

MINUTES

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

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By Rep. Angela Russell, Chair, on March 14, 1991,
at 3:15 p.m.

ROLL CALL

Members Present:

Angela Russell, Chair (D)
Tim Whalen, Vice-Chairman (D)
Arlene Becker (D)
William Boharski (R)
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)
Sheila Rice (D)
Wilbur Spring (R)
Carolyn Squires (D)
Jessica Stickney (D)
Bill Strizich (D)
Rolph Tunby (R)

Members Excused: Jim Rice

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

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

EXECUTIVE ACTION ON SB 307

Motion: REP. WHALEN MOVED SB 307 BE CONCURRED IN.

Motion/Vote: REP. STICKNEY moved to amend SB 307. EXHIBIT 1.
Motion carried 18-2 with REPS. WHALEN and SPRING voting no.

Motion/Vote: REP. JOHNSON MOVED SB 307 BE CONCURRED IN AS
AMENDED. Motion carried 19-1 with REP. WHALEN voting no.

HEARING ON SB 254

Presentation and Opening Statement by Sponsor:

SEN. TOM KEATING, Senate District 44, Billings, stated that this is not at the request of Department of Health and Environmental Sciences (DHES). This is a bill which would allow a health care facility that has been granted Joint Commission on Accreditation Health Care Organization (JCAHCO) certificates to be approved by the DHES without having to go through a complete survey. This bill will allow the DHES to accept a portion of the survey that is done by the JCAHCO as a part of their permitting process. The Joint Commission on Accreditation is a strict accreditation organization. Their survey is quite extensive. The DHES would utilize some of this survey in determining whether to grant their certifications. This can cut time and save money.

Proponents' Testimony:

Pat Melby, Rimrock Foundation, stated Rimrock Foundation asked Sen. Keating to introduce this bill. In the statute there is a provision which requires the DHES to accept accreditation by the JCAHCO as licensure standards. There are other kinds of health care facilities accredited by JCAHCO. The purpose of this bill was to give the DHES the authority to recognize the accreditation by the JCAHCO to licensure standard, if the DHES so chooses. Very stringent procedures are used by the JCAHCO in doing surveys, and accreditation by the JCAHCO should be sufficient for meeting state licensure requirements.

Dale Talliaferro, Administrator Health Facilities Division, Department of Health and Environmental Sciences, supports SB 254.

Opponents' Testimony: None

Questions From Committee Members:

REP. SQUIRES asked if JCAHO accreditation is for three years. Mr. Melby stated that is correct, the JCAHCO accreditation is for a three year period. Under this provision, nothing will prevent the DHES in doing their own licensure survey during that three year period of time. This bill only allows DHES to recognize the accreditation for licensure standards.

Closing by Sponsor: SEN. KEATING closed the hearing on SB 254.

EXECUTIVE ACTION ON SB 254

Motion/Vote: REP. HANSEN MOVED SB 254 BE CONCURRED IN. Motion carried unanimously.

HEARING ON SB 306

Presentation and Opening Statement by Sponsor:

SEN. TOM KEATING, Senate District 44, Billings, stated the licensed professional counselors (LPCs) in several instances, have not been listed as eligible for Medicaid reimbursement.

During the last session they were added to the list of Medicaid eligible health care providers. There were no monies appropriated last biennium, so their services were not utilized as Medicaid eligible providers for those who were in private practice. LPCs serving in a health care organization were Medicaid eligible. This bill strike the language specifically appropriating money for their services. In this biennium there has been a specific appropriation of \$90,000 for use by Department of Family Services (DFS) and Department of Social and Rehabilitative Services (SRS) to engage LPCs for their services. They are now Medicaid eligible and there is an appropriation for them, but the language to be stricken is not appropriate for use in the state statute.

Proponents' Testimony:

Dr. Quinton Hehn, Secretary, Montana Mental Health Counselors Association, stated that LPCs are fully qualified, certified, trained, and educated to deal with a broad range of mental illnesses. Most psychologist refuse to deal with the mentally ill clients. The mental health centers can discourage these patients from coming and they have long waiting lists. Most LPCs will see these patients as soon as possible.

Carol Staben-Burroughs, Montana Mental Health Counselors Association, stated that LPCs are the only health care providers who are excluded from being Medicaid providers. LPCs are the largest in number of health care providers. The trained LPCs in Montana and the other groups are trained out of state. If we can't receive Medicaid benefits many of our resources are going to have to leave the state or they will have to leave the state to train as licensed social workers. Our office gets three to five calls a week from Medicaid recipients.

Nancy Tiard, Montana Mental Health Counselors Association, stood in support of SB 306.

Opponents' Testimony: None

Questions From Committee Members:

REP. MESSMORE asked what the standard credential is for LPCs. Dr. Hehn stated that an LPC has to have a Masters Degree, training in counseling, and 1,500 supervised hours of clinical practice. This is similar to a licensed social worker who is licensed by the same board.

