Wolk, Ph.D.
Director of Research
The Foundation for Chiropractic Education and Research

September 1988

EXECUTIVE SUMMARY

Chiropractic and medical care were compared in regard to the cost of disability and treatment for back-related injuries and illnesses resulting from closed workers' compensation claims in Florida. Claims established during Florida's 1985-1986 fiscal year were tracked until April 30, 1987. The comparison covered the following variables: duration of disability; cost of indemnity payments for work days lost; cost of all physician services and physician prescribed procedures (e.g., occupational and physical therapy and x-ray examinations and interpretations); cost of hospital services and procedures, both in-patient and out-patient costs; drug and supply costs; transportation costs; and miscellaneous treatment costs.

Statistics were compiled by the Office of Medical Services, Florida Division of Workers' Compensation, at the request of the Foundation for Chiropractic Education and Research and covered two groups: 10,233

closed cases that excluded any patient who underwent surgery (claimant group A); and 10,652 closed cases that included patients who underwent surgery (claimant group B). Claimant group B, therefore, included the cases from group A as well as the 419 claimants who had surgery. Analyses were restricted to only those claimants who had a "Temporary Total Disability"--claimants who experienced an incapacitating injury but who recovered after a period of treatment and returned to work.

The major findings were as follows:

1. The duration of temporary total disability represented by the average length of the compensation period, and the indemnity payments for work days lost, were substantially less for claimants treated by chiropractors compared with those treated by medical doctors. In the group of claimants that excluded surgery patients, the period of disability was 48.7% shorter for chiropractic patients; for the claimant group that included patients who underwent surgery, the duration of disability was 51.3% shorter for chiropractic patients.

2. The average cost of chiropractic physician services and prescribed procedures was significantly less than the corresponding cost for medical doctors. In both claimant groups, the cost of chiropractors' services and prescribed procedures was over 50% less than that of medical doctors (55.3% less in claimant group A and 58.8% less in claimant group B).

3. Claimants treated by medical doctors were hospitalized at a much higher rate than claimants treated by chiropractors and incurred

significant additional costs due to hospitalization services. Only 20.3% of chiropractic patients in each claimant group were hospitalized; 51.3% of medical patients in claimant group A and 52.2% of medical patients in group B were hospitalized. The higher rate of hospitalization of medical patients, coupled with a higher average cost of hospitalization, resulted in a substantial impact on the overall cost of care attributable to medical doctors.

4. The estimated average total cost of care, computed across all the major categories of treatment cost, was substantially higher for medical patients compared with chiropractic patients: 83.8% higher in the claimant group that excluded surgery patients and 95.3% higher in the claimant group that included surgery patients. These statistics, representing the total treatment costs of managing a work-related back injury, more accurately reflect the cost-effectiveness of chiropractic care over standard medical care.

In summary, the findings confirm that chiropractic case management, compared with standard medical case management, minimizes the impact of work-related back injuries and illnesses on prolonged absence from work and excessive treatment costs. These findings, along with those of earlier investigations, have important implications for employees, employers, and insurance carriers who should acknowledge that chiropractic health care is efficacious and effective in treating back injuries in the workplace.

HB 33 3/1/89 #2

All courses within the curriculum must be completed at Palmer College of Chiropractic-West unless the student has been granted advanced standing credit for courses completed elsewhere.

Courses are identified by discipline, title, course number, hours devoted to lecture and laboratory, and total hours.

FRESHMAN YEAR

Quarter 1	Course #	Hours /Week	Units
Gross Anatomy I	AN 111	14	10
Human Histology	AN 112	5	4
Human Embryology	AN 113	3	3
Terminology	PH 111	1	1
Roentgenographic Anatomy I	XR 111	5	4
Chiropractic Philosophy and Principles I	PP111	3	3
		31	25
Quarter 2			
Gross Anatomy II	AN 121	11	8
Fundamentals of Physiology	PH 121	7	6
Biophysics	PS 121	4	4
Biochemistry I	PS 122	5	5
Roentgenographic Anatomy II	XR 121	4	3
Introduction to Research	PS 123	3	3
		34	29
Quarter 3			
Neuroanatomy	AN 131	6	5
Spinal Anatomy	AN 132	2	2
Cardiovascular Physiology	PH 131	5	5
Biochemistry II	PS 131	8	6
Microbiology I	MP 131	4	4
General Pathology I	MP 132	4	4
Introduction to Chiropractic Science	PP131	4	3
		33	29

