

## **MINUTES**

### **MONTANA HOUSE OF REPRESENTATIVES 52nd LEGISLATURE - REGULAR SESSION**

#### **COMMITTEE ON HUMAN SERVICES & AGING**

**Call to Order:** By Rep. Angela Russell, Chair, on March 12, 1991,  
at 12:10 p.m.

#### **ROLL CALL**

**Members Present:**

Angela Russell, Chair (D)  
Tim Whalen, Vice-Chairman (D)  
Arlene Becker (D)  
Jan Brown (D)  
Brent Cromley (D)  
Tim Dowell (D)  
Patrick Galvin (D)  
Stella Jean Hansen (D)  
Royal Johnson (R)  
Betty Lou Kasten (R)  
Thomas Lee (R)  
Charlotte Messmore (R)  
Jim Rice (R)  
Sheila Rice (D)  
Wilbur Spring (R)  
Rolph Tunby (R)

**Members Excused:** William Boharski, Carolyn Squires, and Bill Strizich

**Staff Present:** David Niss, Legislative Council  
Jeanne Krumm, Committee Secretary

**Please Note:** These are summary minutes. Testimony and discussion are paraphrased and condensed.

**Announcements/Discussion:** The committee met at 12:10 p.m. for executive action and recessed at 1:30 p.m. until 3:20 p.m.

#### **EXECUTIVE ACTION ON HB 950**

**Motion:** REP. JOHNSON MOVED HB 950 DO PASS.

**Motion:** REP. JOHNSON moved to amend HB 950. EXHIBIT 1

**Discussion:**

REP. LEE asked if Hawaii is the only place that is currently using this program. REP. JOHNSON said that is the only place that was mentioned.

REP. JOHNSON suggested that the subcommittee request that every six months there be a report sent to the current legislators from this committee to bring them up-to-date on how these identified problems will be handled and then update them on an 18 month basis. The people on the subcommittee for this bill thought that would be too much in the way of paperwork.

REP. DOWELL stated that the fact that the final report or that a written report be issued no later than November 30, would also be helpful. Receiving information and reports in the middle of the session usually end up in the trash. After the election, and in that time between that point and when the Legislature convenes, there is more time.

REP. BECKER asked if the sponsor agreed with the amendments.

REP. DOWELL said yes they were in agreement, REP. BROOKE had an opportunity to look at them and did agree to them.

REP. JOHNSON stated that the original date for this was January 6, but we thought that was too late to give to the legislature. On page 3 of the amendments it says November 30, 1993, it should say 1992.

Vote: Motion carried unanimously.

Motion: REP. DOWELL MOVED HB 950 DO PASS AS AMENDED.

Discussion:

REP. JOHNSON stated that this bill is not without a fiscal note. There will be \$25,000 which will be asked to be appropriated out of the General Fund for this.

REP. KASTEN asked if a resolution can be drafted at any time.

REP. RUSSELL stated that a committee resolution can be drafted at any time, but an individual resolution has deadlines.

REP. KASTEN asked if the committee could consider watching this and doing a committee resolution. David Niss stated that the deadline, whether they are individual or committee study resolutions, virtually no introduction.

Vote: Motion carried 16-1 with REP. KASTEN voting no.

EXECUTIVE ACTION ON HB 592

Motion: REP. CROMLEY MOVED HB 592 DO PASS.

Discussion:

REP. CROMLEY stated that he is in favor of the bill. He was surprised that the President of the Board of Medical Examiners was in support of the bill.

REP. STICKNEY stated that this is a bill in search of a problem and there isn't a problem and this isn't the answer to it. There isn't evidence that we are having a problem now that isn't currently being documented. Why are we trying to answer this with yesterday's technique, when computerization is probably going to be upon, or is already upon us. This wouldn't hurt anything, but she can't see putting an elaborate process in place because it would be looking for a problem.

REP. BECKER stated that she agrees with REP. STICKNEY.

REP. WHALEN stated that he talked with a pharmacists who agreed that this is a problem. There should be some mechanism that should be documented a little better than it is currently being documented.

REP. TUNBY stated that there is some problem, but he wasn't convinced that there was an enormous problem. If there is a problem he would like to see a different vehicle for addressing it.

REP. LEE stated that he agrees with all of the previous remarks. The pharmacists are coming on line with all of the computerized things. They should be able to address this problem within the next year.

REP. WHALEN stated that in addition to solving the problem of centralizing this information, it also needs to be made clear those people that are going to the doctor and obtaining these prescriptions are being watched. He doesn't know of any way of sending that message better than letting them know that what they are receiving from the doctor who is maintaining one copy and they know that one of the copies is going to be input somewhere. By virtue of that, it goes a long way towards preventing these people from engaging in this type of activity in the first place. The bill has two purposes; creating a mechanism that has been claimed to be an inefficient way of centralizing the information. By having that double form and knowing that one copy is being kept by somebody and that it is being centralized and they are being kept track of is a value in itself. He is going to support the legislation.

REP. JOHNSON stated that he opposes this bill. The keeping of records in a way that certificate prescriptions tell you, doesn't satisfy the situation. More often than not the Board of Medical Examiners to pharmacy audits is the only way they really get what is going on in that pharmacy and those are available under the current system. This may be a lot more paperwork than needed.

Motion/Vote: REP. MOVED HB 592 DO PASS. Motion failed 13-4 with REPS. RUSSELL, WHALEN, CROMLEY and DOWELL voting aye.

Motion/Vote: REP. STICKNEY MOVED HB 592 BE TABLED. Motion carried 16-1 with REP. CROMLEY voting no.

EXECUTIVE ACTION ON SB 381

Motion: REP. STICKNEY MOVED SB 381 BE CONCURRED IN.

Motion/Vote: REP. STICKNEY moved to amend SB 381. Motion carried unanimously.

1. Title, lines 4 and 5.  
Strike: "A BOARD OF ALLIED"  
Insert: "AN ALTERNATIVE"
2. Title, line 5.  
Following: "CARE"  
Insert: "BOARD"
3. Page 1, line 9.  
Strike: "Allied"  
Insert: "Alternative"
4. Page 1, lines 10 and 11.  
Strike: "a board of allied"  
Insert: "an alternative"
5. Page 1, line 11.  
Following: "care"  
Insert: "board"
6. Page 1, line 20.  
Following: "A"  
Insert: "Montana"
7. Page 1, lines 20 and 21.  
Strike: "PRESENTLY ENGAGED IN THE PRACTICE OF MEDICINE  
IN THIS STATE"  
Insert: "whose practice includes obstetrics"
8. Page 2, lines 12 and 13.  
Strike: "board of allied"  
Insert: "alternative"
9. Page 2, line 13.  
Following: "care"  
Insert: "board"
10. Page 3, lines 2 and 3.  
Strike: "board of allied"  
Insert: "alternative"
11. Page 3, line 3.  
Strike: "care"  
Insert: "board"
12. Page 3, line 5.

Strike: "board of allied"  
Insert: "alternative"

13. Page 3, line 6.  
Following: "care"  
Insert: "board"

14. Page 3, line 17.  
Strike: "board of allied"  
Insert: "alternative"  
Following: "care"  
Insert: "board"

15. Page 3, line 20.  
Strike: "board of allied"  
Insert: "alternative"  
Following: "care"  
Insert: "board"

Motion/Vote: REP. STICKNEY MOVED SB 381 DO PASS AS AMENDED.  
Motion carried 16-1 with REP. KASTEN voting no.

HEARING ON HB 974

Presentation and Opening Statement by Sponsor:

REP. RAY PECK, House District 15, Havre, stated that there are many concerns about rural health care in Montana. HB 794 comes to the committee from a different route. It came as a recommendation from the Governor's Health Care Service Availability Advisory Council that worked between the 51st and 52nd Legislature, and they recommended that a bill somehow got lost in the shuffle. The Education Appropriations Subcommittee picked up the bill. There is some money in it, so we thought we would start it in the House to be sure. The question of repayment for WICHE/WAMI students that the state support, goes back a long way. There have been many efforts in the Legislature to try to require some type of pay back or place in the law some requirement that the medical students return to Montana. They have been basically unsuccessful and there has been major disagreements between the University System and the Legislature. He submitted testimony. EXHIBIT 2. This bill puts an 8% surcharge on the WICHE/WAMI students that creates a trust fund that then pays back doctors who will return to is defined as a rural Montana and practice in Montana. It will reward them over four years up to \$30,000.

Proponents' Testimony:

Bob Frazier, Project Consultant, Governor's Health Care Committees, and University System, submitted written testimony.  
EXHIBIT 3

Tom Cherry, Director, Montana Hospital Research and Education

Foundation (MHEF), submitted written testimony. EXHIBIT 4

Jerome Loendorf, Montana Medical Association, (MMA), stated that there are certain things that we do know and that is that 1/3 of our counties no longer have physicians, more than that amount no longer have obstetrical services. A student coming out of medical school can have a debt exceeding \$100,000. The national average is much less than that, \$42,000. If we implement this bill and use a fee, the WAMI students will end up with a little bit exceeding the national average. How we get the physicians reestablished in Montana is something we have to speculate. We really do need some incentives, like the Medicaid reimbursement rate has been identified as one reason we haven't been able to, along with the high cost of malpractice insurance. This bill is one of three proposals, all of which are needed. It will be difficult to reestablish people in the rural areas. MMA is concerned about the funding mechanism, but because we don't know of anything else we can do, it seems that this has to be done. The administrative fee, the bill indicates, can go up to 15%. Trust companies usually manage trust funds for less than 2% of the costs, so we would ask that the committee look at this and see if there could be a fee set up, whether it be lower than 5%, maybe 95% of the money generated would go towards the program.

Jack Noble, Deputy Commissioner for Management Fiscal Affairs, Regents and Commissioners of Higher Education, stated that we do support this program. Most of the points in regards to merits of the program have been covered.

Lorena Frank, Montana Farm Bureau, stated that they are in full support of this bill.

Jim Ahrens, President, Montana Hospital Association, stated that they support the bill. Tom Cherry has done extensive work and will also have a grant to do physician recruitment in Northeastern and Eastern Montana.

Opponents' Testimony: None

Questions From Committee Members:

REP. JOHNSON asked what the 15% charges for administrations fee were. Mr. Noble stated that we did not put any request in when we suggested this legislation as to an administrative component. The 15% was put in and has been suggested that banks can administer trusts at 2%, which fees coming in the first time would be \$800. We could not put this program up for \$800. There are several things that have to be done in terms of establishing the legal contracts that will be binding. We would look for establishment of an advisory committee comprised of hospital association members and medical doctors.

REP. JOHNSON stated that he asked many people coming into Montana what made them come to Montana and do they plan on staying and

many of them said yes. Why would it not be feasible to the Board of Investments to refinance the debt load of these people? REP. PECK stated that this might be another possible answer. This would be something we would have to do additionally. This is the very minimum program.

REP. TUNBY asked if this fee is coming out of money that is being loaned to these students already. Mr. Noble stated that the state under the WICHE program secures slots for medical students at the cost of \$22,800. The General Fund, essentially, puts that money up. This enables Montanan's to go to those receiving states as though they were in-state residents. The money does not go to the students, but to the receiving institution. We tied the fee at 8% to that amount. Originally we were going to have the student put up 8% of the WICHE support costs and then have General Fund put up the equivalent amount of loan trust. There was some concern that in that period of jumping from that tuition charge that the regents are willing to put the students over on to the General Fund, that we might well get the tuition, but we would lose the General Fund on the loan trust. The decision was made to put the equivalent of 8% directly in the loan trust fund.

#### Closing by Sponsor:

REP. PECK stated that this is recommended by the Governor and is supported by the Regents and Commissioners of Higher Education. This delegates the administration to the Board of Regents. We could certainly take a look at the 15% administration fee and we could remove it entirely and say to the Commissioner of Higher Education to get the cost of that from the Appropriations Committee so that they are not taking the fee that the students are paying. We may want to graduate that 15% down, once you establish the fund you would have a much larger working amount of money. The other idea would go to save some other agency to handle that. The University System has so much administrative involvement with these students now, it would be unwise to move that out.