Closing by Sponsor:

SEN. KEATING stated that the funding in the current biennium is not necessary to be stated in the Code. This is a cleanup bill. The appropriation for an LPC is in the current biennium making the statutory language superfluous. The LPCs are a rural profession by nature. What we have seen in the past is that

individuals who are eligible for Medicaid services go to an LPC for the appropriate service and find out that the counselor was not able to accept Medicaid eligible clients. So the client would have to find a regular doctor who would charge \$90. Medicaid would then have to pay \$90 for an inappropriate service.

EXECUTIVE ACTION ON SB 306

Motion: REP. STICKNEY MOVED SB 306 BE CONCURRED IN. Motion carried unanimously.

HEARING ON SB 408

Presentation and Opening Statement by Sponsor:

SEN. TOM KEATING, Senate District 44, Billings, stated that this bill is at the request of the Department of Institutions (DOI) to clarify the terminology defining the role of the DOI and make Montana law consistent with federal law. This really doesn't change what the DOI is doing, but clarifies the law by virtue of its newly established mission and policies.

Proponents' Testimony:

Dan Anderson, Administrator, Mental Health Division, Department of Institutions, submitted written testimony. EXHIBIT 2

Kathy McGowen, Montana Council of Mental Health Centers (MCMHC), stated that MCMHC worked closely with the DOI in formulating these changes and they support these changes.

Cliff Murphy, Mental Health Association of Montana (MHAM), stated that MHAM supports this bill.

Opponents' Testimony: None

Questions From Committee Members: None

Closing by Sponsor: SEN. KEATING closed on SB 408.

EXECUTIVE ACTION ON SB 408

Motion: REP. JOHNSON MOVED SB 408 BE CONCURRED IN. Motion carried unanimously.

HEARING ON SB 310

Presentation and Opening Statement by Sponsor:

REP. BILL YELLOWTAIL, Senate District 50, Wyola, stated that section 37-2-104, MCA generally prohibits doctors from dispensing drugs and then goes on to set up exceptions. Some exceptions are in case of an emergency when there is no pharmacy available, or

when dispensing is in the unusual course of business. This bill would add one additional exception and that is in the case of a contract physician at an urban Indian clinic; there are several in Montana. Three of the centers in Montana offer such health services to clinics. Those clinics have contract physicians. The issue is that these physicians would like to be permitted to dispense drugs.

Proponents' Testimony:

Francis Belgarde, Helena Indian Alliance, stated that the Bureau of Indian Affairs (BIA) operates under the Department of Interior, while the Indian Health Service (IHS) operates under the Human Services Department. IHS provides health care to Native Americans on and off the reservations. Health care off the reservations is provided by IHS through 34 urban clinics throughout the United States. Three of those clinics are located in Montana. An urban Indian clinic is where Indians can receive unlimited health care. The Urban Indian Health Clinic in Helena receives donations which allows them to serve non-Indians; 30% of their people are homeless. Having to pay for prescription with their limited budget puts them into a tail wind. Although we do not generate a profit, allowing physicians practicing in urban clinics to dispense medicines would go far in allowing them to serve many more patients at the three Montana clinics.

Robert Parisian, Executive Director, Great Falls Native American Center (GFNAC), stated that GFNAC is funded under PL94 which is the Indian Health Improvement Act. Urban appropriations come under the same Act as the IHS corporations, but they are funded separately under the urban appropriation bill. There are 34 urban programs throughout the United States and five of those are in Montana. This year the programs are funded under a basic \$17.5 million. All the services are free to Native Americans in Great Falls. With the passage of this bill we would be able to purchase pharmaceuticals through a federal supply center at a much lower cost than we are presently paying. If this bill is passed we will be able to use the savings that we realized on pharmacy costs to provide more physician services. Right now we contract at ten hours per week.

Dr. Connie O'Connor, Leo Pocha Memorial Clinic, Helena, stated that this non-profit clinic has been a vital part of this community for the last ten years. It was originally established to meet the health care needs of Native Americans in the Helena area. Since that time they have extended services to non-Native Americans in this area. They are able to do that through the generosity of United Way and local churches. Many patients are medically indigent, meaning they have no Medicaid, Medicare insurance or money to pay for doctor visits and medications. They do not deny service to anyone and it is part of their mission to provide medications to sick people who have no means to pay. They ordered pharmaceuticals from wholesale distributors and were dispensing the medication free for patients who could

not afford to pay for prescriptions. I assume that physicians could be spent in Montana as they could in other states. This is a cost effective way of stretching our limited year of pharmaceutical budget of \$2,400. When we were told by the IHS that dispensing by physicians was unlawful in Montana, we stopped dispensing and looked at alternatives. We could hire a pharmacist, but that would exhaust the money we had for medication. We advertised for a volunteer pharmacist, but not one pharmacist answered the ad. We asked IHS for more money to hire a pharmacist, but they said there was no money available for the Urban clinic. The only alternative is to amend the current law.