SOPHOMORE YEAR

Quarter 4			
Renal and Pulmonary Physiology	PH 211	5	5
Neurophysiology	PH 212	5	5
Microbiology II	MP 211	6	4
General Pathology II	MP 212	3	3
Chiropractic Procedures I	PP211	7	5
Research Methodology	PS 211	3	3
Lower Extremities	PP212	2	1
		31	26
Quarter 5			
Special Senses	AN 221	3	3
Gastrointestinal and Metabolic Physiology	PH 221	4	4
Endocrinology and Reproductive Physiology	PH 222	3	3
Neuromusculoskeletal Pathology	MP 221	5	5
Neuromusculoskeletal Pathology Laboratory	MP 222	2	1
Cardiovascular-Pulmonary Pathology	MP 223	4	4
Cardiovascular-Pulmonary Pathology Laboratory	MP 224	2	1
Chiropractic Philosophy and Principles II	PP221	3	3
Chiropractic Procedures II	PP222	6	5
		32	29
Quarter 6			
Nutrition and Dietetics	PH 231	5	5
Toxicology	PS 231	3	3
Gastrointestinal and Urogenital Pathology	MP 231	4	4
Gastrointestinal and Urogenital Pathology Laboratory	MP 232	1	1
Public Health	MP 233	6	6
Neoplasms and Genetic Disorders	MP 234	3	3
Principles of Roentgenology	XR 231	3	3
Chiropractic Procedures III	PP231	6	5
		31	30

JUNIOR YEAR

Quarter 7			
Physical Diagnosis	DX 311	9	8
Orthopedics	DX312	5	4
Roentgenographic Positioning	XR 311	3	2
Roentgenographic Interpretation	XR 312	4	4
Chiropractic Procedures IV	PP311	8	6
Physical Therapy I	PP312	5	5
		34	29
Quarter 8			
Laboratory Diagnosis	DX 321	6	6
Clinical Chemistry Laboratory	DX 322	4	2
Neurological Diagnosis	DX 323	6	6
Ear, Eye, Nose and Throat	DX 324	3	3
Chiropractic Procedures V	PP321	6	5
Physical Therapy II	PP322	5	4
Introduction to the Clinical Experience	CP321	2	2
		32	28
Quarter 9			
Spinal Traumatology	DX 331	5	5
Differential Diagnosis	DX 332	8	8
Obstetrics and Gynecology	DX 333	6	6
Chiropractic Procedures VI	PP331	4	4
Communication of Chiropractic Philosophy and Principles	CP331	3	3
Clinic I	CP332	4	3
		30	29

SENIOR YEAR

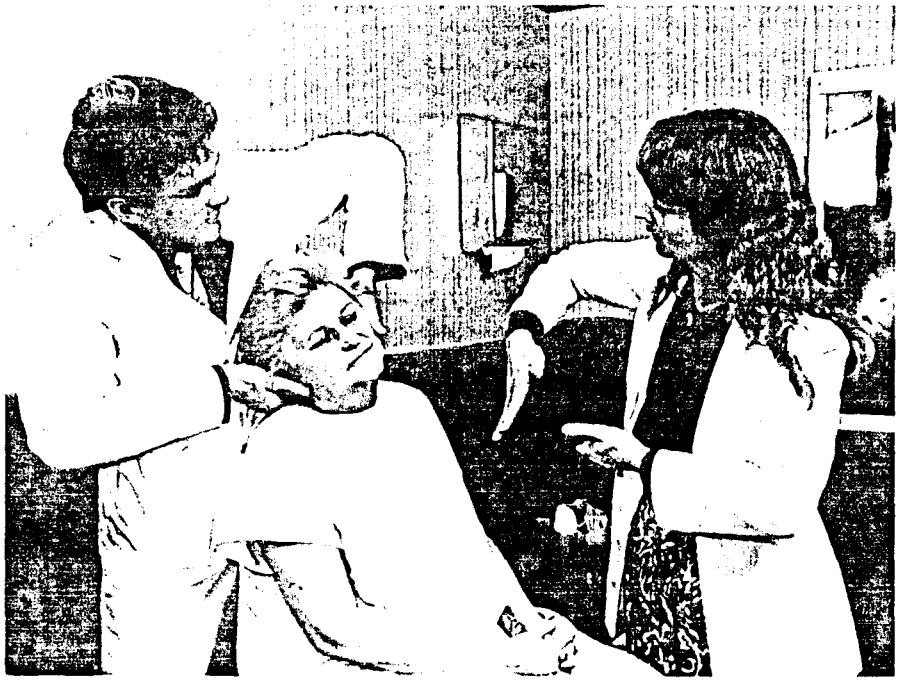
Quarter 10			
Geriatrics	DX 411	3	3
Dermatology and Syphilology	DX 412	3	3
Pediatrics	DX 413	5	5
Clinical Diagnostic Seminar	DX 414	4	4
Emergency Procedures	PP411	5	4
Ethics and Jurisprudence	CP411	4	4
Clinic II	CP412	6	3
		30	26
Quarter 11			
Management of the Chiropractic Practice	CP423	3	3
Clinical Diagnostic Seminar	DX 421	3	3
Clinical Psychology	CP421	3	3
Clinic III	CP422	22	11
		31	20
Quarter 12			
Clinical Diagnostic Seminar	DX 431	4	4
Chiropractic Philosophy and Principles III	PP431	3	3
Clinic IV	CP432	23	12
		30	19

