

## **MINUTES**

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

#### **COMMITTEE ON APPROPRIATIONS**

**Call to Order:** By Chairman Bardanouve, on March 19, 1991, at 8 a.m.

#### **ROLL CALL**

**Members Present:**

Francis Bardanouve, Chairman (D)  
Ray Peck, Vice-Chairman (D)  
Dorothy Bradley (D)  
John Cobb (R)  
Dorothy Cody (D)  
Mary Ellen Connelly (D)  
Ed Grady (R)  
Larry Grinde (R)  
John Johnson (D)  
Mike Kadas (D)  
Berv Kimberley (D)  
Wm. "Red" Menahan (D)  
Jerry Nisbet (D)  
Mary Lou Peterson (R)  
Joe Quillici (D)  
Chuck Swysgood (R)  
Bob Thoft (R)  
Tom Zook (R)

**Staff Present:** Terry Cohea, Legislative Fiscal Analyst  
Jim Haubein, Principal Fiscal Analyst  
Sylvia Kinsey, Committee Secretary

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

**Note:** The Chair was shared with Rep. Peck, Vice Chair, and no note of when changes were made is in the minutes since it was alternated frequently.

**EXHIBITS A AND B** were prepared by the LFA and list the scheduled bills plus comments on the bill.

#### **HEARING ON HOUSE BILL 968**

#### **Presentation and Opening Statement by Sponsor:**

Authorize DHES to Adopt and Administer Do Not Resuscitate Identification.

REP. BROOKE, House District 56, Missoula, said last session we gave DHES the rulemaking authority to set up a program and a protocol which they have done called Comfort I, which is a program to exempt Emergency Technicians from Liability and to have a piece of jewelry on the person if they have a living will in place. The EMT would then deny that person cardiopulmonary resuscitation. The \$1,000 has been amended into the bill and if the committee finds it is not necessary she felt the Department could find a way of implementing the bill.

Proponents' Testimony: Drew Dawson, Chief, Emergency Medical Services Bureau, DHES, spoke in favor of HB 968 and submitted written testimony, EXHIBIT 1.

The hearing on HB 968 was closed.

#### HEARING ON HOUSE BILL 696

Increase and Extend Funding for Statewide Genetics Program

#### Presentation and Opening Statement by Sponsor:

REP. JIM RICE, District 43, Helena, explained his bill as a continuation of the Statewide Genetics Program. Rather than having witnesses, he showed a brief video tape. In most states this particular program is handled through their medical school. Montana has an alternative funding system which is probably the biggest source of controversy on funding this program. The funding is an assessment upon the health insurance policies that are secured by Montana citizens and is paid as a part of their premium, 45 cents per year and they are asking in this bill to raise that amount to 75 cents. A large part of this program is being underwritten by Shodair Hospital and due to economic hard times they cannot continue to underwrite the costs.

Proponents' Testimony: Jack Casey, Administrator, Shodair Hospital, said last June SRS changed the way they did business on the in-patient side of the psychiatric services at Shodair through utilization review. The review is done by a firm out of Tennessee and they determine whether or not medicaid is going to pay for in-patient psychiatric services. They have differed with those folks on many folks coming through Shodair, and rather than discharge the child they keep them until they feel they are able to be discharged so they can benefit maximally from the program. In doing this they have provided charitable care in excess of \$847,000 through January of this year. This leaves them short in the foundation and the sharing of the responsibility of the Board of Trustees over the foundation is such that they cannot invade the corpus. They are faced with the problem now of being able to fund that program and the in-patient programs at Shodair.

Jim Erin, President, Montana Hospital Association, said this bill is of assistance to all the hospitals and urged support.

Jerry Loendorf, Montana Medical Association, said he would like to be listed as a proponent.

The hearing on HB 696 was closed.

HEARING ON HOUSE BILL 681

Generally Revise the Laws Relating to Residential  
Treatment Facilities

Presentation and Opening Statement by Sponsor:

REP. JIM RICE, House District 43, Helena, explained HB 681 as one that went through 2nd reading on the House floor, was referred to this committee and it has been fully explained on the floor. It generally revises the law in regard to residential treatment facilities and opens up some strict requirements that were outlined in HB 304 of last session so there can be additional facilities to be able to apply for permission to apply for care.

REP. PECK said on rereferred bills there would be no testimony generally unless the committee requests it.

Questions From Committee Members: REP. CODY asked the cost. REP. RICE asked Mr. Casey to answer and he asked if this referred to the Certificate of Need. REP. CODY said no. In the last session we passed HB 304 which this refers to. Shodair at that time came in and said they would not try to get under this medicaid portion of the Certification. We were trying to find out how many children were in need of services that qualified for medicaid. Now, unless she misunderstood, that would broaden that "window of opportunity" and there has to be a cost to it. What is the cost and how many others will it cover? Mr. Casey said the program for in-patient psychiatric and residential treatment has already been included in the SRS budget that was transferred to the DFS. If this bill goes through it doesn't affect that appropriation.

REP. CODY asked how much is it for your facility. Mr. Casey said he did not have it broken down for his facility, but totally \$342,000 for additional facilities beyond what was in last session.

The hearing on HB 681 was closed.

HEARING ON HOUSE BILL 569

Appropriation to Family Services for an Information  
Management System

Presentation and Opening Statement by Sponsor:

REP. JIM RICE, House District 43, Helena, explained his bill as an issue previously discussed and voted on in this committee.

The bill is asking for a management information system for DFS. This issue has been addressed in three separate studies of DFS and the need has been addressed in all of these three studies. The need for the system went beyond the need for the Department to keep track of their people. They are having placed upon them federal requirements for the collection of data in keeping track of our Foster Care and Adoption children. He distributed EXHIBIT 2 and said that was the information required and asked if that were all to be filled out for each child with a pencil or pen. If we don't have a management system we will start being assessed a federal penalty, the maximum at the present time is \$150,000 and thereafter the penalty will increase over time if we are unable to provide the information on the kids we give services to. He distributed EXHIBIT 3.

**Proponents' Testimony:**

Kathy McGowen said she and Jim Smith worked with DFS on the House Bill 100 study and how cumbersome it was because everything did have to be done on pencil and paper. The major issue is that we all have a major responsibility to the kids of the state. Something has to be done about getting this department on its feet and serving the kids and the families of the state.

Judy Carlson, Montana Chapter of Social Workers, said there are two points she felt did not have enough discussion before on this issue, and that is the advantage of a management information system to the kids. Representing the Social Workers, the number of hours, days and weeks that children have sat in Foster Homes or have been in their homes, or are free for adoption, but because the system is so antiquated, you don't know where they can go. This kind of a system once developed, could be punched in for the kind of kid and the needs of the kid and you would get a response as to where they can go. The second issue is that she would like to have the committee consider at least budget authority and some higher degree of general fund for the information system and allow the department, if private foundations, federal funds, or whatever becomes available they could at least could work on this.

Kate Cholewa, Montana Womens Lobby, said she would like to remind the committee they have \$2.4 million in child care money coming in to the state and they would like to have them taken care of as well as possible and if a computer system is needed to do that, then they would like to see it done.

**Questions From Committee Members:** REP. QUILICI asked if anyone was here from Family Services and had they been asked the other day if they had been working with the ISD on this. Tom Olsen, Director, DFS, said they have been working with ISD on this and feel this is to be a Montana product and designed in-state and the cost estimates produced by the ISD in the DOA are extremely cost effective compared to larger corporations. REP. QUILICI asked if they have been utilizing them from your existing budget

at this time? Mr. Olsen said at this point in time they have provided their estimate and their actual hourly figure and the cost of development won't kick in such a time as they begin working the project.

REP. CODY asked how much money is in the bill and Mr. Olsen said it is roughly \$900,000. REP. CODY said he had mentioned that the figure was not accurate and the committee could look at a lower amount. Mr. Olsen said they can, they can get a better match in federal money right now and would reduce the total bill by approximately \$250,000. The Federal Child Welfare Act in Congress now, contains a provision that will allow the federal government to match up to 90% of the cost of a development management system to provide services such as that list REP. RICE showed the committee. If that should become law and they didn't at least have the spending authority to capture those funds they would be in big trouble. There is the possibility they could match the funds at 90 to 1, or at least at a very attractive rate and money would revert back to the general fund.

REP. CODY asked if Mr. Olsen was saying if the Legislature could come up with some general fund, around 10% of the cost, and give you spending authority you believe you can get the other 90% from the feds. Mr. Olsen said at this point he does not know. The original information he has seen on it, the rules have not been published yet and the act hasn't been passed through Congress yet, but one of the intentions of that bill is to allow a 9 to 10 match. He said that would be for very specific types of cases only related to 4E Childcare. There are other things they will have to do with this system than just track the 4E kids and as a result that will cut into the amount they could match. If this goes through he thought they could match about 60% of it. REP. CODY asked if the Dept. could work out those figures and get them to this committee? Mr. Olsen said they can provide figures on the current match and would do that.

The hearing on HB 569 was closed.

#### HEARING ON HOUSE BILL 497

Revises Salaries or Compensation for Certain County  
Officers

#### Presentation and Opening Statement by Sponsor:

REP. PAULA DARKO, House District 2, Libby, explained this bill raises the base of the county elected officials salaries and gives the County Commissioners a 20% raise to adjust those salaries, depending on what they can afford. The state pays 70% of the assessors and deputy assessors salaries and that is why the bill is before you. The fiscal note makes some assumptions and she felt the erroneous assumption it makes is that every county will give 100% of what we propose in the bill. There is an 80% to 100% spread and we do have a responsibility on the part

of the state for salary for assessors. If there is any increase on the pay plan some of that will be factored in, so anything you increase there would decrease on this bill and had been told by the Dept. of Revenue that at a \$1 raise on the pay plan this would be nearly a wash.

Questions from the Committee:

REP. CODY asked how long it had been since these people had a pay raise and how much. Mr. Adams, Director, DOR, said they did get a pay raise last year. It varied from county to county and he did not feel he could say every County Assessor or Deputy Assessor had an increase, but felt the majority did.

Ray Harbin, Lake County, MACO, said elected officials salaries have not been increased on the base level since 1981. The current elected official base salary is \$14,000 and the only increases since 1981 have been cost of living adjustments, if they are elected and adopted by the local boards. In many cases the cost of living increases have been frozen for most of the elected officials because they have no money. In the most optimum case it has only been 7% for cost of living, and that is all the salaries will allow in its current form.

REP. MENAHAN asked why don't we let the local officials worry about their own salary and take that off the books. He did not feel it was the business of the State Legislature to set the salaries of the county people.

REP. SWYSGOOD asked if there is anything in this bill that mandates the County Commissioners would have to increase the salaries of other elected officials in their district and REP. DARKO said if a raise is given it needs to be given uniformly across the board to all elected officials. She gave an example for Beaverhead County on the adjustment if this bill goes through. Other elected county officials do not want the County Commissioners setting their salary. The hearing on HB 497 closed.

HEARING ON HOUSE BILL 937

Revise and Continue Programs under the Montana Child Care Act

Presentation and Opening Statement by Sponsor:

REP. JESSICA STICKNEY, House District 26, Miles City, said the Montana Child Care Act is essential to working families in Montana and the referral service is important in the transition of Welfare recipients into the job market. This would continue the provisions passed last session in HB 200, and at that time \$60,000 per year to DFS to implement a Childcare Resource and Referral Grant program. She had amendments that would change the money allowance. EXHIBIT 4.

**Proponents' Testimony:**

Kate Cholewa, Montana Womens Lobby, distributed EXHIBITS 5 and and discussed the need for childcare referral in Montana.

There were no questions from the committee. REP. STICKNEY closed by saying this was a good program, she believed in it and hoped the committee would support it.

**HEARING ON HOUSE BILL 990**

Funds the National Historic Trail Interpretive Center

**Presentation and Opening Statement by Sponsor:**

REP. SHEILA RICE, House District 36, explained her bill as providing funding to be matched at an 8 to 1 ratio with federal dollars to provide construction, planning and design funds for the National Lewis and Clark Interpretive Center. She feels this means a way for visitors from all of the United States and possibly from all over the world to understand the Indian culture Lewis and Clark met when they came west as well as the journey itself. The Center has wide support in the booklets, EXHIBITS 7, 7A AND 8. There is a list of supporters beginning on page 16 of EXHIBIT 7. After talking to the Congressional officers, the \$1 million is critical to the project.

**Proponents' Testimony:**

Bob Bivens, L&C, Citizens Steering Committee, L&C National Trail Interpretive Center, Great Falls, said along the historic 6,000 miles of the L&C trail there is no more significant and historic spot than the Great Falls of the Missouri where the 33 member expedition camped and forded its men, equipment and supplies during June 13 to 15, 1805. He told about the trail that would be a part of this complex which includes Giant Springs. The expedition encamped more often and spent more travel time in Montana than in any other modern state.

James Parker Shield said in 1989 he was appointed by the Native American Council to represent the Native American interests throughout the planning of the L&C National Trail Interpretive Center. This is the first opportunity he knew of where Indians have had an influence in planning decisions in a proposed facility that would portray our culture and our history. Much of the Lewis and Clark story will include the interactions the expedition had with the Indians in our region and what our cultures were like and the subsequent impacts as a result of the expedition.

Mike Labriola, Ex. V.P, Gt. Falls Chamber of Commerce and L&C Honor Guard, said he was also speaking for the Community Action Coalition which represents support from the Cascade County Commission, City of Great Falls and School District No. 1. He

reviewed some of the history of Montana and said the study made showed outside our immediate region to many people, Montana was an enigma. The tourism program has been working hard to change that, but the competition is rough and this program would put Montana on the map for national as well as international attention. He distributed EXHIBIT 9.

**Marcia Staigmilller, Portage Route Chapter and Citizens Committee,** showed a map and pointed out the trail made by the expedition. They wanted to use funds from the non-renewable coal tax to create a renewable resource that will continue to contribute to the state and the area for generations.

**Ken Hickel, Tourism Advisory Council,** said this is a group of 15 people throughout Montana who represent all phases of tourism. They had unanimously endorsed this project and felt it would bring positive economic growth to the state of Montana.

**REP. ED DOLEZAL** said he would reiterate all the testimony heard in support of this bill. It instills and preserves a sense of pride, preserves our heritage and promotes an industry that we have become noted for, our tourist attractions. EXHIBIT 10 was handed to the secretary.

**REP. ANGELA RUSSELL** said she supports this bill with an addition. Without Sacajawea, Lewis & Clark would never have made it to the coast. When you read about Sacajawea's history it is amazing because she was around 15 or 16 when she led the expedition across the country. She felt to have their history in this state and this nation to reflect the Native American contribution, we need to call this the Sacajawea/Lewis & Clark National Historic Trail Interpretive Center. She would make that recommendation to the committee. She had noted where the changes would be in the bill and would leave a copy with the secretary. EXHIBIT 11

**Dennis Anderson, President 7 Chief Executive Officer, Great Falls Chamber of Commerce,** said he was appearing for the Montana State Chamber in support of HB 990. It is the belief of the State Chamber that this will have statewide impact on the economy and would like to be on record in support of HB 990.

**Ken Hovesdahl, representing himself,** urged support of this bill.

**REP. NISBET** asked to be recorded as a proponent of HB 990.

Questions from the Committee: **REP. BRADLEY** said she is a fan of the entire Park system of the state and was wondering if this particular site was included in the Park Futures Study or if it is a separate category. **REP. RICE** said she did not know. **REP. QUILICI** said the State Futures Committee had a couple meetings in Gt. Falls concerning this project. They didn't take any specific action on it, but he felt sure they would concur in something like this. **REP. BRADLEY** asked if it had been included in the 5 year Capitol Improvements Plan? **REP. QUILICI** said he did not



remember, but did not think so. REP. RICE said the thing that makes this different is the potential of \$8 million in federal matching fund.

REP. THOFT asked the Tourism board if this is a promotion of tourism, why couldn't we take some of the bed tax money and put into this bill? Mr. Hickel said the bed tax has been working so good so far as promotion of tourism and the figures will show the increase and justification of it, they stand in opposition to any kind of a raid on those funds.

REP. GRINDE said the way he reads this, it will take \$1 million and match it 8 to 4 and we are looking at \$9.25 million. He asked for an explanation of how the account is set up and how this project is funded. REP. RICE said originally they were looking at 15% of the Coal Tax that was unappropriated prior to the special session in '89. In going through the bill she has since come to the understanding that the money has been appropriated to the School Equalization, so we are now basically talking about general fund money. REP. GRINDE said then this money is put into an account within the Dept. of Commerce? REP. RICE said that was correct. REP. GRINDE said this money is to be used at the discretion of her group? REP. RICE said the money becomes available when the federal dollars become available. At that point it would go through a federal process because the bulk of the money comes from federal and you have to jump through the hoops of design, planning and construction and it would follow the federal guidelines. REP. GRINDE asked if there was any movement for private donations to raise this matching money? REP. RICE said they have not specifically addressed that in the bill but did not think it was excluded in the minds of the supporters. Some private donations had gone into the booklets, etc., and felt they could expect some. REP. GRINDE asked if she had a bottom line cost of the overall construction and also ongoing costs. REP. RICE said page 14 of the booklet would outline the guideline as well as the individual lines going to make that up. The ongoing cost will be a Forest Service project and the dollars will come from the Forest Service. REP. GRINDE said he had seen these wonderful projects come in, and this would be tremendous for the state of Montana, but asked if this would be the last appropriations this group would ask the state of Montana for? REP. RICE said in her mind and she could only speak for herself, this would be the final appropriation.

REP. GRINDE asked Mr. Hovesdahl if he felt this would be the last appropriation the Great Falls Chamber or community was going to ask for on funding for this facility. Mr. Hovesdahl said to the best of his knowledge, yes. Marcia Staigmiller answered that there is nothing down the road and the intention was that had a federal requirement for further match. REP. GRINDE said, you are telling me that so far as the operation of this facility, once constructed, the cost will be incurred by the Forest Service or by the city of Great Falls. Ms. Staigmiller said the Forest Service is the operating organization and in addition to that

there has been a private foundation formed by the Interpretive Association that will be responsible for private contributions and development of the programs that go into it. REP. GRINDE said the maintenance on these facilities is tremendous and said you folks have this planned into the future where your community will be able to keep this facility open, the maintenance and the upkeep. He asked if that was correct and was told yes.

Tape 1, Side 2

REP. RICE closed by saying the planning phases are well done, well constructed and they are on their way to this project. They have wide support across the state and across the nation. The Native American community is supportive, they have a project that is on its way and closed with a quote, "Please consider this an Eagle bill and help us fly".

### HEARING ON HOUSE BILL 12

#### Increase Silicosis Benefits

##### Presentation and Opening Statement by Sponsor:

REP. PAVLOVICH, House District 70, said this bill would increase the benefit for Silicosis victims. He said there was an amendment put in while in the State Administration, and that would make both benefits equal. He gave some history of the silicosis benefits. At the present time they receive \$200 but if your husband died before 1974 you only get \$100. The amendment in State Administration would be equal and they want to give them a raise. There is a revised fiscal note with that amendment and he has a fiscal note from the LFA office. He distributed EXHIBIT 12, the LFA fiscal analysis.

##### Proponents' Testimony:

Christian MacKay, Montana State AFL-CIO, said they support HB 12. Benefits were paid to those who suffer from Silicosis or to their spouses.

REP. QUILICI asked to be listed as a proponent.

Questions From Committee Members: REP. CODY asked if there is some significance in the fact that Montana has the highest number of Silicotics, and that you have the largest number in your county? REP. PAVLOVICH said yes, that was from work in the copper mines and there was dry dust down there that caused the silicosis.

REP. THOFT asked if any of the original claimants are unmarried? REP. PAVLOVICH said yes, they have to be unmarried, if they marry again they cannot receive this. REP. QUILICI said in copper mines there is a lot of silica and they used to call it the miners con many years ago and there was never any benefit. Anyone raised in Butte had at least one member of their family die from what they called the con. The reason for more in

Montana was because at one time there were 10,000 miners in the Butte mines.

Cheryl Russell, Dept. of Labor, said she works closely with this fund. To be eligible to receive the benefits, you must have silicosis, it has to be totally disabling, and you have to be a resident of the state of Montana for 10 consecutive years before applying. There are some unmarried original applicants and the spouses, some receive \$200 and some \$100; but there are a lot of the \$200 original applicants that are unmarried.

REP. BARDANOUE said he had been told many miners came from a different part of the country, worked here, and really had the same thing as silicosis and they became eligible, even though they were not originally Montana citizens. REP. PAVLOVICH said that was probably true, but he could also testify to the fact that his mother had 2 husbands that died from silicosis. REP. QUILICI said the medical profession can differentiate between black lung the miners from West Virginia had, and silicosis. REP. MENAHAN said some of it they call emphysema and for a number of years no one got on this. He said his father had died from emphysema, it was silicosis on the autopsy, but he never had it.

Closing by Sponsor: REP. PAVLOVICH said he hoped the committee would find it in the kindness of their heart to give these people a little raise.

#### HEARING ON HOUSE BILL 449

Appropriates funds to the OPI for Full Funding of the Allowable Costs of Special Education for School Districts.

#### Presentation and Opening Statement by Sponsor:

REP. TED SCHYE, House District 18, Glasgow, said this bill has gone through the House Education Committee and has been rereferred. This bill has \$25 million to fully fund the Special Ed funding for schools. The state can either put the money in or the taxes can raise in the districts, but it is needed.

#### Proponents' Testimony:

Robert Runkel, Division Administrator, OPI, said this bill received unanimous support of all members of the education community during its introduction in the House Education Committee. The testimony was complete including supporting documentation.

Larry Williams, Superintendent of Schools, Gt. Falls School District, Cascade County School District 1 and 1A, said this bill is vitally important to the Special Ed students, to the district and to all students. Their situation, with a cap, is that they are robbing Peter to pay Paul when they expend general fund money

in large amounts to support special education costs which are mandated by federal law and by existing education plans.

**Jesse Long, School Administrators of Montana, and Montana Council Administrators for Special Education, said they support HB 449.**

**Questions From Committee Members:** REP. CODY asked if a study has been done that shows in the state of Montana that the \$25 million is what is needed to support Special Education in the school districts? Someone answered but did not give a name. He said the documentation that was provided to the House Education Committee provided the information that showed the need for the \$25 million. That need comes to a large part from inflation and teachers' salaries. The approved allowable costs in Special Education were based on 1987-88 salaries and just interpolating teacher salary increases, using MEA data, would suggest approximately half of the increase is strictly due to teachers' salary inflation, the remaining increase is due to program growth. This \$25 million is for the biennium, and would be \$12.5 per year. Will that be ongoing plus increased cost as time goes on? The man answered that his best guess is there would be continuing increases in costs in Special Education. 88% of the cost in Special Education is in the form of salaries and as salaries increase the largest increase in Special Ed will probably be attributable to that. He said there is also an increase in the number of students identified as handicapped. Some of this would be more children saved that had complicated health conditions at birth and other factors such as demands in education that require more related services to help these children. REP. CODY asked if she could get the figures that show where the cost is \$12.5 million per year and was told yes.

REP. PECK told Ms. Gray he thought what they were arguing on this bill was that the state should be responsible for 100% of the cost of Special Education. Why should the state be 100% responsible for children in Special Education when we are looking at 80% of the cost for the non-handicapped normal education. Ms. Gray said she wanted to emphasize this is not the total cost of all services to handicapped students, these are only the direct costs of the Special Education Program. There are substantial additional costs, indirect costs, supplies, etc. They are only counting the part they have approved as allowable costs and up to 1979 those costs were included as state funded as well.

REP. CODY said since this is a federal mandate to all states, are there no funds coming down from the federal government for the Special Ed children? Ms. Gray said there is federal money coming down and the original commitment was at 40% of excess cost of educating handicapped children will be borne by the federal government. They have never come close to it, and they are getting about \$5 million but when applied to the \$33 million the Legislature in Montana has provided and the substantial contribution of the local districts, it pales in comparison.

REP. MENAHAN said he wanted to go on record as supporting this bill. In these programs the children that are now in facilities, some are 1 on 1, they are very costly, and we have passed the laws that say you will take care of these kids in a school. We passed the laws and so we have to pay it.

Closing by Sponsor: REP. SCHYE said he felt we should look at this in a different way. The federal government requires we go down to age 3 and there are some conditions with that, etc. The earlier we start these Special Students education the better off we are as a society. By putting money into these programs we save money in the end.

#### HEARING ON HOUSE BILL 376

Requires the Department of Health to Maintain and Administer an Immunization Program and to Assure an Adequate Level of Immunization by Providing an Adequate Vaccine Supply.