Marjorie Bear Don't Walk, submitted written testimony. **EXHIBIT 3**

Jerome Loendorf, Montana Medical Association, stated that when this law was first enacted its purpose was to prevent conflicts of interest on the part of medical practitioners. The first subsection of the bill is a general prohibition against dispensing by medical practitioners. The second subsection contains a list of exceptions. Medical practitioners can dispense when there is no profit to themselves or profits are likely to be negligible.

Mike Stephen, Montana Nurses Association (MNA), stated that MNA supports this bill. This fulfills a certain need in our community and fulfills a requirement for care for others that cannot help themselves in these instances.

REP. FLOYD GERVAIS, stated that he supports this bill.

Kathleen Fleury, Coordinator of Indian Affairs, submitted written testimony. **EXHIBIT 4**

Bonnie Tippy, Montana Pharmaceutical Association (MPA), stated that MPA has spent a great deal of time and effort on this issue. They fully understand the problem of the urban Indian health services, and for that reason rise in support of the bill. She submitted amendments. **EXHIBIT 5**. The contract physician may not delegate the authority for dispensing for which a prescription is required. If dispensing is going to be taking place without that check and balance, without a pharmacists to check, then the physician shouldn't be able to leave the premises.

Shawn Gun Shows, Montana Alliance for Progressional Policy (MAPP), stated that MAPP supports Indian progress that assists the Native Americans.

Opponents' Testimony: None

Questions From Committee Members:

REP. WHALEN asked if **SEN. YELLOWTAIL** approved of the amendments. **SEN. YELLOWTAIL** stated that in general these amendments can be

characterized as entirely redundant and unnecessary. Dr. O'Connor stated that she agrees with SEN. YELLOWTAIL that mostly they are unnecessary, but acceptable if the committee feels they are necessary to pass the bill.

REP. RUSSELL asked why there haven't been any volunteers from pharmacies. Dr. O'Connor stated that they put an ad in the local paper and did not get any response at all. Ms. Tippy stated that there are two things happening that explains why there haven't been volunteers. MPA was never contacted. Since this bill came up we have had people calling and saying they wished they would have known about the need for volunteers earlier. There is a shortage of pharmacists in Montana. They can come up with volunteers.

REP. JOHNSON asked that if the amendments were included, would that restrict her practice and what they are trying to do. Dr. O'Connor said no, it would not.

REP. BOHARSKI asked if there was any reason why some individuals who are currently going to their private physician and receiving drugs from a local pharmacy can't go now directly to the clinic. SEN. YELLOWTAIL stated that the whole purpose of the Urban Indian Centers and Clinics is to make their resources spread as far as they can for Indian people who can't afford this on their own. Dr. O'Connor stated that does happen. The emergency room in Helena sees patients who are indigent and will write them prescription and don't realize that these patients don't have the money to pay for them. These patients then go to social service agencies, such as the Medicaid offices and say they can't afford these prescriptions and then they find out about our clinic and come there. The United Way has given us a certain amount of money for prescriptions for indigent patients.

REP. BOHARSKI asked if there are any federal regulations to prevent the Urban Indian Clinic from charging fees to patients. Dr. O'Connor stated that she is not aware of any law that states that they actually cannot receive payment for prescriptions. Their clinic gets funding from sources other than federal sources. Mr. Parisian stated there is not a federal law that prohibits them from charging patients.

REP. JOHNSON asked if the amendments would affect the clinic in Billings. Mr. Parisian said no. We will be filling third party prescriptions.

REP. JOHNSON asked if the doctor is delegating that authority and do they have a full-time doctor. Mr. Parisian stated that they contract for a doctor two days a week. There isn't money to have a full-time doctor.

REP. BOHARSKI asked what is the policy of the pharmacies in the state as far as accepting Medicaid clients. Ms. Tippy stated that she doesn't know of any pharmacy that does not accept

Medicaid or Medicare prescription patients.

Closing by Sponsor:

SEN. YELLOWTAIL stated that it is clear that the Urban Indian Centers are spread thin and are trying to do their best to serve, Indians and non-Indians. This authority is needed to complete their mission.

EXECUTIVE ACTION ON SB 310

Motion: REP. CROMLEY MOVED SB 310 BE CONCURRED IN.

Motion: REP. BECKER moved to amend SB 310.

Page 2, line 12.

Following: "drugs"

Insert: "for no fee or charge"

Following: "clinic"

Insert: "Such clinic may not stock or dispense any dangerous drug or controlled substance defined in 50-32-101. The contract physician may not delegate the authority to dispense any drug for which a prescription is required under 21 U.S. Code sec. 353 (b)."

Discussion:

REP. WHALEN stated that the drugs aren't made available to the general public unless a physician writes a prescription. This way you are eliminating the middle man, and the physician can dispense to people who he feels need those medications.