#### EXECUTIVE ACTION ON HB 974

Motion: REP. HANSEN MOVED HB 974 DO PASS.

#### Discussion:

REP. HANSEN stated that this is a good bill. This is one way we can get doctors to Montana.

REP. JOHNSON stated that he has a problem with putting 15% in. There has to be a more economical way to handle this sort of situation. There isn't any provision in the bill that says who is going to handle this money.

Motion: REP. JOHNSON moved to amend HB 974.

Page 2, line 21.

Strike: "15%"

Insert: "10%"

Discussion:

REP. LEE stated that he has reservation that we are taking the fee off of people that are going to school and then it will already reduce the cost. Why not take all of the money and get it invested and the state will help appropriate the money to administer the fund. What ever it takes to fund, appropriate it out of the General Fund.

REP. BOHARSKI stated that the committee should think about the whole administrative process of handling these funds. The Board of Regents would speak to some of the loans, although some of these people can have loans in other states. He doesn't think it should go down to zero unless the Appropriations Committee will decide how many FTEs they need on their board. REP. SQUIRES stated that the Board of Investments invests the money and the Board of Regents is specific about the amount allocated from the Board of Investments. David Niss stated that the committee should be careful about reading too much into the language on the page 1, lines 21, 22, and 23. Given the reputation of the investment authority of the State Board of Investments, in the language the fund must be administered by the Board of Regents and Higher Education as provided in Section 1 through 4. Sections 1-4 do not provide for investment of the funds, so for example if a court or the Attorney General that the administrative authority of the Board of Regents under that language in lines 21, 22 and 23 does not include the Investment Board.

REP. STICKNEY stated that WICHE/WAMI are administered through the Board of Regents, and that would be an appropriate body to set up this program and to administer it.

Vote: Motion carried 19-1 with REP. SQUIRES voting no.

Motion: REP. LEE MOVED HB 974 DO PASS AS AMENDED.

Discussion:

REP. LEE asked is it implicit in the language on page 1, lines 19, 20, and 21 and on page 2, line 21, 22, and 23 that upon the invested by the State Board of Investments, or is this language simply permissive to the extent that you can open a bank account someplace and deposit this money into it. David Niss stated that there is not. That language only requires that the money be deposited into the fund and that is all. There is substantial other language in the Code dealing with the investment of state funds. David Niss stated that because it is not expressed here in page 2, lines 7, 8, and 9, there is no authority for investment of the fund. The other language probably covers



investment of this fund like it does all state funds.

REP. LEE asked that once this account is created, we can assume that the State Board of Investments will invest this in appropriate investment activity. David Niss stated that based upon this language, yes.

Vote: Motion carried unanimously.

HEARING ON SB 146

Presentation and Opening Statement by Sponsor:

REP. THOMAS KEATING, Senate District 44, Billings, stated that SB 146 deals with the idea of a doctor and counselor getting together to form a business association. This bill deals with professional distinctions. A licensed medical practitioner in his practice may become a partner, agent or employee or into a joint venture with a hospital, medical assistance facility, or other licensed health care providers. So a medical doctor and a licensed professional counselor could then form a joint venture and the doctor would not be held liable under the law as being unprofessional in his conduct. This bill started as a licensed professional counselors, social workers and clinical psychologists were the ones that were interested in it.

Proponents' Testimony:

Jim Ahrens, President, Montana Hospital Association (MHA), stated that MHA had a bill introduced which would allow this joint practice with hospitals and medical assistance facilities. Rather than have two bills that do the same thing, the Senate Committee put both bills together. Hospitals that have requested that we do this, in many cases makes sense for a hospital to employ a physician. More and more physicians are backed and supported by hospitals. The bill clarifies this and there has always been legal questions about this. We have come up against this in the last year many times, especially when we are developing real health clinics.

Jerome Loendorf, Montana Medical Association, stated that the law that exists now, when it originated, there were very few other licensed health care professionals other than physicians. The reason for this was that licensed people didn't practice with people who were not licensed. It is clear that many of these people can practice together and in different relationships.

Opponents' Testimony: None

Questions From Committee Members: None

Closing by Sponsor:

REP. KEATING closed on SB 146.

EXECUTIVE ACTION ON SB 146

Motion/Vote: REP. KASTEN MOVED SB 146 BE CONCURRED IN. Motion carried unanimously.

HEARING ON SB 188

Presentation and Opening Statement by Sponsor:

SEN. ETHEL HARDING, Senate District 25, Polson, opened the hearing on SB 188.

Proponents' Testimony:

Mary McCue, Acupuncturists Association of Montana, submitted written testimony. EXHIBIT 5

Donald Beans, Acupuncturists Association of Montana, reiterated previous testimony.

Thomas Bump, Vice President, Acupuncturists Association of Montana, reiterated previous testimony.

Tanya Hartman, Public, stated that she has suffered headaches for 13 years. After receiving medical treatment for approximately 4 of those 13 years, nothing was ever resolved. She was introduced to acupuncture about six months ago and chose to use this option. After two treatments she found relief and has not had a headache in six months.

Rorie Hanrahen, Acupuncturists Association of Montana, stated that she was in a serious car accident a number of years ago. She gave up on her insurance company because she wasn't getting any results.

Opponents' Testimony:

Tom Hopgood, Health Insurance Association of America, stated that the companies that make up the health insurance association are the companies that oppose this bill to subsidize their service. This is an expansion in the freedom of choice law. When you expand this statute that is to include more people in the categories and writers that insurance must be provided for invariably and will increase insurance, the numbers paid, the costs of administration, and the price of health insurance. When you increase the cost of health of insurance you will also invariably drive people out of the market. The cost impact including the act of congress and the freedom of choice statute is probably not very great. If you add a dollar for each mandate, pretty soon there is an accumulative effect, which will drive people out of the market for health insurance.

Jacqueline Terrell, American Insurance Association (AIA), stated that AIA is a trade association comprised of quality and casualty

insurers. AIAs particular interest in the bill is with workers' compensation. The companies that are represented provide workers' compensation insurance group plan in the State of Montana. The AIA opposes this bill for the same reason the health insurers oppose it. Every time you expand the kinds of coverage that is available, you increase the cost of insurance. We presently have a serious availability in coverage problem with workers' compensation in Montana. The problems are not confined only to the private carriers, it is also a problem for the state fund. When you increase the coverage you increase the cost of insurance. If you increase the cost of insurance there are businesses who are operating on very narrow profit margins and will not be able to afford the increased costs of workers' compensation coverage. Those businesses will make a choice, they will have to choose not to continue in business.

Larry Akey, Montana Association of Life Underwriters, (MALU) stated that one additional point to the two previous testimonies is that this bill was presented to the committee as a freedom of choice bill, MALU submits that there is already that freedom of choice in the market place. There are a number of health insurers that do, in fact, cover this particular alternative care and practice. If an individual wants to have acupuncture covered in their health insurance, they can go to the market place and buy a policy that has that covered, but it is not to say that every policy in the state must cover this particular type of alternative medical practice.

#### Questions From Committee Members:

REP. JOHNSON asked would there be any problem if we put in an alternative health care bill. Mr. Bean said yes.

REP. JOHNSON asked if in the 900 claims that were filed with Blue Cross Blue Shield (BCBS) were they paid or just processed. Mr. Bean said they were processed.

REP. JOHNSON asked if by including BCBS would be a good idea. Mr. Bean stated that this would be a positive legislation.

REP. JOHNSON asked if we amended this bill so BCBS would be included. Ms. McCue stated that the problem would make this a non-controversial decision and it is not within the scope of the bill. This is a very narrow piece of legislation that we have. As you probably know, BCBS is the administrator for the state insurance plan. So when BCBS paid those plans, it was actually the state insurance plan that was paying the claims.

REP. MESSMORE asked who does this include and who does it exclude. Mr Hopgood stated that this include commercial health insurance companies to decide BCBS. BCBS merely administers the state plan.

REP. CROMLEY asked if his patients are also seeing a doctor. Mr.

Bean stated that the patients who seek out acupuncture treatment have already seen doctors and others. They come to us as a last result.

REP. MESSMORE asked where do the self insurers come in this bill. Ms. McCue stated that they are not included. It is the workers' compensation law which regulate what medical benefits a workers' compensation insurer will provide to an injury worker, she doesn't know why that language has been included.

Closing by Sponsor:

SEN. HARDING stated that this is a self help method that should cut health insurance cost. There are a lot of success stories that tell us that the pharmacies should be here to object to this. There would be less business because there are many drugs that are being distributed that aren't necessary.

EXECUTIVE ACTION ON SB 188

Motion: REP. LEE MOVED SB 188 BE CONCURRED IN.

Motion: REP. J. RICE moved to amend SB 188.

Title, line 7.

Insert: "ADDING SERVICES OF A LICENSED ACUPUNCTURIST  
TO THE LIST OF HEALTH SERVICES FOR WHICH A HEALTH  
SERVICE CORPORATION MAY BE ORGANIZED,"

Strike: "SECTION"

Insert: "sections"

Title, line 8.

Following: "33-22-111"

Insert: "and 33-30-101"

Page 2.

Following: line 8

Insert: "Section 1. Section 33-30-101, MCA, is  
amended to read:

"33-30-101. Definitions. As used in this  
chapter, the following definitions apply:

(1) "Health service corporation" means a  
nonprofit corporation organized or operating for  
the purposes of establishing and operating a  
nonprofit plan or plans under which prepaid  
hospital care, medical-surgical care, and other  
health care and services, or reimbursements  
therefore, may be furnished to a member or  
beneficiary.

(2) "Health services" means the health care and  
services provided by hospitals or other health  
care institutions, organizations, associations, or  
groups and by doctors of medicine, osteopathy,  
dentistry, chiropractic, optometry, and podiatry;

nursing services; licensed acupuncturist services;

Renumber: subsequent section

Page 2, line 10.

Following: "renewed"

Insert: "and to health service corporations organized  
or operating in this state"

Discussion:

REP. DOWELL stated that he would resist the amendment.

Vote: Motion carried 11-9. EXHIBIT 6

Motion: REP. KASTEN moved to amend SB 188.

Page 1, line 18.

Strike: "licensed physician"

Insert: "medical doctor"

Discussion:

REP. WHALEN stated that that is existing language. David Niss stated that he looked in the title and chapter for a definition of physician. This is not the physician licensing statutes, this is an insurance code. The licensing title and chapter for medical doctors does refer to them consistently throughout the chapter as "physicians", not medical doctors. Because other types of true physicians, like osteopaths, pediatric, etc. are named here that the physician does not include those types of physicians. For several reasons "physician" is used in line 18, which is only a medical doctor.

REP. WHALEN asked what is impact to change "licensed physician" would have on the insurance code would have on the insurance code, if any. Susan Woody, Insurance Commissioners Office, stated that she didn't think there would be and impact on the insurance code.

REP. STICKNEY stated that she resists the amendment.

Vote: Motion failed 17-3 with REPS. BOHARSKI, KASTEN and TUNBY voting aye.

Motion: REP. WHALEN MOVED SB 188 BE CONCURRED IN AS AMENDED.

Discussion:

REP. MESSMORE stated that there is still 141,000 people in this state that have no insurance. This could mean more people without insurance.

REP. DOWELL stated that he differs from everything that he has

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heard about mandatory benefits and this bill being one of those. He doesn't see this bill being a mandatory benefit at all. A benefit would be a new kind of coverage. Here we are talking about a freedom of provider, that if he had an illness and if he were to go to a medical doctor, he would be covered. Those costs would be incurred, if she chose to go to an acupuncturists, she would not be going to the physician so the costs would balance. We are looking at freedom of provider and that should be the persons right.

**Vote:** Motion carried 16-4 with REPS. BECKER, BOHARSKI, KASTEN and MESSMORE voting no.

HEARING ON SB 217

Presentation and Opening Statement by Sponsor:

SEN. DOROTHY ECK, Senate District 40, Bozeman, stated that SB 217 would allow the Department of Social and Rehabilitative Services (SRS) and Department of Family Services (DFS) through their Medicaid program and other services to continue to provide services for adoptive children who are hard to place. This has been a very successful program. The federal government mandates that they enter into cooperative agreements with other states to provide these services through the administrative processes to standardize so everyone knows what to expect when an adopted child leaves the State of Montana.