THE DISCIPLINES

Discipline of Anatomy (AN)	**Course #**	**Hrs/Qtr**	**Units**
Gross Anatomy I	AN 111	168	10
Human Histology	AN 112	60	4
Human Embryology	AN 113	36	3
Gross Anatomy II	AN 121	132	8
Neuroanatomy	AN 131	72	5
Spinal Anatomy	AN 132	24	2
Special Senses	AN 221	36	3
Discipline of Physiology (PH)			
Terminology	PH 111	12	1
Fundamentals of Physiology	PH 121	84	6
Cardiovascular Physiology	PH 131	60	5
Renal and Pulmonary Physiology	PH 211	60	5
Neurophysiology	PH 212	60	5
Gastrointestinal and Metabolic Physiology	PH 221	48	4
Endocrinology and Reproductive Physiology	PH 222	36	3
Nutrition and Dietetics	PH 231	60	5
Discipline of Physical Sciences (PS)			
Physics	PS 121	48	4
Biochemistry I	PS 122	60	5
Introduction to Research	PS 123	36	3
Biochemistry II	PS 131	96	6
Toxicology	PS 231	36	3
Research Methodology	PS 421	36	3
Discipline of Microbiology/Pathology (MP)			
Microbiology I	MP 131	48	4
General Pathology I	MP 132	48	4
Microbiology II	MP 211	72	4
General Pathology II	MP 212	36	3
Neuromusculoskeletal Pathology	MP 221	60	5
Neuromusculoskeletal Pathology Laboratory	MP 222	24	1
Cardiovascular-Pulmonary Pathology	MP 223	48	4
Cardiovascular-Pulmonary Pathology Laboratory	MP 224	24	1
Gastrointestinal and Urogenital Pathology	MP 231	48	4
Gastrointestinal and Urogenital Pathology Laboratory	MP 232	12	1
Public Health	MP 233	72	6
Neoplasms and Genetic Disorders	MP 234	36	3
Discipline of Diagnosis (DX)			
Physical Diagnosis	DX 311	108	8
Orthopedics	DX 312	60	4
Laboratory Diagnosis	DX 321	72	6
Clinical Chemistry Laboratory	DX 322	48	2
Neurological Diagnosis	DX 323	72	6
Ear, Eye, Nose and Throat	DX 324	36	3

Spinal Traumatology	DX 331	60	5
Differential Diagnosis	DX 332	96	8
Obstetrics and Gynecology	DX 333	72	6
Geriatrics	DX 411	36	3
Dermatology and Syphilology	DX 412	36	3
Pediatrics	DX 413	60	5
Clinical Diagnostic Seminar	DX 414	48	4
Clinical Diagnostic Seminar	DX 421	36	3
Clinical Diagnostic Seminar	DX 431	48	4
Discipline of Roentgenology (XR)			
Roentgenographic Anatomy I	XR 111	60	4
Roentgenographic Anatomy II	XR 121	48	3
Principles of Roentgenology	XR 231	36	3
Roentgenographic Positioning	XR 311	36	2
Roentgenographic Interpretation	XR 312	48	4
Discipline of Principles and Procedures (PP)			
Chiropractic Philosophy and Principles I	PP111	36	3
Introduction to Chiropractic Sciences	PP131	48	3
Chiropractic Procedures I	PP211	84	5
Chiropractic Philosophy and Principles II	PP221	36	3
Chiropractic Procedures II	PP222	72	5
Chiropractic Procedures III	PP231	72	5
Chiropractic Procedures IV	PP311	72	5
Physical Therapy I	PP312	60	5
Chiropractic Procedures V	PP321	72	5
Physical Therapy II	PP322	60	4
Chiropractic Procedures VI	PP331	48	4
Emergency Procedures	PP411	60	4
Chiropractic Philosophy and Principles III	PP431	36	3
Lower Extremities	PP223	24	1
Discipline of Clinical Practice (CP)			
Communication of Chiropractic Philosophy and Principles	PP331	36	

Intro. to Clinical Experience	CP321	24	2
Clinic I	PP332	48	3
Ethics and Jurisprudence	PP411	48	4
Clinic II	PP412	72	3
Clinical Psychology	PP421	36	3
Clinic III	PP422	264	11
Management of the Chiropractic Practice	PP431	36	3
Clinic IV	PP432	276	12
Elective Courses			
Diversified Technique	PP440	36	1
Gonstead I	PP441	36	1
Gonstead II	PP442	36	1
Thompson-Terminal Point Technique	PP443	24	1
Upper Cervical Specific	PP444	24	1
Sacro-Occipital Technique	PP445	36	1
Logan Basic Technique	PP446	36	1



COURSE DESCRIPTIONS

Study in the basic sciences provides a learning environment in which students develop the intellectual foundation essential to the study of the clinical sciences, and cognitive skills necessary for scientific inquiry.

Courses are integrated within the curriculum in an order that provides opportunity to acquire a comprehensive background in the structure and function of the human body. Special emphasis is placed upon control mechanisms that govern homeostatic function as an essential factor of health. Additionally, students are introduced to homeostatic imbalance and associated pathomorphology.