REP. HANSEN asked if they are going to charge the patient for drugs, but they didn't say anything about paying for the visit. REP. RUSSELL stated that they would apply for the patient visit. REP. MESSMORE stated that it would be the intent that people on Medicaid and Medicare or third party insurance would bill them for the services including drugs that they receive in Indian Urban Clinics. If they received the payment, they would offer no charge nor would a person be expected to pay. If that is their intent, this could be a problem with the population of people they are going to charge for the service for services received.

Motion: REP. WHALEN MADE A SUBSTITUTE MOTION TO AMEND SB 310.

Insert: language having to do with no fee or charge

Motion: REP. STICKNEY MADE A SUBSTITUTE MOTION TO AMEND SB 310.

Motion carried 16-4 with REPS. BECKER, HANSEN, JOHNSON, and KASTEN voting no.

Strike: REP. WHALEN'S amendment.

HOUSE HUMAN SERVICES & AGING COMMITTEE

March 14, 1991

Page 9 of 11

Discussion:

REP. MESSMORE stated that she would resist the amendment. The bill and the fact that the Pharmacy Association came in as opponents in the Senate and came in as Proponent to this committee, what we have here is an attempt to compromise.

REP. WHALEN stated that we are talking about deleting amendments. There were two amendments proposed. I offered the first part of those proposed amendments. I am not clear what REP. STICKNEY is offering to do. David Niss stated that his understanding is that REP. WHALEN'S amendment offered all of these amendments to the bill accept for the insertion "for no fee or charge".

Vote: Motion carried 9-8 with REPS. BECKER, BOHARSKI, KASTEN, LEE, MESSMORE, J. RICE, SPRING, and TUNBY voting no.

Motion/Vote: REP. STICKNEY MOVED SB 310 BE CONCURRED IN AS AMENDED. Motion carried unanimously.

HEARING ON SB 260

Presentation and Opening Statement by Sponsor:

SEN. GARY AKLESTAD, Senate District 6, Galata, stated that this is a straight forward bill that is considered a public health bill. This is a bill about passengers on buses that cannot smoke when traveling interstate or crossing state lines. When the action of one individual is detrimental to many, then it should be the obligation of people in our position to legislate to protect those who cannot protect themselves.

Proponents' Testimony: None

Opponents' Testimony: None

Questions From Committee Members: None

Closing by Sponsor:

SEN. AKLESTAD closed on SB 260.

EXECUTIVE ACTION ON SB 260

Motion: REP. SPRING MOVED SB 260 BE CONCURRED IN. Motion carried 18-2 with REPS. BECKER and WHALEN voting no.

HEARING ON SB 205

Presentation and Opening Statement by Sponsor:

SEN. DOROTHY ECK, Senate District 40, Bozeman, stated this bill addresses the need for services for children in our communities, and requires that those services be coordinated. This bill

provides for cooperative agreements for childrens' services among a number of state agencies. The bill exempts the developmentally disabled because they already have a good system of coordinating their services both at the state level and the federal level. The bill creates a group called the Interagency staffing group to provides coordination. This starts to put together a system that will work well at the state and the local level.

Proponents' Testimony: None

Opponents' Testimony: None

Questions From Committee Members: None

Closing by Sponsor:

SEN. ECK stated that we do have support and have discussed this concept with the Department of Family Services and with lobbying groups working on childrens' issues.

HEARING ON SB 348

Presentation and Opening Statement by Sponsor:

SEN. DOROTHY ECK, Senate District 40, Bozeman, stated that this bill was introduced at the request of the Department of Family Services. Most of the changes are contained on page 4 and 5. The bill refers to an incapacitated person; incapacitated persons are not incapacitated by age. The bill gives authority to DFS to provide protective services to certain older and developmentally disabled persons. If a disabled person appears to be abused or neglected and there is a risk of serious personal injury, DFS can take action. DFS can provide long term protective services and can find another placement for this person. If the person is not able to consent DFS will have to petition the district court to act as a temporary guardian, or appoint a temporary guardian.

Proponents' Testimony:

John Melcher, Jr., Department of Family Services, submitted written testimony and proposed amendments. EXHIBIT 5 & 6

Doug Blakely, Office on Aging, Department of Family Services, stated that the Office on Aging supports this bill. It is the OA's responsibility to advocate for senior citizens. The bill is specific enough to deal with only certain types of situations. It recognizes the jeopardy that the senior citizens are in and provides protection in those situations.

LeDean Lewis, American Association of Retired Persons, submitted written testimony. EXHIBIT 7

Opponents' Testimony: None

HOUSE HUMAN SERVICES & AGING COMMITTEE

March 14, 1991

Page 11 of 11

Questions From Committee Members: None

Closing by Sponsor:

SEN. ECK stated that not all senior citizens are disabled. This is closing some problems in the law to make sure that our elderly disabled are taken care of.