Proponents' Testimony:

John Melcher, Jr., Department of Family Services, submitted written testimony. EXHIBIT 7

Opponents' Testimony: None

Questions From Committee Members: None

Closing by Sponsor: SEN. ECK closed on the bill.

EXECUTIVE ACTION ON SB 217

Motion/Vote: REP. J. RICE MOVED SB 217 BE CONCURRED IN. Motion carried unanimously.

HEARING ON SB 174

Presentation and Opening Statement by Sponsor:

SEN. EVE FRANKLIN, Senate District 17, Great Falls, stated that this bill deals primarily with continuing education mandate and requiring clinical psychologists (CP) to engage and continue an education program. It also increases the fee for administering continuing education, changes the length of term for board members and inserts language requiring two years to provide experience prior to applying for licensure for CPs. The last

point is a housekeeping point. There is no CP at this point who is in practice in this state and finishes an accredited program who is not involved in the supervised setting, but there has been no language that addresses that issue until now. The CPs should be commended for bringing this issue voluntarily to the Legislature.

Proponents' Testimony:

Dr. Michael McLaughlin, Chairman, Board of Psychologists, stated that continuing education for CPs is important to the state for five reasons.

1. The bill will protect the public, which is a mandate of the Board of Psychologists. It requires that CPs have the most up-to-date knowledge of the field and that will help the public to better protective.

2. The bill is rapidly becoming a standard of practice in the field. In 1990 there were 24 states that enacted or were pending.

3. The bill is universally supported by the Psychologist Association (PA). The survey that was initially done, found that 48 of the 50 states of the PA supported the concept of requiring continuing education.

4. There is now an actual system in place of preservation of audio tape, where people can listen to a tape and take an examination. In those states that have continuing education a much better presentation count.

5. The knowledge base of psychologist is expanding and there is a lot of major research on depression, schizophrenia, and children with illnesses in the past by ten years. The major tests that CPs use have been revised and most of the people that are practicing now cannot make revisions of those tests during training.

By adding the word supervised represents the actual practice and is discovered that the word supervised was not included in the law. In regards to the length of the term, the members of the Board and others have found that being on the Board for three years, about the time they are really beginning to be effective and really understand the implexities of the law and the roles are going off the Board. That is why we recommended the change of five years. He submitted an amendment. EXHIBIT 8

John Platt, Licensed Psychologists, and President, Montana Psychological Association (MPA), stated that MPA supports this bill. MPA has approximately 100 members. He reiterated the previous testimony.

Opponents' Testimony: None

Questions From Committee Members:

REP. JOHNSON asked if the state will have to come up with another \$5,500 to enable this program. Dr. McLaughlin stated that this

comes from the license fees through the psychologists.

REP. JOHNSON asked where does the \$27,180 come from. Dr. McLaughlin stated that it come from the licensing fees. Steve Meloy, Department of Commerce, stated that it would be an increase in licensing to all of the psychologist.

REP. JOHNSON does the cost of the licensing board entirely on the practitioners, or does the state add any money into it. Mr. Meloy stated that it all comes from the licensees from the Board of Psychologists.

Closing by Sponsor:

SEN. FRANKLIN stated that there has been no major opposition to this bill. There was some concern on the part of some of the psychologist from Warm Springs initially, because they didn't know how they would fit into this.

HEARING ON SB 259

Presentation and Opening Statement by Sponsor:

SEN. EVE FRANKLIN, Senate District 17, Great Falls, stated that SB 259 attempts to reinstitute some significant services that have been mandated to be provided by the state to communities. The services of two professional nurses in the Department of Health and Environmental Sciences (DHES) to provide the broad variety of services to local communities and local community health nurses. Until 1987, the State of Montana provided nursing consultation to counties throughout the state. In 1987, due to some difficulty in funding these services this was eliminated. We are attempting in this session to highlight the significant of preventive services and public health services. The services that we are asking for are those services that professional nurses gear toward supporting public issues throughout the state. Public health nurses are the first line of defense in preventive health issues.

Proponents' Testimony:

Robert Johnson, Montana Public Health Association (MPHA), stated that MPHA has discussed the need for this kind of rural public health nurse consultation for a number of years. Prior to the time that this service was deleted from the DHES budget, at that time they were knocking off the need for strengthening the kind of service. It was unfortunate that this type of service had to be deleted from the budget. Since that time many rural public outcries across that state have been literally left in limbo. They have no nursing consultation available to them to help them do their complex job. This job is not so important to the urban areas, but these nurses who are employed part time without any adequate consultation or supervision without any kind of guidance. The rural parts of this state certainly need that kind



of support.

Kathleen Manion, Registered Nurse, submitted written testimony.  
EXHIBIT 9

Barb Bohler, Montana Nurses Association, submitted written  
testimony. EXHIBIT 10

Yvonne Bradford, Director, Missoula City-County Health  
Department, submitted written testimony. EXHIBIT 11

Marean Chrudemsky, Public Health Nurse, Wibeix county, submitted  
written testimony. EXHIBIT 12

Karn Ziegler, Registered Nurse, submitted written testimony.  
EXHIBIT 13

Nina Verhasselt, Richland County Health Department, submitted  
written testimony. EXHIBIT 14

Mary Alice Rehbein, Administrator, Richland County Health  
Department, submitted written testimony. EXHIBIT 15

Carol Lee, Richland County Health Department, submitted written  
testimony. EXHIBIT 16

Jerome Leondorf, Montana Medical Association (MMA), stated that  
MMA agrees that public health nurses provide many services to our  
local communities. In turn we say public health nurses ought to  
be provided with the consulting purposes, technical assistance  
and continuing education provided for in this bill.

Jim Ahrens, President, Montana Hospital Association, stated that  
one concern is the continuing lack of funding expertise in the  
health department. At some time in the future we have to welcome  
back the poplice because there are certain technical issues that  
need to be addressed by physicians, nurses, and other types  
health professionals on particular issues.

Mike Stephens, Montana Nurses Association, submitted written  
testimony. EXHIBIT 17

Opponents' Testimony: None

Questions From Committee Members:

REP. DOWELL asked if there is a way for coordination of a hotline  
number to go to schools that need the expertise. Ms. Ferguson  
the State Health Department at this time would not have any  
resources to develop such a hotline.

REP. DOWELL asked if this bill were to pass, would there be  
people in the position for consultation with local nurses. Ms.  
Ferguson stated that that is her understanding. The intent of

the bill is to place two full time professional nurses within the department.

REP. SQUIRES asked if the mandate still exists. Ms. Manion stated that the mandate does still exist to provide the consultation services. You can say that some of it is being provided through the other programs, but you can't do more with nothing.

REP. SQUIRES asked who makes the decisions in school districts as to the status or visitation of the school nurses. Ms. Manion stated that there is no standardization throughout the nation. A few years ago we attempted to pass a level of entry bill in the State of Montana that was defeated. There is only one state in the nation that has a level of entry being a four year nurse with a college graduate, that is the State of North Dakota. The determination is made by the school district and the Board of Education in that school district. The Board of Trustees, if they have chosen to higher a school nurse, they are not mandated school nurse services in the State of Montana at this time.

Closing by Sponsor:

SEN. FRANKLIN stated that nature of the kinds of services that is conceptualized in this bill is that these will not be two nurse bureaucrats who are sitting at a desk and answering a telephone. Part of the budget that is requested and indicated in the fiscal note is that the money for these two community health nurse consultants to be out in a community, giving some on sight backup and education to local communities. This is one way that we can express the kinds of support that our local communities are asking the state government to give them.

EXECUTIVE ACTION ON SB 259

Motion: REP. BECKER MOVED SB 259 BE CONCURRED IN.

Discussion:

REP. JOHNSON stated that this bill will get caught up in the Appropriations Committee. The easy way out is voting for the bill and letting the committee downstairs take the heat on it. This is an ideal situation for local communities who want to improve themselves. If you want to have service in your community you can, in fact, get the community to help you with that type of service.

REP. TUNBY stated that he agrees with REP. JOHNSON. As good as this bill is, there are probably other bills that are more deserving.

REP. BECKER stated that if each local community tried to do this, it would be a lot more effective.

HOUSE HUMAN SERVICES & AGING COMMITTEE

March 12, 1991

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REP. CROMLEY stated this bill doesn't do anything other than appropriate additional funds.

REP. RUSSELL stated that this is an important bill and it will have to take its chances along with other appropriation bills.

Vote: Motion carried 14-6 with REPS. BOHARSKI, CROMLEY, JOHNSON, KASTEN, SPRING, and TUNBY voting no.

HEARING ON SB 307

Presentation and Opening Statement by Sponsor:

SEN. EVE FRANKLIN, Senate District 17, Great Falls, stated that this is a bill of particular significance to the Board of Dentistry. The Board is asking for one additional dentist to serve as a non-voting member of their board. This member would be the 5th member. This request was generated out of their acknowledgment of an increased workload on their part. One task that they are charged with doing is preparing and judging regional dentistry exams. This function is performed at a regional choloepa and in addition to the administered tasks of the Board of Dentists, they must also be involved in travel and a Board examination. They are also acknowledging their need for additional professional backup. This position is filled by dentists who have offered private practice that requires a lot of personal time and time away from their practices. The addition of a fifth dentist would help alleviate the workload that they have and the time away from their private practice.

Proponents' Testimony:

John T. Noonan, D.D.S., P.C., President, State Board of Dentistry, submitted written testimony. EXHIBIT 18

Steve Meloy, Bureau Chief, Professional Occupational Licensing Bureau, appeared on behalf of Chuck Brooke, Director, Department of Commerce, stated their support of the bill.

Roger Tippy, Montana Dental Association (MDA), stated that he doesn't know who would want to be appointed to any board for five years and never be able to vote. He know of no situation where the Governor would be in the position to pick one person who would appear with four other members on a board with the same qualifications, but would not be able to vote. The understandings of both parties at the Board of Dentistry meetings after the Department of Commerce made it clear that the voting balance and the present members should not be changed. The board is not changed by the amendment. His suggestion is that the first year a dentist would be appointed to this board, and this dentist would not vote, but would go to the exams. Then they would become a voting member. MDA would have to get people to volunteer to be a volunteer to be appointed to this board. MDA

urges your adoption of the amendment. He submitted amendments.  
**EXHIBIT 19**

**Chris Herbert, R.D.A., Montana Dental Hygienists Association, (MDHA),** stated that MDHA agreed to support the addition of a non-voting dentist member to the Board of Dentistry. Providing that the voting balance is maintained and the present positions remain the same. MDHA recognizes that there is a need to relieve administrative duties and the workload for that business. We leave it to this committee to determine what is the most effective and the most appropriate way to handle the business of the board. The apprentice position to suggested by **Mr. Tippy** could be an appointed position other than a board member. They could appoint any dentist to act as examiners and to work with them to take those examining duties without that person having to be a full fledged board member. MDHA supports a fifth member be added to the board as a workhorse, as an administrative assistant to handle the business of dentistry, but that person be a non-voting administrative member.

**Roland D. Pratt, Denturist Association of Montana (DAM),** stated DAM feels that the voting balance of the board is very critical. DAMs concern is that the amendment that is proposed would be fine for an individual who is coming under the board for the first time, but if he is reappointed to that board, does that necessitate them that his sixth year on the board would be his non-voting year. We realize that the board, administratively needs help. DAMs concern is with the voting balance of the board. We support the bill as it is written now.

**Opponents' Testimony:** None

**Questions From Committee Members:**

**REP. CROMLEY** asked what is the average length of a term on the board. **Mr. Tippy** said the statutory term is five years.

**REP. CROMLEY** asked when would the amendment apply if there were newly appointed dentists, and dentists who retire, and a dentist dies, then we have four dentist serving in their first year and they are all non-voting. **Mr. Tippy** stated that the amendment would apply to the statutory first year of a five year term. If this bill passes, every calendar year there is a new term opened up for the dentist on the board. **Bob Verdon, Legal Council for Boards of Professional and Occupational Licensing,** stated that the only concern with that amendment would be a situation in which if the same current members of the Board of Dentistry were reappointed to the board after a term, that there might be one individual who might end up in two or three years as the newly member of the board and then would be the non-voting members.