• DISCIPLINE OF ANATOMY (AN)

Courses include both gross and microscopic anatomy. Special emphasis is placed on clinical applications of knowledge gained from a complete study of human anatomy.

The series of gross anatomy courses is designed to sequentially present the systems of the body. Special subdivisions of gross anatomy of primary importance to students of chiropractic (e.g. the neuromusculoskeletal system) receive a more detailed examination. Supporting laboratories utilize human cadaveric dissection and prosected cadaveric material.

Microscopic anatomy deals with examination of the human body on the cellular and tissue level in both the developmental and adult stages of life. Supporting laboratories utilize microscopes and series of prepared histologic slides.

AN 111 – Gross Anatomy I

(6 lecture hrs. & 8 lab hrs. per week)

Regional study of the human body, including: body wall and extremities; conceptual approach to fascial compartments; emphasis on clinical correlates. Human dissection laboratory.

Corequisite: XR 111.

SENATE HEALTH & WELFARE
EXHIBIT NO. #3
DATE 3/1/89
BILL NO. HB 33

STATEMENT REGARDING HOUSE BILL 33

My name is Norman H. Grosfield, and I am an attorney in Helena, Montana. I do primarily workers' compensation work in my law practice; and I represent both claimants and defendants in relation to workers' compensation matters.

Because I am currently involved in a trial at the district court, I am unable to attend the hearing on House Bill 33. However, I wish to state it is my belief that the bill should be passed by the Senate and the Legislature.

For many years, chiropractors were allowed to give impairment ratings. Because of some recent legislation, a question was raised as to whether they could continue to give impairment ratings; and it was concluded that they could not.

It has been my practice in representing both claimants and insurance carriers that chiropractors who treat patients, and certainly have the legal right to treat patients, render appropriate impairment ratings based on the guides that have been adopted by the American Medical Association. In fact, it has been my experience that, due to the nature of chiropractic treatment, chiropractors are in a position to know their patients very well, to understand their physical conditions and limitations in relation to industrial injuries, and are in a position to render valid and bona fide impairment ratings.

Under the proposed bill, a treating chiropractor could render an impairment rating that would be subject to agreement between the claimant and the insurer. If an insurance carrier disagrees with the impairment rating granted by a chiropractor, there is an easy remedy whereby the Division of Workers' Compensation would designate, probably orthopedic surgeons, to evaluate the impairment rating given by the chiropractor. Thus, there is full protection for the insurance carrier that may disagree with the impairment rating.

I think it is essential that the Legislature fully recognize the importance of chiropractic service to injured workers. This can be enhanced by recognizing that a treating chiropractor should be allowed to render an impairment rating, based on guides adopted by the American Medical Association, and that such impairment rating should be considered, subject to the review by a panel of others, if questions are raised as to the correctness of the rating.

Finally, I would suggest that the bill will save insurance carriers funds, in that currently if a chiropractor is the treating physician, an insurance carrier needs to refer the claimant to another physician for an evaluation. This seems to be a needless step, and in nearly all cases, I would submit that little, if any, disagreement will be raised regarding the impairment rating listed by the chiropractor.

I appreciate the opportunity to submit this written testimony in regard to House Bill 33.

Amend HB 33, third reading bill

Page 5, line 1

Following: "~~physician~~"

Strike: "OR"

Insert: "except that if the claimant's treating physician is a chiropractic physician, the evaluator may be"

HB 33
3-1-89

Amendments to House Bill No. 33
Third Reading Copy

Requested by Senator Lynch
For the Senate Public Health, Welfare and Safety Committee

Prepared by Tom Gomez, Staff Researcher
March 1, 1989

1. Title, line 7.
Following: "~~CHIROPRACTOR~~"
Strike: "DOCTOR OF CHIROPRACTIC"
Insert: "CHIROPRACTOR IF THE CLAIMANT'S TREATING PHYSICIAN IS A CHIROPRACTOR"

2. Page 2, line 19.
Following: "~~chiropractor~~"
Strike: "DOCTOR OF CHIROPRACTIC"
Insert: "chiropractor"

3. Page 3, lines 12 and 13.
Following: "~~physician~~"
Strike: "AN EVALUATOR of the party's choice"
Insert: "a medical doctor or from a chiropractor if the claimant's treating physician is a chiropractor"

4. Page 5, lines 1 through 4.
Following: "~~physician~~" on line 1
Strike: remainder of line 1 through "be" line 4
Insert: "except if the claimant's treating physician is a chiropractor, the evaluator may be a chiropractor who is"

SENATE HEALTH & WELFARE
EXHIBIT NO. #5
DATE 3/1/89
BILL NO. 305

DEPARTMENT OF FAMILY SERVICES
STATE OF MONTANA

MARCH 1, 1989

TESTIMONY IN SUPPORT OF HB305

"AN ACT REQUIRING APPOINTMENT OF A PERSON KNOWLEDGEABLE ABOUT INDIAN CULTURE AND FAMILY MATTERS TO CHILD PROTECTIVE TEAMS AND YOUTH PLACEMENT COMMITTEES; AND AMENDING SECTIONS 41-3-108 AND 41-5-525, MCA."