EXECUTIVE ACTION ON SB 348

Motion: REP. CROMLEY MOVED SB 348 BE CONCURRED IN.

Motion/Vote: REP. CROMLEY moved to amend SB 348. Motion carried unanimously.

Page 5, line 24.

Strike: "A person gathering evidence"

Insert: "Evidence gathered by a physician"

Page 5, line 25.

Strike: "submit it"


Insert: "submitted"

Motion/Vote: REP. CROMLEY MOVED SB 348 BE CONCURRED IN AS AMENDED. Motion carried unanimously.

ADJOURNMENT

Adjournment: 7:20 p.m.


ANGELA RUSSELL, Chair


Jeanne Krumm, Secretary

AR/jck

HOUSE OF REPRESENTATIVES

HUMAN SERVICES AND AGING COMMITTEE

ROLL CALL

DATE 3-14-91

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	✓		

10:05
3-15-91
7DB

HOUSE STANDING COMMITTEE REPORT

March 15, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 307 (third reading copy -- blue) be concurred in as amended .

Signed: _____
Angela Russell, Chairman

CAUTION: BILL COPY IS BEING FORWARDED

And, that such amendments read:

1. Title, lines 7 and 8.

Strike: "TO ADD A FIFTH" on 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 ANY FIVE YEAR STATUTORY TERM AS A NONVOTING MEMBER;"

2. Page 2, line 9.

Following: "."

Insert: "Each dentist appointed to the board for a statutory five year term shall serve the first year of the term as a nonvoting member of the board. "

3. Page 2, line 15.

Strike: "January 1"

Insert: "March 29"

HOUSE STANDING COMMITTEE REPORT

March 15, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 254 (third reading copy -- blue) be concurred in and be placed on consent calendar.

Signed: _____
Angela Russell, Chairman

Carried by: Rep. S.J. Hansen

10705
--- 4/1
JDR

HOUSE STANDING COMMITTEE REPORT

March 15, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging
report that Senate Bill 306 (third reading copy -- blue) be
concurrent in .

Signed: _____
Angela Russell, Chairman

cc: Rep. [illegible]

HOUSE STANDING COMMITTEE REPORT

March 15, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging
report that Senate Bill 408 (third reading copy -- blue) be
concurred in .

Signed: _____
Angela Russell, Chairman

Carried by: Rep. Messmore

10:05
3-15-91
TDB

HOUSE STANDING COMMITTEE REPORT

March 15, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging
report that Senate Bill 310 (third reading copy -- blue) be
concurrent in .

Signed: _____
Angela Russell, Chairman

Carried by: Rep. Russell

10105

3-15-91

512B

HOUSE STANDING COMMITTEE REPORT

March 15, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging
report that Senate Bill 260 (third reading copy -- blue) be
concurred in .

Signed: _____
Angela Russell, Chairman

Carried by: Rep. Spring

17 13
3-15-11
JDR

HOUSE STANDING COMMITTEE REPORT

March 15, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging
report that Senate Bill 348 (third reading copy -- blue) be
concurrent in as amended .

Signed: _____
Angela Russell, Chairman

Carried by: Rep. Cromley

And, that such amendments read:

1. Page 5, line 24.

Strike: "A person gathering evidence"

Insert: "Evidence gathered by a physician"

Following: "must"

Insert: "be"

2. Page 5, line 25.

Strike: "submit it"

Insert: "submitted"

EXHIBIT 1
DATE 3-14-91
HB 307

Amendments to House Bill No. 307
Third Reading Copy

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

Prepared by David S. Niss
March 14, 1991

1. Title, lines 7 and 8.

Strike: "TO ADD A FIFTH" on 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 ANY FIVE YEAR
STATUTORY TERM AS A NONVOTING MEMBER;"

2. Page 2, line 9.

Following: "."

Insert: "Each dentist appointed to the board for a statutory five
year term shall serve the first year of the term as a
nonvoting member of the board. "

3. Page 2, line 15.

Strike: "January 1"

Insert: "March 29"

EXHIBIT 2
DATE 3-14-91
SB 408

TESTIMONY ON SB 408
BY DAN ANDERSON

HOUSE HUMAN SERVICES COMMITTEE
MARCH 14, 1991

MADAM CHAIR, MEMBERS OF THE
COMMITTEE. MY NAME IS DAN
ANDERSON. I AM ADMINISTRATOR
OF THE MENTAL HEALTH DIVISION
OF THE DEPARTMENT OF
INSTITUTIONS.

THE PURPOSE OF SB 408 IS TO
CLARIFY THE MEANINGS OF SOME
TERMINOLOGY IN THE STATE'S

COMMUNITY MENTAL HEALTH CENTER
LAWS, TO ELIMINATE SOME
INAPPROPRIATE AND MISLEADING
TERMINOLOGY AND TO CLARIFY THE
DEPARTMENT OF INSTITUTION'S ROLE
AND AUTHORITY WITHIN THE
COMMUNITY MENTAL HEALTH
PROGRAM. I DON'T INTEND TO GO
THROUGH EVERY AMENDMENT IN
DETAIL ALTHOUGH I WOULD BE
HAPPY TO ANSWER ANY QUESTIONS
THAT MEMBERS OF THE COMMITTEE
MAY HAVE.