**REP. CROMLEY** stated that he reads it as there would be more than one non-voting member of the board. **Mr. Verdon** stated that there would be one non-voting dental member of the board at any given

time. The effective date is proposed as being March 29, which is the date of which all dental appointments expire. There would never be more than one individual who would be non-voting on the board.

REP. SPRING asked if we have a non-voting member and one of the other members is not there, would this member still be non-voting. Mr. Tippy stated that one of the concerns that was voiced over the original rough drafts was that an agency was to be a voting or non-voting person whichever showed up that day would be designated the non-voter. There was no intent on the part of the board to have that result. If you are non-voting, you have that status for twelve months.

REP. BOHARSKI stated that he would be inclined to support the concept that are being proposed with the amendments. In one year one of the board members resigns and then another member dies and then later another member dies and they are all dentists, then you have to refill those position. The amendment says that the first year of all of their terms, then they are non-voting and is three voting members. Mr. Verdon stated that he reads the amendment differently. The non-voting status would change to five years of the term. If the individual resigns, then the Governor would then reassign, that the person who is appointed to take that position is a voting member. The person who was a non-voting member at the time of the death had to complete that year as a non-voting member. Perhaps that is not fair, but that is how he reads it.

REP. J. RICE stated that he understands the intent of the amendment is that the first year is a five year term and is always the non-voting year. If someone has to be replaced during a term, that particular replacement would restart his term as a non-voting member. There should be language saying in no case would there be more than four dentist voting members serving. Mr. Tippy stated that he would have no objection to clarifying the concept to eliminate this unlikely contingency. This is a statutory five year term, not replacement term.

REP. LEE asked what is the concern of the amendment on the control of the board. Ms. Herbert stated that it is her understanding that the President of the board does not vote, accept in tie. If they were going to elect a non-voting person as the President of the board, whether it be a returning appointment, that would effect the voting members to the board.

REP. STICKNEY asked if there was any other board in the state that has non-voting members like this. Mr. Meloy said that the only board that he knows is the proposes allied health care amendment that wanted to get a non-voting baby doctor.

REP. STICKNEY stated that this is ridiculous. These people are adults and they ought to be able to convince someone of their position and not have to depend on a non-voting member. Mr.

**Meloy** stated that the reason he would support this bill is simply from an administrative standpoint. This member would be involved in behind screening anesthesia inspections, limited investigations, examinations, and the type of things that we are trying to get board members not to be doing. We do not elect board members that vote doing things on inspections. Then the board comes back and says we would like to have somebody that knows something about the profession out there inspecting so we say maybe this might become an administrator standpoint because in getting those board members out of there because they eventually have to hear an appeal. We can't have a board member that has knowledge doing this work and not voting.

**REP. WHALEN** stated that if the purpose behind doing this is trying to get more staff help in order to do these examinations and review these, dentists that are applying for licensure, is there some reason why we can't handle this or that this matter can't be handled from an administrative point of view as far as adding a dentist on to the staff or do we need to have this person on the board. **Mr. Meloy** stated that one appealing thing about this concept is that it is so cost effective. The fiscal note indicates that we could get what we feel we need done without jeopardizing the voting makeup of the board and by taking the board members out of investigations with absolutely cost of honorary having another board member. We prepared a fiscal note saying there is a current executive budget can handle the expansion of one board member and yet will get all of this in return. If we were to try to address this from the administrative staff point and add an FTE and then if we try to hire a dentist that provides us expertise we are talking about an extra \$60,000 a year just for wages and benefits.

**REP. BOHARSKI** stated that there is nothing in the statute that if we pass the bill just the way it is that it precludes the board saying this is the board and you are serving for six months and you can be our assistant, but you are non-voting. If we pass the way the bill came to us, it wouldn't do that. **Mr. Meloy** stated this would allow the ninth member to come on and then let the board designate his role. **Mr. Tippy** stated that there were questions raised with the original drafting of the bill as to whether the board would need somebody in a non-voting status including a certain outcast for two or three years approached. On the government prerogatives to appoint those members we thought possibly those concerns were well taken in the Governor's office they might not like that there is that type of discretion on the board.

**REP. BOHARSKI** asked why is there concern about the board not designating who this non-voting member would be. **Ms. Herbert** stated that MDHA was told that there was a legal problem that the board did not have the authority to choose who votes and who doesn't.

Closing by Sponsor:

HUMAN SERVICES & AGING COMMITTEE

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SEN. FRANKLIN stated that she feels comfortable with the amendment as drafted. The amendment does speak to some of the concerns in regard to using the Governor's powers. There have been some negotiations on the interests of the various parties involved. The amendment speaks to some of that.

EXECUTIVE ACTION ON SB 371


Motion/Vote: REP. DOWELL MOVED TO RECONSIDER ACTION ON SB 371. Motion carried. EXHIBIT 20


Motion/Vote: REP. DOWELL MOVED TO AMEND SB 371 BY REINSTATING THE STRICKEN LANGUAGE INCLUDED IN REP. BOHARSKI'S AMENDMENT THAT PASSED ON MARCH 9TH. Motion carried. EXHIBIT 21 (The effect of this amendment is that it puts SB 371 back to its original form as transmitted from the Senate to the House.)

Motion/Vote: REP. DOWELL MOVED SB 371 BE CONCURRED IN. Motion carried. EXHIBIT 22

ADJOURNMENT

Adjournment: 7:30 p.m.

  
\_\_\_\_\_  
ANGELA RUSSELL, Chair

  
\_\_\_\_\_  
Jeanne Krumm, Secretary

HU031291.HM1

# HOUSE OF REPRESENTATIVES

## HUMAN SERVICES AND AGING COMMITTEE

ROLL CALL

DATE 3-12-91

NAME	PRESENT	ABSENT	EXCUSED
REP. ANGELA RUSSELL, CHAIR	✓		
REP. TIM WHALEN, VICE-CHAIR	✓		
REP. ARLENE BECKER	✓		
REP. WILLIAM BOHARSKI			✓
REP. JAN BROWN	✓		
REP. BRENT CROMLEY	✓		
REP. TIM DOWELL	✓		
REP. PATRICK GALVIN	✓		
REP. STELLA JEAN HANSEN	✓		
REP. ROYAL JOHNSON	✓		
REP. BETTY LOU KASTEN	✓		
REP. THOMAS LEE	✓		
REP. CHARLOTTE MESSMORE	✓		
REP. JIM RICE	✓		
REP. SHEILA RICE	✓		
REP. WILBUR SPRING	✓		
REP. CAROLYN SQUIRES			✓
REP. JESSICA STICKNEY	✓		
REP. BILL STRIZICH			✓
REP. ROLPH TUNBY	✓		



9.06  
3-12-91

HOUSE STANDING COMMITTEE REPORT

March 13, 1991

Page 1 of 4

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 950 (first reading copy -- white) do pass as amended.

Signed: \_\_\_\_\_  
Angela Russell, Chairman

And, that such amendments read:

1. Title, lines 6 and 7.  
Strike: "CREATING" on line 6 through "FEE;" on line 7
2. Title, line 7.  
Following: "ESTABLISHING"  
Insert: "A"
3. Title, line 8.  
Strike: "OVERSIGHT"  
Insert: "STUDY COMMITTEE AND REQUIRING A REPORT TO THE  
LEGISLATURE"
4. Title, lines 8 and 9.  
Strike: "AMENDING SECTIONS 50-15-103 AND 50-15-201, MCA;"
5. Title, line 10.  
Following: "DATE"  
Insert: "AND A TERMINATION DATE"
6. Page 4, lines 20 through 25.  
Strike: lines 20 through 25
7. Page 5, line 4.  
Strike: "through 4"  
Insert: "and 2"

8. Page 7, line 17 through line 11 on page 8.  
Following: line 16  
Strike: section 3 in its entirety  
Renumber: subsequent sections

9. Page 8, line 12.  
Strike: "oversight"  
Insert: "study"

10. Page 8, line 14.  
Strike: "oversight"  
Insert: "study"  
Strike: "12"  
Insert: "9"

11. Page 8, line 16.  
Strike: "six"  
Insert: "four"

12. Page 8, line 17.  
Strike: "three"  
Insert: "two"

13. Page 8, line 18.  
Strike: "and"

14. Page 8, line 19.  
Strike: "six"  
Insert: "four"  
Strike: "three"  
Insert: "two"

15. Page 8, line 21.  
Following: "committees"  
Insert: "; and

(iii) a representative of the Governor's office appointed by the governor, who shall be a member of the governor's staff or an agency head or his designee, concerned with and knowledgeable in the issues to be studied by the committee. The member appointed by the governor is a nonvoting member"

16. Page 8, line 24.  
Strike: "oversight"  
Insert: "study"

17. Page 9, line 7.  
Strike: the second "and"

18. Page 9, line 9.  
Following: "assistance"  
Insert: ";

(d) study the healthy start program in Hawaii, including the laws, administrative rules and administrative policies used to implement that program in Hawaii;"

(e) study methods of interagency coordination of programs and services for families and children; and

(f) report the results of its study, including recommendations for implementation of the policy and guiding principles expressed in [section 2] and any proposed legislation, changes in administrative rules or changes in administrative practices necessary to implement those recommendations, in a written report to the 53d legislature no later than November 30, 1992. The committee shall also provide copies of its report to the governor and appropriate state agencies"

19. Page 9, line 12.  
Strike: "oversight"  
Insert: "study"

20. Page 9.  
Following: line 13  
Insert: "(4) The committee may apply for and accept funds from any federal, private, or other source to assist the committee in carrying out its function."  
Renumber: subsequent subsections

21. Page 9, line 14.  
Strike: "oversight"  
Insert: "study"

22. Page 9, line 18.  
Strike: "Members"

Insert: "Legislative members"

23. Page 9, line 20 through page 10, line 24.  
Following: line 19  
Strike: sections 5 and 6 in their entirety  
Renumber: subsequent sections

24. Page 10.  
Following: line 24  
Insert: "NEW SECTION. Section 4. Termination. Section 3  
terminates January 6, 1993."

25. Page 11, line 4.  
Strike: "oversight"  
Insert: "study"  
Strike: "4"  
Insert: "3"

26. Page 11, line 5.  
Strike: "4"  
Insert: "3"

27. Page 11, line 6.  
Strike: "7"  
Insert: "5"

HOUSE STANDING COMMITTEE REPORT

March 13, 1991

Page 1 of 2

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 381 (third reading copy -- blue) be concurred in as amended.

Signed: \_\_\_\_\_  
Angela Russell, Chairman

Carried by: Rep. Johnson

And, that such amendments read:

1. Title, lines 4 and 5.

Strike: "A BOARD OF ALLIED"

Insert: "AN ALTERNATIVE"

2. Title, line 5.

Following: "CARE"

Insert: "BOARD"

3. Page 1, line 9.

Strike: "Allied"

Insert: "Alternative"

4. Page 1, lines 10 and 11.

Strike: "a board of allied"

Insert: "an alternative"

5. Page 1, line 11.

Following: "care"

Insert: "board"

6. Page 1, line 20.

Following: "A"

Insert: "Montana"

7. Page 1, lines 20 and 21.

Strike: "PRESENTLY ENGAGED IN THE PRACTICE OF MEDICINE IN THIS

STATE"

Insert: "whose practice includes obstetrics"

8. Page 2, lines 12 and 13.  
Strike: "board of allied"  
Insert: "alternative"

9. Page 2, line 13.  
Following: "care"  
Insert: "board"

10. Page 3, lines 2 and 3.  
Strike: "board of allied"  
Insert: "alternative"

11. Page 3, line 3.  
Following: "care"  
Insert: "board"

12. Page 3, line 5.  
Strike: "board of allied"  
Insert: "alternative"

13. Page 3, line 6.  
Following: "care"  
Insert: "board"

14. Page 3, line 17.  
Strike: "board of allied"  
Insert: "alternative"  
Following: "care"  
Insert: "board"

15. Page 3, line 20.  
Strike: "board of allied"  
Insert: "alternative"  
Following: "care"  
Insert: "board"

HOUSE STANDING COMMITTEE REPORT

March 13, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging  
report that House Bill 974 (first reading copy -- white) do  
pass as amended .