#### Presentation and Opening Statement by Sponsor:

REP. BRADLEY said this is an aside, the committee has already taken out the small amount, but her committee had in Dept. of Health for immunizations, something they thought went part way. This would be a call for a much extended program than their minimal budget, and feels it is extremely important, and should probably hear it more fully than just a re-referred bill. This committee took out even the small portion they had in the Human Services budget they had felt might start to chip away at the problem.

REP. CHARLOTTE MESSMORE, House District 38, Great Falls, distributed EXHIBITS 13 and 14. This is a bill for a state immunization program. This bill comes here because of Montana's children that are under immunized against a handful of diseases that should only be historical. EXHIBIT 13 is a pamphlet on the Dept. of Health Immunization program. EXHIBIT 14 represents dosages versus caseload. Currently Montana receives funds from the Federal Center for Disease Control on this to help get a discount of federal contract with vaccine suppliers. The vaccine comes into the Health Dept. and the local staff administer the vaccine through the local health departments and no one can be denied vaccine for failure to pay. In contrast private physicians purchase vaccine directly from the manufacturer at a cost of up to twice that of the federal contracts. The cost of vaccine has risen sharply in the last 5 years and new medical standards have increased the number of recommended dosages.

#### Proponents' Testimony:

Paulette Coleman, Executive Director for the Montana Council for Maternal and Child Health, said the Council is a research organization that lobbies and helped put this bill together. It

took hundreds of hours to understand the immunization program which seems simple but is not. There is no way of knowing how much money they need it could be as high as \$1 million or as low as \$300,000. The program needs an infusion so the clinics can stay open and deal with outbreaks and so Montana's kids aren't going around like the inner city kids in Chicago and Washington.

Questions From Committee Members: REP. CODY asked how much was in the Governor's budget for this immunization. REP. MESSMORE said she did not know. REP. BRADLEY said what they had in subcommittee was a committee mod. REP. CODY said, if we as an appropriation committee have to look at what is happening politically, we can't afford to do this because the Governor has said he will not raise taxes and we don't have the money. REP. MESSMORE said she thought that the Appropriations Committee needs to look at all the cat and dog bills and this bill needs to stand with all the rest. We do currently have an immunization program which is state and federally funded and it has been that way for many years. They simply need to add more dollars to make the immunization program more complete.

REP. BARDANOUVE asked if it isn't, in a sense, the responsibility of a parent to do this? REP. MESSMORE said many parents paid for and continue to pay for their children's immunization. Even those who go to the public clinics, can contribute to the immunizations, and a lot of citizens take their children for well child tests who do pay for the immunizations.

REP. ZOOK said somewhere it was mentioned that \$353,000 was for catch up of college students. Did the sponsor think there were college students that could not afford to take care of the immunization cost themselves. REP. MESSMORE said they are attempting to put together a blanket program for those 18 year olds who needed this vaccine although it may not have been readily available when they were 12 years old. She would not be able to speak for every 18 year old in the state.

Closing by Sponsor: REP. MESSMORE said everyone on the committee had heard the bill. It was heard in the Human Services subcommittee and she had addressed it on the House floor. The need is well established and the federal grant they have been functioning under is not sufficient and HB 376 is flexible and would tend to meet the needs of the state as they arise. She would urge support for the bill.

Testimony was handed into the secretary EXHIBITS 15, 16 AND 17 on HB 990 and are included with the minutes.

#### HEARING ON HOUSE BILL 299

Appropriate Money to DFS for Permanency Planning for  
Children in Foster Care

**Presentation and Opening Statement by Sponsor:**

REP. SHEILA RICE, House district 36, Great Falls, said she was presenting this bill for the purpose of striking the appropriation. This bill provides for permanent placement of children in Foster Care. It changes the legality of Permanent Disposition by the court within certain areas. There are 181 children in permanent custody of DFS and because of a shortage of staffing there has been a problem getting permanent plans made for those children. This bill would allow the courts to terminate parental rights in a little different way. She thought it was now worded to be a fair thing for the child, the parent and the court. She told where her amendments would go. EXHIBIT 18.

**Questions From Committee Members:** REP. CODY said under section 1 you change "shall" to "may", why? REP. RICE said that amendment was a committee amendment in Human Services. The reason it is there is the committee wanted to make sure they were protecting parental rights as well as the child's rights. REP. CODY asked about the 181 children in permanent custody, where did you get those figures? REP. RICE said that was in testimony from the Dept. in the original hearing in Human Services. REP. CODY said we have heard they don't have a very good system of tracking those children so how do we know there are only 181. REP. RICE said she did not know for sure, she only knew that was what was presented, she would be glad to do some research and get back to her. REP. CODY said there is something in the bill about a 2 year permanency planning project. How are they going to do that project without any money? Mr. Olsen said one of the things he had done when he came into the department was to prioritize permanency planning, it has already been done, we have a project initiated, and the reason we have a count is because he directed the social workers to go out and count the kids.

**Closing by Sponsor:** REP. RICE said these kids need a future too and she hoped the committee would support this program.

**HEARING ON HOUSE BILL 418**

Creates a Statutory Appropriation to Allow the Board of  
Water Well Contractors to Expend Surety Bond  
Forfeitures

**Presentation and Opening Statement by Sponsor:**

REP. JIM MADISON, House District 75, Jefferson said he was carrying this bill at the request of the Department of Natural Resources and Conservation and it deals with the Water Well Contractor's Board. This is a statutory appropriation and there is not any general fund money involved.

**Proponents' Testimony:**

Diana Cutler, Program Specialist for the Board of Water Well Contractors, said Water Well Contractors have to carry a bond and that ensures they will follow the construction standards. Currently to take action against that bond and spend the bond money to remedy defects, pay for administrative hearings, or compensate a damaged well owner, they have to get a budget amendment to spend the money. This bill would allow them to spend the money without the budget amendment.

Wes Lindsey, Foreman of the Montana Well Driller's Board, said the law now requires all contractors and monitoring well constructors to carry a surety bond of \$4,000 to ensure the licensee will comply with the rules and regulations of the board. This bill proposes to allow the Board of Water Well Contractors to expend the fund without a budget amendment. Current rules allow the board to collect on a bond after a contested hearing, however the money cannot be paid out to remedy defects in wells or to compensate for damages without a budget amendment which can allow for a period of time without water.

Ron Guse, New Appropriations Program Manager, DNRC and the Dept. representative on the Board of Water Well Contractors said the Dept. is in favor of this bill and presented testimony. EXHIBIT 19

**Closing by Sponsor:** REP. MADISON said the purpose of the bill is to get the money out of the bond fund and to the person that was injured, or whose well was not drilled properly. This would do it immediately rather than wait to go through the budgeting process and then give them the money later.

**EXECUTIVE ACTION ON HOUSE BILL 418**

**Motion/Vote:** REP. SWYSGOOD moved House Bill 418 do pass. Motion passed unanimously.

**HEARING ON HOUSE BILL 369**

Appropriates funds to the Dept. of Health for a Public Health Education Specialist in the Family Planning Program

**Presentation and Opening Statement by Sponsor:**

REP. HOWARD TOOLE, House District 60, Missoula, said he had served on the Board of Health and Environmental Sciences and had been asked to carry this bill which is an appropriation of general fund dollars to the Dept. for the employment of a Public Health Education Specialist within the Family Planning Program of the Dept. He explained the funds that were handled and said the Family Planning Program is a statewide network of 14 programs and clinics in various communities in the state. He gave figures on



clients and said many were within 1 1/2 times the poverty level etc. Preventing unintended pregnancies is the most cost effective means of reducing the incidence of low birth weight and infant mortality.

**Proponents' Testimony:**

**Karen Wojtanowkz, Director of the Family Planning Clinic in Bozeman,** presented EXHIBIT 20 AND 21 and discussed their services and said education was the main part of the program.

**Dianne Manning, Director of the Family Planning Clinic in Butte,** spoke in favor of the bill and submitted testimony. EXHIBIT 22

**Kate Cholewa, Montana Women's Lobby,** said they would urge the committee to support this bill. She had worked with the program in Missoula and had seen first hand the obstacles presented by teen pregnancy. She urged support of the bill.

**Paulette Coleman, Director of the Montana Council for Maternal and Child Health,** said a portion of this bill is a part of primary prevention. Prevention means pay now or pay later and it is much less expensive to pay now.

**Judy Garrity, Montana Children's Alliance,** spoke in favor of HB 369 and said the Alliance was in favor of the bill. This is one of the bills that is printed on the 1991 Childrens Agenda and has been endorsed by 47 organizations. She urged support.

**Questions From Committee Members:** REP. KIMBERLEY asked REP. TOOLE if this proposal was included in the Governor's "Kids Count Plan"? REP. TOOLE said his reference to it--it is a recommendation of "Kids Count". REP. KIMBERLEY said he was confused, he supports the bill and believes prevention is the answer, but did not understand why this wasn't requested by the Department or why it was not included in the Executive budget. **Susan Nybo, Dept. of Health** said the Dept. of Health supports this bill because they really see the need for a Health Educator. They would like to see it funded from federal Title X funds from the DHES, so it was not included in the Governor's budget.

**Closing by Sponsor:** REP. TOOLE said there has been a Health Educator position as part of this Family Planning program at the state level in the past and it has been one of the most important components of the state level operation. There are 14 outfits around the state that need the services and one of the most important services they can use is that of an Educator position. Materials he had seen suggest there are savings in the short term of \$4.40 for each dollar invested in Family planning, and in the long term goes up to \$26 in money saved for each dollar invested.

**HEARING ON HOUSE BILL 366**

Appropriate Money to DFS to Provide Services to Indian Children

**Presentation and Opening Statement by Sponsor:**

REP. ANGELA RUSSELL, House District 99, Lodge Grass, said this bill appropriates money for up to 15.9 FTE to the DFS to cover child protection services on the Federal Reservation in Montana. Section 41-3-302, MCA, mandates that DFS provide protective services for children who are neglected or abused. The Indian Child Welfare Act of 1978 federally mandates compliance in regard to Indian children. Children have been identified who are in need of this service on the Montana Indian Reservations. She understood the state has to enter into a Tribal agreement with the tribes for child care payments can be made and at the present time there is a negotiation going on between the state and the Crow tribes and the additional language would include the Crow Tribe. They are talking about Title 4 E dollars and those are Foster Care dollars. She believed there were children here who were entitled to 4 E and if so they would be getting a federal reimbursement up to about 50% of these dollars. About 25% of the foster care in Montana are Indian children and under federal funding they are requested to give services clear across the board.

There were no questions and no closing, and the hearing was closed.

**HEARING ON HOUSE BILL 122**

Requires the State to Pay Medical Costs for Incarcerated Individuals

**Presentation and Opening Statement by Sponsor:**

REP. ANGELA RUSSELL, House District 99, Lodge Grass, said this bill is from the Interim Subcommittee on Adult and Juvenile Detention, and would provide general relief medical assistance to qualified persons that are incarcerated in secure facilities operated by a local authority. This bill applies to all counties in Montana and this appropriation only concerns itself with the 12 state assumed counties.

**Opponents' Testimony:**

Norman Waterman, Administrator for the Family Services Division, SRS, said he would oppose this bill. It amounts to a direct transfer to the cost of the state assumed counties to the state general fund. The state assumed counties, though they pay the 12 mills into the general fund to operate the public assistance programs, and it is true these programs have decreased in costs in the past year or two, they continue to make an effort to reduce the cost of the programs. This bill will increase those

costs when they begin to pick up the medical costs of the prisoners in the county jails, and they oppose it.

**Closing by Sponsor:** REP. RUSSELL said this bill was supported by the subcommittee on adult and juvenile detention.

#### **HEARING ON HOUSE BILL 103**

Prohibit Pretrial Detention of Mentally Ill Persons in Jail

#### **Presentation and Opening Statement by Sponsor:**

REP. ANGELA RUSSELL, House District 90, Lodge Grass, said they had an appropriation in the bill, but just prior to her appearance here she learned the appropriation is within SB 391. While this bill will not need an appropriation, she did need the bill back up on the floor.

REP. PECK asked if an amendment was needed to remove the money from the bill and REP. RUSSELL said as she understood it, there is a coordinating clause within SB 391 for that.

#### **EXECUTIVE ACTION ON HOUSE BILL 103**

**Motion:** REP. MENAHAN moved HB 103 do pass.

**Discussion:** There was some discussion to be sure the money was not in this bill and REP. COBB said we would have to appropriate money to put it in this bill. REP. PECK said the fiscal note shows a difference. REP. BARDANOUVE said he would prefer the LFA have time to look at this. REP. COBB said on page 7 it is subject to available appropriations and there are none in the bill.

Motion was withdrawn for further research.

#### **HEARING ON HOUSE BILL 876**

Continues the MIAMI Project and Expands the Medicaid Program

#### **Presentation and Opening Statement by Sponsor:**

REP. DIANA WYATT, House District 37, Great Falls, said this is the MIAMI project and thanked the committee for the work they had done and the money allocated in HB 2 on this project. This bill increases the Native American Board member. It has a sunset in the previous piece of legislation, so without this bill the ability to function within this bill will sunset. See comments on EXHIBIT A for a recap of the bill contents. In Sen. Eck's bill there is 185% of poverty in terms of eligibility for the health care facilities around the state and that is in this bill. She would be willing to go back to 133% of poverty, which is

where it was two years ago. There needs to be some access money because of the Indian Board member and the Infant Morbidity review.

REP. BARDANOUVE asked REP. BRADLEY how this relates to the appropriation in HB 2. REP. BRADLEY said there is a MIAMI funding and they put as many dollars as they could find to enable them to get a federal match for MIAMI. This is an expanded version of what they put in the Public Health budget.

REP. WYATT said she had worked with REP. COBB and he could probably address issues.

**Proponents' Testimony:**

Paulette Coleman, Director, Montana Council for Maternal & Child Health, said they helped work on this with the Children's Alliance etc. The reason for this small additional appropriation is because the money in the senate bill is for the current programs in MIAMI, primarily contracted services. These are the grants the MIAMI project gives to the counties for low birth rate prevention projects which is actual service to women who are pregnant. The recommendations of the MIAMI Council included addressing the problems of Indian women and children in this state because the infant mortality rate for Indian children under the age of one is 2 1/2 to 3 times that of the caucasian population. For the Dept. to look at the cause of why the babies were dying at such a high rate in Montana, they looked at a few pilot counties that were able to provide people and funds to do the paper work. It will cost a little money to get the people working on those infant mortality and infant morbidity review. In the original report they were criticized for concentrating on infant mortality review on urban counties and neglecting the Indian population, the reason being the Indian population counties did not have the resources to do it.

**Tape 2**

**Questions from Committee:** REP. SWYSGOOD asked on page 11, line 12, we can reduce the 185 down to 135? REP. WYATT answered yes. REP. SWYSGOOD said the fiscal note that accompanies this bill is no longer applicable and you are asking for either \$14,000 or at the minimum \$9,750 of general fund to continue the programs on the worksheet, EXHIBIT 23. She answered yes.

EXHIBITS 24, 25 and 26 was given the secretary as supporting testimony for HB 876, 927 and 928.

**Closing by Sponsor:** REP. WYATT thanked the committee for their attention and urged passage of the bill.

**HEARING ON HOUSE BILL 96 AND HOUSE BILL 662**

House Bill 96 would appropriate to the Dept. of Health to Train Family Practice Resident Physicians. House

Bill 662 Establishes an Office of Rural Health Within  
the Dept. of Health.

**Presentation and Opening Statement by Sponsor:**

REP. JAN BROWN, House District 46, Helena, said these bills were related and to save time could be heard together. She said Frank Newman, Director of the Montana Area Health Education Center at MSU is here to address both bills.

**Proponents' Testimony:**

Frank Newman, Director of the Montana Area Health Education Center (Montana AHEC) explained House Bill 96. EXHIBITS 27 and 28. He explained House Bill 662. EXHIBIT 29

Bob Olsen, President, Montana Hospital Association, said they support both bills. This could enhance the treatment of the rural issues that face Montana as well as the availability of doctors in the rural communities and that is the key to the survival of the hospitals in those communities.

Tom Chary, Director of a Montana Medical Project, (this man did not sign the register and neither name nor organization is distinguishable on the tape) said he supported HB 96. We have about 50 vacancies for Family Practice Practitioners in the state, there has been for at least a year, and there is no relief in sight. Rural communities are at a distinct competitive disadvantage with the urban communities who dominate these training programs. More assistance is needed for the rural communities to access those students.

**Questions From Committee Members:** REP. CODY asked Mr. Chary how these bills will affect the proportion and the opportunity for rural access to practitioners. Mr. Chary said essentially the residency training programs across the U. S. are based in big city, big hospital kinds of environments. The residency program bill you have before you would offer an opportunity for one month rotation in a rural area or somewhere else in the state. Getting access to those residents while they are in residence is critical. Studies show that people who finish training tend to stay where they were at the end of their training. Exposure to a rural area would help dispel misconceptions and pre-conceptions.

REP. CODY asked how many family practice residents would be trained under this program and Mr. Newman said the average number of residents who have rotated through the state in this program since its conception has been about 30. With no state funding during the past 3 years the activity has decreased, but they have averaged about 15 rotations during the past 3 years. REP. CODY asked if this was 5 per year, and Mr. Newman said no, he was referring to rotations per year. He said 21 of the 30 residents who have rotated through the program and are back in the state

are practicing in rural communities which means outside the seven largest cities.

REP. PECK asked about the match. He said 1/3 goes one and then goes three one. Mr. Newman said that was correct.

REP. JOHNSON said if we take Montana as a land mass, he would take exception to the statistics as talked about before. These doctors that come back who have been on the WAMI program. The line from Havre to Billings shows only one doctor in Plentywood. How will HB 662 and 96 ensure that more of these doctors come back to that particular area which is truly rural? Mr. Newman said he did not feel there are any assurances. This provides a mechanism for concentrating efforts in those areas. Plentywood is one where we are involved in the study of their hospital at this time. There are three positions in Plentywood, one of the new positions that began on the first of September of this year, did do a rebase to this area. She did her residency in Utah.

REP. JOHNSON asked, in planning for the future, you talk about the month long residency, do you have a particular hospital or city in mind that is out in the rural areas where these residencies could take place? Mr. Newman said yes, there are over 30 "satellite" sites where there are physicians that take these residents. They exist in Glasgow, Glendive, Miles City, and Sidney, and they have had residencies rotating through all of them. They make suggestions for rotations but do not feel they can dictate them.

Closing by Sponsor: REP. BROWN closed by saying if you can't see fit to find any money for these two bills, she hoped they would at least allow the structure for the Office of Rural Health to emerge. It is very important and will provide a focus for Montana.

#### HEARING ON HOUSE BILL 560

Appropriate Revenue from Driver's License Motorcycle  
Endorsement Fee to the Motorcycle Safety Training  
Account Administered by OPI

#### Presentation and Opening Statement by Sponsor:

REP. BARRY (SPOOK) STANG, House District 52, St. Regis, said this is an act to credit revenue from the Driver's License Motorcycle Endorsement Fee to the Motorcycle Safety Training account. This bill was brought in a session or two ago by the people who currently operate motorcycles. When the bill was originally brought in they wanted the fee to be \$5, it was a fee they assessed on themselves, and the committee lowered the fee to \$2 because they thought there would be 30,000 motorcycles where we register about 15,000 motorcycles per year. They feel that since this was a fee upon themselves, rather than this money going to

the general fund, it should go into the Motorcycle Safety Training account.

Questions From Committee Members: REP. SWYSGOOD said this would have a \$19,000 impact and it shows \$38,000. REP. STANG said that is \$19,000 per year.

REP. CODY asked if this \$3 assessment is going to the general fund? REP. STANG said currently 35% of their endorsement fee goes to the State Traffic Education account and 60% goes to the general fund. They would like the whole thing except for the 5% for the county administrative fees to go to the Motorcycle Safety Training Account. REP. CODY asked how this filtered down now. REP. STANG said the part that goes into the Traffic Education fund has been going into the State Motorcycle Safety account through OPI. They want to put this money into the Motorcycle Safety Training Account and HB 763 combines the Motorcycle Safety account with the Traffic Education program at the OPI so they can better coordinate their efforts and possibly save on overhead with one account rather than the two they have now.

REP. CODY asked why OPI couldn't just ask for it. REP. STANG said his bill set it up this way, you would have to change the statute with this bill in order to get it all back together.

REP. GRADY said all of this money has been going to the education program and not to anything else and REP. STANG said it has been going through the general fund and he did not know if the \$38,000 has been going into the Traffic Safety account. He thinks the 30% has been, but the other 65% could be used wherever this committee deemed appropriate. That is why these people would like to change it, this was a self imposed fee to be used for Motorcycle Safety education.

Closing by Sponsor: REP. STANG said there were no opponents in the other committee and there were none here and he would urge favorable consideration of the bill.

#### HEARING ON HOUSE BILL 656

Establishes Demonstration Programs for Middle School  
"At Risk" children

#### Presentation and Opening Statement by Sponsor:

REP. DAVE BROWN, House District 72, Butte, said most of the children referred to in this bill come from dysfunctional homes. Students that are not motivated in a regular school setting continually interrupt the education of other students and are continually in trouble which require detention or suspension. Many are involved with the court system because of truancy, running away, or criminal behavior like shop lifting, burglary, rape, etc. The students wind up lacking the necessary skills to

succeed in life, but that does not mean they are unable to learn, they are lost in the system. Helping these kids now will save welfare and prison costs later. These kids need help and they think they can do it with an alternative school.

**Proponents' Testimony:**

Bill Bartholomew, Principal, East Middle School, Butte, said this is a bill with a heart and it is one that is screaming help. Middle School is an age where the students start to question authority and forming their values. In 1990-91 school year he had three rapes at his school. He questioned the advisability of having a son or daughter sitting next to someone who committed rape. These were date rapes, it hurts, we are losing too many kids. The students have to stay there until they graduate from the 8th grade or reach 16 years of age. They had some knife incidents where a student attacked two other kids with a knife, the kid was sent away for 45 days and enters back into the same society without any support. He named other incidents that happened in his school and said they have to return to the school. They need this bill, these kids need help, understanding and support to overcome their problems. They need something that will make a difference in their lives.

REP. MENAHAN asked to be listed as a proponent of the bill.

**Questions From Committee Members:** REP. CODY said under page 2, line 13 it says this will expand "at risk" programs. How many of these programs do we have? REP. BROWN said in this case it may be a misnomer the way it is written. "At risk" programs right now are whatever local school districts are able to let people like Mr. Bartholomew do at his school. REP. CODY said then we have no non-traditional classrooms set up in the state? REP. BROWN said we do in a couple of towns. Terry Teichrow, OPI, said all of our high schools in the larger cities have an "at risk" program whether it be in the current high school or an additional program in an outside school. They are funded with funds the school districts come up with, it is not extra funds from any other source. There are seven of them.

REP. PECK said at the middle school which this man addressed, there are none in the state. REP. BROWN said this bill is talking about 12, 13 and 14 year olds.

REP. COBB asked if the JMJ program labor has over in Butte, is that for high school kids. Mr. Bartholomew said some of their students go because of the age limit that can attend.

**Closing by Sponsor:** REP. BROWN thanked the committee.

**HEARING ON HOUSE BILL 627**

Reimburse Expenses of the Local Senior Citizen's  
Ombudsman



**Presentation and Opening Statement by Sponsor:**

REP. JIM ELLIOTT, House District 51, Trout Creek, said this is a bill to fund the Montana Senior Citizen's Ombudsman program which is a federally mandated program which comes with no federal money. The state must have the ombudsman program in order to get federal money for the Older American's Act. The ombudsman investigates and resolves complaints of residents in long term care facilities. They are hired through the local area agencies on aging offices through the Governor's Council on Aging and he has a gentleman here from that Council who can further explain it. Their pay, such as it is, is with Information and Referral money. This bill would provide for training of the local ombudsman and the staff of volunteers, etc., and provide reimbursement to the local ombudsman for the operational expenses including wage and travel expense.

**Proponents' Testimony:**

Doug Blakley, Long Term Care Ombudsman, Helena, said at the state level he is the only one in the program and he is to provide training and technical assistance to the group of people who are out visiting nursing homes and personal care homes so they can assist residents in resolving complaints they have within their facility. They currently have 26 people working in the program throughout the state.