EXHIBIT 2
DATE 3-14-91
SB 408

HOWEVER, I WOULD LIKE TO
HIGHLIGHT FOR YOU A COUPLE OF
THE CHANGES PROPOSED BY THIS
BILL.

STARTING ON PAGE 1, LINE 17
THROUGH PAGE 2, LINE 14, THE
DEPARTMENT IS PROPOSING TO
AMEND THE DEFINITION OF
COMMUNITY MENTAL HEALTH
CENTER. THIS CHANGE IS INTENDED
FIRST OF ALL, TO MAKE CLEAR
THAT COMMUNITY MENTAL HEALTH
CENTERS ARE HEALTH CARE
FACILITIES WHICH ARE LICENSED BY
THE DEPARTMENT OF HEALTH AND

ENVIRONMENTAL SCIENCES.

SECONDLY, WE WISH TO DELETE THE REQUIREMENT THAT COMMUNITY MENTAL HEALTH CENTERS PROVIDE 24-HOUR INPATIENT CARE. THE CENTERS OBTAIN INPATIENT CARE FROM LOCAL HOSPITALS AND IT IS NOT NECESSARY THAT THE CENTERS THEMSELVES PROVIDE THIS SERVICE.

THIRD, THESE AMENDMENTS MAKE THE DEFINITION OF COMMUNITY MENTAL HEALTH CENTERS CONSISTENT WITH THE WAY THEY ARE DEFINED IN THE FEDERAL LAW WHICH PROVIDES FUNDING FOR THE COMMUNITY MENTAL HEALTH

2
DATE 3-14-91
SB 408

PROGRAM THROUGH THE
DEPARTMENT OF INSTITUTIONS.

THE SECOND PART OF THIS BILL I
WOULD LIKE TO HIGHLIGHT IS ON
PAGE 3, LINES 6 THROUGH 8. THE
DEPARTMENT HAS NEVER ENGAGED
IN SCIENTIFIC AND MEDICAL
RESEARCH AND I DON'T BELIEVE
THAT ANYONE SERIOUSLY THINKS
THAT THAT IS THE ROLE OF A
STATE AGENCY, THEREFORE, WE
BELIEVE IT IS APPROPRIATE TO
ELIMINATE THAT LANGUAGE.

2
DATE 3-14-91
SB 408

THE THIRD CHANGE I WOULD LIKE TO EMPHASIZE FOR YOU IS ON PAGE 4, LINES 2 THROUGH 7. CURRENT LANGUAGE IN THE LAW WOULD IMPLY THAT THE DEPARTMENT HAS BROAD AUTHORITY TO ESTABLISH STANDARDS AND EVALUATE PERFORMANCE OF A WIDE VARIETY OF MENTAL HEALTH PROGRAMS INCLUDING PSYCHIATRIC UNITS IN HOSPITALS, PRIVATE CLINICS, PRIVATE PRACTITIONERS OFFICES, ETC.

AS A POLICY MATTER, THE DEPARTMENT HAS LIMITED THE

EM 2
DATE 3-14-91
SB 408

SCOPE OF ITS AUTHORITY TO
ESTABLISHING STANDARDS AND
EVALUATING THE PERFORMANCE OF
PROGRAMS WHICH RECEIVE FUNDS
FROM THE DEPARTMENT. I BELIEVE
THAT IS THE APPROPRIATE SCOPE
OF OUR RESPONSIBILITIES AND THIS
BILL WOULD MAKE THAT CLEAR.

THE PURPOSE OF THIS BILL IS NOT
TO CHANGE THE COMMUNITY MENTAL
HEALTH PROGRAM. THE PURPOSE IS
SIMPLY TO CLARIFY THE LANGUAGE
AND TO DESCRIBE ACCURATELY THE
DEPARTMENT'S RESPONSIBILITIES AS
THE STATE MENTAL HEALTH
AUTHORITY.

2
3-14-91
SB 408

THIS BILL HAS BEEN REVIEWED BY
THE STATE MENTAL HEALTH
PLANNING AND ADVISORY COUNCIL
AND WAS UNANIMOUSLY ENDORSED
BY THE COUNCIL AT ITS MOST
RECENT MEETING.

I AM AVAILABLE TO ANSWER
QUESTIONS THAT COMMITTEE
MEMBERS MAY HAVE ABOUT OTHER
PARTS OF THIS BILL WHICH I DID
NOT DISCUSS.

THANK YOU.



Indian Health Board of Billings Inc.