Submitted by Bea Lunda
Indian Child Welfare Specialist
Department of Family Services

Public Law 95-608, commonly cited as the "Indian Child Welfare Act of 1978", recognized that "there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children". Congress also acknowledged "that an alarmingly high percentage of Indian families are broken up by the removal, often unwarranted, of their children from them by nontribal public and private agencies".

The Act is designed to establish certain procedural safeguards applicable to state agency proceedings involving Indian children to assure that Indian children are not removed from their homes arbitrarily and that, once removed, they are placed in an environment which will promote their unique cultural and social heritage.

Public Law 95-608, Sec. 101.(e) states that no foster care placement may be ordered in the absence of a determination supported by clear and convincing evidence that the continued custody of a child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child. The Act further applies to placements resulting from proceedings involving status offenses. (guidelines, Section B. 3(b), 44 Fed. Reg; November 26, 1979, at 67587.

HB305 would assure that the best interest of Indian children and youth would be further safeguarded by appointing someone, preferably an Indian person, knowledgeable about Indian culture and family matters to act as an advocate for the Indian child or youth before the Child Protection Team or the Youth Placement Committee.

These appointees would assess the case planning and/or placement of the child or youth in relationship to the spirit and intent of the Indian Child Welfare Act. They will act as specialized consultants to the Department in case management decision making for Indian children and youth before the team or committee.

Consequently, as the Indian Child Welfare Specialist for the Department of Family Services, I urge your favorable consideration of HB305 to promote the integrity of the Act in the State of Montana.

SENATE HEALTH & WELFARE
EXHIBIT NO. #6
DATE 3/1/89
BILL NO. HB 484

MDHES
TESTIMONY FOR HALOGENATED SOLVENT BILL
HB 484

I have been asked by Representative Hannah to address certain technical issues associated with HB 484 which requires persons commercially using halogenated solvents to register that activity with the Department of Health and Environmental Sciences. Halogenated solvents are commonly used as degreasers and cleaning agents, and are associated with such activities as vehicle maintenance, dry cleaning, and laboratories. Common halogenated solvents in use include methylene chloride, tetrachloroethane, trichloroethene, and 1,1,1-trichloroethane.

Halogenated solvents can be of particular concern from a public health standpoint because of the potential toxic effect to human health. Some of these solvents can readily be transmitted orally or dermally into the human body and cause irreversible harm to human organs.

Historically, there has been a gradual movement toward the use of non-halogenated solvents which have a less toxic impact on humans. This movement is most evident in the area of vehicle maintenance where now most commonly mineral spirits are used as a degreaser.

However, there are certain industries where halogenated solvents will for the foreseeable future be the solvent of choice. Such industries include dry cleaning, electrical parts repair, and laboratories.

It is the department's understanding that the intent of HB 484 is to encourage users of halogenated solvents to substitute the use of such solvents for less toxic or hazardous cleansing agents whenever possible. Further, the legislation would promote proper hazardous waste handling of such solvent. As such, this legislation would be regarded as a very effective part of the department's on-going waste minimization program.

HAZARDOUS SUBSTANCES

INTRODUCTION

Over the past decade, the American public has grown increasingly concerned about the effects of hazardous substances on human health and the environment. Dozens of state and federal programs have been initiated to regulate the use, storage, transport, disposal and cleanup of hazardous substances, and these programs are grounded in a relatively new, rapidly evolving and extremely complex body of natural resource law.

Development of Montana programs has largely kept pace with national initiatives. However, the 1989 Legislature will be asked to consider legislation on a range of hazardous substance issues. Some proposals involve the fine-tuning of state programs to conform to new federal requirements, others relate to the allocation of resources to specific programs, while still others call for substantive policy decisions.

This report highlights the status and legislative outlook for five major programs dealing with the management of hazardous substances in Montana: small-quantity hazardous waste generators; regulation of underground storage tanks; mini-Superfund; regulation of landfills and infectious waste disposal; and natural resource damage claims/hazardous waste site enforcement actions.

These topics reflect subjects of intense past legislative interest and/or anticipated future lawmaking activity.

For additional background information, the reader is referred a report prepared by the Environmental Quality Council for the 50th Montana Legislature (EQC 1987).

SMALL-QUANTITY HAZARDOUS WASTE GENERATORS

The Montana Hazardous Waste Act, administered by the Solid and Hazardous Waste Bureau of the Department of Health and Environmental Sciences, regulates the treatment, storage, transport, and disposal of hazardous wastes generated by state industries. The 1987 Legislature passed several minor amendments to the act, but the overall program direction remained unchanged and virtually identical to federal requirements.