Signed: \_\_\_\_\_  
Angela Russell, Chairman

And, that such amendments read:

1. Page 2, line 21.  
Strike: "15%"  
Insert: "10%"

HOUSE STANDING COMMITTEE REPORT

March 13, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 146 (third reading copy -- blue) be concurred in and be placed on consent calendar .

Signed: \_\_\_\_\_  
Angela Russell, Chairman

Carried by: Rep. *Becker*



HOUSE STANDING COMMITTEE REPORT

March 13, 1991

Page 1 of 2

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 188 (third reading copy -- blue) be concurred in as amended .

Signed: \_\_\_\_\_  
Angela Russell, Chairman

Carried by: Rep. Lee

And, that such amendments read:

1. Title, line 7.

Following: "POLICIES;"

Insert: "ADDING SERVICES OF A LICENSED ACUPUNCTURIST TO THE LIST  
OF HEALTH SERVICES FOR WHICH A HEALTH SERVICE CORPORATION  
MAY BE ORGANIZED;"

Strike: "SECTION"

Insert: "sections"

2. Title, line 8.

Following: "33-22-111"

Insert: "and 33-30-101"

3. Page 2.

Following: line 8

Insert: "Section 1. Section 33-30-101, MCA, is amended to read:

"33-30-101. Definitions. As used in this chapter, the following definitions apply:

(1) "Health service corporation" means a nonprofit corporation organized or operating for the purposes of establishing and operating a nonprofit plan or plans under which prepaid hospital care, medical-surgical care, and other health care and services, or reimbursement therefor, may be furnished to a member or beneficiary.

(2) "Health services" means the health care and services provided by hospitals or other health care institutions, organizations, associations, or groups and by doctors of medicine, osteopathy, dentistry, chiropractic, optometry, and podiatry; nursing services; licensed acupuncturist services; licensed social worker, licensed professional counselor, or psychologist; medical appliances, equipment, and supplies; drugs, medicines, ambulance services, and

(3) "Membership contract" means any agreement, contract, or certificate by which a health service corporation describes the health services or benefits provided to its members or beneficiaries."

Renumber: subsequent section

4. Page 2, line 10.

Following: "renewed"

Insert: "and to health service corporations organized or operating in this state"

HOUSE STANDING COMMITTEE REPORT

March 13, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging  
report that Senate Bill 217 (third reading copy -- blue) be  
concurred in .

Signed: \_\_\_\_\_  
Angela Russell, Chairman

Carried by: Rep. *lee*

HOUSE STANDING COMMITTEE REPORT

March 13, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging  
report that Senate Bill 259 (third reading copy -- blue) be  
concurrent in .

Signed: \_\_\_\_\_  
Angela Russell, Chairman

Carried by: Rep. *Becker*

HOUSE STANDING COMMITTEE REPORT

March 13, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging  
report that Senate Bill 371 (third reading copy -- blue) be  
concurrent in .

Signed: \_\_\_\_\_  
Angela Russell, Chairman

Carried by: Rep. S.J. Hansen

Amendments to House Bill No. 950  
First Reading Copy

Requested by Rep. Dowell  
For the Committee on Human Services and Aging

Prepared by David S. Niss  
March 11, 1991

1. Title, lines 6 and 7.  
Strike: "CREATING" on line 6 through "FEE;" on line 7
2. Title, line 7.  
Following: "ESTABLISHING"  
Insert: "a"
3. Title, line 8.  
Strike: "OVERSIGHT"  
Insert: "study committee and requiring a report to the legislature"
4. Title, lines 8 and 9.  
Strike: "AMENDING SECTIONS 50-15-103 AND 50-15-201, MCA;"
5. Title, line 10.  
Following: "DATE"  
Insert: "and a termination date"
6. Page 4, lines 20 through 25.  
Strike: lines 20 through 25
7. Page 5, line 4.  
Strike: "through 4"  
Insert: "and 2"
8. Page 7, line 17 through line 11 on page 8.  
Following: line 16  
Strike: section 3 in its entirety  
Renumber: subsequent sections
9. Page 8, line 12.  
Strike: "oversight"

Insert: "study"

10. Page 8, line 14.

Strike: "oversight"

Insert: "study"

Strike: "12"

Insert: "9"

11. Page 8, line 16.

Strike: "six"

Insert: "four"

12. Page 8, line 18.

Strike: "and"

13. Page 8, line 19.

Strike: "six"

Insert: "four"

14. Page 8, line 21.

Following: "committees"

Insert: "; and

(iii) a representative of the Governor's office appointed by the governor, who shall be a member of the governor's staff or an agency head or his designee, concerned with and knowledgeable in the issues to be studied by the committee.

The member appointed by the governor is a nonvoting member"

15. Page 8, line 24.

Strike: "oversight"

Insert: "study"

16. Page 9, line 7.

Strike: "and"

17. Page 9, line 9.

Following: "assistance"

Insert: ";

(d) study the healthy start program in Hawaii, including the laws, administrative rules and administrative policies used to implement that program in Hawaii;"

(e) study methods of interagency coordination of programs and services for families and children; and

(f) report the results of its study, including recommendations for implementation of the policy and guiding principles expressed in [section 2] and any proposed

legislation, changes in administrative rules or changes in administrative practices necessary to implement those recommendations, in a written report to the 53d legislature no later than November 30, 1993. The committee shall also provide copies of its report to the governor and appropriate state agencies.

18. Page 9, line 12.  
Strike: "oversight"  
Insert: "study"

19. Page 9.  
Following: line 13  
Insert: "(4) The committee may apply for and accept funds from any federal, private, or other source to assist the committee in carrying out its function."  
ReNUMBER: subsequent subsections

20. Page 9, line 14.  
Strike: "oversight"  
Insert: "study"

21. Page 9, line 18.  
Strike: "Members"  
Insert: "Legislative members"

22. Page 9, line 20 through line 7 on page 10.  
Following: line 19  
Strike: section 5 in its entirety  
ReNUMBER: subsequent sections

23. Page 10, lines 8 through 24.  
Following: line 7  
Strike: section 6 in its entirety  
ReNUMBER: subsequent sections

24. Page 10.  
Following: line 24  
Insert: "NEW SECTION. Section 4. Termination. Section 3 terminates January 6, 1993."

25. Page 11, line 4.  
Strike: "oversight"  
Insert: "study"  
Strike: "4"  
Insert: "3"



26. Page 11, line 5.  
Strike: "4"  
Insert: "3"

27. Page 11, line 6.  
Strike: "7"  
Insert: "5"

TABLE 1: PROFESSIONAL CATEGORY: PHYSICIANS

LEGISLATIVE STRATEGY	STATES	PROVISIONS
LOAN REPAYMENT/ FORGIVENESS	AL <sup>1</sup> , AR, GA <sup>2</sup> , ID <sup>1</sup> , IL <sup>2</sup> , IN <sup>3</sup> , ME, MD <sup>2</sup> , MA <sup>1</sup> , MI <sup>1</sup> , MN <sup>1</sup> , MS, MO <sup>2</sup> , NV <sup>2</sup> , NJ, NM, NY <sup>3</sup> , NC, OK, OH <sup>1</sup> , OR <sup>2</sup> , PA <sup>1</sup> , SD, TN <sup>2</sup> , TX, UT <sup>1</sup> , VA <sup>1</sup> , WA <sup>2</sup> , WI <sup>1</sup> , WV	A specified loan amount is forgiven each year for a one year service obligation. Up to \$25,000 -- 2 states (MI, PA) 20,000 -- 6 states (IL, MA, MO, OH, TN, VA) 15,000 -- 4 states (ID, NV, UT, WA) 12,500 -- 1 state (MD) 12,000 -- 1 state (AR) 10,000 -- 6 states (AL, GA, MN, NM, NY, WI) 9,000 -- 1 state (TX) 7,500 -- 2 states (OR, NC) 6,000-8,000 -- 1 state (OK) 6,000 -- 1 state (MS) 5,000 -- 3 states (IN, ME, WV) NI -- 2 states (NJ, SD)
SCHOLARSHIP	AL <sup>1</sup> , AZ <sup>3</sup> , GA, IL, KS, MA, MO, SD <sup>1</sup> , UT <sup>1</sup> , VA <sup>3</sup> , WA <sup>1</sup>	A specified scholarship amount is forgiven for a one year service obligation \$10,000 or less - 5 states (AL, AZ, GA, MO, VA) \$10,000-\$15,000 - 3 states (KS, MA, WA) \$12,000-\$25,000 - 1 state (IL) NI - 2 states (SD, UT)
FEDERAL/STATE LOAN REPAYMENT	FL, ME, NM, NC, SC, TX, WV	Up to \$20,000 - 3 states (FL, ME, SC) 15,000 - 2 states (NM, NC) 18,000 - 1 state (TX) 10-25,000 - 1 state (WV)

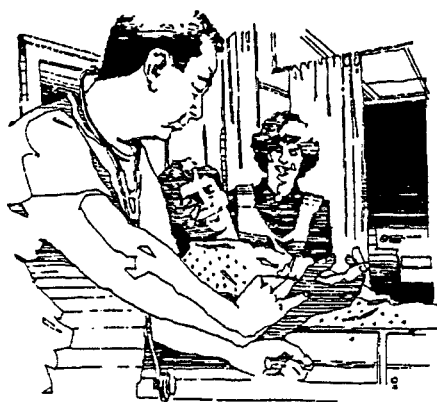
NI = Not Identified in Legislation

1 = 1990 Legislative Bill

2 = 1989 Legislative Approval

3 = State has existing statute but Amendment Proposed in 1990

EXHIBIT 2  
DATE 3-12-91  
HB 974



# HEALTH CARE FOR MONTANANS

## ■ GOVERNOR STAN STEPHENS

## ■ AGENCY SPONSORS:

Dept. of Health and Environmental Sciences, *Dennis Iverson, Director*  
Dept. of Family Services, *Tom Olsen, Director*  
Dept. of Social and Rehabilitation Services, *Julia E. Robinson, Director*  
Dept. of Institutions, *Curt Chisholm, Director*  
Governor's Office on Aging, *Hank Hudson, Aging Coordinator*

## ■ JULIA E. ROBINSON, CHAIRPERSON

## INTRODUCTION

In the fall of 1990, Governor Stephens appointed a number of working committees to address the problem of access to health care for the uninsured. The committee recommendations were submitted to the Governor in December of 1990.

Upon review of the Final Report, Governor Stephens personally committed to working on successful implementation of the five steps outlined in this summary. Because changing health care is an ongoing process, the final action step is a commitment of executive branch staff and financial resources to continuing the search for solutions to problems in the health care arena.

Governor Stephens believes these steps provide positive, appropriate direction for Montana in addressing the complex issue of health care access. They are not a total solution; just a beginning. Also, we must acknowledge that some changes are not possible instate because of the federal design of the Medicaid and Medicare programs. Potential changes in these programs await Congressional action.

(All committee recommendations are contained in the working committees' Final Report on Health Care for Montanans.)

## CONTENTS

- 2 Project Goals
- 2 Access To Health Care A Growing Problem
- 3 Outline of Governor Stephens' Proposal
- 4 Steps To Change
- 14 Working Committees
- 15 Related Legislation

*Copies of the full report are available upon request from the Department of Social and Rehabilitation Services, P.O. Box 4210, Helena, MT 59604*

TOM CHERRY  
DIRECTOR  
1720 NINTH AVE  
P.O. BOX 5119  
HELENA, MT  
59604

(406) 442-8802  
FAX: 443-3894

CINDY ANDERSON  
COORDINATOR  
109 W. 2ND ST  
HAVRE, MT  
59501

(406) 265-5808  
FAX: 265-8573

RICH OGE  
COORDINATOR  
2101 CLARK ST  
MILES CITY, MT  
59301

(406) 232-5379  
FAX: 232-2540  
EXT 140

## FACTS SUPPORTING THE CREATION OF A LOAN REPAYMENT INITIATIVE FOR WAMI/WICHE GRADUATES

1. Loan Repayment (or forgiveness) has become the state-of-the-art in financial incentives. 28 other states use this inducement to steer physicians to medically underserved areas - usually in the range of \$10-20,000 per year of service.