915 Broadwater Square
Billings, Montana 59102
(406) 245-7372 or 245-7318

EXHIBIT 3DATE 3-14-91HB SB 310

kinko's BILLINGS, MT
FAX # 406-252-6499

No. of
Pages

March 14, 1991

To: Francis Belgarde
Testimony for Montana House
Montana State Capital
Helena, Montana 59601

To: <u>Francis Belgarde</u>	From: <u>IHBO</u>
Co: <u>436 N. Jackson</u>	Co:
Dept: <u>Helena MT</u>	Phone No: <u>245-7318</u>
Fax No: <u>406-6699</u>	Fax No:

The Indian Health Board of Billings is one of the urban Indian Clinics affected by Senate Bill 310, approximately 6,000 Indians live in the Billings area.

54% of the Indian population in Montana live off the reservation. Many Indian people left the reservation under the BIA Relocation Program of the 50's and 60's, many left for socioeconomic reasons, and many leave to attend higher education. Indians in urban areas often become the student poor, the working poor, and the welfare poor.

Urban Indians face many barriers to receive adequate health care. The involvement of urban Indian Clinics during the 70's was an effort to provide some health care to these people abandoned by the BIA Relocation Program. Urban Indian Health Programs were funded under the Indian Health Improvement Act of the mid 70's. The total amount of funds for Urban Indian Health Programs across the nation is equal to less than 1% of the total Indian Health Service budget.

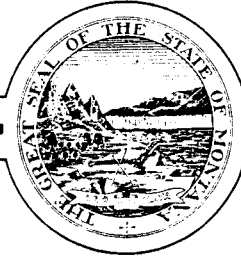
The Montana urban Indian Health Clinics in Great Falls, Helena, and Billings, are small, under funded, and serve a large client population. To provide minimum health care to urban Indian clients it is necessary for the health provider to provide medication to the patient at the time of the visit, since the majority of these clients will not be able to purchase a prescription.

This amendment, Senate Bill 310, would allow urban Indian Clinic doctors to dispense medication. This amendment would greatly assist Urban Indian Clinics to continue to provide health care to urban Indian people.

Sincerely,
Marjorie Bear Don't Walk
Marjorie Bear Don't Walk
Executive Director

STATE COORDINATOR OF INDIAN AFFAIRS

4
3-14-91
x SB 310



STAN STEPHENS, GOVERNOR

1218 EAST SIXTH AVENUE

STATE OF MONTANA

(406) 444-3702
KATHLEEN M. FLEURY, COORDINATOR

HELENA, MONTANA 59620-0401

WRITTEN TESTIMONY IN SUPPORT OF SENATE BILL NO. 310

DEAR MADAM CHAIR AND COMMITTEE MEMBERS:

I AM KATHLEEN FLEURY, COORDINATOR OF INDIAN AFFAIRS FOR THE STATE OF MONTANA. I HEREBY WISH TO GO ON RECORD SUPPORTING PASSAGE OF SENATE BILL NO. 310.

THIS BILL IS EXTREMELY IMPORTANT TO THE URBAN INDIAN POPULATION THROUGHOUT THE STATE OF MONTANA. THIS BILL WILL ALLOW THE URBAN INDIAN CLINICS TO DISPENSE DRUGS TO PATIENTS OF THE CLINIC SO THAT SICK CHILDREN AND SICK ELDERLY INDIAN PERSONS CAN BE PROVIDED NECESSARY MEDICATION WHEN BEING TREATED AT THE CLINIC.

I HEREBY URGE PASSAGE OF THIS BILL.

THANK YOU,

Kathleen Fleury

DEPARTMENT OF FAMILY SERVICES

5
3-14-91
SB 348



STAN STEPHENS, GOVERNOR

(406) 444-5900

STATE OF MONTANA

P.O. BOX 8005
HELENA, MONTANA 59604

TESTIMONY IN SUPPORT OF SB 348

AN ACT AUTHORIZING THE DEPARTMENT OF FAMILY SERVICES TO PROVIDE PROTECTIVE SERVICES TO CERTAIN OLDER AND DEVELOPMENTALLY DISABLED PERSONS; ESTABLISHING AUTHORITY FOR GATHERING AND SUBMITTING EVIDENCE OF ABUSE OR NEGLECT OF OLDER AND DEVELOPMENTALLY DISABLED PERSONS; AND AMENDING SECTIONS 53-5-503 AND 53-5-504.

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

This bill adds two important protections against elderly and disabled adult abuse and neglect. First, where an older person or disabled adult is suffering from abuse or neglect so severe that there exists a substantial risk of death or immediate serious physical injury, social workers may immediately remove the individual to a safe environment and/or to a hospital for treatment. The placement and/or services will be on a voluntary basis, unless the at-risk individual is an incapacitated person. In the event of removal of an incapacitated person, the social worker must either petition the appropriate district court to act as temporary guardian (or appoint a temporary guardian) within 48 hours, or, at the expiration of the 48 hour period following removal, provide appropriate voluntary services.