An important issue during the 1987 legislative session was the question of whether the State should provide services for businesses generating small quantities of hazardous waste. The 1985 Legislature had authorized the expenditure of $800,000 of Resource Indemnity Trust Fund interest earnings to establish a hazardous waste collection and transfer system, pending the findings of a report commissioned by the Department of Health and Environmental Sciences.

In late 1986 the contractors retained by DHES released their report recommending the establishment of a state-owned, privately operated system to collect hazardous wastes and ship them to licensed out-of-state commercial disposal facilities. As

proposed, Montana businesses would be charged for the service, but state financial support would help keep down costs and thus encourage small businesses to comply with the stringent new waste disposal laws.

With the concurrence of the Schwinden Administration, the 1987 Legislature did not endorse the contractors' recommendations to develop a state collection and transfer facility. Instead, $212,000 of the previously allocated RIT funds was appropriated for a three-pronged effort to gather more information about the quantities of hazardous wastes produced by Montana small businesses; to determine the availability of commercial waste disposal services for these businesses; and to provide technical assistance to institute "waste minimization" programs in specific industries.

Waste Minimization Project

A report on these efforts, titled the "Montana Waste Minimization Project for Small Quantity Generators", was completed in September 1988 by Science Applications International Corporation (SAIC). In compiling the report, SAIC conducted detailed on-site audits of 114 small Montana businesses that generate hazardous wastes. These businesses fell into eight categories: laundries and dry cleaners, laboratories, printers, photographic services, metal finishing and fabrication, vehicle maintenance, pesticide applicators, and wood treaters. SAIC also interviewed companies that provide hazardous waste disposal services in Montana.

Among the report findings are the following:

* Most hazardous waste generators in Montana do not indicate a need or desire for hazardous waste management services beyond those already available. This finding is attributed to the fact that the large majority of these businesses produce such limited quantities of waste (less than 220 pounds per month) that they are classified as "conditionally exempt" and are thus not subject to most regulations.

* Seventeen companies provide commercial hazardous waste disposal services to Montana businesses, although only one (Special Resource Management west of Butte) has in-state offices. Companies indicated they would provide hazardous waste services anywhere in the state if transportation costs could be covered.

* Hazardous wastes generated by small businesses are disposed of by the following methods: disposal in local landfills or through on-site burning and burial; discharge to community sewer or to on-site septic tank drainfields; transport off-site by regulated transporters; or recycling by on-site redistillation (used for many solvents). The legal disposal of small quantities of hazardous waste in local landfills is a potential problem, but its magnitude is not yet well defined.

* The most common method of solvent disposal is mixture with waste oils, with subsequent usage for heating fuel, oil

recycling or, in some cases, road oiling. For spent solvents that are classified as hazardous wastes (as many are), these disposal methods may constitute violations of hazardous waste laws.

Based on these findings, SAIC cited a two-fold problem in Montana. First, the many conditionally exempt generators may not be aware of the need for or desirability of waste management services. Second, high transportation costs may make service to certain areas of the state unprofitable. In consideration of these factors and other report findings, SAIC recommended that:

* The Department of Health and Environmental Sciences (DHES) should not attempt to provide hazardous waste management services to Montana small businesses. Generator needs are too diverse and transportation considerations would make a single collection and transfer station ineffective.

* DHES should continue to educate small businesses on waste minimization techniques specific to their industries.

* DHES should provide all small-quantity generators with information on hazardous waste service companies active in Montana.

* Additional efforts are required to prevent the improper disposal of waste oil/solvent mixtures. Testing of waste oils should be required prior to pick-up by oil recyclers and solvent users should be informed about recycling options, including the opportunities for shared use of distillation equipment.

* The ongoing use of septic tank haulers for the disposal of "hot tank" wastes (metal-laden sludges from radiator repair shops) should be investigated, both in terms of volume handled and the environmental consequences of this virtually unregulated means of disposal.

Legislative Outlook

The Department of Health and Environmental Sciences intends to emphasize education and technical assistance to encourage Montana's small-quantity generators to further minimize their production of hazardous wastes and to dispose of wastes properly. These efforts will continue to be backed up by the regulatory structure in place under the Montana Hazardous Waste Act, and additional attention will be given to addressing the problems cited in the SAIC report.

The department has drafted legislation to amend the Montana Hazardous Waste Act to conform to 1984 amendments to the federal hazardous waste management law. The legislation would authorize DHES to order violators to cleanup off-site pollution and would allow the department to take legal action against persons who contributed to hazardous waste contamination through past illegal disposal practices.