Cindy Stevich, Certified Local Ombudsman, said she covers 6 counties and is housed out of Helena with area agencies. She said she has 15 facilities and can visit most of them on a monthly basis. She deals with problems on many different levels, has been covering the territory since August and has identified several very specific problems for specific residents that have concerns that need some immediate attention. Confidentiality is one of the main concerns and when she has a very serious problem she has to call in someone such as a caseworker, social worker, someone in physical therapy, someone who can deal with the problems in the interim between visits. She distributed testimony from Lenore Taliaferro. EXHIBIT 31

**Closing by Sponsor:** REP ELLIOTT said this is the lowest funded ombudsman program in the United States. We have people volunteering to serve in this program. We have all had relatives in a nursing home and many of us would be in a nursing home one day. People should not have to die without dignity and the Senior Citizen's Ombudsman program helps provide that dignity. This program deserves consideration.

REP. BRADLEY said that in the Dept. of Health budget, they had to cut their increased program in half. There are people who go around and do certification because under the OBRA requirements it is an entirely new system and emphasis is based on patient care as opposed to statistics. They did a dramatic increase in these individuals who go around and do this work and asked if he

was aware of it. Mr. Elliott said no, he was not. She said they came in with 15 new ones and she recalled in the past talking about one or two ombudsmen here and there doing unannounced inspections, etc. They are now flooding these places with certification and inspection people and she could not imagine why that cannot provide the services when it is totally patient oriented.

The meeting recessed for lunch and session and then resumed hearings.

Tape 2, side 2

### HEARING ON HOUSE BILL 522

Authorizes State to Purchase Health Insurance for Low Income Families

#### Presentation and Opening Statement by Sponsor:

REP. JOHN COBB, House District 42, Augusta, said there is no money in this bill, it as an authorization for \$10 million and would allow SRS to receive money from donations to buy health care of a limited nature for low income families up to about \$14,000 to \$15,000 depending on the size of the family. Page 2, lines 10-18 describe what they could buy. This would be preventative health care.

#### Proponents' Testimony:

Harley Warner, Montana Association of Churches, said he represents about 600 mainstream churches scattered throughout Montana. They support the bill because health care is becoming more unaffordable, especially to low income people and there are more health problems with those people.

Judith Carlson, Montana Chapter of Association Social Workers, said in spite of REP. COBB not wanting proponents for the bill they want to support it. This is a very imaginative way of trying to get at a deep problem and appreciate the effort and the fact that it would set up a structure. They would urge support of the bill.

Questions From Committee Members: REP. CODY asked REP. COBB who he would foresee as donating charitably to this fund for this purpose. REP. COBB said Blue Cross thought some of the major companies and other private organizations would donate about \$100,000. The Governor's Task Force had considered doing this and thinks they would approve this bill. He said the \$100,000 is not much to do much of a program and if we are going to do it we would have to put the money into it to get it going. He also had the fee in to get people to pay \$20 or \$30 since that is what some other states are doing, based on income.

REP. CODY asked Mr. Ortwein, with the churches testifying in favor of this, is there any possibility that there might be one

Sunday set aside through the year that there would be a special collection to raise some money? **Mr. Ortwein, Montana Catholic Conference**, said there is always that possibility, we have a number of Sundays set aside. In his particular denomination, they have tried to cut back on a lot of these special collections, but there is always that possibility, it is a worthwhile cause. **Mr. Warner** said since they support the bill he felt they were obligated to see what they could do to help.

**Closing by Sponsor:** **REP. COBB** said someday this might be National Health Insurance, but whatever it is, this is going to be one of the parts to that. He wanted to start to set it up now because he did not think there would be just one big bill come out. As long as it is private the doctors are willing to take a lot less, as soon as you start state funding it they want their full rates.

#### HEARING ON HOUSE BILL 906

Appropriate Funds to the Montana Cooperative Extension  
Service for an Additional FTE

#### Presentation and Opening Statement by Sponsor:

**REP. MARY ELLEN CONNELLY, House District 8, Kalispell**, said 906 is the Forestry Extension bill and would add one Extension Forester to the current program at MSU. There was an amendment put on in the committee which specified it could be based at either Missoula, Kalispell or Bozeman. Flathead county and the whole western part of the state have been suffering with problems in the Forest Products Industry. This would add a Forester to the existing program which is funded by federal money. This would be a three fund program, some general fund money, some federal money and the industry would put 15 cents on every thousand board feet. This would help the private landowners and is supported by the Tree Growers Industry, Plum Creek, Champion and all the small growers around the state.

#### Proponents' Testimony:

**Keith Olsen, Executive Director, Montana Logging Association**, said for the past legislative sessions we have been debating the need for more restrictive forest practices legislation in Montana. That debate has not included the most important citizens, the non-industrial private timber landowners who will have to comply with the Legislature. HB 906 proposes to allow these people to be involved, and those who are to be regulated should be involved in the laws to regulate them.

**Questions From Committee Members:** **REP. JOHNSON** said they don't have many trees where he comes from, so how does this fit in with the Forestry Department at UM. **Mr. Olsen** said the only involvement that the Forestry School at the UM has is that the current Extension Forester is housed there even though this is a part of the Extension Services program through MSU. This was

different than the Dept. of State Lands who works with the Industry, this program works with the individual landowners.

REP. BARDANOUVE said on page 6 that the use of the money is contingent upon the University System funding of the Extension Forestry program at the level of at least \$108,000. He asked about the money involved and Mr. Olsen said they were concerned if they had gone state monies for Extension Forestry and the Industry also contributed some money that the University System might take the federal funds, the \$108,000 over the biennium, and direct them to something other than Forestry Extension.

Closing by Sponsor: REP. CONNELLY said the Forest Products Industry is the second largest in the state and brought in some \$260 million in 1987 of the 10,000 people that were actually involved in the industry itself and another \$500 million with the 20,000 other jobs that are based on the industry. This is really needed and asked the support of the committee.

#### HEARING ON HOUSE BILL 728

Appropriates Funds for a State Advisory Council on Food and Nutrition, to Promote School Food Programs, to Expand the Women, Infants, and Children Program, and to fund a Public Health Nutritionist.

#### Presentation and Opening Statement by Sponsor:

Sponsor, BOB REAM, House District 54, Missoula was detained in another hearing and Mr. Gene Huntington representing The Hunger Coalition said REP. REAM had asked him to present it for him. Copies of amendments were distributed which generally took out all the general fund. EXHIBIT 32 The bill had some substantive points they felt were important, and would require the Health Dept. to serve all counties in the state with the WIC program and substitute a provision that would have them come back with a plan to present next session. Other parts of the bill that were funded with general fund, substitutes federal funds, and these are mostly federal food programs being dealt with. The bill did provide a small amount of money to OPI to publicize some of their programs, and they have removed that section from the bill.

#### Proponents' Testimony:

Meghan Medora, Dietician, Community Medical Center, Missoula and Chair of Montana Hunger Coalition said this bill is based on a study over the past 2 years by the Montana Hunger Coalition, of all the counties in the state on the level of hunger in Montana. She showed a copy of the study and assumed the members had a copy. She briefly went over the bill and said they were looking for an opportunity to bring other funding into the state to work on the level of hunger and malnutrition and nutrition problems in the state.

**John Ortwein, Montana Catholic Conference**, said they favor this bill and handed in testimony, (EXHIBIT 26). He had served on the steering committee and said he had not realized there was a hunger problem in Montana until they got into the study.

Questions From Committee Members: REP. CODY asked if this money is to fund a Public Health Nutritionist in the Dept.? Mr. **Huntington** said it has not been identified in the Dept. yet. It would either be from new funding received under a new federal program or through seeking grants. REP. CODY said on page 5 of the bill on section 8 "The director of the department shall appoint a registered dietician as a public health nutritionist." Is this federal special revenue fund money in with your amendment to support that nutritionist? Mr. **Huntington** answered yes.

REP. CODY said this morning she requested information from the Dept. on the Information System bill the committee heard, she had received information and passed it around for the committee to look at. No copy was received for the minutes.

REP. **BARDANOUVE** referred to the OPI bill that was heard and the question of whether it made or lost money for the state (the arbitrage bill, HB 940) the Budget office has worked on this. He asked for a report. Mr. **Nichols, OBPP**, said in HB 2, the committee approved approximately \$1 million for specialists in OPI, contingent on passage of HB 940. His indication is that it would lose money for the state, and in his estimation the committee has a contingency to spend money based on a bill that would lose money. He said they have a disagreement with OPI on that and have met with LFA and **Terry Johnson** is working those numbers and should have a report for you.

REP. **PECK** asked if the Legislative Auditor is working with them because **Jim Gillett** said that bill would make money. Mr. **Nichols** said he had spoken to Mr. **Gillett** and he said he had never really analyzed the bill, he had looked at some papers that had been prepared and could not see anything wrong with them. REP. **SCHYE** in the Education committee sent a letter asking the Auditor to take a look at it, but since the LFA was doing the work the Leg. Auditor did not intend to do anything at this point.

REP. **BARDANOUVE** asked what kind of money would we be talking about losing, and Mr. **Nichols** said his estimate was the state would lose about \$400,000 a year.

#### HEARING ON HOUSE BILL 977

Continues Residential Psychiatric Treatment as a  
Component of Medicaid

#### Presentation and Opening Statement by Sponsor:

REP. **DOROTHY BRADLEY**, House District 70, Bozeman, said this bill goes with HB 681, which was REP. **JIM RICE's** bill. HB 977 is a

committee bill and is complicated, sort of the metamorphosis that came from the Hannah bill last time. She explained the bill referring to section 1 which amends 55-1-01 with definitions. In HB 977 on page 18 where it describes residential psychiatric care and they are trying to put in a definition for residential psychiatric care which is in contrast to what we already had, which was hospital psychiatric care and expanded. She explained the need for a less expensive psychiatric care as well as follow up. The Rivendell treatment was short and intense. The Rice bill was worked on with Shodair.

REP. BARDANOUVE asked if there was a sunset on Hannah's bill and was told no.

**Proponents' Testimony:**

Tom Olsen, DFS, said they support the bill in its entirety. He said REP. BRADLEY had laid out very clearly in terms of the protection this bill places on the money that is being transferred from SRS to DFS. These protections are very important because the one concern they had was that once this becomes an entitlement program, they need to be able to control the number of children that go into the beds that suddenly become available. The difference between HB 977 and 681 centers on the Certificate of Need because he understood from the LFA that 977 continues the requirement for the Certificate of Need and does not sunset that requirement. Rep. Rice's bill basically has a "window of opportunity" from July 1 to Oct 1, and during that period of time Certificate of Need is not required and anyone who wants to open a residential treatment facility in the state can come into the state and open those facilities up. The continuation of the Certificate of Need in HB 977 continues the Certificate of Need process and gives them one more control on the number of children going into these beds.

Russ Cater, Chief Legal Counsel for SRS, said the Department supports this bill. The primary difference between this bill and REP. RICE's bill is the "Window of Opportunity" under the Certificate of Need process. The one problem he saw with both bills is that they hinge upon the passage of HB 445, which is the Certificate of Need bill that is going through the Legislature.

**Questions From Committee Members:** REP. CODY asked if someone could tell her how many children they have on the average in Yellowstone Treatment Center. Mr. Olsen said he couldn't tell exactly but approximately 15 to 20 children on any given day. REP. CODY asked how many would qualify for medicaid and for these other programs we are opening this up to? Mr. Olsen said no, they did not know how many this would be since no one knows how many there are out there. REP. CODY asked how did you arrive at \$3.5 million to match the \$12 million in federal funds? Mr. Olsen said they have had to base it on past history.

REP. CODY asked REP. BRADLEY how she can expect the committee to support the \$3.5 million if there is no idea of how many children we are talking about? REP. BRADLEY said because the alternative is where we put them all in Rivendell which is two times as expensive as this. We can't keep doing that, that bill in a couple of years went from nothing to \$7 million and it was because there was nothing in between. We started that entitlement, and anyone who meets the criterion can go in, and if we don't make the investment now in trying to provide some alternatives, that is where they will go in increasing numbers and we can't keep up with that budget.

REP. CODY asked who filed a suit over this and Mr. Olsen said Shodair Hospital did. REP. CODY asked if it wouldn't be better for the state itself should be doing this instead of spending so much at Rivendell, Yellowstone, and now Shodair, Deaconess Hospital in Billings, etc. She wondered if it wouldn't be cheaper to put up a facility and do this in-house. Shodair Hospital came in and testified in favor of this bill knowing it had a fence around it. Mr. Olsen, Montana Hospital Association, said the Shodair Hospital opposed HB 304 because it gave a limited number of facilities--only Yellowstone Treatment Center--the ability to provide services under medicaid. Shodair Hospital approached the Dept. of SRS in 1986 while he was with the Dept. with a plan to put in residential treatment because kids are backed up in the hospitals without discharge alternatives. We had a state operated facility, and thought we had come full circle. The facility was closed because it was inadequate and a new facility in Billings, the Montana Youth Treatment Center was built and could not be certified, and we now have three hospitals that are trying to grapple with the problem of providing the in-patient acute services. They are not the discharge options we need at this time, so we are providing millions of dollars of free care to the state of Montana. Their outlet to relieve that burden is to provide those residential level services so they can leave the hospital, go into the residential and hopefully continue to the point where they no longer need service at all. He said yes, Shodair did sue, they felt they were excluded from something they had tried to do for several years, they have an obligation to try to make those services available, and if HB 304 not had so many fences built around it there would not have been a law suit. They are trying now to address this through the Legislative process so they don't have to pursue litigation.

REP. KIMBERLEY asked REP. BRADLEY if we are talking about Montana kids and said he was very unhappy with a few things that has happened at the yellowstone Treatment Center because the way things stand now, no one can afford to send Montana kids to Yellowstone Treatment Center. REP. BRADLEY said completely. Some of the institutions that offer this help take out of state children, but yes, all we are paying for is help for Montana children. REP. PECK asked, without this legislation, Montana will stay in a very restricted position where there is a lock on the service, is that correct? REP. BRADLEY said no, without this

legislation we have no real guidance at all with the \$12 million, no real legal skeleton to display what we are trying to do. We have no definition of what the kind of treatment entails or what the facility is. We have the dollars appropriated, so the money will be spent without any body of direction. REP. PECK asked if these other facilities would be qualified to provide the service and draw upon that account? REP. BRADLEY said in a much more open-ended way than if this bill passes. REP. PECK asked if HB 445 would still be left for them to do that? REP. BRADLEY said if you want a Certificate of Need you have to have that House Bill, otherwise we need to rely on other ways which do exist to keep some sort of cap on use. Mr. South, LFA said as he understands it the Certificate of Need Law sunsets in general terms, so it becomes a question of practicality. We will still have a Certificate of Need Requirement for residential psychiatric facilities, but the whole application process and everything the Dept. has to do grant that, and what the recipient has to do to get it will not be spelled out in law, so it becomes a practical matter if the Dept. of Health wants to operate Certificate of Need just for one type of program.

REP. BARDANOUVE asked REP. BRADLEY, under her bill, where will the children receive treatment? REP. BRADLEY said when the children moved out of Warm Springs Center and were sent to Billings, we lost medicaid certification because the state was not properly dealing with the Billings facility. That is when Rivendell came in and said they wanted to privatize this service, we bought that service completely, they took that facility, dressed it up, built another in Butte and started the in-patient psychiatric program that has been running since then with increasing numbers of children getting that kind of intensive treatment. Shodair got in on that kind of treatment as well, and the budget was destined to sky rocket until we had some kinds of other treatment where the children could be siphoned off instead of qualifying for the most expensive. Now, with this lesser treatment for the residential, we are trying to provide something that gives about half as much service, although it still is an institutional setting, but a residential setting. She said Yellowstone Treatment Center, the Deaconess facility and Shodair qualify. SRS rules on utilization review have come down so tight on Rivendell that they are now only half full, so they are interested in residential treatment as well. This is why some sort of incentive must be built in so that we are not sending all the children up to this level of care. This is not all a bad system, we are trying to get the federal 2/3 dollars and are now treating far more children, but at about the same general fund cost we did years ago before we moved into this system.

REP. BARDANOUVE said he felt an error was made when we sold the Children's Center at Billings. We sold it because we couldn't get a psychiatrist, and the reason was that it cost around \$100,000 and he would be the highest paid person in government. When Rivendell came to us we asked if the rates would go up as



soon as we sold the facility and were told no, they just wanted to serve children and were not interested in money.

### HEARING ON HOUSE BILL 927

Requires a Vocational Assessment of General Relief Applicants

#### Presentation and Opening Statement by Sponsor:

REP. DAN HARRINGTON, House District 68, Butte, said this bill allows vocational specialists to help determine the employability or unemployability with the medical professional. This would not replace medical professionals, but promotes a team approach in classifying applicants. It would allow if serious employment barriers, to continue the progress if barriers are not overcome in 6 months. SRS estimates that 120 persons with serious employment barriers who do not overcome them in 6 months, upon termination will become homeless or worse. EXHIBITS 33, 34 AND 35 were distributed. He had a couple amendments; on Page 6, line 7 it says additional eligibility during the final months. It is important they are checked on then and to extend the time for 3 months.

#### Proponents' Testimony:

Marcia Dias, Low Income Coalition, said there was an amendment added on the floor. This legislation is needed because this is a small but vulnerable group of about 80 to 120 people with serious barriers to employment. These people are at risk of becoming homeless and the reason they are at risk is that in order to qualify for general relief they are nearly destitute and 97% have no income whatsoever. This legislation would allow an additional 3 months at the discretion of the program operator if it is needed to complete the program, to complete a GED literacy training or basic skills acquisition. Often 6 months is not long enough to complete a GED or Literacy program and those with serious barriers keep recycling off and on general relief.

Tape 3

#### Opponents' Testimony:

Norman Waterman SRS, said they do not recommend including the length of time a person can participate in the program if they are classified as employable or employable with barriers. He said experience has show them in the last year or so with this PWP program they operate, many people who have been employable but with serious barriers to employment, have been able to obtain employment in spite of their barriers. There are means to overcome those barriers while a person is in the work force, and they do not have to continue on general relief to overcome a barrier so they might be able to get a better job. They had some amendments, one of which would extend the employable person at the end of 4 months if serious barriers are found at that time, they would extend the time to 6 months. He said that is what

they are presently doing and feel it is a very successful program. The second thing they would like to do, in the law in 43-3-321 that would allow them to extend the 6 months an additional 3 months for those persons who are considered as having serious barriers due to alcohol or drug dependency. They would like to be able to negotiate that with individual clients as they go along. That is already in the law and they were willing to do it if it appears necessary. He was asked to give a copy of the amendment to the secretary. **EXHIBIT 36**

**Questions From Committee Members:** REP. BARDANOUVE asked Mr. Waterman if he was proposing an amendment to the law? Mr. Waterman said there is suggested language there for an amendment in HB 927.

REP. KADAS asked if REP. HARRINGTON would respond to that question and REP. HARRINGTON said on 43-3-321 changing the word "may" to "shall" is the only one, and he sat with Mr. Waterman for an hour last night and he did not give me these amendments, nor did he tell me he opposed the extension of 3 months as was put in the bill.

REP. SWYSGOOD asked Marcia Dias, on a job training coordinating policy, we have made it a point to serve the program operators that handle the Job Training Act monies, Employment monies that are made available to us, to serve people with multiple barriers to employment. These folks you are talking about, have they inquired about these programs? The program operators have dragged their feet on this before because it brings down their performance standard because these people have to stay on the program longer and are harder to bring up to a level they can pass a GED or whatever. We fully recognized that and put a percentage requirement in there that they have to serve these folks. Have these people inquired about the programs that are already in existence out there through the HRDC'S, Job Service, etc.? Ms. Dias said the difficulty as she understands it is that it is difficult to get into these programs. Program operators with PWP, several have told her the advantage of being in PWP is that sometimes it helps them to get into the JPTA where they wouldn't otherwise, it is difficult for them to get into the programs and don't even know about them unless they are told they are eligible. She felt the problem is they have no means of subsistence to go be in a training program and most of them can't manage it.


REP. QUILICI asked if he had a chance to look at the amendment, and REP. HARRINGTON said he has looked at it now, and could not see too many problems with it.


REP. QUILICI asked who prepared the fiscal note, **EXHIBIT 37** and REP. HARRINGTON said he had worked it up himself.

**Closing by Sponsor:** REP. HARRINGTON said he felt this bill is very important and would appreciate favorable consideration.

ADJOURNMENT

Adjournment: 6:45 p.m.

  
FRANCIS BARDANOUVE, Chair

  
Sylvia Kinsey, Secretary

FB/sk

**HOUSE OF REPRESENTATIVES**  
**APPROPRIATIONS COMMITTEE**

**ROLL CALL**

**DATE**

3-19-91

NAME	PRESENT	ABSENT	EXCUSED
REP. FRANCIS BARDANOUVE, CHAIRMAN	✓		
REP. RAY PECK, VICE-CHAIRMAN	✓		
REP. DOROTHY BRADLEY	✓		
REP. JOHN COBB	✓		
REP. DOROTHY CODY	✓		
REP. MARY ELLEN CONNELLY	✓		
REP. ED GRADY	✓		
REP. LARRY GRINDE	✓		
REP. JOHN JOHNSON	✓		
REP. MIKE KADAS	✓		
REP. BERV KIMBERLEY	✓		
REP. WM. "RED" MENAHAN	✓		
REP. JERRY NISBET	✓		
REP. MARY LOU PETERSON	✓		
REP. JOE QUILICI	✓		
REP. CHUCK SWYSGOOD	✓		
REP. BOB THOFT	✓		
REP. TOM ZOOK	✓		

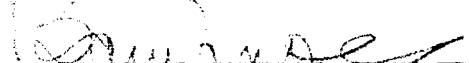
1.35  
3-19-91  
JDB

HOUSE STANDING COMMITTEE REPORT

March 19, 1991

Page 1 of 1

Mr. Speaker: We, the committee on Appropriations report that  
House Bill 418 (first reading copy -- white) do pass .

Signed:   
Francis Bardanouve, Chairman

March 19

EXHIBIT A

DATE 3-19-91

HB Appropriations

BILL NO.	APPROPRIATION AMOUNT/FUND	COMMENTS
HB 371 Appropriation to the Department of Family Services for in-home services.  Sponsor: Rep. Menahan	\$500,000 Biennial General Fund	This appropriation duplicates Appropriations Committee action in HB 2. Approved executive modified requests included \$3.5 million to be used paritally to establish a continuum of service. Of this total, \$500,000 was specifically for family- based services and in-home support.
HB 369 Appropriates funds to the department of health for a public health education specialist in the Family Planning Program.  Sponsor: Rep. Toole	\$82,092 General Fund	This position was neither requested by the department nor included in the Executive Budget.
HB 418 Creates a statutory appropriation to allow the Board of Water Well Contractors to expend surety bond forfeitures.  Sponsor: Rep. Madison	Statutory Appropriation State Special Revenue	Through a statutory appropriation of bond forfeiture funds, the Board of Water Well Contractors would be permitted to expend funds for remedial action, compensatory damages, and administrative costs. Presently a budget amendment is required to expend bond forfeiture funds, and may only be granted if an emergency situation exists. Approximately \$20,000 per year is available from surety bond forfeitures. House Bill 2 includes language which appropriates the same funds for the same purpose.

8- HB12 - Pavlovic - Union  
16- HB103 Russel

HB 964  
Generally revises  
pesticides statutes and  
repeals herbicide  
surcharge.

Sponsor: Rep.  
O'Keefe

General Fund  
Impact: \$125,792  
in fiscal 1992

House Bill 964 increases pesticide registration fees, establishes a pesticide management account, and provides for the termination of the herbicide surcharge. The Natural Resources Subcommittee, when reviewing the Department of Agriculture's budget, approved two budget modifications: 1) Pesticide Program Workload and 2) Groundwater Program Workload, both in the Environmental Management Division. Language was included in House Bill 2 that the appropriation for these modifications be contingent on enactment of House Bill 964. The new fees in the bill provide funding for the modifications. Funding for current level would be achieved through current pesticide registration fees and general fund. Enactment of the bill would earmark the fees, which are currently deposited in the general fund, to state special revenue accounts for the purposes of funding the Pesticide and Groundwater Programs.

The herbicide surcharge would terminate once the noxious weed management trust fund reached \$2.5 million.

The department would be given the authority to issue compliance orders requiring clean-up by persons who dumped, spilled, misused or unlawfully used pesticides.

HB 977  
Continues residential  
psychiatric treatment as  
a component of  
medicaid.

Sponsor: Rep.  
Bradley

General Fund  
Impact

House Bill 304, 1989 legislature, authorized medicaid reimbursement for residential psychiatric treatment during the 1991 biennium. This bill continues this treatment as a medicaid component. The Appropriations Committee approved \$12.5 million (\$9.0 million federal - \$3.5 million general fund) in House Bill 2 for residential services during the 1993 biennium.

HB 990  
Funds the national  
historic trail interpretive  
center.