When a physician comes out of training with an \$80,000 indebtedness, it results in a proclivity towards urban practices where the critical mass appears more readily available. This largest source of new physician supply, then, defers indefinitely on many of the "quality" of life or practice considerations that rural settings offer. Since the majority of graduates will soon be FEMALE, the associated spousal issues/reinforcers will probably be getting more problematical and not less so.

The fact that the Indian Health Service has managed to maintain their staffing complements in Montana is attributable to their ability to retire \$20-35,000 worth of debt for each year of service. We can't compete with that but can't ignore such a market factor, either.

2. Only a handful of states now have no program whose major goal is the DISTRIBUTION of health professionals. At least eleven states (including the likes of New Mexico, Arkansas, Kansas, Maine, Kentucky, Oklahoma and Texas) have four or more strategies - like our own Seat Purchase approach - with hundreds of participants. A national market place demands State-level participation and this proposal - at \$30,000 over four years - is a modest one.
3. In the larger scheme of things, this proposition is relatively painless. It creates its own funding mechanism.
4. The new pool of money may eventually be leveraged into a "match" for limited Federal Loan Repayment funds (through DHES).
5. Thirty percent of the physicians in rural Montana are over 55 years of age. Because of their symbiotic relationship to other health professions and economic climate, these turnovers will have many rippling effects. Timely succession planning, of course, can prolong current physician longevity and maintain the local health system without disruption.

EX. 4  
3-12-91  
HB 974

6. The RETENTION budget of one big city hospital is equal to the recruiting budgets in all of Eastern Montana's hospitals.
7. All roads in health care personnel point to more shortages. The litany of physician-to-patient ratios, vacancies and overworked practitioners in Montana appears to have no end in sight.
8. Conventional inducements are not working: little progress has been made in the recruitment of primary care physicians since Prospective Payment systems (for Medicare) were implemented eight years ago.

Simply put, this is a COMPETITIVE necessity that will better enable our smaller communities to ensure its residents of a stable medical staff. Adoption of HB 974 will be a clear signal to the country's medical people that Montana's practice environment, too, is responsive to the needs of today's physician-family unit.

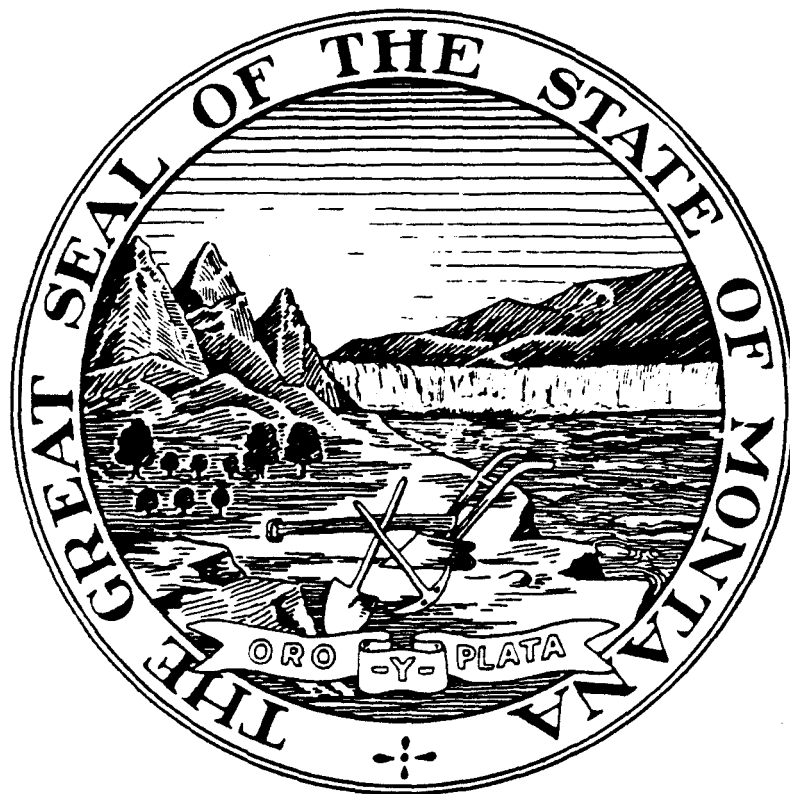
Tom Cherry, Director  
MONTANA MEDICAL MANPOWER PROJECT

Information Regarding Senate Bill 188

- Acupuncture has been a licensed health care profession in Montana since 1974.
- Montana was the 2nd state in the union to license acupuncturists.
- Acupuncturists are licensed under the Montana State Board of Medical Examiners.
- Requirements for licensing are administered by the National Commission for the Certification of Acupuncturists, whose certification is the accepted criteria for licensing in over 50% of the states.
- The Acupuncture community has twice taken the initiative to continually legislate the strictest of educational requirements to be in step with national guidelines and legislation.
- The Acupuncture Association of Montana has continued to review Acupuncturists in regard to their professional standards and procedures.
- Acupuncture is regarded to be an inexpensive, safe and effective treatment for many types of health disorders.
- Acupuncture's relatively low cost is due to its "signs and symptoms" based diagnostics which do not depend on expensive testing procedures.
- Acupuncturists should be included in the Freedom of Choice of practitioners' law because:
  - (1) They have been a licensed health care profession for over 17 years.
  - (2) They have continually taken the initiative in upgrading their educational and licensing requirements.
  - (3) They provide a low cost alternative to the ever-increasing cost of conventional health care.
  - (4) It was the intent of the Legislature to allow Freedom of Choice of the health care practitioners to the people of the state of Montana.

# State of Montana

## Employee Benefits Plan



Effective September 1, 1990

## DEFINITIONS

1. **Allowable Charges:** The term "allowable charges" shall mean charges which are (1) expenses covered by the plan (as defined in Chapters 3 and 4); and (2) within usual, customary, and reasonable limitations (definition # 24).
2. **Benefit Year:** The term "benefit year" shall mean the period commencing September 1, and ending August 31 of each year.
3. **Case Management:** See Section U-9.
4. **Chemical Dependency Treatment Center:** The term "chemical dependency treatment center" shall mean a treatment facility which provides a program for the treatment of alcoholism or drug addiction pursuant to a written treatment plan approved and under the direct supervision of a physician, and which facility is also:
  - a. affiliated with a hospital under a contractual agreement with an established system for patient referral; or
  - b. licensed, certified or approved as a chemical dependency treatment facility by the Department of Health and Environmental Sciences, State of Montana, or by the appropriate authority within the state where services are provided. Programs approved only by the Department of Institutions shall be paid as an outpatient benefit.
5. **Claims Administrator:** The term "claims administrator" shall mean the company responsible for the functions and management of the payment of claims including the adjudication of claims. Blue Cross and Blue Shield of Montana is currently the claims administrator for medical and dental claims. Standard Insurance Company is currently the claims administrator and carrier for life and accidental death and dismemberment (AD&D) claims.
6. **Core Benefit Plan:** The term "core benefit plan" shall mean the following benefits available to eligible employees of the state:
  - a. Comprehensive major medical benefits;
  - b. Dental care benefits; and
  - c. Plan A - core life insurance benefits.The Core Benefit Plan does not include coverage for Dependents.
7. **Covered Provider:** The term "covered provider" shall mean an individual who is: (1) duly licensed in the area in which services are rendered; (2) providing services which are covered benefits of this plan; and (3) practicing within the scope of his/her license. Covered providers are limited to: Medical doctor, osteopath, licensed clinical psychologist, chiropractor, podiatrist, acupuncturist, dentist, a licensed denturist, licensed social workers, licensed professional counselors, certified and licensed midwives and nurse practitioners, and licensed optometrists.
8. **Custodial Care:** The term "custodial care" shall mean the provision of room and board, with or without routine nursing care, training and personal hygiene and other forms of self-care or supervisory care by a physician for a person who is mentally or physically disabled as a result of retarded development or body infirmity, and who is not under special medical, surgical, or psychiatric treatment to reduce the disability to the extent necessary to enable such person to live outside an institution providing medical care.
9. **Effective Date:** The term "effective date" shall mean the date on which the member's coverage commences.



Page 4  
DATE 3-12-91  
SB 188

HOUSE OF REPRESENTATIVES

HUMAN SERVICES COMMITTEE

ROLL CALL VOTE

DATE 3-12-91 BILL NO. SB 188 NUMBER 1

MOTION: J. Rice Amendments

NAME	AYE	NO
REP. TIM WHALEN, VICE-CHAIRMAN		✓
REP. ARLENE BECKER	✓	
REP. WILLIAM BOHARSKI	✓	
REP. JAN BROWN		✓
REP. BRENT CROMLEY	✓	
REP. TIM DOWELL		✓
REP. PATRICK GALVIN		✓
REP. STELLA JEAN HANSEN		✓
REP. ROYAL JOHNSON	✓	
REP. BETTY LOU KASTEN		✓
REP. THOMAS LEE	✓	
REP. CHARLOTTE MESSMORE	✓	
REP. JIM RICE	✓	
REP. SHEILA RICE		✓
REP. WILBUR SPRING	✓	
REP. CAROLYN SQUIRES		✓
REP. JESSICA STICKNEY	✓	
REP. BILL STRIZICH	✓	
REP. ROLPH TUNBY	✓	
REP. ANGELA RUSSELL, CHAIR		✓
TOTAL	11	9

3-12-91

SB 217

# DEPARTMENT OF FAMILY SERVICES



STAN STEPHENS, GOVERNOR

(406) 444-5900

## STATE OF MONTANA

P.O. BOX 8005  
HELENA, MONTANA 59604

### TESTIMONY IN SUPPORT OF SB 217

**"AN ACT AUTHORIZING THE DEPARTMENT OF FAMILY SERVICES AND THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES TO ENTER INTO INTERSTATE ADOPTION ASSISTANCE COMPACTS; AUTHORIZING PROCEDURES FOR INTERSTATE SERVICES AND PAYMENTS; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."**

Submitted by John Melcher, Jr.  
Staff Attorney for the Department of Family Services

Children with special needs as a result of physical or mental disabilities are often difficult to place. Montana and federal law encourage special needs placements through services and benefits created under the Social Security Act, and the Montana Subsidized Adoption Act. In addition to benefits and programs encouraging adoption of children with physical and mental disabilities, the Montana program attempts to place siblings into the same adoptive family.

Adoption assistance agreements entered by DFS and the prospective parents set out the benefits and services to be provided. SRS administers the medicaid benefits available under the agreements. The problem addressed by SB 217 is the question of how to continue these services and benefits when a covered child moves to another state. The bill attempts to resolve this problem by authorizing DFS and SRS to enter interstate compacts setting uniform procedures to be followed to continue the benefits and services.

Federal law already mandates continuation of federal benefits, and has encouraged interstate compacts to implement continuation. However, this bill is the first attempt to authorize such agreements in Montana. Twenty four other states have already passed authorizing acts and entered agreements to implement an essentially uniform compact.

Families moving between states with children covered by adoption assistance agreements have repeatedly complained to DFS about eligibility problems they encounter in their new home state. For example, imagine that you and your family move between one state and another state in the absence of a compact. Your adopted child requires medicaid covered psychological therapy which must continue uninterrupted. The lack of a compact between your new state and your old state makes information on how to obtain a new medicaid card uncertain. After you have accomplished the move you attempt to obtain a medicaid card. You arrive at the county human services office which, in your old state administered the benefits, and an official informs you that you must apply at the state office. The state office tells you

it will process your application, but when you arrive to fill out the application, you discover that you must bring a copy of your adoption assistance agreement along with your certificate of eligibility for federal IV-E benefits. You make a phone call to the state office in your former state, and the state employee tells you to contact the county office for copies of the proper adoption assistance agreement and the IV-E certification. You call the county office, and the worker you need to speak with is on vacation. Finally, after a delay of several weeks you receive your new card, and then discover that psychological services are currently unavailable under their medicaid program.