TECHNICAL SUMMARY REPORT

MONTANA WASTE MINIMIZATION PROJECT

FOR SMALL QUANTITY GENERATORS

Submitted to:

State of Montana
Solid and Hazardous Waste Bureau
Department of Health and Environmental Sciences
Room B-201, Cogswell Building
Helena, Montana 59620

Submitted by:

Science Applications International Corporation
626 Columbia Street NW, Suite 1-C
Olympia, Washington 98501

September, 1988

MDHES Contract No. 800329
SAIC Project No. 1-817-00-180-00

The facilities interviewed generally send oil and solvent soaked rags to the local landfill. Spent solvents and solvent sludges are either taken to the local landfill or recycled as much as possible, and the sludges disposed of at the local landfill. Only one of the facilities audited appeared to be a Small Quantity Generator. This facility utilizes a permitted off-site TSD for disposal of sludges and some wastewaters. The other metal fabrication facilities appeared to be Conditionally Exempt Small Quantity Generators, generating less than 100 kg/month of any hazardous wastes. Only one facility indicated a need for and difficulty in finding a hazardous waste transporter or disposal facility, due apparently to the small quantity of wastes accumulated over time.

2.2.6 Vehicle Maintenance

This industrial category comprised the largest category of facilities audited over the course of this study. Included were dealerships with service facilities, commercial and municipal vehicle maintenance services, auto body repair services, heavy equipment (farm and construction) repair service, radiator shops, and aircraft maintenance. Forty-eight facilities were included in the audits.

Regardless of size and ownership of the operations, all vehicle and aircraft maintenance facilities include basic engine and equipment repair. Integral to these operations is the parts cleaning and equipment lubrication, change-out of lubricating oils, engine fluids, and worn parts. The largest volume of waste produced in the maintenance facilities is waste oils. These are typically drummed, often used for home heating fuel, and sometimes sold to a recycler or waste oil hauler. Many shops utilize solvents which are bought under contract and serviced by the contractor supplying the solvent and the parts cleaning unit. If this is not the case, a number of shops buy and reuse solvents until they are no longer effective. At this time, they may be redistilled on site, but in some cases, auditors determined that the spent solvents are being mixed with waste oils and treated as a non-hazardous waste. This may represent a substantial concern with regard to the use of waste oils as home heating fuels or the legal use of waste oils to oil dirt roads in rural portions of the state. Worn parts are either rebuilt, or disposed of at the local landfill if they cannot be recycled as scrap metal.

Solvents utilized in the auto maintenance industry may exhibit the characteristic of ignitable (EPA Waste I.D. D001), or may be a chlorinated compound (EPA Waste I.D. F-0XX). Waste oils are not considered to be a hazardous waste under Federal Law.

Auto body shops and repair facilities that paint vehicles generate spent paint thinners and strippers as well as waste paints, paint sludges and filters. The thinners may be listed or characteristic hazardous wastes; the paints may also be hazardous due to metal content. In general, the shops interviewed reuse thinners as long as possible before wasting them or recycling them. Painting is typically done in some kind of a paint booth where overspray is collected on a filter or in a water curtain system.

Radiator shops typically utilize hot caustic baths for radiator cleaning. This operation generates a metal-rich sludge at the bottom of tanks which must be periodically cleaned out. In addition, the caustic in the hot tanks must be periodically changed out. Audits conducted on these facilities revealed that sludges are handled in one of several ways: pumped out by a septic hauler and disposed off-site at unknown locations, pumped out and disposed on the property, flushed to the sanitary sewer, flushed to an on-site septic tank, or taken to the local landfill. The caustic liquid is generally neutralized and discharged to the sanitary sewer, if and when it is changed out.

Few if any of the vehicle maintenance facilities audited can be classified as any other than Conditionally Exempt Small Quantity Generators. Most facilities generate a large volume (several hundred gallons per year) of waste oils; if solvents are mixed with these oils such that the mixture is a hazardous waste, then the entire volume would be a hazardous waste. Currently, most facilities are not testing waste oil/solvent mixtures to determine if they are hazardous prior to selling or re-using these waste materials.

Few of the facilities audited indicated a need for hazardous waste transportation and management services, other than a need for some type of solvent recycling. Safety-Kleen is available in western Montana to provide this service; in the

4.0 CONCLUSIONS AND RECOMMENDATIONS

Small Quantity Generator audits, RCRA compliance/waste minimization workshops, and hazardous waste services surveys were performed to determine how wastes are being generated and disposed of in Montana, and what services are available to handle those wastes. The following conclusions have been drawn from this study:

- Of 114 Small Quantity Generator audits conducted, at least 90 percent proved to be Conditionally Exempt Generators (CEGs), generating less than 100 kg per month of listed or characteristic hazardous waste. These Conditionally Exempt Generators are not subject to most of the regulations for waste management and disposal under RCRA.

- Hazardous wastes generated by many SQGs and CEGs are being disposed by one of the following methods: disposal in the local landfill or on-site in burn pits or burial pits; discharged to the sanitary sewer or to an on-site septic tank and drain field; recycled by redistillation on-site; disposed off-site by regulated transporter. Disposal of hazardous wastes in local landfills appears to be a potential problem which is not currently well defined. Removal of hot tank wastes by septic haulers was also identified as a potential problem because this waste stream may contain high concentrations of heavy metals.