Sponsor: Rep.  
S. Rice

\$1,000,000  
Income and  
earnings of the  
coal severance  
tax permanent  
trust fund

This legislation appropriates income and earnings of the coal severance tax permanent trust fund to the Department of Commerce to match federal funds to plan, design, and construct a Lewis and Clark national historic trail interpretive center.

HB 122  
Requires the state to  
pay medical costs for  
incarcerated individuals

Sponsor: Rep.  
Russell

\$593,696  
General Fund

The general relief medical assistance program (operated in 12 assumed counties) pays medical expenses for individuals who do not qualify for any other medical assistance (such as medicaid). This bill requires the state to pay medical expenses for persons in all counties who are incarcerated in a secure facility operated by a local authority.

Ex. A  
3-19-91  
Approp. Bills

HB 497  
Revises salaries or  
compensation for certain  
county officers.

\$740,858 Biennial  
General Fund

Sponsor: Rep.  
Darko

The county officials affected by this bill are: county commissioner, treasurer, clerk and recorder, clerk of the district court, surveyor, county auditor, superintendent of schools, sheriff, deputy county officers, undersheriff, and elected and deputy assessors. The general fund fiscal impact is due to state reimbursement of 70% of the salaries of elected and deputy assessors. The fiscal note estimates an annual impact to local governments of \$275,000 in fiscal 1992 and \$300,000 in fiscal 1993.

HB 376  
Requires the department  
of health to maintain  
and administer an  
immunization program  
and to assure an  
adequate level of  
immunization by  
providing an adequate  
vaccine supply.

\$1,050,000  
General Fund

Sponsor: Rep.  
Messmore

This bill provides for two appropriations: \$342,000 for routine vaccinations and \$708,000 for "catch-up" mumps, measles, and rubella (MMR) vaccinations for those over the age of 12 who have not received the recommended second dose. The department of health oversees a grant from the federal government to provide routine vaccinations. This grant is not appropriated by the legislature. The \$342,000 appropriation in HB 376 is approximately one-half the anticipated difference between the total cost of providing routine vaccinations to pre-schoolers and 12 year olds and the federal grant. The Human Services Subcommittee had included \$200,000 per year for catch-up" mumps, measles, and rubella (MMR) vaccine. However, this appropriation was eliminated by the Appropriations Committee.



24  
1  
HB 728  
Appropriates funds to  
for a state advisory  
council on Food and  
Nutrition, to promote  
school food programs,  
to expand the Women,  
Infants, and Children  
program, and to fund a  
public health nutritionist.

Sponsor: Rep.  
Ream

\$10,000 Biennium  
\$115,075 Fiscal  
1992, \$110,882  
Fiscal 1993  
General Fund  
\$7,000 Biennium  
Federal Funds

The \$10,000 biennial appropriation is  
to the Office of Public Instruction  
to promote school food programs with  
nonparticipating schools. The  
remaining general fund would be  
appropriated to the Department of  
Health for two purposes: 1) to expand  
the WIC program to nonparticipating  
counties, and 2) to fund a public  
health nutritionist position in the  
department. The WIC program provides  
eligible women, infants, and children  
with nutritional food supplements.  
House Bill 2 currently includes all  
federal funds anticipated from the  
federal government in the 1993  
biennium (\$8,950,182 in fiscal 1992  
and \$8,741,098 in fiscal 1993), which  
are used for local program  
administration and to pay actual food  
costs. At the current time, the WIC  
program is entirely federally funded.

17  
HB 876  
Continues the MIAMI  
project and expands the  
medicaid program.

Sponsor: Rep.  
Wyatt

General Fund  
Impact

This bill continues MIAMI (a program  
designed to abate infant mortality).  
It also provides: 1) presumptive  
medicaid eligibility for ambulatory  
prenatal care to pregnant women; 2)  
targeted case management for high-risk  
pregnant women; 3) medicaid eligibility  
for infants and pregnant women whose  
income does not exceed 185% of the  
federal poverty threshold. Fiscal  
note--\$1.8 million general fund  
required to implement during the 1993  
biennium. Of this amount, \$278,058  
has been approved in House Bill 2 by  
the Appropriations Committee for  
targeted case management.

1  
HB 968  
Authorizes the  
department of health to  
adopt a standard means  
of identification for a  
"do not resuscitate"  
order.

\$1,000  
General Fund

The appropriation contained in this  
bill would be used to publish and  
disseminate educational materials to  
physicians, health care facilities,  
emergency medical personnel, and  
others.

HB 12  
Increases silicosis  
benefits to \$225 per  
month.

General Fund  
Impact

There are currently two levels of  
silicosis benefit payments: \$200 for  
silicotics and \$100 for widows of  
silicotics. If all eligible  
recipients were to receive \$225 per  
month, the additional general fund  
cost would be \$145,000 in fiscal 1992  
and \$132,000 in fiscal 1993 over the  
level currently included in House Bill  
2.

3  
HB 681  
Continues residential  
psychiatric treatment as  
a component of  
medicaid.

General Fund  
Impact

This bill duplicates House Bill 977.

Sponsor: Rep.  
J. Rice

Ex. 1A  
3-19-91

Approp.  
Bills

29  
HB 927  
Requires a vocational  
assessment of general  
relief applicants.

General Fund  
Impact

This bill requires a vocational specialist to conduct an assessment to determine the employability of general relief applicants. Fiscal note-- \$458,019 general fund required to implement during the 1993 biennium.

Sponsor: Rep.  
Harrington

23  
HB 906  
Appropriates funds to  
the Montana  
Cooperative Extension  
Service for an additional  
FTE.

\$64,500 FY 1992  
\$56,500 FY 1993  
General Fund

This bill increases fire hazard reduction agreement fees, deposits the fees in a state special revenue account, and earmarks the fees for the Montana Cooperative Extension Service (CES) for an additional forestry extension specialist. The fee revenue is intended to be in addition to the funds allocated by CES in its current operating budget for the forestry extension program. The general fund is appropriated to the state special revenue account.

Sponsor: Rep.  
Connelly

9  
HB 449  
Appropriates funds to  
the Office of Public  
Instruction for full  
funding of the allowable  
costs of special  
education for school  
districts.

\$25,000,000  
Biennial  
General Fund

Section 20-7-431, MCA prescribes the costs which school districts may claim for the purpose of determining foundation program amounts for special education. Based upon the approved allowable costs for special education in fiscal 1991, OPI has projected that this appropriation, when combined with the special education budget in HB2 of \$65,691,594 for the 1993 biennium, will fund the approved allowable costs. OPI had requested an inflation increase for special education in HB2 of \$3,000,000 for the biennium which was not approved by the Education Subcommittee.

Sponsor: Rep.  
Schye

HB 656  
Establishes demonstration  
programs for middle  
school "at risk" children.

\$75,000 Biennial  
General Fund

This bill appropriates funds to OPI for the purpose of creating demonstration programs, conferences, and training designed to assist "at risk" children attending middle schools. This bill was not requested by OPI. Two budget modifications were presented to the Education Subcommittee for "at risk" programs, but were not acted upon.

Sponsor: Rep.  
D. Brown

Monday, March 19

EXHIBIT B  
DATE 3-19-91  
Appropriations

BILL NO.	APPROPRIATION AMOUNT/FUND	COMMENTS
HB 522 Authorizes the state to purchase health insurance for low income families.  Sponsor: Rep. Cobb	General Fund Impact	This bill permits SRS to purchase health insurance for families whose income exceeds medicaid eligibility criteria but does not exceed 200% of the federal poverty threshold. Donations received are deposited in a state revenue account and are statutorily appropriated. <u>Fiscal note</u> --\$10.6 million general fund required to implement during the 1993 biennium.
HB 786 Revises medicaid travel and per diem rates.  Sponsor: Rep. Quilici	General Fund Impact	This bill requires SRS to amend medicaid rules so that reimbursement for travel by medicaid recipients to access medical services is no less than that authorized for state employees. <u>Fiscal note</u> --\$192,408 general fund will be required to implement during the 1993 biennium.
HB 662 Establishes an Office of Rural Health within the department of health.  Sponsor: Rep. J. Brown	\$100,000 General Fund	The general fund appropriated in this bill would be used to match federal funds available from the Office of Rural Health Policy. According to the fiscal note, the level of these funds is not known. The department would contract for, rather than perform itself, all services funded.
HB 96 Appropriation to the Department of Health to Train Family Practice Resident Physicians.  Sponsor: Rep. J. Brown	\$70,000 General Fund for the Biennium	These funds would be appropriated to the Department of Health, but the services would be performed by a private organization. The 1983 legislature originally appropriated a total of \$71,000 general fund for this program, at which time the recipients stated that the program would be funded through private sources in future years and they would not seek additional state funding. A further appropriation of \$70,000 general fund was made by the 1985 legislature, but funding was eliminated by the 1987 legislature.

<p>HB 488</p> <p>Require DFS to base foster care payment on USDA estimates of cost of raising a child</p> <p>Sponsor: Rep. O'Keefe</p>	<p>General Impact</p>	<p>Fund</p>	<p>This bill would increase payments by over \$6.00 per day for children in youth foster homes at a cost of nearly \$4 million for the biennium over \$3.1 million general fund). HB 2 increases rates by 5 percent each year (\$0.50 to \$0.64 per day each year). This bill does not provide increased payments for children in group homes or other more restrictive foster placements. If this bill passes, an appropriation will be needed in House Bill 2.</p>
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<p>HB 489</p> <p>Require clothing payments up to \$500 per year for children in foster homes</p> <p>Sponsor: Rep. O'Keefe</p>	<p>General Impact</p>	<p>Fund</p>	<p>This bill would increase expenditures for clothing for children in foster homes by \$758,364 during the biennium (\$532,372 general fund). This bill does not address clothing needs for children in group homes. Current law, section 41-3-1103, MCA requires the department to "pay for ...clothing..." for all youth in foster homes and group homes, without specifying an amount. Amounts paid have been approximately 22 percent of the amount suggested in this bill. If this bill passes, an appropriation will be needed in House Bill 2.</p>
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<p>HB 490</p> <p>Appropriation for recruitment, training, and retention of licensed foster parents</p> <p>Sponsor: Rep. O'Keefe</p>	<p>\$150,000 General Fund for the biennium</p>	<p>General</p>	<p>This bill provides for a training program and makes this program a condition for licensure. The bill does not say how this will aid in recruitment or retention, nor does it indicate whether more requirements for licensure will contribute to fewer or more licensed foster homes.</p>
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<p>HB 491</p> <p>Appropriation to provide respite care for foster children</p> <p>Sponsor: Rep. O'Keefe</p>	<p>\$100,000 General Fund for the Biennium</p>	<p>General</p>	<p>This bill would provide funds to pay for respite care for children in foster homes who have special needs. The bill would also provide for recruitment, training, and monitoring of respite care providers.</p>
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<p>HB 299</p> <p>Appropriate money to DFS for permanency planning for children in foster care</p> <p>Sponsor: Rep. Rice</p>	<p>\$371,200 General Fund for the Biennium</p>	<p>General</p>	<p>This bill would allow the department to hire 5.0 FTE permanency planning specialists or contract for the services. This two-year project is to include a case review of all children in foster care over a three-month period to: 1) determine what needs to be done to assure a permanent, stable home; and 2) assist the social workers in finding and using the resources to implement realistic permanency plan options.</p>
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Ex. B

3-19-91

Approp.

HB 366  
Appropriate money  
to DFS to provide  
services to Indian  
children

\$892,558 General  
Fund for the  
Biennium

This bill would allow DFS to hire 15.9 FTE (13.4 FTE and \$701,088 if there is no agreement with the Crow Indian Reservation) to provide child protection services on Indian reservations. House Bill 2 includes funding for 36 additional FTE social workers state-wide who could provide child protection services to Indian children as well as to other children.

Sponsor: Rep.  
Russell

HB 569  
Appropriation to  
DFS for a  
Management  
Information System

\$904,000  
GF of \$770,000  
Fed of \$134,000

This bill provides \$452,000 each year for a management information system for DFS. The budget modification in HB 2 contains a biennial appropriation of \$811,000 for this system. However, this modified request was denied by the Appropriations Committee. If this bill passes there should not be any consideration for an amendment for the information system budget modification in HB 2.

Sponsor: Rep.  
Rice

HB 800  
Require agency or  
parent to pay  
school tuition or  
school fees

General Fund  
Impact

This bill would require that a state agency or parent who places a child in a group home or a private facility be responsible for any tuition or fees required by the district in which the child will attend school. The fiscal note assumes that the Dept. of Family Services will pay the tuition costs estimated at \$690,840 for the biennium. Unanswered questions are: 1) is tuition required for emotionally disturbed and other similarly handicapped children who are not classified as eligible for special education but who may be in special settings such as Intermountain Home or Yellowstone Treatment Center?; 2) is it the intent of the bill to exclude children who may be placed out of district by Tribal Courts; and 3) will parents placing children in group homes outside the district release custody of those children to the state rather than pay school taxes in their own districts, tuition in other districts, and the cost of placement? If the answer to any of these questions in "yes," the costs to the state could be significantly higher than indicated by the fiscal note. If this bill passes, an appropriation will be needed in House Bill 2.

Sponsor: Rep.  
Swysgood

HB 627  
Reimburse expenses  
of the local  
senior citizen's  
ombudsman

General Fund  
Impact

This bill is an act clarifying the duties and responsibilities of the Office of Legal and Long-Term Care Ombudsman Services, and it provides additional reimbursement to the local ombudsman for salaries and operational expenses. The fiscal note says the impact is \$159,680 general fund for

Sponsor: Rep.  
Elliott

the biennium. The fiscal note also says that these services can only be provided under current level funding through diversion of information and referral funding. Additional information is as follows: 1) HB 2 contains federal funds of \$24,548 in fiscal 1992 and \$12,274 in fiscal 1993 for ombudsman services which reduces the general fund impact of this bill to \$122,858 for the biennium; and 2) the agency states that approximately \$20,000 per year could continue to be diverted from information and referral, but the bill states that total reimbursements for operational expenses may not exceed the amount appropriated to DFS for this purpose. If the bill passes but no additional appropriation or language is included, can the agency continue to divert available funds?

2  
HB 696  
Continues the  
statewide genetics  
program within the  
Dept. of Health

Sponsor: Rep.  
Rice

\$1,145,678  
General Fund for  
the Biennium

Offset by a  
\$0.75 fee on  
each individual  
or group disa-  
bility or health  
insurance policy

The department contracts with Shodair Hospital of Helena for these services. Since its inception in the 1987 biennium, this program has been funded as follows:

1987 biennium:	\$0.45 per policy fee	\$507,000 General Fund
1989 biennium:	\$0.35 per policy fee	\$520,000 General Fund
1991 biennium:	\$0.45 per policy fee	\$688,300 General Fund

Unlike the previous legislation authorizing the program and the policy fee, this bill does not have a termination date.

20  
HB 560  
Appropriate revenue  
from driver's  
license motorcycle  
endorsement fee to  
the motorcycle  
safety training  
account administered  
by OPI

Sponsor: Rep.  
Stang

Statutory  
Appropriation

This bill reduces revenue to the general fund and the traffic safety state special account and deposits revenue in the motorcycle safety state special account. According to the fiscal note, general fund from this source will be reduced by \$38,000 in the 1993 biennium and revenue to the traffic safety account will be reduced by \$22,000. These funds will be used to administer the motorcycle safety program operated by OPI. Note: HB 763 consolidates the motorcycle safety and traffic safety programs into one account and function.

6  
HB 937  
Revise and continue  
programs under the  
Montana Child Care  
Act

\$480,000 General  
Fund for the  
Biennium

This bill would continue the Montana Child Care Act as begun by House Bill 200 (1989 Legislature) and expands the program from a total of \$120,000 (50% general, 50% federal) in fiscal 1991. It appropriates funds

Ex. B  
3-19-91  
Approp.

Sponsor: Rep.  
Stickney

for the biennium as follows: 1) \$120,000 for the state match for services provided by local resource & referral (R & R) programs in JOBS 2) \$100,000 for grants to local R & R programs; and 3) \$240,000 for 8 FTE to provide licensing and registration of day care facilities. House Bill 2 contains over \$428,000 (\$15,000 general fund) for the biennium to continue the R & R programs as they are currently being operated. House Bill 2 also contains broad authority for the department to spend over \$5 million of a federal child care block grant during the biennium for all aspects of child care, including resource and referral and licensing.

HOUSE BILL 968

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

When emergency medical services personnel respond to the scene of a patient who is not breathing and who has no pulse, it is a very emotional and difficult situation for both the family and the EMS personnel. Sometimes, when the death is anticipated, the patient and their physician have previously decided they do not wish the patient's life to be extended by the application of Cardiopulmonary Resuscitation (CPR). The EMS personnel are often faced with conflicting information at the scene by family and friends who are, understandably, quite upset.

During the 1989 legislature, the Montana Living Will Act was amended. Now, terminally ill patients who have declared living wills may wear a uniform, state-wide identification bracelet or card which signifies to EMS personnel that they are to follow procedures (a protocol) set forth by the Montana Board of Medical Examiners. This protocol, which is included with the testimony of Doctor Ira Byock, instructs the emergency care personnel to withhold cardiopulmonary resuscitation while placing emphasis on providing comforting, supporting care to the dying patient and their family. In fact, the entire program is called **COMFORT ONE**.

The Montana Hospice Association, the Montana Association of Home Health Agencies, the Montana Medical Association, the Montana Emergency Medical Services Association, the Department of Health and Environmental Sciences, have been working for two years to implement this **COMFORT ONE** program. However, we learned that the identification could be issued only to terminally ill patients who had declared a living will...not to patients for whom a physician had issued a Do Not Resuscitate Order...a standard medical practice. The EMS people are again caught in the middle; they hear conflicting stories from family members and friends, and attempt to determine if there is a valid physician's DNR order. In the heat of the moment, this is an almost impossible task.

This legislation simply allows this uniform identification to be issued to patients who have a valid DNR order in their medical chart and provides immunity to the EMS personnel who then follow the protocol. It also allows EMS personnel to follow a direct, verbal DNR order from a physician.

The intent is simple. When EMS personnel see this identification, they follow the standard, state-wide protocol already adopted by the Board of Medical Examiners. It provides a good mechanism for EMS personnel to follow to wishes of the patient and his physician. If they do not see the uniform identification, they follow their usual procedures and begin resuscitating the patient.

Due to short notice, the physicians who were instrumental in developing this legislation could not be here. However, I would be happy to answer questions.

Thank you.



4/2

EXHIBIT 2  
DATE 3-19-91  
HE 569

DATA COLLECTION SYSTEM FOR FOSTER CARE AND ADOPTION  
PENALTY ASSESSMENT

If the new system is not operational by October, 1991, penalties may be assessed for missing data or timeliness of report submission.

The penalties will be assessed against Title IV-E administrative claims on a quarterly basis for each quarter out of compliance.

The federal government has postponed assessing penalties until federal fiscal year 1994. The penalty will be one-half of the maximum allowable for FY 1994 and the maximum amount for FY 1995 and thereafter.

Maximum penalty: FY 1994 - (10/01/93 through 9/30/94) \$51,793  
10% of IV-B incentive funds (\$517,931 - FY91)

Maximum penalty: FY 1995 (10/01/94 through 9/30/95) \$103,586  
20% of IV-B incentive funds (\$517,931 - FY91)

The yearly penalty amount will increase as the IV-B grant increases. At the current grant amount it will be about \$103,586 per year or \$207,172 per biennium.

\* (1) IV-B incentive funds are the funds allocated to states above the base appropriation for IV-B (141 million). The state becomes eligible for the increased funding by meeting 427 program requirements. FFY91 incentive funds are based on a IV-B appropriation of \$273,911,000.

FFY allocation	\$1,122,107
141 million base	<604,176>
Incentive Funds	\$ 517,931

\*(1) The attached handout is a copy of the 17 pages of federal requirement for reporting data and definitions of the data. All but two pages of the handout refer to required information or procedures.

adsup\jal\datacol.dm

**Exhibit 2 also contained a copy of Federal Register, V. 155, # 188, 9/27/90, pages 39552 - 39571. The original is stored at the Montana Historical Society, 225 North Roberts, Helena, MT 59601. (Phone 406-444-4775)**

EXHIBIT 3  
DATE 3-19-91  
HB 569

GPN / March 1991 / 5

## CASE HISTORY

### PROGRAM HELPS KEEP ABUSED CHILDREN FROM FALLING THROUGH THE CRACKS

On any given day, 1,849 children are abused in the United States. But that figure may drop with the help of the Child Protection System (CPS), developed by social-service caseworkers of Berrien County, Mich., and Bull HN Information Systems, Inc., Billerica, Mass.

CPS combines case-management and risk-assessment components to offer immediate access to information on child abuse cases.

"...Caseworkers are able make better decisions based on more accurate and up-to-date information," says Wesley Bowerman, director of Berrien County Department of Social Services.

Prior to CPS, caseworkers used time-consuming, inefficient manual methods to keep track of cases, identify related cases, and maintain detailed records.

"Our ability to cross-reference files on the system (CPS) allows us to check all the variables in a case before deciding whether a child will remain at home," says Jane Mecomber, child's protection services specialist.

For example, a mother of four young children who was sentenced to jail recommended both grandmothers as caretakers in her absence. However, the caseworker reviewing the CPS files found that one grandmother had a history of abuse and the other had an extremely violent boyfriend who had stabbed one of the children. The caseworker elected to find alternative placement. In another case a mother, accompanied by two small children, gave police a false name after being arrested for shoplifting. A court order was obtained to place the children in foster care. The caseworker discovered through CPS that the woman had six more children at home ranging from 13- to 5-years old. After scrolling the CPS list of potential foster homes, the caseworker received a list of openings in five minutes.

Using the old system, a caseworker who received a call on

someone else's case after business hours, had to wait until the next day to get case information or locate the assigned caseworker. Finding a foster care location required calling facilities one-by-one.

The comprehensive risk-assessment feature helps determine the danger of further harm or neglect to the child. "Since caseworkers physically enter potentially-dangerous households deciding whether or not to remove a child from his or her environment, this information can make the difference in the safety of the child and caseworker," says Bowerman.

CPS uses systems architecture with standard protocols and can be connected to existing mini-

computers or main frames. Software packages provide word processing, spreadsheet, diary and calendar management, electronic mail, and a relational database.

Personal- or laptop-computer access via cellular phone to CPS allows caseworkers to respond accurately and quickly to calls and emergencies 24 hrs. a day.

CPS meets the caseworkers' everyday requirements, ranging from screening referrals and opening cases to writing narratives and locating foster placement facilities.

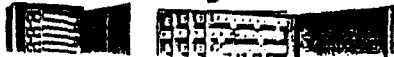
By reducing the administrative burden, CPS allows caseworkers to spend more time in the field helping children and their families. ■

CIRCLE 330 READER CARD



■ Caseworker accesses current records on child protection system.

## Visible Key Control



## Now you can spend time

4  
Amendments to House Bill No. 937  
Second Reading Copy

Requested by Representative Stickney  
For the House Appropriations Committee

Prepared by Tom Gomez  
March 18, 1991

EXHIBIT 34  
DATE 3-19-91  
HB 937

1. Page 2, line 8.  
Following: "(1)"  
Strike: "\$120,000"  
Insert: "\$105,000"

2. Page 2, lines 13 and 14.  
Strike: subsection (2) in its entirety  
Renumber: subsequent subsection

3. Page 2, line 15.  
Following: "(3)"  
Strike: "\$240,000"  
Insert: "\$50,000"  
Following: "fund"  
Strike: "8"

# MONTANA WOMEN'S LOBBYIST FUND

P.O. Box 1099  
Kate Cholewa  
MT Women's Lobby  
Child Care Resource and Referral information

Helena, MT 59624

406-461-5  
EX-109-79173-19-91  
DATE 937  
HB

In 1986, Congress passed S2565 which authorized \$5,000,000 for dependent care referral services nationally. MT received \$50,000. The first year this funding was available, four resource and referral services were started in MT. In 1989, the State Legislature passed HB 200, the MT Child Care Act, which appropriated \$120,000 for the biennium to fund resource and referral. In the fall of '89, the MT State University Early Childhood Project, under a grant from the Department of Family Services, developed an R&R network in the state, worked to standardize services, and assisted in the development of new R&Rs. By the spring of 1990, 7 R&Rs were operating in MT (Helena, Missoula, Butte, Kalispell, Billings, Bozeman and Great Falls) and plans were in progress for the development of R&Rs in eastern MT.