Assume that these same parents are involved with states party to a compact. The first problem encountered, confusion as to the proper officials to contact, is resolved because each state party to a compact must agree to designate a compact administrator to help with the paper work. Second, the problem of lack of proper documentation should be alleviated because the compact will require the compact administrator of the old residence state to send all medicaid documentation upon request. Specific forms used in both states are already developed and printed to make the request, and to notify the parents of receipt of the documentation when it arrives. A medicaid card must immediately issue.

The third problem here, a reduction in services, may also be alleviated with the help of the compacts. A compact may provide for reciprocal duties for continuation in the new state of all services formerly obtained through medicaid in the old state. SRS has indicated that federal law already requires continuation, and HHS has indicated that specific provisions in compacts are acceptable for implementing continuation and guaranteeing federal funds participation.

The key to efficient uniform interstate administration of benefits is the ability to enter binding agreements obligating new residence states to efficiently provide for full continuation of benefits. With the authority provided by this bill, DFS and SRS will have this ability.

AMENDMENT TO SENATE BILL NO. 174

Beginning on page 2, line 24, Section 2. (2):

A member ~~may not succeed himself~~ may not serve consecutive 5 year terms on the board but may be reappointed after 3 5 years following the termination of his previous appointment.

New Section. TRANSITION -- INITIAL APPOINTMENTS. (1) THE GOVERNOR SHALL MAKE APPOINTMENTS AS NECESSARY UNDER THIS SECTION.

(2) ON SEPTEMBER 1, 1991, THE GOVERNOR SHALL APPOINT A BOARD MEMBER TO A 5-YEAR TERM.

(3) ON SEPTEMBER 1, 1992, THE GOVERNOR SHALL FILL THE VACANCIES BY APPOINTING ONE BOARD MEMBER TO A 5-YEAR TERM AND ONE BOARD MEMBER TO A 1-YEAR TERM AT THE END OF WHICH THE GOVERNOR SHALL APPOINT THE SAME MEMBER TO A 5-YEAR TERM.

(4) ON SEPTEMBER 1, 1993, THE GOVERNOR SHALL APPOINT ONE BOARD MEMBER TO A 1-YEAR TERM AND ONE BOARD MEMBER TO A 2-YEAR TERM. AT THE END OF THOSE TERMS THE GOVERNOR SHALL FILL THE VACANCY BY MAKING AN APPOINTMENT FOR A TERM OF 5 YEARS.

**Testimony on Senate Bill 259****Submitted by:****Kathleen Manion RN****Certified School Nurse****Helena Public Schools**

I speak to you today on behalf of the Montana Association of School Nurses, in favor of this piece of legislation. I have been a school nurse in the Helena area for ten years and for the last two years have served on the Board of Directors for the National Association of School Nurses. I am pleased to be here today, as I am one of your constituents whom this bill directly affects. I have pertinent information that I hope you will find helpful.

School nurses work in the Public Health arena and until four years ago relied on the nursing consultation services provided through the State Health Department. The cliché "you don't know what you have until you've lost it" could not be more appropriate at this time. I am going to have a hard time sharing with you how strongly we school nurses feel about having this or a similar position reinstated. The nurses in more rural areas have been especially impacted. I am lucky, as I have six school nurse colleagues in the Helena District but those nurses who are by themselves in rural school districts have truly struggled the most.

Our job as school nurses is to promote the health of all the children we serve. School nurses love children. They are what make our jobs wonderful. Bobby was a 5 year old I met in 1980, the first year I was a school nurse. He was bright and loved school. One day he came with a dark bruise on his face and it became obvious to us that he had been hit there. It was the first child abuse case I had encountered in my new position and I was unsure of myself. I called Maxine Ferguson at the State Nursing Bureau and she not only provided me with helpful guidance but boosted my confidence. I've dealt with many abuse cases since then, unfortunately, but I'll never forget the help Maxine provided me when I needed it the most. She was always there to give me advice, whether about a specific situation, a programmatic question, or to provide a pertinent continuing education course.

Ex. 9

3-12-91

SB 259

School nurses do more than band-aids. Not only do we deal extensively with child abuse, we also screen children for potential health problems such as vision, hearing, scoliosis and dental problems. We teach health education as a resource person. We maintain health records, especially immunization records, to comply with state law. We make home visits, develop health programs for children with special concerns such as asthma, diabetes, epilepsy, genetic disorders, emotional problems, those needing medications in school; the list goes on. We make independent nursing decisions every day, and are the only health care person on site. Most recently and importantly, the disease of AIDS has made our jobs in the schools more crucial than ever. Educating our children about this disease has far reaching implications.

We need a nursing consultant on the state level. We need technical assistance in the development of programs, and continuing education opportunities specific to school nursing. It is vital to school nursing programs statewide, but mostly vital to the children we serve.

We school nurses have discussed the importance of this position many times, at our semi-annual meetings. Quite frankly, we have felt a sense of abandonment by our State Health Department. Somewhere in our state, at this moment, a five year old Bobby may also be feeling abandoned. Let's not allow this to happen. Please vote Do Pass on Senate Bill 259.

I will be glad to answer any questions you may have.  
Thank you.

Respectfully,

*Kathleen Manion*

Kathleen Manion RN CSN

EXHIBIT 10  
DATE 3-12-91  
58 259

## **COMPARISON OF NURSING ROLES – HOSPITAL AND COMMUNITY HEALTH\***

### HOSPITAL

1. Patient has usually accepted medical and nursing care.
2. Patient usually knows he is ill and wants to get well.
3. Patient assigned to particular nurse or team for care.
4. Nurse has special medical orders for each patient.
5. Necessary supplies and treatment equipment are readily available.
6. Nursing service provided around the clock.
7. Patients needs are supplied (nutrition, bed, heat, etc.).
8. Main focus of nursing care is cure.
9. Nurse's workload is determined for her.
10. Nurse usually assigned to one service, e.g., medical, maternity, surgery, etc.
11. Setting in which nurse works is usually physically comfortable and accessible.
12. Physician directs admission and discharge of patients.
13. Nurse has peers (other nurses, other health professionals) readily available to assist in planning care and carrying out treatment regime.
14. Budget for nursing care, patient supplies, and other supplies and materials are developed by other than nurse providing hands-on patient care.
15. Work area is organized around specific protocols, policies and regulations of accrediting body.

### COMMUNITY HEALTH

1. Acceptance of treatment frequently results only after repeated sessions of counseling and interpretation to the family. Community Health Nurse (CHN) must develop ability to observe deviations from normal health, as early as possible, and have skill to counsel clients to seek care.
2. Patient may not recognize he has health problems, may not seek help, may resist efforts of nurse to assist him/his family.
3. One of basic CHN responsibilities is casefinding. Decision to continue under nursing supervision rests on judgment of CHN.
4. Care is planned for each individual and/or family; CHN initiates physician involvement as necessary when referral for service does not come from physician. When CHN is functioning as school nurse, educational policies, rather than medical institution policies, may influence parameters of her practice.
5. CHN teaches family what equipment is needed, how to improvise it, or where to secure it.
6. Family/patient assume major responsibility for care; direct demonstration of nursing care frequently utilized; CHN frequently called after hours and weekends.
7. CHN interprets needs of patient/family; assists in better utilization of resources within the home, or assists family in locating community/other resources.
8. Focus of community health nursing is to build and maintain optimal physical, mental and social health for each patient/family. Stress is on prevention of illness and promotion of health. Once patient/family is well, objective is to keep him/them well.
9. Workload is self-determined, requiring skill in program planning and self-evaluation.
10. Variety of services in one day, e.g., communicable disease, emergency first aid, maternity, well-child, chronic, geriatric, mental health, etc.
11. Diversified settings including patient's/family's homes, classrooms, health offices, church basements, etc.
12. CHN, following recommended policies, uses own judgement in casefinding, follow-up, and discharge of patients.
13. CHN may work alone (professionally isolated) and have no one who understands unique setting in which community health nursing is practiced.
14. CHN develops own budget, may write grants or solicit funds from service organizations and voluntary agencies to meet needs of patients.
15. Office organization and management, along with workload organization and management, have no dictated standards. CHN must develop own methods.

\* Adapted from Georgia McDonough, Phoenix, AZ.

MISSOULA  
COUNTYCITY-COUNTY HEALTH DEPARTMENT  
301 W. ALDER  
MISSOULA, MONTANA 59802

(406) 721-5700

EXHIBIT 11DATE 3-12-91SB 259

March 12, 1991

Honorable Representative Angela Russell  
Human Services and Aging Committee  
Montana House of Representatives  
Capitol  
Helena, MT 59620

Dear Representative Russell,

I am in support of Senate Bill 259 which will benefit local health departments by providing them with the services of two nursing consultants located within the State Department of Health and Environmental Sciences. The consultants will provide:

- technical assistance in the development, implementation and evaluation of health programs,
- professional consultation regarding community health and health care delivery, and
- continuing education programs.

The role of the community health nurse (CHN) focuses on prevention of illness and promotion of health. Their work is conducted in diversified settings including homes, clinics, schools or community groups. The CHN's responsibilities range from primary nursing care to the development of community health standards and policies. In order to support CHNs across the state in meeting this broad range of professional responsibilities, the guidance, education and coordination provided through SB 259 is essential.

Thank you for considering this legislation, I urge your support of SB 259.

Sincerely,

Yvonne Bradford, Director  
Health Services



EXHIBIT 12  
DATE 3-12-91  
SB 259

Senate Bill 259

Fax # 44-267-38

The public health nurses  
in MT need your support  
of Senate bill 259 for providing  
consultation & direction in  
health care.

The public health  
nurses of eastern Montana  
especially are in need of  
this service

Marion Chudomsky  
Public Health Nurse  
Wheat County  
Wheat MT

EXHIBIT 13  
DATE 3-12-91  
SB 259

FAX 4426738

The Public Health Nurses in Montana need your support of  
Senate Bill 259 for consultation and direction in nursing and health  
care. Eastern Montana nurses have the greatest need.

Karen Ziegler, RN  
Richland Co. Health Dept.  
Sidney, MT

EXHIBIT 14  
DATE 3-12-91  
SB 259

FAX 4426738

The Public Health Nurses in Montana need your support of  
Senate Bill 259 for consultation and direction in nursing and health  
care. Eastern Montana nurses have the greatest need.

Nina Verhasselt  
Richland Co. Health Dept.  
Sidney, MT 59270

EXHIBIT 15

DATE 3-12-91

~~SB~~ 259

FAX 4426738

The Public Health Nurses in Montana need your support of  
Senate Bill 259 for consultation and direction in nursing and health  
care. Eastern Montana nurses have the greatest need.

Mary Alice Rehbein,  
Administrator  
Richland County Health Dept.  
Sidney, Mt.

EXHIBIT 16  
DATE 3-12-91  
SB 259

FAX 4426738

The Public Health Nurses in Montana need your support of  
Senate Bill 259 for consultation and direction in nursing and health  
care. Eastern Montana nurses have the greatest need.

Carol Lee  
Richland Co. Health Dept.  
Sidney, MT



# Montana Nurses' Association

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

EXHIBIT 17  
DATE 3-12-91  
~~SB 259~~

## SB 259 Clarify Duty of DHES to provide Consultation Services for Public Health & School Nurses

### HISTORY

The dissolution of the Nursing Bureau by the 1987 legislature eliminated several critical DHES functions which have not been able to be assumed by any entity in State government. The loss of these consultative functions directly affects approximately 350-400 nurses who are employed in public health and school nursing throughout Montana.

### ISSUE

Nurses who work in public health and school nursing function as "small businesses" in their own right--they are responsible for program development, budgeting, marketing, billing and collecting fees for services (when applicable), evaluating services, maintaining their own professional expertise, all while meeting the nursing needs of a diverse client population. Depending on the educational preparation, many of these nurses have not had any public health education in their curriculum.

Public health and school nurses are locally employed by county governments and school districts and, with the exception of large, full time health departments these nurses typically work in "professional isolation." Nurses in virtually every other employment setting have other professionals available who either provide consultation about or do the functions of program planning, continuing education, and budgeting, to name a few.