- Waste oils and solvents were the largest volume of wastes identified during the generator surveys. This corroborates the results of a special solvent and used oil study conducted for DHES in 1987. The most common method identified for solvent disposal in this study was to mix solvents with waste oils and utilize the mixture for fuel for home or business, or sell to an oil recycling operation. Waste oils which may or may not be mixed with solvents are also used for road oiling in various parts of the state.

- Most generators interviewed did not indicate a need or desire for hazardous waste management services beyond those already available to them. It is likely that the reason for this is the high number of CEGs interviewed who

to many of the RCRA regulations, and who may not be aware of the need for or desirability of waste management services. Secondly, while hazardous waste management services exist in the state, there is a definite problem of profitably serving many portions of the state due to high transportation costs. No single transfer station or service appears to be the solution to either of these problems. As a result, it is not recommended that the DHES provide these services. Instead, the following recommendations are made:

- Efforts should be made by the Montana DHES to educate SQGs and Conditionally Exempt Generators regarding waste minimization techniques specific to the various industries in the state. This could include a periodic state-wide direct mail newsletter or periodic workshops for specific types of generators. Coordination with the Montana Waste Information Exchange may be a way to disseminate some of this type of information.

- The DHES should provide to generators, via direct mail, information regarding those hazardous waste service companies active in the state. No endorsement would be implied if this list is comprehensive. The existing lists available upon request from the DHES should be updated periodically, and expanded to include an annotated description of the companies; these could then be utilized for direct mail to all Small Quantity and Conditionally Exempt Generators identified within the state.

- Parallel with educational activities regarding waste minimization, it appears that additional efforts are required to prevent the improper disposal of waste oil/solvent mixtures. This should be a two-pronged effort: one aimed at requiring testing of waste oils prior to pick-up by oil recyclers and the other at providing information to solvent users regarding on-site distillation. The DHES should encourage the shared use of a single distillation apparatus by several generators in a community. Again, this is part of an educational process, which may require demonstrations of such equipment in various localities and an information bulletin regarding the different types of distillation units available.

DATE 3/1/89

COMMITTEE ON Public Health

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Opp
Rep Angela Russell	HD 99	305	X	
Rep Linda, ICW Syst.	DFS	305	X	
George Wood	Mt. Self Insurers Assn			HB
Bill Potts	MT. Dept. of Health	484	X	
M.H. Pardis, D.C.	Mont Chiro. Assn	HB 33	X	
Lee Hudson, DC, DABCO	Mont. Chiropractic Assn	HB 33	X	
Norm Grosfield	self	HB 33	X	
Bonnie Lopp	MT Chiropractic Assn	HB 33	X	
GARY BLOM	MT. Chir Assoc	HB 33	X	
[illegible]	Mt. Nurses Assoc	HB 33	X	
Rep Bob Pavlovich	Butte HD # 70	HB 33	X	
Chris Kaufmann	MEIC	HB 484	X	
[illegible]	MHC	HB 33	X	
[illegible]	Rural Health Assoc.	305	✓	

(Please leave prepared statement with Secretary)

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 3/1/89 Bill No. HB 33 Time 2/15

NAME	YES	NO
SEN. TOM HAGER	X	
SEN. TOM RASMUSSEN	X	
SEN. LYNCH	X	
SEN. HIMSL	X	
SEN. NORMAN	X	
SEN. McLANE	X	
SEN. PIPINICH	absent	

Dorothy Quinn
Secretary

Sen. Tom Hager
Chairman

Motion: Sen Lynch moved that HB 33 [illegible] of the amendment be passed. Senators in favor 6 - 0

1989

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 3/1/89 Bill No. HB 33 Time 2:20

NAME	YES	NO
SEN. TOM HAGER	X	
SEN. TOM RASMUSSEN	X	
SEN. LYNCH	X	
SEN. HIMSL	X	
SEN. NORMAN	X	
SEN. McLANE	X	
SEN. PIPINICH	absent	

Dorothy Quinn
Secretary

Sen. Tom Hager
Chairman

Motion: Sen. Lynch moved that HB 33 be concurred in as amended. 6-0

1987

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 3/1/89 Bill No. 305 Time

NAME	YES	NO
SEN. TOM HAGER	X	
SEN. TOM RASMUSSEN	X	
SEN. LYNCH	X	
SEN. HIMSL	X	
SEN. NORMAN	X	
SEN. McLANE	X	
SEN. PIPINICH	absent	

~~Louise Sullivan~~ DDun
Secretary

Sen. Tom Hager
Chairman

Motion: Sen. Lynch moved that HB 305 be concurred in.

6 - 0

1987

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 3/1/89 Bill No. 484 Time 2:25

NAME	YES	NO
SEN. TOM HAGER	X	
SEN. TOM RASMUSSEN	X	
SEN. LYNCH	X	
SEN. HIMSL	X	
SEN. NORMAN		
SEN. McLANE	X	
SEN. PIPINICH	Excused	

Dorothy Quinn
Secretary

Sen. Tom Hager
Chairman

Motion: Sen. Lynch moved that HB be concurred in.

In favor 5-0 Opposed.

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