## R&Rs:

1. Plan for day care programs according to the needs of the community.
2. Assist with the development of new programs by recruiting home providers.
3. Provide training and technical assistance for center staff and home providers.
4. Sponsor the USDA Child Care Food Program for registered family and group home providers.
5. Consult with businesses to establish employer supported child care services.
6. Contract with employers to provide R&R services tot heir employees.
7. Refer parents and providers to other agencies and programs.
8. Provide information on payment assistance programs for child care.
9. Manage the state assisted child care: child care arranging for JOBS, a program which has been expanded by this legislature and will, in turn, increase R&R services in regards to processing payments, child care arranging, and record keeping. Implementing the new sliding fee program will further increase their work load.
10. Offer parent classes and public education on child care issues.
11. Assist in the development and promotion of policy initiatives which expand and maintain the supply of quality child care in the local communities as well as on the state and national level.
12. Provide toy and resource libraries.
13. Collect data for future planning.

# MONTANA WOMEN'S LOBBYIST FUND

P.O. Box 1099

Helena, MT 59624

406/449-7917

Ex 5  
pg 2 of  
2-19-91  
HB 93

Note: For \$17,000/yr., the Missoula R&R did all the above including child care arranging (see #9) for 3 counties. Previously, Missoula county child care arranging ALONE was done by a full-time WIN worker at DFS. R & Rs are less expensive because their staff is part-time, receives no health insurance benefits, no retirement benefits, makes \$7.50 / hr., and is supplemented by other community-raised funds.

R & Rs demonstrate privatization.

# MONTANA WOMEN'S LOBBY

P.O. Box 1099

Helena, MT 59624

406/449-7916

EXHIBIT 6

DATE 3-19-91

HB 937

Kate Cholewa  
MT Women's Lobby  
Re: Child Care Funding

Child care is still a fledgling industry. Issues such as low wages, availability and quality of care, networking, and licensing must be addressed. The federal government has chosen to address these needs with the Federal Child Care Block Grant (CCBG). This grant is intended to improve and expand daycare services and to help fund families who use child care services. These funds are to supplement and not supplant existing funds. The federal government has chosen to involve itself with child care industries because of its recognition of child care services as a foundational service in our economy. A reliable workforce is dependent on reliable, quality, affordable child care. If daycare workers nation wide went on strike, the economy would grind to a halt. If parents/workers can't find affordable child care, they either can't work or can't afford to buy goods and services they would use if they could afford it. If children don't receive safe, quality care, we pay for them later in drug and alcohol programs, reform and prison systems, and institutions. Then, we pay for their kids in the same way. Whether or not you use child care services, whether or not your community uses child care services, you are effected by it - your pocketbook is effected and the quality of the society you live in is effected.

Realistic estimates suggest it would cost up to \$10 billion a year to meet the country's child care needs. The CCBG provides \$2.5 billion to go to the states in the next three years to increase the availability and quality of child care. Over 5 years, \$1.5 billion will go to provide child care for parents at risk of going on welfare without it. Montana will receive about \$2.4 million/year. 75% of this money will go to subsidize child care for AFDC recipients and the working poor. This leaves approximately \$600,000 for improving the quality of care.

We ask this legislature to:

- \* recognize the state and importance of child care and its supportive industries, as has the federal government.
- \* see the CCBG used in accordance with its intent to improve and expand, rather than just maintain services.
- \* see federal funds maximized in such a way that would benefit the entire Montana economy.

# MONTANA WOMEN'S LOBBY

P.O. Box 1099

Helena, MT 59624

406/449-7917

LA 6  
3-19-9  
HB 937  
Pg 2 of 2

We request the following appropriations.

(1) \$105,000 to be added to the \$15,000 state investment for JOBS child care arranging. This would continue the state support initiated in HB 200. Currently, these services are funded for the biennium thusly by the Human Services Subcommittee:

<u>General Fund</u>	<u>JOBS match(fed \$)</u>	<u>CCBG(fed \$)</u>
\$15,000	\$38,755	\$374,997

We appreciate the work of the subcommittee and are aware of the need to save money where we can. However, in order to maximize federal funds and use the CCBG with integrity, we'd like to see the state continue its \$120,000 contribution for the biennium. A 28/72 Medicaid match will result in \$428,571 and will save the CCBG so that it can use in accordance with the intent.

(2) \$50,000 for the biennium to be matched at 10/90 with 4A at-risk money. This money is for states to improve licensing and registration requirements and for monitoring child care. The \$50,000 investment will result in \$500,000. If this money is not appropriated here, we cannot take advantage of the 10/90 match.

Thus, by adding \$155,000 to the \$15,000 already invested, we will bring nearly a million dollars into the state. This money is going to create jobs, help parents, aid workers and employers, protect and nurture children, and help the economy. We purged this bill of any dollars that would not bring good match money into the state. Not funding this bill results in the loss of \$758,571 that would involve the entire Montana economy.

This money

- \*enables Montana to adhere to the spirit of the CCBG to improve and expand, not merely maintain services

- \*is a great deal: 82% return on your investment, \$5.46 back for every dollar invested



House Appropriations

# LEWIS AND CLARK

IN THE ROCKY MOUNTAINS

EXHIBIT

DATE

HE

990

3-A-91



**T**HE LEWIS AND CLARK National Historic Trail commemorates one of our nation's grandest journeys of exploration. It is an epic that captures the imagination as much today as it did nearly 200 years ago. A significant segment of the 8000-mile Trail crosses the rugged, though handsome, northern Rocky Mountains.

United States  
Department of  
Agriculture



Forest  
Service

Northern  
Region

EXHIBIT 17  
DATE 3-19-71  
HB 5-512

House Appropriations Comm

# LEWIS AND CLARK

REPORT TO CONGRESS



NATIONAL HISTORIC  
TRAIL INTERPRETIVE  
CENTER • MONTANA

PUBLIC LAW 100-552

8

3-19-91

990

House Appropriations

# LEWIS AND CLARK

## REPORT TO CONGRESS

ADDENDUM

### CONCEPTUAL DESIGN AND BUDGET REPORT



NATIONAL HISTORIC  
TRAIL INTERPRETIVE  
CENTER • MONTANA

EXHIBIT 9  
DATE 3-19-91  
HB 990

TESTIMONY BY MR. MIKE LABRIOLA,  
VICE PRESIDENT OF  
GREAT FALLS AREA CHAMBER OF COMMERCE  
IN SUPPORT OF HOUSE BILL 990  
INTRODUCED BY REPRESENTATIVE SHEILA RICE

A few years ago the Travel Promotion Division of the Department of Commerce commissioned a study to determine what kind of image Montana had in major population areas that represented potential tourist target markets. We were pleased to learn that Montana had a good image among those who were familiar with our state. Unfortunately, the study also revealed that among many outside our immediate region, Montana was an enigma and had no image at all. Indeed, many seemed to have little idea where Montana is even located.

The Montana Travel Promotion Division, our regional tourism organizations, and our Chambers of Commerce have been working hard to change that, but the competition grows ever more keen.

We need a "niche" in the marketplace that is uniquely our own, and that will bring us national - nay - international attention.

The epic story of the Corps of Discovery and the Lewis and Clark National Historic Trail Interpretive Center have the potential to be such a "niche" - we have but to seize the opportunity.

Montana historian Clark C. Spence once wrote:

"In Montana history the Lewis and Clark expedition looms large. It spent more time and covered more miles in Montana than any other area.....For modern Montanans it left a proud, fierce spirit of kinship with the greatest of early explorers. Lewis and Clark belong to Montana in a way that they are claimed by no other state." From: Clark C. Spence, Montana, A History, (New York: W.W. Norton and Company, 1978) Pages 71 & 13.

Much of the original Lewis and Clark Trail in other states is now hidden by the huge reservoirs of the lower Missouri and Columbia rivers. The Lewis and Clark Trail in Montana is still relatively unspoiled and looks much the same as in 1805. Certainly, this provides us with unique visitor appeal at a time when Americans seem to be growing ever more interested in their own heritage. Moreover, the Lewis and Clark Trail provides that visitor appeal across the entire breadth of our state - not just

EX. 9

3-19-91

HB 990

one small area.

The Lewis and Clark National Historic Trail Interpretive Center will stand out on thousands of recreational maps and will undoubtedly be noted in countless travel books - and the visitor will come! Last year the small National Park Service Interpretive Center at Fort Clatsop near Astoria, Oregon, received more than 206,000 visitors. Our Interpretive Center will be larger, and will interpret more of the story. We believe it will have even greater visitor appeal than that at Fort Clatsop.

Some of us have already begun work to cultivate that visitor appeal, as you can see from our dress. I also represent the Lewis and Clark Honor Guard - a group of enthusiasts dedicated to sharing the Lewis and Clark story visually through ceremonies, re-enactments, and demonstrations. Our group is a nucleus of volunteers who will work to support the Lewis and Clark National Historic Trail Interpretive Center through living history. Among the nineteen performances we already have scheduled between now and September are three for motorcoach tours originating in West Virginia, Missouri, and Michigan, and a program for a recreational vehicle organization that will bring in members from throughout the western U.S. and Canada. Two of the bus tours were sold specifically to follow the Lewis and Clark Trail across the U.S. We believe many more will follow and stop to see the Lewis and Clark National Historic Trail Interpretive Center and other points on the trail across our state.

On behalf of the members of the Great Falls Area Chamber of Commerce, and the enthusiasts of the Lewis and Clark Honor Guard, I urge you to support this ~~resolution~~ and help us to make our dream a reality.

BILL

10

# DEPARTMENT OF COMMERCE



STAN STEPHENS, GOVERNOR

1424 9TH AVENUE

## STATE OF MONTANA

(406) 444-2654

HELENA, MONTANA 59620-0401

March 18, 1991

EXHIBIT 10  
DATE 3-19-91  
HB 990

Francis Bardanoue, Chair  
House Appropriations Committee  
Montana House of Representatives  
Helena, MT 59620

Dear Chairman Bardanoue:

The Montana Tourism Advisory Council has historically been interested in and supportive of efforts and programs which emphasize the geographic location of the Lewis & Clark Trail in Montana.

The most important piece of state travel literature, the Montana highway map, includes a panel of information on the historically famous and nationally known Lewis & Clark Trail. Indeed, it is an attraction that draws visitors to our state. More importantly, however, are the economic benefits from the visitors as they retrace the trail, journeying through a large portion of our state.

Montana is now being given the opportunity to increase the number and the impact of these visitors through HB 990. The Tourism Advisory Council by formal action on March 17, 1991, unanimously approved a motion to support the passage of this bill. We believe a commitment of \$1 million from Montana to receive nearly \$9 million for construction of the Lewis & Clark National Historic Trail Interpretative Center will bring solid, positive economic growth to the entire state.

We know you are faced with many difficult funding decisions during this legislative session but ask your careful consideration of this opportunity to promote Montana. Thank you in advance for the same.

Sincerely,

A handwritten signature in cursive script that reads "Larry McRae".

Larry McRae, Chair  
Tourism Advisory Council

Enc: List of Council members

TOURISM ADVISORY COUNCIL  
January 1, 1991

EX. 10  
3-19-91  
HB 990

Larry McRae, Chair (93)  
Best Western Outlaw Inn  
1701 Highway 93 South  
Kalispell, MT 59901  
755-6100  
756-8994 (FAX)

Alan Elliott (92)  
Northern Hotel  
1st & Broadway  
Billings, MT 59101  
245-5121  
245-5121 (FAX)\*

Elmer Frame (91)  
El-Mar KOA  
3695 Tina Avenue  
Missoula, MT 59801  
549-0881  
721-5557 (FAX)

Henry Gehl (92)  
Park Inn  
211 East Main  
Lewistown, MT 59457  
538-8721  
538-8969 (FAX)

Herb Leuprecht (91)  
Butte Plaza Inn  
2900 Harrison Avenue  
Butte, MT 59701  
494-3500  
494-7611 (FAX)

Edythe McCleary, (92)  
Custer Country  
Route 1, Box 1206A  
Hardin, MT 59034  
665-1671  
665-1817 (FAX)

Barbara Moe (91)  
Anderson-Elerding Travel  
P.O. Box 2185  
Great Falls, MT 59403  
761-0700  
727-4221 (FAX)

Arnold "Smoke" Elser (93)  
Wilderness Outfitters  
3800 Rattlesnake Drive  
Missoula, MT 59802  
549-2820

Taylor Middleton (91)  
Big Sky Ski & Summer Resort  
P.O. Box 1  
Big Sky, MT 59716  
995-4211  
995-4860 (FAX)

Ken Hoovestol (93)  
Century 21  
3015 10th Avenue South  
Great Falls, MT 59405  
761-2811

Maureen Averill (92)  
Flathead Lake Lodge  
P.O. Box 248  
Bigfork, MT 59911  
837-4391  
837-6977 (FAX)

Dick Krott (93)  
Reeder's Alley  
P.O. Box 572  
Helena, MT 59624  
449-7545

Diane Brandt (92)  
Sam's Supper Club  
307 Klein Avenue  
Glasgow, MT 59230  
228-4614

\*\*Ken Hickel  
Montana Chamber of Commerce  
Best Western Ponderosa Inn  
P.O. Box 1791  
Billings, MT 59101  
259-5511  
245-8004 (FAX)

Greg Bryan (92)  
Bay Point Estates  
P.O. Box 35  
Whitefish, MT 59937  
862-2331  
862-2331 (FAX)\*

Al Donohue, Chair Emeritus  
Best Western Heritage Inn  
1700 Fox Farm Road  
Great Falls, MT 59401  
761-1900

Numbers to the right of each name indicate the year in which term expires on July 1.

\*Indicates that the telephone number is dialed, then asking to be connected to facsimile (FAX) machine.

\*\*Seated as a representative of the listed organization.

EXHIBIT 11DATE 3-19-91HB 990

1 INTRODUCED BY House BILL NO. 990  
 2 Price Yellowtail  
 3 Stable Growth  
 4 A BILL FOR AN ACT ENTITLED: "AN ACT APPROPRIATING \$1  
 5 MILLION FROM THE INCOME AND EARNINGS OF THE COAL SEVERANCE  
 6 TAX PERMANENT FUND TO THE DEPARTMENT OF COMMERCE, TO BE USED  
 7 AS MATCHING FUNDS FOR THE DEVELOPMENT AND CONSTRUCTION OF A  
 8 LEWIS AND CLARK NATIONAL HISTORIC TRAIL INTERPRETIVE CENTER;  
 9 AMENDING SECTION 17-5-704, MCA; AND PROVIDING AN EFFECTIVE  
 10 DATE."

Sacajewea

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

13 NEW SECTION. Section 1. Appropriation. There is  
 14 appropriated from the income and earnings of the coal  
 15 severance tax permanent fund \$1 million to the Lewis and  
 16 Clark national historic trail interpretive center account  
 17 established in [section 2] for the biennium ending June 30,  
 18 1993. The money is to be used to match federally  
 19 appropriated funds on at least an 8.4-to-1 basis. The  
 20 department of commerce shall administer the appropriation.

21 NEW SECTION. Section 2. Lewis and Clark national  
 22 historic trail interpretive center account. There is a Lewis  
 23 and Clark national historic trail interpretive center  
 24 account in the state special revenue fund into which must be  
 25 deposited the money appropriated in [section 1]. The

1 department of commerce shall use the money to match  
 2 federally appropriated funds for planning, construction  
 3 documents preparation, road and bridge design and  
 4 construction, utilities design and construction, and site  
 5 development for a Lewis and Clark national historic trail  
 6 interpretive center, as authorized in Public Law 100-552.

Section 3. Section 17-5-704, MCA, is amended to read:

8 "17-5-704. Investment of funds. (1) Money in the coal  
 9 severance tax bond fund, the coal severance tax permanent  
 10 fund, and the coal severance tax income fund must be  
 11 invested in accordance with the investment standards for  
 12 coal severance tax funds except as provided in subsection  
 13 (2). Income and earnings from all funds must be transferred  
 14 to and retained in the coal severance tax income fund until  
 15 appropriated by the legislature.

16 (2) Except as provided in [section 1] and section 1,  
 17 Chapter 634, Laws of 1989, beginning on July 1, 1990 1991,  
 18 the legislature shall appropriate 15% of the income and  
 19 earnings from all funds to be deposited to the state  
 20 equalization aid account each year."

21 NEW SECTION. Section 4. Effective date. [This act] is  
 22 effective July 1, 1991.

1) Need to have our by accurately told

2) Sacajewea essential to success of L+C Exped

HB 990

-2-

INTRODUCED BILL





STATE OF MONTANA

Office of the Legislative Fiscal Analyst

STATE CAPITOL  
HELENA, MONTANA 59620  
406/444-2986

TERESA OLCOTT COHEA  
LEGISLATIVE FISCAL ANALYST

January 22, 1991

EXHIBIT 12  
DATE 3-19-91  
HB 12

Representative Bob Pavlovich  
Montana House of Representatives  
Seat #64  
Helena, MT 59620

Dear Representative Pavlovich:

This letter is in response to your recent request for information concerning silicosis benefits.

There are two types of silicosis benefit payment recipients: persons who actually have the disease, and surviving spouses of silicosis victims. Recipients who have silicosis receive a \$200 monthly benefit payment. Surviving spouses of silicosis victims receive: 1) a \$200 monthly benefit payment if their spouse died after March 14, 1974; or 2) a \$100 monthly benefit payment if their spouse died prior to March 14, 1974.

Table 1 shows the increased cost of providing \$225 per month to each recipient, based upon Department of Labor and Industry projections of the total number of recipients.

TABLE 1								
Cost of Silicosis Benefit Increase to \$225 Per Month								
- - - - - Fiscal 1992 - - - - - Fiscal 1993 - - - - -								
Current Benefit Amount	# of Recipients	Current Law	Proposed Increase	Total Cost	# of Recipients	Current Law	Proposed Increase	Total Cost
\$200/month	126	\$302,400	\$ 37,800	\$340,200	120	\$288,000	\$ 36,000	\$324,000
\$100/month	72	86,400	108,000	194,400	64	76,800	96,000	172,800
Total Recipients/ General Fund	198	\$388,800	\$145,800	\$534,600	184	\$364,800	\$132,000	\$496,800

If you have any further questions, please call me at 444-2986.

Sincerely,

Terri Perrigo

Associate Fiscal Analyst

TP3:pe:RF1-22.ltr

DEPARTMENT OF LABOR & INDUSTRY  
Employment Relations Division  
1805 Prospect Avenue  
P.O. Box 8011  
Helena, Montana 59604

EX 12  
3-19-91  
HB 12

SILICOSIS FUND

CURRENT NUMBER OF RECIPIENTS

ORIGINAL CLAIMANTS	30 (\$200/month)
SURVIVING SPOUSES	99 (\$200/month)
SURVIVING SPOUSES	83 (\$100/month)

TOTAL	212
-------	-----

COUNTY OF RESIDENCE

BEAVERHEAD	2
BLAINE	1
BROADWATER	1
CASCADE	1
DEER LODGE	7
FLATHEAD	3
GRANITE	8
JEFFERSON	6
LAKE	1
LEWIS & CLARK	14
MADISON	4
MISSOULA	4
MUSSELSHELL	0
PARK	2
PHILLIPS	1
PONDERA	1
POWELL	2
RAVALLI	1
SANDERS	1
SILVER BOW	111
SWEET GRASS	1
YELLOWSTONE	3
OUT OF STATE	37

TOTALS	212
--------	-----

STATE OF RESIDENCE

ARIZONA	2
ARKANSAS	1
CALIFORNIA	6
COLORADO	1
CONNECTICUT	1
FLORIDA	1
IDAHO	4
ILLINOIS	1
IOWA	0
KANSAS	1
MASSACHUSETTS	1
MONTANA	175
NEVADA	1
NEW MEXICO	0
NORTH DAKOTA	1
OREGON	2
PENNSYLVANIA	0
UTAH	2
WASHINGTON	11
OUT OF U.S.	1

TOTALS	212
--------	-----

AGE

50 to 60	1
61 to 70	26
71 to 80	80
81 to 90	88
Over 90	17

TOTAL	212
-------	-----

PERCENTAGES

Living in MT	82.55%
Silver Bow County	52.36%
Over age 70	87.26%
Nursing Home	14.15%
Not Handle Affairs	12.74%

For additional information concerning the Silicosis Fund, please contact either Cheryl Russell or Diana Ferriter at (406)444-6530.

3-19-91

HB 12

COUNTY OF RESIDENCE		STATE OF RESIDENCE		AGE	
BEAVERHEAD	2	ARIZONA	2	50 to 60	1
BLAINE	1	ARKANSAS	1	61 to 70	26
BROADWATER	1	CALIFORNIA	6	71 to 80	80
CASCADE	1	COLORADO	1	81 to 90	39
DEER LODGE	7	CONNECTICUT	1	Over 90	17
FLATHEAD	3	FLORIDA	1	Average	80
GRANITE	8	IDAHO	4	Youngest	59
JEFFERSON	6	ILLINOIS	1	Oldest	99
LAKE	1	IOWA	0		
LEWIS & CLARK	14	KANSAS	1		
MADISON	4	MASSACHUSETTS	1		
MISSOULA	4	MONTANA	176		
MUSSELSHELL	0	NEVADA	1		
PARK	2	NEW MEXICO	0		
PHILIPS	1	NORTH DAKOTA	1		
PONDERA	1	OREGON	2		
POWELL	2	PENNSYLVANIA	0		
RAVALLI	1	UTAH	2		
SANDERS	1	WASHINGTON	11		
SILVER BOW	112	OUT OF U.S.	1		
SWEET GRASS	1				
YELLOWSTONE	3				
OUT OF STATE	37				
TOTALS	213		213		213

Lost app. approved 1985  
Lost record 1981

NUMBER OF RECIPIENTS

PERCENTAGES

CLAIMANTS

130 Silver Bow County

BENEFICIARIES

83 Over age 70

82.63%

52.58%

87.32%

3-19-91

HB 12

## WHEN SHOULD MY CHILD BE IMMUNIZED?

Children need to begin their immunizations early in life (SEE RECOMMENDED SCHEDULE). Several doses of DTP and Polio vaccine must be received to provide adequate protection against diphtheria, tetanus, pertussis, and polio. Measles, mumps, and rubella are routinely given at age 15 months in one shot.

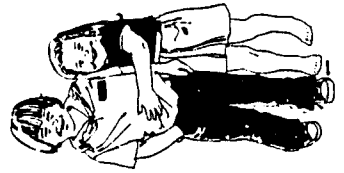
Hib vaccine should be given to all children at age 2. Children attending daycare may be at high risk for meningitis and should be considered for Hib immunization at 1 1/2 years.

## WHAT IF MY CHILD IS LATE STARTING IMMUNIZATIONS?

Your physician, health department, or clinic will know what immunization schedule will best protect your child. The age of your child determines which immunization schedule is used.

## WHAT IF THE IMMUNIZATION SCHEDULE IS INTERRUPTED?

The schedule is usually picked up where you left off. Your physician or health department will advise you.



## KEEP A RECORD

Children attending school and day-care centers should be up-to-date on their immunization schedule. Therefore, it is essential that parents **keep a record** of the immunizations. Official immunization records are available at local health departments and most physician's offices. Your child's record is important throughout the school years and into adult life.

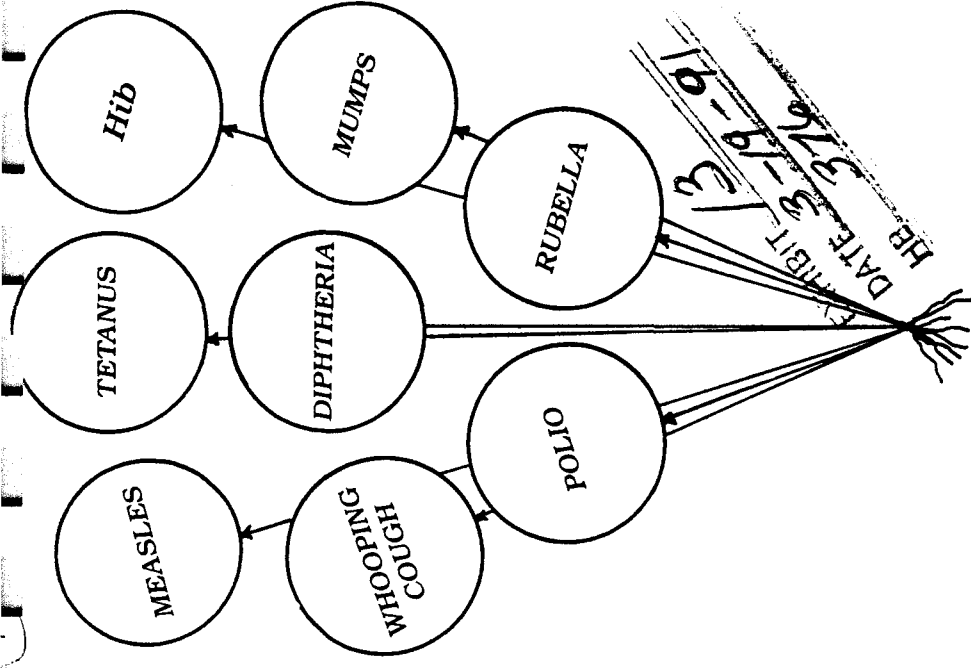
**GIVE YOUR CHILD  
THE GIFT OF PROTECTION  
AND A RECORD TO PROVE IT!**

Developed and Distributed by:

Montana Immunization Program  
Montana Department of Health &  
Environmental Sciences  
Cogswell Building  
Helena, MT 59620

444-4740

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# IMMUNIZATIONS

A

**GIFT THAT CAN  
LAST A  
LIFETIME**



*Keep Measles A Memory -  
Immunize!*

WHY IMMUNIZE?