### PROPOSAL

Reestablish several functions formerly provided by the Nursing Bureau by employing 1-3 FTE who are Master's Prepared Public Health Nurse(s) to provide:

1. technical assistance in program development implementation and evaluation.
2. professional consultation regarding public health and health care delivery.
3. continuing education for local professionals.

JOHN T. NOONAN, D.D.S., P.C.  
114 - 13TH STREET SOUTH  
GREAT FALLS, MONTANA 59405  
TELEPHONE: (406) 453-1495

March 12, 1991

Madame Chairman, Committee Members:

I am Dr. John T. Noonan from Great Falls. I have practiced dentistry there since 1962 and am currently president of the State Board of Dentistry.

I am here today to seek your support for Senate Bill #307.

Let me give you a little bit of history of the Board of Dentistry.

The Montana State Board of Dentistry was established in 1895. The first Board was composed of five dentists. This arrangement continued for the next 84 years, when a dental hygienist was added to the Board in 1979. The following legislative session, in 1981, saw the addition of a public member to the Board of Dentistry. The configuration was again altered in 1987 when the Board of Dentistry was dissolved and combined with the Dental Board. The combinations resulted in the elimination of one of the dental positions and the addition of a denturist and another public member, representing the Senior Citizens. Since 1987, therefore, the Montana State Board of Dentistry has been composed of the following:

- 4 Dentists
- 1 Dental Hygienist
- 1 Denturist
- 2 Public members

In 1989, legislation was sponsored on behalf of the Board of Dentistry by the Montana Dental Association to restore the fifth dentist to the Board. The legislation was vigorously opposed by the Montana Dental Hygiene Association, the denturists and the Senior Citizens. Senate Bill 114 passed the Senate Public Health Committee by a vote of 6-1 and passed the entire Senate by a vote of 46-2. The House State Administration Committee tabled SB 114 by a 15-3 vote after strong testimony and lobbying by the MDHA. An attempt to untable the bill on March 31 failed by a vote of 38-49; a two thirds majority of the House would have been necessary.

This is where we are coming from with this bill. We have the support of the Montana Dental Hygiene Association, the Denturists and the Department of Commerce.

Ex. 18  
3-12-91  
SB 307

Let me explain why we need the fifth dentist on our board. Montana belongs to the Western Regional Examining Board. This is a testing organization for Montana, Idaho, Utah, Arizona, New Mexico and Alaska.

Board exams are given four times a year at Creighton University in Omaha, NB, University of Oregon, Portland, OR, Loma Linda University, San Bernedino, CA, and the University of the Pacific at San Francisco, CA.

Montana is required to have at least one examiner present at all examinations and usually has two or three. Twelve to fourteen examiners are needed for each exam.

Each state is also responsible for a section of the examination as far as updating it or completely redoing it. This can be a time consuming project as it has been for Montana this past year.

Most complaints that come before the Board of Dentistry involve dentists and the non dentist on the board come to a voting decision based on the discussion of the dentists.

We could also use another head to help with sometimes difficult decisions.

This bill is a compromise by the dentists of the board but it appears to be the only solution at this time.

Because the language in this bill as it now stands would require the nonvoting dentist to be the nonvoting member for his entire term, we would offer the ammendments prepared by Tom Gomez, the Legislative Council researcher for the Senate Public Health Committee. These amendments are on the following sheet.

I ask your support for Senate Bill 307.

Sincerely,



John T. Noonan DDS  
President of the Board of Dentistry



EXHIBIT 19  
DATE 3-12-91  
SB 311

Amendments to Senate Bill No. 307  
Second Reading Copy

Requested by Senator Eve Franklin  
For the Committee of the Whole

Prepared by Tom Gomez  
February 19, 1991

1. Title, lines 7 and 8.

Following: "BOARD" on line 7

Strike: remainder of line 7 through "DENTISTRY" on line 8

Insert: "EXPANDING THE MEMBERSHIP OF THE BOARD OF DENTISTRY TO  
INCLUDE A FIFTH DENTIST; REQUIRING THAT EACH DENTIST  
APPOINTED TO THE BOARD SERVE THE FIRST YEAR OF HIS TERM AS A  
NONVOTING MEMBER;"

2. Page 2, line 9.

Following: "years"

Insert: ", except that each dentist appointed to the board shall  
serve the first year of his term as a nonvoting member of  
the board, as provided in subsection (2)"

3. Page 2, line 15.

Strike: "January 1"

Insert: "March 29"

EXHIBIT 20  
DATE 3-12-91  
SB 371

HOUSE OF REPRESENTATIVES

HUMAN SERVICES COMMITTEE

ROLL CALL VOTE

DATE 3-12-91 BILL NO. SB 371 NUMBER 1

MOTION: Reconsider SB371

NAME	AYE	NO
REP. TIM WHALEN, VICE-CHAIRMAN	✓	
REP. ARLENE BECKER	✓	
REP. WILLIAM BOHARSKI		✓
REP. JAN BROWN	✓	
REP. BRENT CROMLEY		✓
REP. TIM DOWELL	✓	
REP. PATRICK GALVIN	✓	
REP. STELLA JEAN HANSEN	✓	
REP. ROYAL JOHNSON		✓
REP. BETTY LOU KASTEN		✓
REP. THOMAS LEE		✓
REP. CHARLOTTE MESSMORE		✓
REP. JIM RICE		✓
REP. SHEILA RICE	✓	
REP. WILBUR SPRING		✓
REP. CAROLYN SQUIRES	✓	
REP. JESSICA STICKNEY	✓	
REP. BILL STRIZICH	✓	
REP. ROLPH TUNBY		✓
REP. ANGELA RUSSELL, CHAIR	✓	
TOTAL	11	9

ENRIT 21  
DATE 3-12-91  
ST 371

HOUSE OF REPRESENTATIVES

HUMAN SERVICES COMMITTEE

ROLL CALL VOTE

DATE 3-12-91 BILL NO. SB371 NUMBER 2

MOTION: Amendment

NAME	AYE	NO
REP. TIM WHALEN, VICE-CHAIRMAN	✓	
REP. ARLENE BECKER	✓	
REP. WILLIAM BOHARSKI		
REP. JAN BROWN	✓	
REP. BRENT CROMLEY		✓
REP. TIM DOWELL	✓	
REP. PATRICK GALVIN	✓	
REP. STELLA JEAN HANSEN	✓	
REP. ROYAL JOHNSON		
REP. BETTY LOU KASTEN		
REP. THOMAS LEE		✓
REP. CHARLOTTE MESSMORE		✓
REP. JIM RICE		✓
REP. SHEILA RICE	✓	
REP. WILBUR SPRING		✓
REP. CAROLYN SQUIRES	✓	
REP. JESSICA STICKNEY	✓	
REP. BILL STRIZICH	✓	
REP. ROLPH TUNBY		✓
REP. ANGELA RUSSELL, CHAIR	✓	
TOTAL	11	6

22  
3-12-91  
SB 371

HOUSE OF REPRESENTATIVES

HUMAN SERVICES COMMITTEE

ROLL CALL VOTE

DATE 3-12-91 BILL NO. SB 371 NUMBER 3

MOTION: SB 371 Be Concurred In.

NAME	AYE	NO
REP. TIM WHALEN, VICE-CHAIRMAN	✓	
REP. ARLENE BECKER	✓	
REP. WILLIAM BOHARSKI		✓
REP. JAN BROWN	✓	
REP. BRENT CROMLEY		✓
REP. TIM DOWELL	✓	
REP. PATRICK GALVIN	✓	
REP. STELLA JEAN HANSEN	✓	
REP. ROYAL JOHNSON		
REP. BETTY LOU KASTEN		
REP. THOMAS LEE		✓
REP. CHARLOTTE MESSMORE		✓
REP. JIM RICE		✓
REP. SHEILA RICE	✓	
REP. WILBUR SPRING		✓
REP. CAROLYN SQUIRES	✓	
REP. JESSICA STICKNEY	✓	
REP. BILL STRIZICH	✓	
REP. ROLPH TUNBY		✓
REP. ANGELA RUSSELL, CHAIR	✓	
TOTAL	11	7

## HOUSE OF REPRESENTATIVES

## VISITOR'S REGISTER

Human Services & Aging

COMMITTEE

BILL NO. HB 974DATE 3-12-91SPONSOR(S) Rep. Ray Peck

PLEASE PRINT

PLEASE PRINT

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Bob Frazier	Governor's Health Care Committee Montana University System			✓
Tom Cherry	MT. HOSP. ASSN			✓
JACK NOBLE	REGENTS & COMMISSIONERS OF HIGHER ED			✓
PAT ADMIRE	Commiss/HIGHERED			✓
Jim T. Loebky	mt. med assn	974		✓
Heide Lighty	MT College Coalit. on			✓
Lerna Frank	Mt. Farm Bureau			X

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## HOUSE OF REPRESENTATIVES

## VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 146  
 DATE 3-12-91 SPONSOR(S) Sen. Keating

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
<i>John T. Dandberg</i>	<i>Pub. Acct. Assn.</i>	<i>SB 146</i>		<input checked="" type="checkbox"/>
<i>Mary McCue</i>	<i>MM HCA</i>	<i>SB 146</i>		<input checked="" type="checkbox"/>
<i>Steve Browning</i>	<i>MMH</i>	<i>SB 146</i>		<input checked="" type="checkbox"/>

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HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging

COMMITTEE

BILL NO. SB 188

DATE 3-12-91

SPONSOR(S) Sen. Harding

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Michael Bergkamp 535 Carter	acupuncture & <del>herbal medicine</del> Professor			X
Mary McCue	Acup Assoc of MT			X
Donald R. Bann 482 E. 2nd St. Bismarck	Acu. Assoc. MT.			X
SARA MARIE 482 ELECTRIC Bismarck	Acu. Assoc. MT.			X
Danya Hartman Helena	Public			X
Thomas Bump	Acup. Assoc. MT			X
Tom Hopgood	Health & Assoc Assoc	SB 188	✓	
Bridgette Mazurek Helena	Acup. Assoc of Montana			X
Rorie Hamrahren	" "			X
LARRY AKEY	MT ASSOC OF LIFE UNDERWRITER		✓	

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HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 217  
 DATE 3-12-91 SPONSOR(S) Sen. Eck

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
John Melcher Jr.	Dept. of Family services		X	

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HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB174  
 DATE 3-12-91 SPONSOR(S) Sen. Franklin

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Mary McCue	MM HCA			X
Jim Smith	MSPA			+
Michael McLoughlin	Bd. of Psychologists			X
John A. Blatt	Nt. Psychological Assn			X

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HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 259  
 DATE 3-12-91 SPONSOR(S) Sen. Franklin

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
<i>Embarx Pooker</i>	<i>Mt. Nurses Assoc</i>	<i>SB 259</i>		<input checked="" type="checkbox"/>
<i>Jean T Loerby</i>	<i>Mt. M. A. S. S.</i>	<i>SB 259</i>		<input checked="" type="checkbox"/>
<i>MAXINE FERGUSON</i>	<i>MT. DEPT OF HEALTH</i>			
<i>Cliff Baumgardner</i>	<i>Demo. W's Caucus</i>	<i>SB 259</i>		<input checked="" type="checkbox"/>
<i>Kathleen Manion</i>	<i>Mt. Assoc of School Nurses</i>			<input checked="" type="checkbox"/>
<i>Mike Stroh</i>	<i>MT Nurses Assoc</i>			<input checked="" type="checkbox"/>
<i>Robert Johnson</i>	<i>Mont Pub H. Assoc.</i>			<input checked="" type="checkbox"/>

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HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging

COMMITTEE

BILL NO. SB 307

DATE 3-12-91

SPONSOR(S) Sen. Franklin

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
John T Noonan DDS	Board of Dentistry			X
Roger Tippy	MT Dental Assn			X - w/ Amend
Wm E Zemp	Montana Dental Assn.			X - with Amendment
Chris Herbert, RDH	MT-Dental Hygienists Assn			X
STEVE MELOY	Dept of Comm.			X
Roland B Pratt	Denturist Assoc of MT			without X amend

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