The intent of the 48 hour provision is to extend the authority of the social worker for removal and placement of a seriously endangered and incapacitated individual for a very limited period. After that point, the services are either sanctioned by court order or provided on a voluntary basis only.

Section 3 of the bill authorizes needed methods for preservation of evidence in elderly and developmentally disabled adult abuse/neglect cases. Those individuals and agencies required to receive reports have legal authorization under Section 3 to preserve this evidence through photographs. Similarly, physicians may require x-rays or other procedures and tests for the purpose of preserving evidence of abuse or neglect. The allegedly abused or neglected individual must consent or appear to lack the capacity to consent before photographs, x-rays, or other tests or procedures are undertaken.

DFS expects that if enacted, this bill will help provide greater protection for the seriously abused or neglected, and improve methods for preserving evidence in abuse/neglect cases.

EXHIBIT 6
DATE 3-14-91
SB 348

AMENDMENT TO SB 348 -- THIRD READING

1. Page 5, line 24.

Following "(3)"

Strike: "A person gathering evidence"

Insert: "Evidence gathered by a physician"

Following: "must"

Insert: "be"

2. Page 5, line 25.

Strike: "submit it"

Insert: "submitted"



EXHIBIT 7
DATE 3-14-91
SB 348

Bringing lifetimes of experience and leadership to serve all generations.

MONTANA STATE LEGISLATIVE COMMITTEE

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

VICE CHAIRMAN
Mr. Paul Stengel
Route 2, Box 3040
Miles City, MT 59301
(406) 232-0016

SECRETARY
Mrs. Dorothy Fitzpatrick
Box 174
Sunburst, MT 59482
(406) 937-2451

March 14, 1991

TO: The Human Services and Aging Committee

FROM: Le Dean Lewis, American Association of Retired Persons

RE: Senate Bill No. 348
Provide Emergency Protective Services for Older Persons

Elder abuse, like many other forms of domestic violence, affects hundreds of thousands of older Americans. It cuts across all classes of society and occurs in urban and rural areas and homes and institutions. It affects both men and women.

The American Medical Association estimates that one out of every four elderly persons experiences abuse or neglect.

The American Association of Retired Persons advocates, that states should enact and enforce uniform adult protection laws, which provide for emergency investigation, access and intervention.

The American Association of Retired Persons supports Senate Bill No. 348.

HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 254
 DATE 3-14-91 SPONSOR(S) Sen. Keating

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Pat Melby	Rimrock Foundation			✓

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 306
 DATE 3-14-91 SPONSOR(S) Sen. Keating

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
DRQ. Helen 415 N. Higgins MSCH	MMHCA			✓
Nancy Tink 204 E. Lincoln Bldg	MMHCA			✓
Carol Staben-Burroughs 407 W. Lamm Bldg	MMHCA			✓
Mary Mc Cue	MMHCA			✓

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 408
 DATE 3-14-91 SPONSOR(S) sen. Keating

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Dan Anderson	Dept. Institutions	SB 408		X
Bill Murphy	M H A M.	SB 408		✓
Marty Orishuk	Mt. Alliance ^{Marshall, Ill} South	SB 408		✓
Kathy McDouan	MCMHC	408		✓
PAUL MEYER	West. Region MHC	SB 408		✓

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HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 310
 DATE 3-14-91 SPONSOR(S) sen. Velburtail

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Bob FERRAIS	H.O.#9			✓
KATHLEEN FERRY	Coordinator OF INDIAN Affairs			✓
Sharon Gun Shaws	Mont. All. Prog. Pat.			✓
Robert Parisian	Great Falls Native Amer. Ctr.			✓
Mike Styler	MT. Nurses Assn			X
Sen. Tadewick	mt. ind. all. assn			✓
Francis Belgarde	HELENA INDIAN ALLIANCE HELENA, MT.			✓
Renee Hanson	MSCA			✓

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HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 260
 DATE 3-14-91 SPONSOR(S) Sen. Aklestad

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
<i>Sen. T. J. J. J.</i>	<i>pub. med. assn.</i>			<input checked="" type="checkbox"/>

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 348
 DATE 3-14-91 SPONSOR(S) Sen. Eck

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PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
<i>Edna Lewis</i>	<i>AAFP</i>	<i>SB 348</i>		<i>X</i>
<i>John Melcher Jr</i>	<i>Dept. Fam. Services</i>	<i>SB 348</i>		<i>X</i>
<i>Don Gekko</i>	<i>Dept of Family Services</i>	<i>SB 348</i>		<i>X</i>
<i>Rose Hughes</i>	<i>Mt Health Care Assn</i>	<i>348</i>		<i>X</i>
<i>Ang Bally</i>	<i>Office on Aging</i>	<i>348</i>		<i>X</i>
<i>Ronnie J. Hanson</i>	<i>MSCK</i>			<i>✓</i>

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.