Your child should not have to run the risk of contracting any disease which could seriously injure his or her health. Safe and effective vaccines can be obtained from your physician, health department, or clinic that will prevent such diseases as diphtheria, tetanus (lockjaw), whooping cough, polio, measles, mumps, rubella (3-day German measles), and meningitis caused by *Haemophilus influenzae type b bacteria*.

WHAT DANGERS CAN RESULT FROM THESE DISEASES IN YOUR UNPROTECTED CHILDREN? DIPHTHERIA

- attacks throat and nasal passages
- interferes with breathing
- produces a poison which damages heart, kidneys, and nerves.
- 1 out of ten cases are fatal

TETANUS

- (commonly called "lockjaw")
- caused by contaminated dirt getting into wounds
- causes painful muscular contractions
- 1 out of 2 people with tetanus will die from it.

PERTUSSIS

- (commonly called "whooping cough")
- causes coughing spasms and gasping for breath
- most cases occur in infants and young children
- can cause serious complications of the lungs
- can cause convulsions, severe brain damage, and death

POLIO

- attacks the nervous system
- causes paralysis in legs or other areas of the body
- 1 out of 10 cases result in death

MEASLES

- causes ear infection or pneumonia in 1 out of 10 cases
- may cause encephalitis (inflammation of the brain) leading to convulsions, deafness, or mental retardation
- can cause death

RUBELLA

- a mild disease in children
- when contracted in the first 3 months of pregnancy, can cause miscarriage, stillbirth, and multiple birth defects

Hib (Haemophilus influenzae type b)

- causes severe disease in children
- causes ear infections, pneumonia, and other infections throughout the body
- causes meningitis (inflammation of the spinal cord and brain covering)
- 1 out of 20 cases in children result in death
- 1 out of 4 children will have permanent brain damage

MUMPS

- causes inflammation of salivary glands in the cheeks
- causes meningitis (inflammation of the spinal cord and brain covering)
- can cause deafness
- 1 out of 4 cases in adolescent or adult men causes painful swelling of the testicles which may lead to sterility

MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES (Rev. 1/87) SUGGESTED IMMUNIZATION SCHEDULE

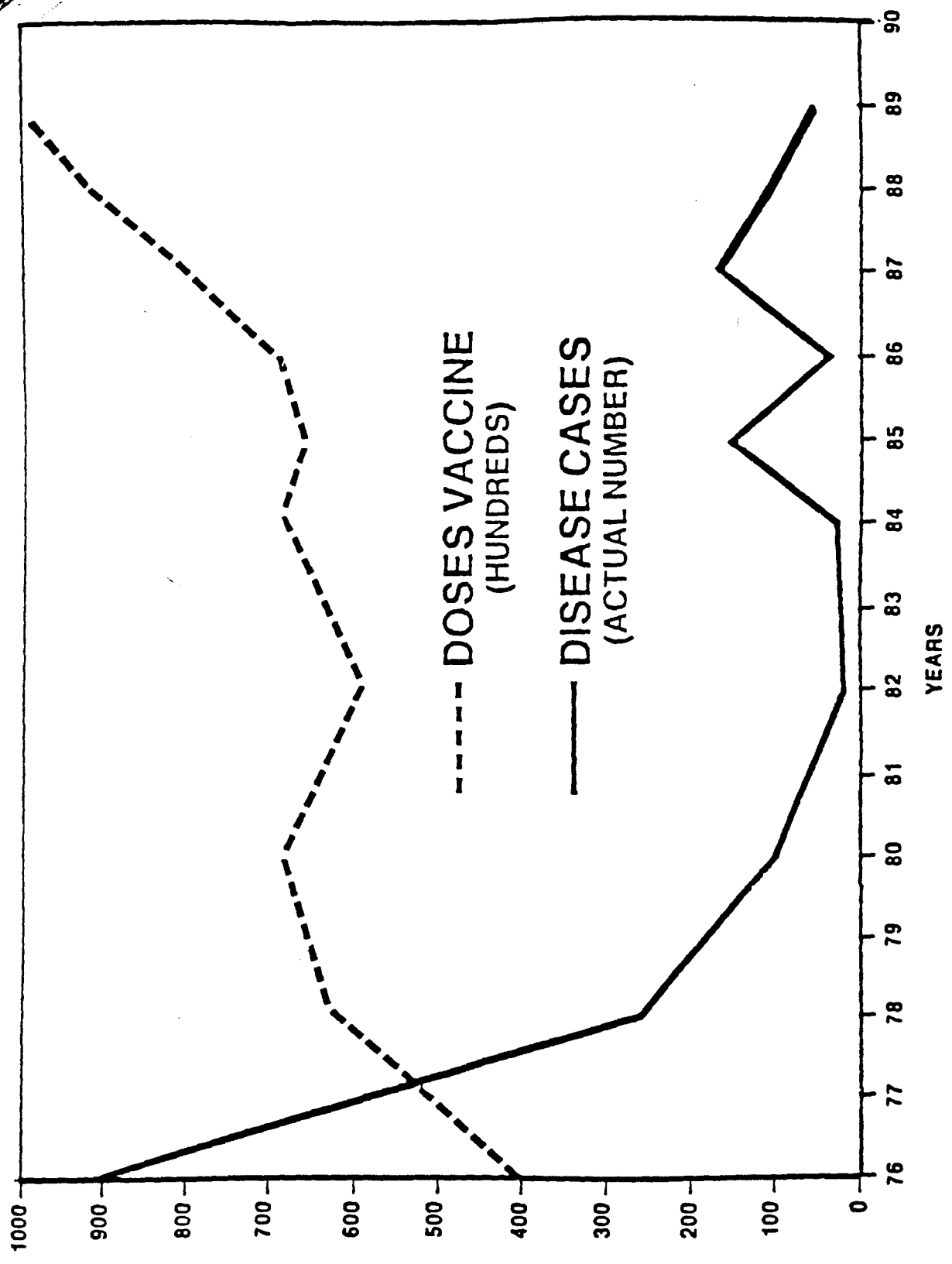
FOR INFANTS AND CHILDREN	
2 months	DTP, TOPV
4 months	DTP, TOPV
6 months	DTP
* 15 months	MMR, DTP, TOPV
2 years	Hib
4-6 years (preschool)	DTP, TOPV
14-16 years	Td (Repeat adult booster every 10 years)
* DTP and TOPV at 18 months continues to be an acceptable alternative.	
FOR CHILDREN NOT IMMUNIZED IN INFANCY (1 through 6 years of age)	
First visit	DTP, TOPV, MMR
2 months after DTP, TOPV	DTP, TOPV
2 months after second DTP	DTP
6-12 months after third DTP	DTP, TOPV
** 4-6 years, (preschool)	DTP, TOPV
14-16 years	Td (Repeat adult booster every 10 years)
** Not necessary if fourth DTP and third TOPV given after fourth birthday.	
(7 years of age and older)	
First visit	Td, TOPV
2 months after first Td, TOPV	Td, TOPV
6-12 months after second Td, TOPV	Td, TOPV
10 years later	Td (Repeat adult booster every 10 years)

Attention Parents:

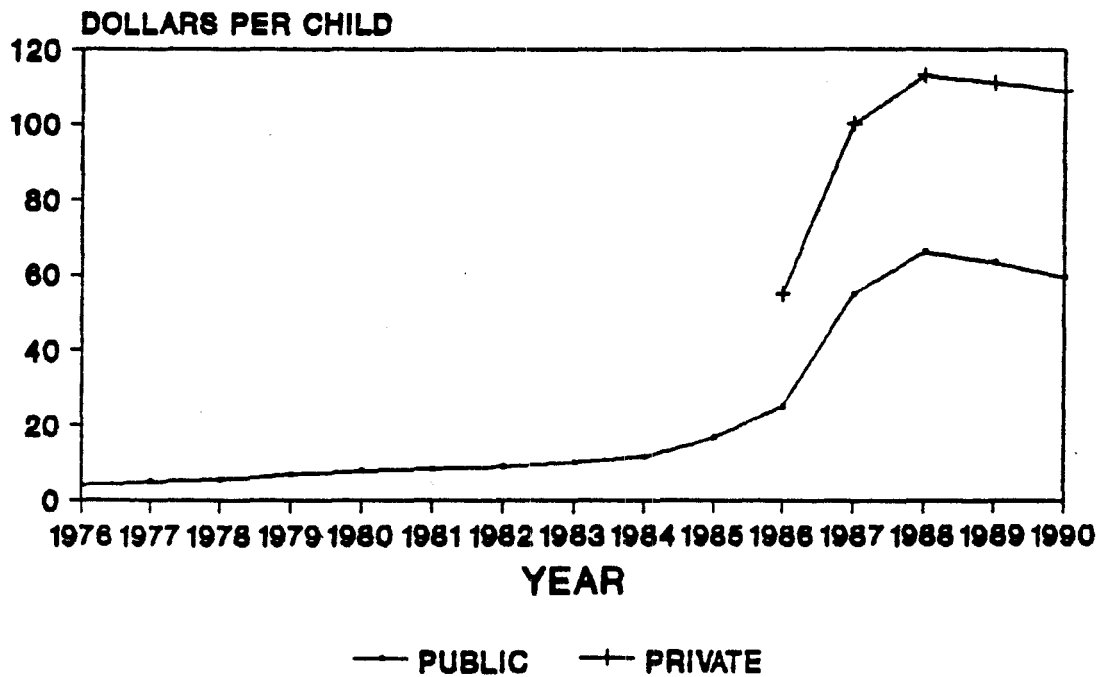
All parents want their children to be free of disease. We urge you to discuss with your local health department and family doctor how your children can best be protected from diseases.

Montana Immunization Program's Total  
Vaccine Doses Used and Number of  
Childhood Diseases Reported (Measles,  
Mumps, Rubella, Polio, Diphtheria, Tetanus,  
and Pertussis) 1976-1989

4  
DATE 3-19-91  
HB 376



## PRIVATE VS. PUBLIC VACCINE COSTS 1976 - 1990



Vaccine Types: 5 DTP, 4 OPV, 1 MMR



STATE	1989 CDC Funds AWARDED	PERCENT OF FUNDS ALLOCATED	ANNUAL LIVE BIRTHS	% LIVE BIRTHS	STATE VACCINE FUNDS	STATE OTHER FUNDS	STATE TOTAL FUNDS
	5,071,400						
	6,569,670						
Colorado	1,538,675	23.45	58,054	42.15	350,000	30,000	380,000
Montana	910,191	13.87	14,146	10.27	0	31,570	31,570
North Dakota	843,533	12.86	11,500	8.35	230,000	0	230,000
South Dakota	910,331	13.87	11,253	8.17	80,000	73,131	153,131
Utah	1,622,703	24.73	34,142	24.79	709,900	0	709,900
Wyoming	735,688	11.21	8,633	6.27	163,845	12,000	175,845
TOTALS	6,561,121	100.00	137,728	100.00	1,533,745	146,701	1,680,446

Data Provided by U.S. Department of Health and Human Services,  
Division of Preventive Health Services

# DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES



STAN STEPHENS, GOVERNOR

COGSWELL BUILDING

## STATE OF MONTANA

FAX # (406) 444-2606

HELENA, MONTANA 59620

### Results of Montana's Retrospective Survey For the School Year 1988-89

A "look back" or retrospective survey was performed by the Montana Immunization Program for the school year 1988-89. The survey assessed the timing of immunizations for 2 year old children. Children not fully immunized at school entry were not included in this survey. The following procedures were used:

1. Only schools chosen for the program's annual school validation survey were included in the survey. In the validation survey, schools are chosen randomly with larger schools being weighted by population to ensure the results reflect the status of all school children at the time of the survey.
2. Only school entering grades were used. (kindergarten or first grade if no kindergarten class was in the school)
3. All immunization records of either the kindergarten or 1st grade class were used.
4. A photocopy of the actual immunization record was obtained to reduce the error associated with transcribing recorded information on to a tally sheet.
5. The following criteria were used: a) the individual record must show the child had received a minimum of 4 DTP (or Td), 3 POLIO, and one MMR; b) immunization dates must be recorded for each dose given (check marks were not accepted for use in this survey); and; c) there was no exemption claimed. Only records meeting all of these criteria for each of the vaccine categories were used.
6. The child's birth date, school, county, and all immunization dates were enter onto a computer program, designed by the Centers for Disease Control. No patient identifiers were used.

Number of schools included in the survey data: 14  
Sample population: 485 student records

The computer program tabulated the data and looked at specific age categories by vaccine type. The age categories which were chosen

for analysis correspond with the timing of immunizations, as recommended by the Immunization Practices Advisory Committee (ACIP). The computer also looked at the timing of immunizations by individual vaccine types and combinations of immunizations for each individual school record.

This data is summarized, for the entire state as follows:

	<u>Number</u>	<u>Percent</u>
<u>Before age 3 months</u>		
(ACIP Recommended Schedule: at age 2 months, DTP #1 and Polio #1)		
- one dose of DTP	359	74.02
- one dose of Polio	358	73.81
- one dose each of DTP and Polio	357	73.61
<u>Before age 7 months</u>		
(ACIP Recommended Schedule continued: at age 6 months of age, receive DTP #3; Polio and DTP #2 should have been given at 4 months of age);		
- 3 DTP	234	48.25
- 2 Polio	378	77.94
- 3 DTP and 2 Polio	232	47.84
<u>Before 1st Birthday</u>		
(this looks at the same vaccines which were recommended by age 7 months)		
- 3 DTP	366	75.46
- 2 Polio	419	86.39
- 3 DTP and 2 Polio	365	75.26
<u>At age 12-15 months</u>		
(ACIP recommends an MMR at 15 months; this looks at those immunized at 15 months and any who were immunized as early as the 1st Birthday)		
- 1 Measles/Mumps/Rubella (MMR)	174	35.88
<u>Before 19 months</u>		
(ACIP Recommends a 4th dose of DTP at 18 months)		
- 4 DTP	93	19.13
- 3 Polio	374	71.55
- 4 DTP and 3 Polio and 1 MMR	91	19.76
<u>12-23 months</u>		

(This looks at children up to 24 months of age for an MMR which was recommended at 15 months.)

- 1 MMR	383	78.97
---------	-----	-------

#### Before 2nd Birthday

(ACIP Recommended Schedule: by age 2, should have received 4 DTP, 3 Polio, and 1 MMR)

- 4 DTP	206	42.47
- 3 DTP	430	88.66
- 3 Polio	389	80.21
- 4 DTP and 3 Polio and 1 MMR	201	41.44
- 3 DTP and 3 Polio and 1 MMR	389	80.21

Average age of MMR Immunization = 22.19 months

Average age at completion of primary series = 34.83 months

---

For this application, 1 month = 30.5 days

Histories with dates showing Month and Year only were entered as H.

#### DISCUSSION

The Immunization Program will continue to do retrospective surveys of school entering children as it is now a requirement of the federal immunization grant. The survey data should be used by health care providers to 1) assess their delivery of immunizations, 2) identify potential problem areas and 3) determine a means to improve in the timing of vaccination of Montana children.

Hib immunization was not assessed as it is not currently a part of the Montana Certificate of Immunization (school record).

Overall, the state summary reflects the individual results found in each school and each county. Some of the highlights (low-lights) of this survey are as follows:

- A significant number of children, who are susceptible to measles are not immunized on schedule. The average age for receiving the MMR (22.19 months) is 6 months beyond the recommended time for it to be given (15 months). Also, more than 20% of the children surveyed did not have an MMR by age 2.

- All of the children, whose records were used in the survey, had at least 1 MMR, 4 DTP and 3 Polio by school entry. It appears that one of the factors which determines when children are immunized is the entry into

school and meeting the requirements of the Immunization Law.

- There appears to be a major problem with children failing to be immunized on schedule with DTP. At age 7 months, more than 50% of the children had not received 3 doses of DTP. At age 19 months, more than 80% of all children had not received the recommended number of 4 DTP vaccinations. Also, by age 24 months, more than 56% still had not received 4 doses of DTP.

If there were schools in your county which were included in the survey, a copy of 1) that school's report and 2) the county summary is attached.

The retrospective survey data for the school year 1989-90 has been obtained. The report for that survey will be forwarded to you as quickly as possible.

# RETROSPECTIVE REVIEW OF IMMUNIZATION HISTORIES

AREA: MONTANA SCHOOL YEAR:  
COUNTY: NOT SPECIFIED  
DISTRICT: NOT SPECIFIED 1989 - 1990  
SCHOOL: NOT SPECIFIED  
GRADE: PUBLIC KINDERGARTEN

TOTAL CHILDREN: 356  
HISTORIES NOT USABLE: \* 0  
TOTAL IN DENOMINATOR: 356

CHILDREN WHO HAVE HAD:	NUMBER	PERCENT
1 DOSE EACH DT(P) AND POLIO BEFORE AGE 3 MONTHS:	307	86.2
3 DT(P) AND 2 POLIO BEFORE AGE 7 MONTHS:	194	54.4
3 DT(P) AND 2 POLIO BEFORE FIRST BIRTHDAY:	296	83.1
4 DT(P), 3 POLIO, MSLS, MPS, RUB BEFORE 19 MONTHS:	99	27.8
4 DT(P), 3 POLIO, MSLS, MPS, RUB BEFORE 2ND BIRTHDAY:	191	53.6
3 DT(P), 3 POLIO, MSLS, MPS, RUB BEFORE 2ND BIRTHDAY:	275	77.2
1 DT(P) BEFORE AGE 3 MONTHS:	307	86.2
3 DT(P) BEFORE AGE 7 MONTHS:	195	54.7
3 DT(P) BEFORE FIRST BIRTHDAY:	297	83.4
4 DT(P) BEFORE 19 MONTHS:	99	27.8
4 DT(P) BEFORE 2ND BIRTHDAYS:	193	54.2
3 DT(P) BEFORE 2ND BIRTHDAY:	326	91.6
1 POLIO BEFORE AGE 3 MONTHS:	307	86.2
2 POLIO BEFORE AGE 7 MONTHS:	314	88.2
2 POLIO BEFORE FIRST BIRTHDAY:	340	95.5
3 POLIO BEFORE 19 MONTHS:	235	66.0
3 POLIO BEFORE 2ND BIRTHDAY:	289	81.2
MEASLES, MUMPS AND RUBELLA AT AGE 12-15 MONTHS:	160	44.9
MEASLES, MUMPS AND RUBELLA AT AGE 12-23 MONTHS:	295	82.7
AVERAGE AGE AT MEASLES, MUMPS, RUBELLA:	20.58 MONTHS	
AVERAGE AGE AT COMPLETION OF PRIMARY SERIES:	31.84 MONTHS	

FOR THIS APPLICATION, THE DEFINITION OF ONE MONTH IS 30.5 DAYS.

\* NOT USABLE MEANS THERE WERE UNRESOLVABLE QUESTIONS ABOUT ACCURACY OR COMPLETENESS OF DATA.

PRINTED 01/02/91 AT 08:03 AM

## HB 376, State Immunization Program Vaccine Cost Worksheet

**I. Annual Routine Preschool Vaccine Costs:**  
(based on 12,000 children per age cohort)

Vaccine	# doses needed	Vaccine Cost	Total Cost
DTP	60,000	6.913	\$ 414,780
OPV	48,000	1.92	92,160
Hib	48,000	5.22	250,560
MMR	12,000	15.329	183,948
Total Annual Preschool requirements			\$ 941,448
Annual award from CDC (Calendar 1991):			\$ 596,523
Carryover funds (December 1990 grant):			+ 97,300
CDC Total:			<u>\$ 693,823</u>
Total Annual Shortfall:			247,625
<b>Total Biennial need, routine preschool Immunizations:</b>			<u><b>\$ 495,250</b></u>

**II. New recommendation: second dose MMR for 12-year olds:**  
(based on 12,000 children per age cohort)

Routine Costs, Annually:			
MMR	12,000	14.713	\$ 176,556
Annual award from CDC (MMR #2)			74,330
Total Annual Shortfall:			102,226
<b>Total Biennial need, routine MMR # 2 for 12-year-olds:</b>			<b>\$ 204,452</b>

**"Catch-up" MMR for college entrants only, phased in over 6 years:**  
(based on 12,000 college entrants per year)

1992 MMR	12,000	14.713	\$ 176,556
1993 MMR	12,000	14.713	176,556
Biennial Total			<b>353,112</b>
1994 MMR	12,000	14.713	176,556
1995 MMR	12,000	14.713	176,556
Biennial Total			<b>353,112</b>
1996 MMR	12,000	14.713	176,556
1997 MMR	12,000	14.713	176,556
Biennial Total			<b>353,112</b>

Total Biennial need (1993 Biennium):		
Routine Preschool Vaccine:		\$ 495,250
Routine MMR for 12-year-olds:		204,452
"Catch-up" MMR for College Entrants:		353,112
<b>Total Biennial need:</b>		<u><b>\$ 1,052,814</b></u>

(B)

# Lewis and Clark National Historic Trail Interpretive Center

## Citizen Steering Committee

Post Office Box 7374  
Great Falls, Montana 59406

### MEMBERS:

Sydne Abernathy  
Giant Springs Heritage  
Park Commission

Margaret Adams  
Audubon Society

Bob Bivens  
Lewis and Clark Trail  
Heritage Foundation

Art Dickhoff  
Chamber of Commerce

Orville Gray  
Cascade County  
Historical Society

Richard Martin  
Cascade County 89'ers

John Mooney  
City-County Planning Office

Michael Sayer  
Malmstrom Air Force Base

Skip Seaver  
Montana Power Company

James Parker Shield  
Native American  
Action Council

Marcia Staigmillar  
Portage Route Chapter  
Lewis and Clark Foundation

Dave Todd  
Montana Department of Fish,  
Wildlife and Parks

TESTIMONY GIVEN BY BOB BIVENS  
IN SUPPORT OF ~~SENATE~~ H.B. 990  
~~RESOLUTION NO. 21~~

Introduced by ~~Sen. Gene Thayer~~  
SHEILA RICE

EXHIBIT 15  
DATE 3-19-91  
HB 990

Along the historic 6000 mile Lewis and Clark Trail there is no more significant and historic spot than the Great Falls of the Missouri near where the 33 member expedition encamped and portaged its men, equipment and supplies during the arduous days of Jun13th to July 15th 1805.

From the point where the Portage leaves the river until it rejoins it 18 miles later, the Missouri River forms a long gentle arc. Within the arc lie the five falls and over 360 feet of rise which precluded taking the canoes upriver. It also includes a projected 5.5 mile hiking trail which will connect with the Interpretive Center, Region 4 Headquarters of Montana Fish, Wildlife and Parks, a state fish hatchery, Giant Springs Heritage State Park, 2 Lewis and Clark overlooks, West Bank Park- a registered national historic marker, the Bob Scriver heroic size bronze of Lewis, Clark, York and the dog, Seaman; plus a heck of a lot of good scenery and recreational space such as Broadwater Bay.

At the very center of this arc lies Giant Springs and its shortest river in the world, discovered by Captain William Clark on Jun 18th, 1805. It is here on the bluffs of the Missouri River that the National Lewis and Clark Trail Interpretive Center will be located.



EXHIBIT 15  
DATE 3-19-91  
HB 990

In the words of a noted authority on Lewis and Clark, our own State Senator, Harry Fritz, "All told, the Expedition spent more traveling time and camped more often in Montana than in any other modern state, made its most significant discoveries here, and encountered its greatest dangers. Montana was the geographic and scientific center of the Expedition of Discovery and the written history of the state begins within the Journals of Lewis and Clark."

The Interpretive Center will be of national and international significance. It will not only be on every tourist map published in this country, but it will become a national center of learning. Already, the leading scholars have endorsed it as being centrally located and ideally suited as a depository of the wealth of Lewis and Clark historical material which now resides piece-meal at various locations around the United States. Our Interpretive Center has 423 square feet dedicated to archival space.

The Interpretive Center has been endorsed by the Lewis and Clark Trail Heritage Foundation which is a nationwide association of Lewis and Scholars and Trail Buffs. Great Falls has been designated as the future National Headquarters as well as the future National Archives of this important national organization. Our Interpretive Center has dedicated 215 square feet to headquarters space for the Foundation.

The Interpretive Center is an idea whose time has come. It truly has widespread and heartfelt support by those grassroots Lewis and Clark supporters across the United States who see the the Center as their long-awaited mecca.

I urge you to join in on the fulfillment of a long-standing dream. Join those who know beyond all doubt the Interpretive Center is the right thing to do, now. When it is said and done Montana will have a new jewel in its crown called the National Lewis and Clark Historic Trails Interpretive Center.

Can we count on your support?

Comments By Marcia Staigmiller on H.B. 990  
Supporting 1 Million dollar appropriation for L & C Intern  
Points to Emphasize:

EXHIBIT 16  
DATE 3-19-91  
#B990

1. There is an 8 to 1 guaranteed return.  
The legislation is an investment in a  
permanent capital improvement to the  
state NOT a program that could  
disappear.

2. The spin off effect from the  
Center has Statewide implications  
in the areas of (a) Tourism Related Jobs  
i.e. hotels, restaurants, gasoline, transportation,

(b) Education - linkage  
between units from primary grades thru the  
University System. Montana will be  
enhanced by its function as a repos-  
itory of the National Foundation Archives  
& as a "laboratory" for scholars from  
many disciplines.

(c.) Recreation - Hands on  
experiences, touring opportunities, hiking  
trails at every juncture, nature study  
both summer & winter, canoeing, riding,  
birding  
(d.) Ethnic Heritage - The  
Nation's understanding of Native American Culture,  
can be corrected

4. Alberta's commitment to use of their  
Indemnity Trust funds for the  
development & construction of NEW  
attractions that will ultimately be-  
come the Renewable Resource that replaces

89-90  
17-18% ↑ Retail  
Food  
26,700 Jobs

EX 16  
3-19-91  
HB 99

Use of Coal Tax Income Interest should be for projects that will meet certain specifications

1. That they retain rather than export
2. That they replace as non renewable income source.
3. That the benefactors of the investment are Montanans first (jobs/education)
4. That a broad section of the state will benefit - see the map
5. That it will enhance the generations to come

16  
DATE 3-19-91  
HB 990

EXHIBIT  
DATE 3-19-91  
HB 990

TESTIMONY IN SUPPORT OF HOUSE BILL 990

BY JAMES PARKER SHIELD, GREAT FALLS, MONTANA

17

In 1989 I was appointed by the Indian Action Council to represent the Native American interests throughout the planning of the Lewis and Clark National Historic Trail Interpretive Center.

This project represents the first opportunity, that I know of, where Indians have had influence in planning decisions in a proposed facility that will portray our culture and history.

Although the purpose of this Center is to interpret the Lewis and Clark story, much of that story will include the interaction that the expedition had with Indians in our region, and what those Indian cultures were like, and the subsequent impacts as a result of the Lewis and Clark Expedition.

This facility will be the first to present the complete story of the Expedition. Support of House Bill 990 will demonstrate Montana's commitment to helping finance a facility that will accurately portray Indians living in our region at that time.

The Lewis and Clark Center will provide spin-off tourism trade to Montana's Indian reservations and historic sites such as the Bighorn Battlefield, Chief Joseph Battlefield, and Bighole Battlefield.

Members of the Committee...you have the opportunity to provide our state, our country and our Indian people with a facility that will do for many thousands of people, for many years to come, what the hit movie "Dances With Wolves" has done for America...provide understanding of Indian culture to non-Indians, and provide Indians with pride in their ancestry.

I have read about this committee's concern regarding cat and dog projects.

The Lewis and Clark Center is neither cat, nor dog...it is an eagle with a vision for all of us.

Please join us in our eagle's flight.

EXHIBIT 17  
DATE 3-19-91  
HB 999

27  
EX-123  
DATE 3-19-91  
HB 299

AMENDMENTS TO HOUSE BILL 299

March 19, 1991

Submitted by Sheila Rice

Strike: Page 4, line 24 After "Section 3." , strike the rest of line 25 through the "to" on line 1 of page 5.

Insert: "The department shall"

(needs new tag line after New Section on page 4 line 24)

Strike all of subsection (2) line 11 through 13 on page 5.

LC 914

HOUSE BILL 418

EXHIBIT 19  
DATE 3-19-91  
HB 418

TESTIMONY  
OF THE  
DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION  
March 18, 1991

---

By request of the Department of Natural Resources and Conservation:  
A Bill for an act entitled:

"An Act to clarify that all money collected under Title 37, chapter 43, must be reserved for use by the board of water well contractors; clarifying that the board may expend funds from forfeited bonds; amending section 17-7-502, MCA; and providing an immediate effective date."

---

### Purpose

The purpose of this bill is to allow the Board of Water Well Contractors to expend funds received from bonds to repair water wells, compensate affected parties, and cover costs associated with administering Section 37-43-311, MCA, without a budget amendment. The bill will allow the Board to resolve such problems in a more timely fashion, to the benefit of the water user.

### Background

Section 37-43-306, MCA, requires all water well contractors and monitoring well constructors to carry a surety bond of \$4,000 to ensure that the licensee will comply with the rules and regulations of the Board. According to existing rules, the Board may collect on a bond after a contested-case hearing. However, the funds cannot be paid out to repair defects in wells or to compensate for damages without a budget amendment. This requirement often limits the ability of the Board and the water users to solve their problems in a timely fashion.

The proposed legislation will help resolve this problem by allowing the Board to use bond forfeitures to repair defects in wells or to compensate for damage at its own discretion. This change will not only improve the timeliness of the Board's response to such problems, but also recognizes that it is difficult to estimate the number of bond forfeitures in any given year and--consequently--it is difficult to allocate funds for repairing wells and compensating for damages.

### Implementation

The Board of Water Well Contractors would be allowed to accept and expend all funds it received from bonds required under Section 37-43-306. The funds must be used to repair water wells, to compensate for damages caused by violations of the Board and its statutory guidelines, and to cover the costs of administering Section 37-43-311, MCA. The Board would be authorized to spend the funds without a biennial legislative appropriation or budget amendment.

### Fiscal Impact

None.

20

EXHIBIT

20

DATE

3-19-91

HS

369

MONTANA FAMILY PLANNING: Issues and Solutions

Preventing Unplanned Pregnancy: A Sensible Investment for Montana

The Department of Health and Environmental Sciences (DHES) administers the State Family Planning Program (FPP) which receives State General Fund, Federal Family Planning Title X, Preventive Health Block Grant, and Maternal and Child Health Block Grant Funds. The FPP, through a statewide network of 14 programs, provided family planning services to 23,057 clients in fiscal year 1990. Eighty-three percent (or 19,244) of these clients lived in families with incomes at or below 150% of the poverty level. Medical and/or education services were provided to women in 55 counties.

Through family planning the reproductive health care needs of poor women, the availability of services to meet their needs and the access to equitable low cost, quality health care are met.

Problem 2. Public Education/Public Image

The FPP has been surrounded with controversy since its inception even though the cost containment feature and health benefits of public family planning services are numerous and important. This is due to the reasons cited below:

- o Political and religious beliefs opposing birth control and bias about availability of services regardless of age or marital status.
- o The misconception that family planning programs perform abortions. (Clinics are prohibited from using federal funds to provide abortion as a method of family planning.)

Recommendation: Public Health Education Specialist

Visibility and information about family planning services will be promoted by a state public health education specialist through a central public health information and promotion program. This essential position will help move family planning awareness into the mainstream through increased public awareness, outreach and marketing efforts. This will be accomplished through the following:

- o Enhance outreach through all the community resources in Montana such as schools, churches, civic organizations, unions, business groups, parents groups, and youth groups.
- o Develop public awareness of the problems of and the solutions to preventing unintended pregnancy. Public awareness should be targeted to the concerns of the specific audiences:
  - o Women who put off confirming pregnancy;
  - o Teens who need help resisting sexual exploitation;
  - o Understanding the consequences of pregnancy and obtaining relevant services; and
  - o Parents who need help in preparing to cope with society's conflicting sexual messages.

A Department of Health Human Services federal audit of FPP in 1989 recommended that a full-time position be added to the program to be responsible for education services, community outreach and marketing, and evaluating clinical services in local programs.



In Montana, 23,057 clients were served by programs in SFY 1990. This is a 489% increase in caseload since the program's statewide inception in 1972.

Each program functions under the medical supervision of a licensed physician.

Family Planning meets the needs of those who otherwise cannot afford services and could eventually become dependent on government agencies.

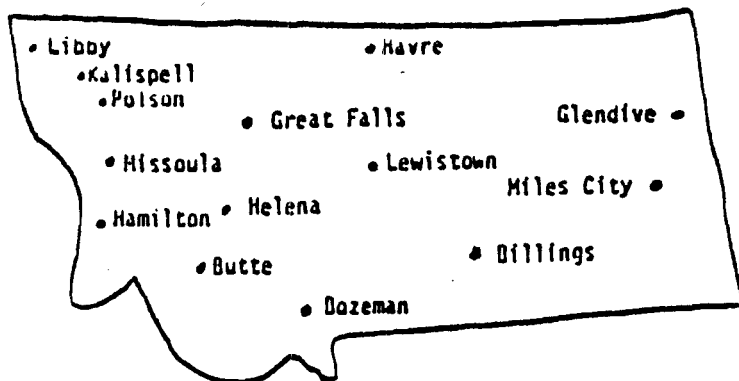
- The cost to the government for a mother on welfare and an unplanned child averages \$3,432 per year plus food stamps and Medicaid.
- The average cost per family planning medical encounter is \$24.
- The short-term benefits (savings) to federal, state, and local governments are estimated to be an average of \$4.40 for each dollar invested in family planning.
- The long-term benefits are estimated to be \$26 for each dollar invested.

Family Planning is a preventive health effort with potential to reduce significantly certain social, psychological and medical problems of women and children. It is characterized by two important aspects:

- Improvement of the health of women and children.
- The acceptance of family planning services must always be the voluntary decision of the individual.

The goal of Montana family planning services is to maintain or improve the reproductive health of Montana people in their reproductive years.

In Montana there are presently 14 family planning clinics. Currently the funding is provided by: Federal Title X, Preventive Health (PH) Block Grant, Maternal and Child Health (MCH) Block Grant funds, and State General Fund through the Health Services Division of the Montana State Department of Health and Environmental Sciences; third party reimbursement; local funds; and direct fees paid by the clients based on their ability to pay. In addition, some counties have elected to utilize MCH Block Grant funds for Family Planning. Total funds expended in SFY 1990 were approximately \$2,170,995.



The preventive health based programs provide:

- |   |   |
|---|---|
| -- counseling in all aspects of family life   | -- blood pressure recordings                |
| -- educational services                       | -- urinalysis for sugar and protein         |
| -- physical examinations                      | -- inter-agency referral for other problems |
| -- cervical cancer screening                  | -- dispensation of contraceptives           |
| -- self-breast exams                          | -- testing and treatment for gonorrhea      |
| -- blood tests for anemia, rubella & syphilis | -- pregnancy tests                          |
| -- immunization for rubella                   | -- STD testing and treatment as available   |
| -- referrals to private MDs                   |   |

Family planning services are directed toward the accomplishment of the following major health goals:

- Improve and maintain the emotional and physical health of men, women, and children, particularly through the detection and prevention of cancer and sexually transmitted disease with women.
- Prevent birth defects and mental retardation. Mental retardation tends to be associated with prematurity and low birth weight. The Comptroller General's report to Congress on Mental Retardation, 1977, identified the family planning program as an existing program with the ability to make a significant contribution towards reducing the incidence of mental retardation.
- Reduce the incidence of abortion by preventing unplanned pregnancies.
- Assure that more children are "wellborn" by decreasing the incidence of prematurity and birth defects.
- Decrease maternal and infant mortality and morbidity.
- Assist couples who want to have children but cannot.
- Prevent unplanned pregnancies (particularly in child abuse and poverty situations).
- Improve pregnancy outcome by correction of health problems between pregnancies and by proper spacing and timing of pregnancy.
- Assist couples in having the number of children they desire so that every child is intended and loved.

The Need:

- There are an estimated 41,730 women-in-need of subsidized family planning services in Montana.

- About 46% of these women (19,244) are being served by the 14 programs. Roughly estimated, an additional 8,763 women-in-need (or 21%) are being provided family planning services by private physicians.
- This leaves approximately 13,723 (33%) Montana women needing family planning services who are not receiving them. They are at risk for unplanned children.

Accomplishments:

- 83% of the 23,057 clients served in SFY 1990 lived in families with incomes at or below 150% of the poverty level.
- Medical and/or education services were provided by programs to women in 55 counties in SFY 1990.

In SFY 1990 the 14 programs detected and/or referred for treatment:

- 592 positive pap smears for cervical cancer
- 222 cases of anemia
- 299 abnormal urine chemistry results
- 23 cases of gonorrhea
- 3,804 cases of vaginal infections/STD's
- 630 cases of chlamydia
- 951 cases of breast diseases or other physical findings (heart, thyroid, etc.)
- 417 cases of high blood pressure

MONTANA STATEWIDE FAMILY PLANNING PROJECT

ESTIMATED SFY 1990 FUNDS EXPENDED: \$2,170,995

Family Planning Programs

SFY 1990 Patient Load

Cascade	2,462
Custer	657
Dawson	568
Fergus	424
Flathead	1,321
Gallatin	3,578
Hill	742
Lake	353
Lewis & Clark	1,866
Lincoln	829
Missoula	3,683
Phillips	159
Ravalli	223
Silver Bow	1,685
Yellowstone	<u>4,507</u>
TOTAL	23,057

County

SFY 1990 Patient Load

Beaverhead	332
Big Horn	34
Blaine	91
Broadwater	20
Carbon	118
Carter	10
Cascade	2,274
Chouteau	71
Custer	517
Daniels	6
Dawson	300
Deer Lodge	235
Fallon	50
Fergus	378
Flathead	1,321
Gallatin	3,108
Garfield	30
Glacier	13
Golden Valley	11
Granite	44
Hill	627
Jefferson	81
Judith Basin	27
Lake	388
Lewis and Clark	1,816
Liberty	19
Lincoln	831
Madison	34

McCone	23
Meagher	7
Mineral	38
Missoula	3,399
Musselshell	34
Park	72
Petroleum	19
Phillips	165
Pondera	26
Powder River	45
Powell	62
Prairie	14
Ravalli	330
Richland	204
Roosevelt	8
Rosebud	47
Sanders	37
Silver Bow	1,313
Stillwater	79
Sweetgrass	14
Teton	31
Toole	24
Treasure	4
Valley	5
Wheatland	30
Wibaux	19
Yellowstone	4,031
Out-of-state	130
Unknown	61
TOTAL	23,057

FAMILY PLANNING PROGRAM

UNPLANNED PREGNANCIES PREVENTED

In 1989 the 14 family planning programs in Montana prevented an estimated 7,138 unplanned pregnancies. These pregnancies would have resulted in 4,929 births, 908 abortions, and 1,301 miscarriages. This would have included approximately 148 cases of congenital abnormalities, 148 cases of hypoxic brain damage, 25 cases of chromosomal abnormalities and 330 high-risk premature deliveries.

PROGRAM	Pregnancies Prevented	Births Prevented	Abortions Prevented	Miscarriages Prevented
Billings	1,352	933	173	247
Bozeman	1,132	782	144	207
Butte	436	300	56	79
Glendive	198	138	25	36
Great Falls	878	607	112	161
Hamilton	78	54	10	14
Havre	278	193	35	50
Helena	591	407	75	106
Kalispell	399	276	51	73
Lewistown	111	76	14	20
Libby	262	180	33	47
Miles City	195	135	24	36
Missoula	1,114	769	142	204
Polson	114	79	14	21
STATEWIDE	7,138	4,929	908	1,301

SOURCE: Trussell Method Effectiveness Estimates, "Cost Versus Effectiveness of Different Birth Control Methods", T. James Trussell

Figure 3

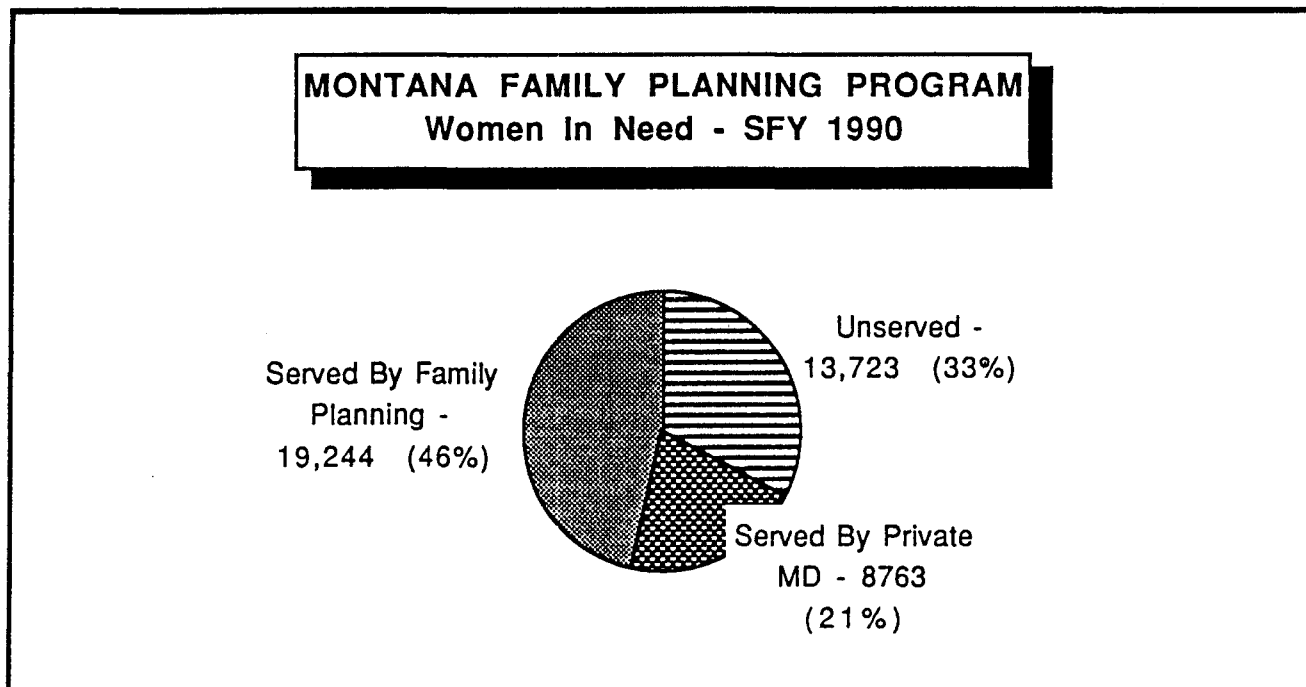
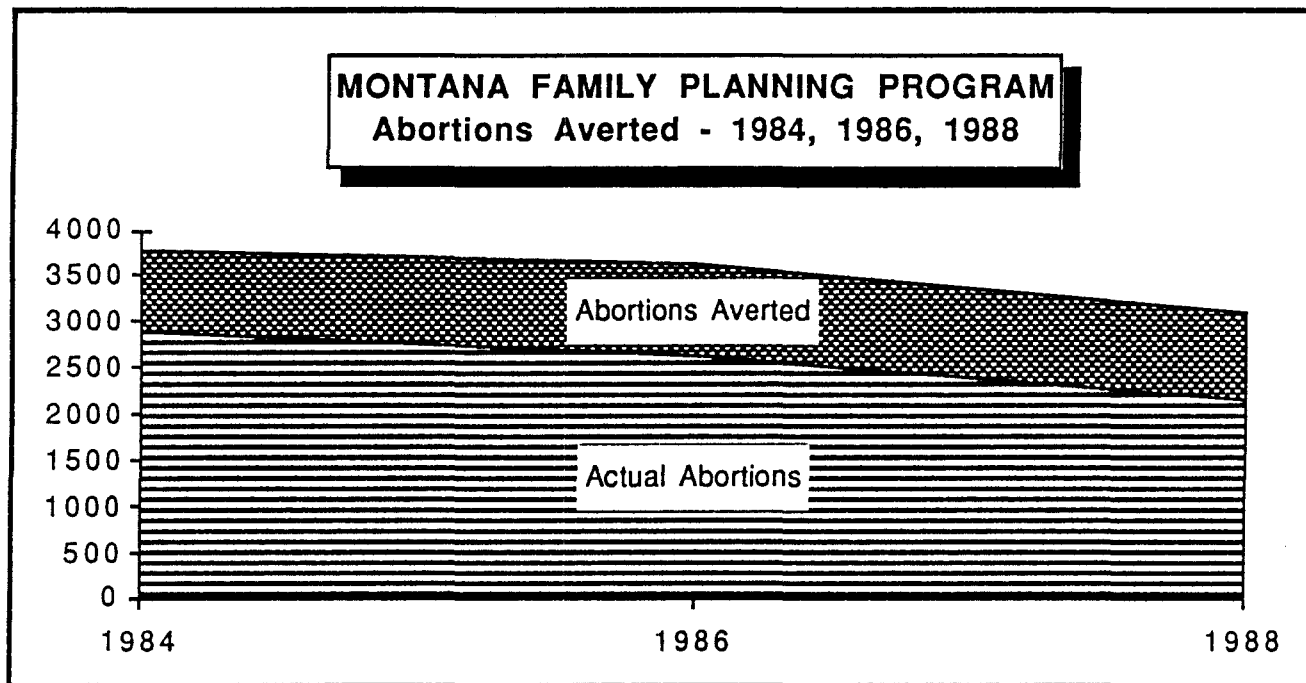


Figure 4



## Montana Family Planning Facts

Figure 1

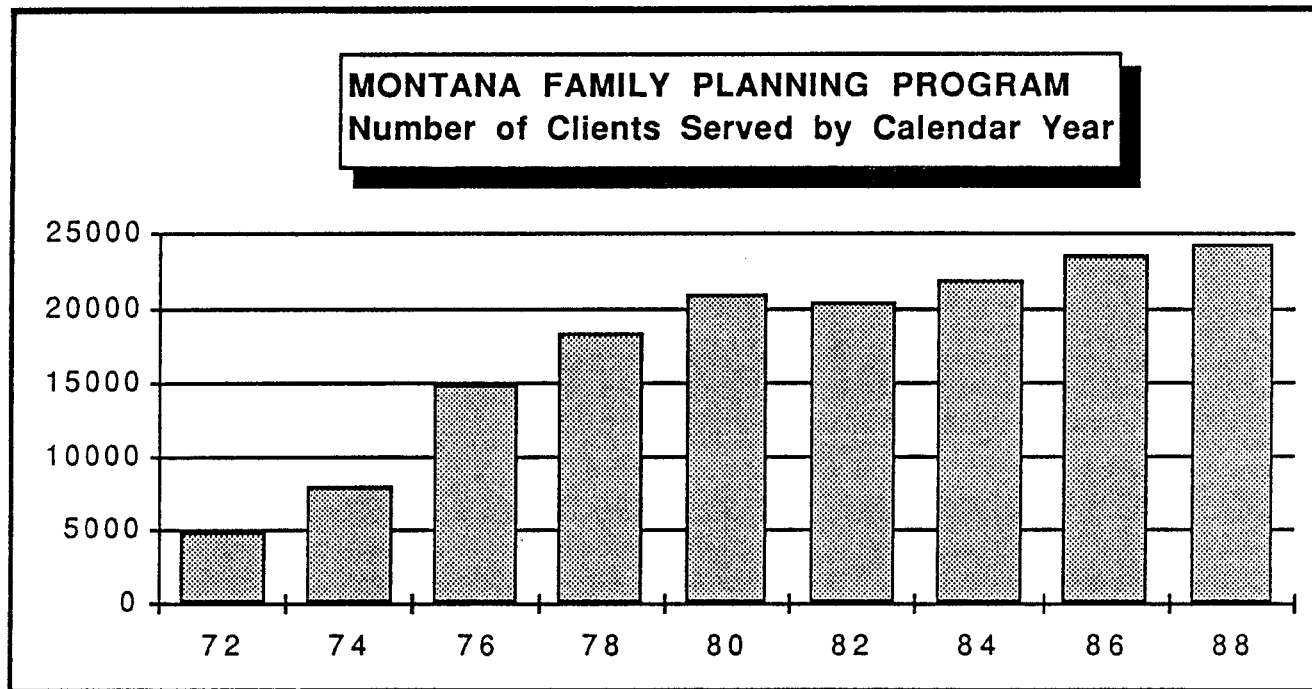
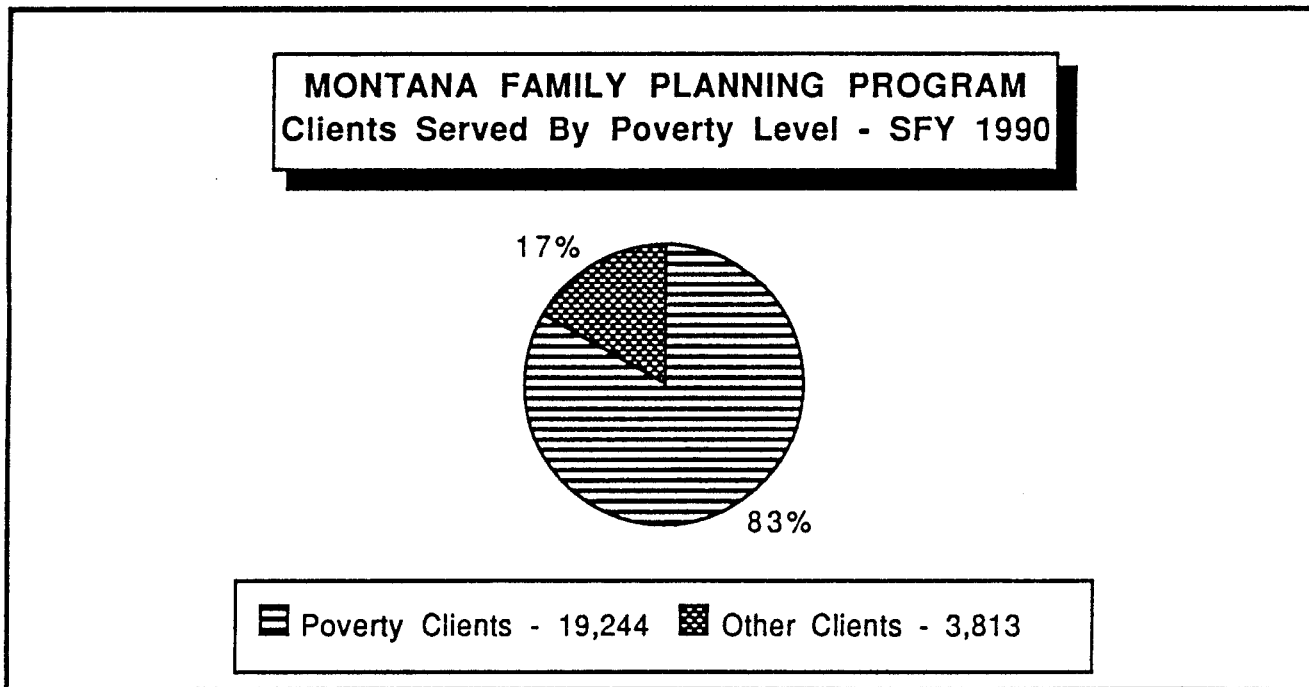


Figure 2





*Family Service Center  
Family Planning*

25 W. Front St.  
Butte, Montana 59701  
(406) 723-6507

Diane Manning  
Director

EXHIBIT 22  
DATE 3-19-91  
FILE # 369

*Testimony H.B. 369*

My name is Diane Manning and I am from Butte. I have been the Director of The Family Planning Clinic in Butte for the past five years. Prior to my position as director, I was the counselor at the clinic for 12 years. I am currently the chairman of the State Family Planning Council. The council is made up of representatives from all fourteen Family Planning Clinics in the State. I am also a member of The State Healthy Mothers, Healthy Babies PATH task force whose major goal is the prevention of adolescent high-risk behaviors in Montana. I am also active in The Butte Coalition of Healthy Mothers, Healthy Babies. I am the parent of two teen-aged daughters, Maria, 17 and Erin, 14.

Over the past 17 years during my involvement with Family Planning and the various other groups I have worked with I have become keenly aware of the problems of adolescent pregnancy. The sexual activity of adolescents pose both physical and social threats to the adolescent, ranging from sexually transmitted diseases, the heightened risk of poverty and the increased possibility of delivering low birth weight babies. Because teen pregnancy affects everyone in the community we all have a role to play in preventing it. We at the fourteen Family Planning Clinics are working very hard to do our part. Family Planning is an essential piece in solving the puzzle this most difficult problem presents. The local clinic staffs are small and each staff member is over-worked keeping up with the demands of providing direct clinical services among the various other projects we're all involved in.

The staff at the State Family Planning Office is always extremely helpful with any information or technical assistance requested, however,

Ex. 22

3-19-91

HB 369

they too are stretched to the limit.

When dealing with issues as complex as preventing adolescent pregnancy, it is necessary to get a wide variety of information in a coordinated plan of action. The proposed public health education specialist could do this, this individual could enhance outreach through-out Montana by working with schools, churches business groups, professional organizations and other State agencies.

They could develop public awareness of the problems of and the solutions to preventing unintended pregnancy. Most importantly this individual would be a most valuable resource to the local clinics as she could gather educational material and particulars about prevention strategies that have been successful in preventing adolescent pregnancy through-out the country.

Examples of prevention strategies would be teen self-esteem programs, responsible decision making programs, programs which encourage abstinence among adolescents and communication with parents. This information could be shared with the local clinics which we are now unable to access in a comprehensive manner.

When I started working with Family Planning in 1973 the program employed a Health Educator and the assistance she gave to the local programs was invaluable. Please consider the importance of the Public Health Educator Specialist and vote in favor of H.B. 369.

Thank you for your time and consideration.

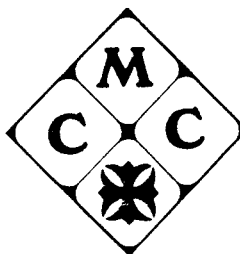
Diane Manning  
Director-Family Planning

EXHIBIT 23  
DATE 3-19-91  
HB 876

**HB 876**

**Worksheet for DHES Perinatal Program  
Implementing Program Additions  
in MIAMI Extension  
1992-1993 Biennium**

	<u>Adequate</u>	<u>Minimal</u>
Continuation of Infant Mortality Review: Adding 3-4 new Counties, including Rural, Reservation, and Urban Indian Counties.	\$ 7,500	\$ 4,000
Infant Morbidity/Low Birthweight Review: Pilot study in 3-4 counties, including Rural, Reservation and Urban Indian Counties.	\$ 5,000	\$ 5,000
MIAMI Advisory Board training: Consulting services on Indian/ Minority Maternal and Child Health Issues	\$ 1,500	\$ 750
<b>TOTAL:</b>	<u>\$ 14,000</u>	<u>\$ 9,750</u>



# Montana Catholic Conference

HB 876

EXHIBIT 24  
DATE 3-19-97  
876

**CHAIRMAN BARDANOUVE AND MEMBERS OF THE COMMITTEE**

**I am John Ortwein, representing the Montana Catholic Conference.**

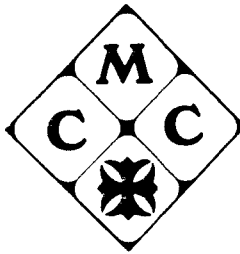
**The Montana Catholic Conference supports HB 876.**

Our concern for life--the life of the child and the life of the mother dictates our interest in this legislation.

Earlier this week I contacted the Catholic Health Association in Washington D.C. concerning this legislation. They indicated to me that a great deal of suffering is caused by inadequate prenatal care. They told me that studies have indicated that instances of mental retardation and a variety of long-term difficulties can often be prevented by adequate prenatal care.

**Again, we support HB 876.**





# Montana Catholic Conference

HB 927

EXHIBIT 25  
DATE 3-19-91  
HB 927

## CHAIRMAN BARDANOUVE AND MEMBERS OF THE COMMITTEE

I am John Ortwein, representing the Montana Catholic Conference.

The Montana Catholic Conference is in support of HB 927.

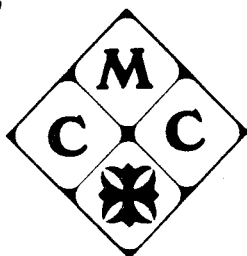
In the United States Bishops' Pastoral Letter of 1986 entitled: **Economic Justice for All: Catholic Social Teaching and the U.S. Economy**, the following statement is made: We recommend increased support for direct job-creation programs targeted on the long-term unemployed and those with special needs.

HB 927 addresses the needs of those who are attempting to become productive members of society, but have not yet overcome hurdles that will allow them to become active in the workforce. By extending the timelines to allow individuals to complete training programs or alcohol and drug dependency programs these individuals will become contributors to society instead of dependent upon society.

In addition, HB 927 will enable persons to achieve a new sense of dignity and personal worth through employment.

We urge this committee to support HB 927.





# Montana Catholic Conference

HB 728

EXHIBIT 26

DATE 3-19-91

HB 928

## CHAIRMAN BARDANOUVE AND MEMBERS OF THE COMMITTEE

The Montana Catholic Conference supports HB 728.

In his testimony before the platform committees of the Republican and Democratic parties in 1988, Frank Monahan of the United States Catholic Conference offered the following testimony.

"Hunger is a growing national scandal that this nation should not tolerate. Everyone has a right to a sufficient amount of food to live his or her life in dignity. We call for a national policy aimed at securing this right and making the elimination of hunger a national priority. We support the necessary increases and program changes in the food stamp, child nutrition, Women, Infants and Children Program, and the Temporary Food Assistance Program to meet more effectively the nutritional needs of hungry malnourished Americans."

Mr. Monahan was speaking of the national scene. As a member of the Montana Hunger Coalition for the past several years I have come to learn that hunger is not just a national issue, but very much a "State of Montana" issue as was reported to you prior to the start of this legislative session in the extensive report of Paul Miller of the University of Montana Department of Sociology.

We ask you to give your full support to HB 728. Help us to combat hunger in Montana.



HOUSE BILL 96  
FAMILY PRACTICE RESIDENCY

EXHIBIT 27  
DATE 3-19-91  
HB 96

My name is Frank Newman. My home of residence is Bozeman, Montana. I am Director of the Montana Area Health Education Center (Montana AHEC). During the period of 1974 to 1984 I served as Director of the WAMI Program at Montana State University. I should like to testify in support of House Bill 96. The Board of Directors of the Montana AHEC has endorsed HB 96. This board is composed of 27 members who represent health providers, health educators, health professional students, business leaders, consumers, and members of the legislature.

Montana is one of the few states having no medical school and without a freestanding residency program in the specialties and subspecialties of medicine. In the Northwest, states without medical schools are Montana, Idaho, Alaska, and Wyoming. Montana and Alaska are the only states in the United States without a primary care residency program.

Access to medical education for Montana students is funded through the Western Interstate Commission of Higher Education (WICHE) and the WAMI (Washington, Alaska, Montana and Idaho) Regional Medical Education Program. Following the completion of four years of medical education leading to the M.D. degree, physicians enter residency programs for a period of three years of intense training under the supervision of physicians in teaching hospitals and clinics prior to entering the independent practice of medicine. In 1990 there were 384 Family Practice Residency Programs in the United States.

Montana has a physician manpower problem. Of the 56 counties in Montana, 30 are designated as Health Manpower Shortage Areas (HMSAs). The major criterion used to designate HMSAs is physician to population ratio. There are 8 counties in Montana without any physicians. Of the estimated 1,250 physicians practicing medicine in the state, 73 percent are located in one of the 7 major population centers. Seventy-eight percent are located in the 7 counties with the largest populations. Montana is a rural state, a "frontier state", with a population density of less than 5.5 per square mile. On a comparative basis, Montana is the third most rural state in the country. Only Idaho and Vermont have greater percentages of the population living in rural areas. Recruitment of physicians has become a number one priority for many rural hospitals, rural clinics, and rural communities. It is a major concern of the Montana Hospital Association. Without an adequate supply of physicians, access to appropriate levels of health care for rural citizens cannot be improved or maintained at the current level.

Residency programs serve as a major source of physician manpower within states having residency programs. National statistics show that between 66 percent and 75 percent of physicians establish their initial practice in the vicinity of the location of their residency program. The absence of a freestanding Family Practice Residency Program in Montana prevents communities, clinics, and hospitals in this state from having access to this resource of physicians.

EXHIBIT 27  
DATE 3-19-91  
HB 96

The healthmanpower needs of a state are best met by the design of educational systems which provide, on a long-term basis, for the education of students in those health professions needed to serve the health care of residents of the state. This includes the staffing of hospitals, long-term care facilities, clinics, public health offices, and specialized facilities. We believe that the "missing-link" in the continuum of medical education for Montana is the lack of a freestanding Family Practice Residency Program.

During my tenure as Director of the WAMI Program at Montana State University, we developed a proposal to start a freestanding Family Practice Residency Program in Montana. We were unable to obtain the support of the physicians in any of our major cities in the state (Billings, Great Falls, Missoula) for this initiative. As an alternative to this, a group of physicians developed the Montana Family Practice Residency Satellite Program. This program, started in 1983, represented an innovation in residency education. It provides opportunities for physicians in residency training programs throughout the United States to come to Montana and do a one to two month rotation in a clinic or hospital under the supervision of a local physician. Most residency programs in the United States are located in large cities and many have affiliations with medical schools in those states. Physicians training in these locations rarely have opportunities to learn about and experience the practice of medicine in rural areas. The Montana Family Practice Residency Satellite Program has provided these opportunities. How has this innovative residency program helped Montana obtain physicians?

During the eight years since Montana Family Practice Residency Satellite Program was started in 1983, over 200 physicians have received training in Montana. These residents have come to Montana from many different residency programs. Over 100 practicing physicians in Montana have agreed to serve as preceptors (faculty) for the program and have donated their time to the teaching of residents. The effectiveness of these residency rotations as a "health manpower program" is demonstrated by the fact that over 30 of the residents who have rotated through this program have established practices in the state. At least 21 of these are practicing medicine in rural communities. Our Montana definition of rural is communities other than the seven major population centers of Billings, Great Falls, Missoula, Helena, Bozeman, Butte, and Kalispell.

HB 96 is not new legislation for Montana. The Montana Family Practice Residency Satellite Program was funded by an appropriation by the legislature until July 1, 1988. The level of state funding was \$35,000 per year. Due to the lack of resources for this program over nearly three years, the number of residents doing rotations in Montana has declined from an average of nearly 30 per year prior to 1988 to between 15 and 20 per year.



EXHIBIT 27  
DATE 3-19-91  
HB 96

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In summary, we feel that the Montana Family Practice Residency Satellite Program provides an important component for the continuum of medical education in Montana. It is an inexpensive alternative to the establishment of a freestanding Family Practice Residency Program. It has proven to be a cost effective vehicle for the recruitment of physicians to practice in Montana. Your support of HB 96 is respectfully requested.

I should like to express my thanks to the members of the House Appropriations Committee for the opportunity to present my views on HB 96.

Frank S. Newman  
Director  
Montana AHEC  
308 Culbertson Hall  
Bozeman, Montana

The **MONTANA FAMILY PRACTICE RESIDENCY PROGRAM** was initiated in 1982 to:

- *Increase the availability of high quality community office experiences for family practice residents from family practice residencies nationwide.*
- *Provide opportunities that will increase awareness of practice opportunities in Montana.*
- *Train community physicians as resident preceptor faculty.*
- *Provide assistance to Montana communities in the recruitment of family practice physicians.*

The Montana Family Practice Residency Program arranges 1-2 month rotations in a Montana community for residents in their second or third year of residency training. These resident physicians have completed their medical degrees and are licensed to practice in their state. They are pursuing post-graduate training for 3 years to make them eligible for Board Certification in Family Medicine. The program coordinates the rotations with the family practice resident, the home residency program director, Montana preceptors, local hospital administrators, and the Montana State Board of Medical Examiners.

The Program also offers the follow services to Montana:



- *Training of preceptors in the rural communities.*
- *Information Exchange Service which lists "Locations Seeking Family Physicians" and "Family Physicians Interested in Montana Practice Opportunities."*
- *Assistance to WAMI and WICHE graduates in family practice.*
- *Placement opportunities for National Health Service Corps family physician residents.*

**The ultimate goal of the Montana Family Practice Residency Program is to increase the number of physicians making knowledgeable choices to practice in Montana. Since the program began in 1983:**

- Over 30 physicians have decided to practice in Montana upon completion of their residency training.
- Over 15 additional physicians have been recruited through the Information Exchange Service.
- Over 100 Montana physicians have volunteered their services as preceptors in 36 satellite locations.
- Over 200 Family Practice Residents have completed Montana rotations.

To Experience in

HOUSE BILL 662  
MONTANA OFFICE OF RURAL HEALTH

EXHIBIT 29  
DATE 3-19-91  
HB 662

My name is Frank Newman. My home of residence is Bozeman, Montana. I am Director of the Montana Area Health Education Center (Montana AHEC). I should like to testify in support of House Bill 662. The Board of Directors of the Montana AHEC has endorsed HB 662. This board is composed of 27 members who represent health providers, health educators, health professional students, business leaders, consumers, and members of the legislature.

HB 662 proposes to establish a Montana Office of Rural Health within the Department of Health and Environmental Sciences. An appropriation of \$50,000 has been requested during each year of the biennium.

Rural health has become a major national issue over the past several years. In 1987, the federal government created the Office of Rural Health Policy as a coordinating agency to address rural health care needs. One of the first initiatives of the Office of Rural Health Policy was to provide funding for the development and maintenance of five Rural Health Research Centers in the United States. Subsequently, two additional Rural Health Research Centers have been funded through this federal office. In 1990 Congress appropriated funds, which will be administered by the Office of Rural Health Policy, to establish state Offices of Rural Health. Through this program the Office of Rural Health Policy would like to assist with the development of an Office of Rural Health in each state. The federal appropriation provides will provide funds to states on a matching basis for a period of three years. Proposals to access the federal dollars are to be submitted by the Montana Department of Health and Environmental Science by May 1, 1991.

Interest in rural health issues on the part of Governors in most states has been stimulated by an increasing awareness of the economic condition of rural hospitals and the shortage of health providers to serve in rural communities. Several states have responded to the concern about the continued availability of health care for rural citizens by establishing commissions, or task forces, to provide statewide guidance on rural health policy and by developing state Offices of Rural Health.

In Montana, Governor Stephens has developed a five-step proposal to address the overall issues of health care. The proposal provides for programs to expand private health coverage for working people, expand health care coverage for children, expand availability of physicians and other medical services in rural areas through legislation and executive action, improve access to long-term care, and develop a long-term commitment to continuation of the process of providing access to quality health care in Montana.

EXHIBIT 29  
DATE 3-19-91  
HB 662

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Montana needs the formal structure which will be created by an Office of Rural Health to provide a focus on issues which are of major concern in frontier counties and rural communities. HB 662, as outlined, will provide this structure.

Montana, the fourth largest state, is a rural state. By federal definition, Montana is also a "frontier" state since it has an overall population density of less than six people per square mile. Forty-six of the 56 counties are, by this definition, frontier. Montana ranks 48th among all states in population density, with only Wyoming and Alaska having fewer people per square mile. Montana has more people living the rural areas (75.6 percent) than any state except Vermont and Idaho. Low population densities and rural isolation have major impacts on the maintenance of health care delivery systems which are adequate to provide access to quality health care for all residents. Loss of physicians in rural communities and the closing of hospitals in rural communities can have a major economic impact.

Thirty of the 56 counties in Montana are designated as Health Manpower Shortage Areas (HMSAs). Twenty-eight of these are "frontier" counties. Physician and other health care provider availability are major concerns for all rural hospitals. The rural hospital is the focus for health care delivery systems in rural communities and counties. Of the 61 non-federal and non-state hospitals in Montana, 50 are rural hospitals. During the past five years, four rural hospitals have closed and many others are facing severe economic difficulties. The Montana Hospital Association and the Montana AHEC, in a number of ways, have provided technical assistance to some of these rural hospitals. These activities need to continue, but the state would benefit by having an office which will provide for the overall coordination of these rural health programs.

A number of groups in Montana, including the Office of the Governor, assisted with the organization of a Montana Rural Health Policy Conference which was held in Billings last October. Participants at this conference listed a number of recommendations which they believed could influence the development of a "rural health policy" for Montana. The number one priority listed by each of three discussion groups was the establishment of a Montana Office of Rural Health.

EXHIBIT 29  
DATE 3-19-91  
HB 662

-3-

In summary, we believe that the Montana Office of Rural Health is needed as a means of adequately addressing the multitude of rural health issues facing Montana. Your support of HB 662 is respectfully requested.

On behalf of the Montana AHEC Board of Directors, I should like to express my thanks to Representative Brown and to members of the House Appropriations Committee for the opportunity to comment on this important legislation.

Frank S. Newman  
Director  
Montana AHEC  
308 Culbertson Hall  
Bozeman, Montana

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EXHIBIT 30  
DATE 3-19-91  
HB 560

TO: House Appropriations Committee  
FROM: Dal Smilie, Chairman Montana Motorcycle Safety Advisory Committee  
DATE: March 19, 1991  
RE: HB 560

The Montana Motorcycle Safety Advisory Committee was created in 1989 with the passage of 61-2-402, MCA. The advisory committee is charged with advising the Superintendent of Public Instruction on motorcycle safety training. The same 1989 legislation that created the advisory committee required OPI to create a Montana Motorcycle Safety Education Program.

Currently 38 states have some sort of rider (user) funded motorcycle safety training program. Responsible organized motorcycle groups in Montana successfully lobbied through such a progressive safety program in 1989.

The 1989 legislation provided funding to OPI for the Montana Motorcycle Safety Education Program by tacking a \$2.50 per registration additional fee on Montana's motorcycle riders. The Registrars Bureau in Deer Lodge reports that there were 21,094 registered motorcycles in Montana during 1990 so the user fee should have raised \$52,735. Motorcycle registrations in Montana have been declining in recent years;

1986	27,493
1987	25,503
1988	24,710
1989	(no figures available due to computer installation problems)
1990	21,094

It would appear that the user fees available for the Montana Motorcycle Safety Education Program will continue to decrease in the near future.

The Motorcycle Safety Program has a second source of income. It has the ability to charge an additional fee for those who take the safety course. Since the program is just starting relatively few riders have taken it. Optimistically we may see 200 students in 1991 at about \$20 for tuition each, \$4,000 might be raised here.

The third source of funds are state allocated federal 402 A funds. The Department of Justice's Highway Traffic Safety Division has allocated federal 402 A funds of about \$35,000 this year to assist in the start up of this important safety program. Administrator Albert E. Goke has stated that he does not intend to allocate further federal 402 A funding past this fiscal year. The safety program cannot be effective without replacing this \$35,000 loss of state controlled federal funds.

The Motorcycle Safety Program has a 1990 budget of \$87,000. It cannot count on more than \$54,000 in user fees for 1991. The 1990 budget breaks down like this;

\$35,000	salary and benefits
\$ 8,000	services(instructor contracts)
\$ 4,000	supplies and materials
\$ 7,000	communication
\$11,000	travel
\$ 500	rent
\$14,000	indirect costs to OPI
\$ 2,000	repair
\$ 5,000	equipment

It is clear that the current user fees will not support this important safety program. The program can count on less than \$54,000 per year when it requires a level as set out above.

How did this program get so underfunded? The original fiscal note prepared by OPI staff turned out to be optimistic about motorcycle registrations, relying on an erroneous figure of 50,000 registrations. Based on these optimistic projections OPI started the program a little early. They suffered some start up personnel problems which are now solved. The safety program needs an infusion.

HB 560 proposes to replace the loss of \$35,000 of federal funds by transferring \$30,000 collected as the motorcycle endorsement fees which are now added onto drivers licenses to the Motorcycle Safety Program. OPI already receives 35% of those endorsement fees and has agreed to internally shift them to the program when necessary. In testimony before the House Highways Committee OPI did not object to guaranteeing that their present share of these funds be transferred to the Motorcycle Safety Education Program.

OPI's Motorcycle Safety Coordinator has stated to the advisory committee that legislation similar to HB 560 may be necessary in 1993. If such legislation were passed in 1993 it wouldn't provide any real income until 1994. The program will be short for the upcoming biennium unless action is taken now. This proposed change will be subject to review by the 1993 Montana Legislature because the program is set to Sunset then.

This important safety program will not be able to exist in any useful sense on current projected income. There would be just enough funds to keep the employees paid and to pay OPI's indirect costs without really having a program in the field. This important user funded safety program is just beginning, lets give it a chance to get started and to save lives.



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LENORE F. TALIAFERRO

Consultation Services

1026 Ninth Avenue

Helena, MT 59601

406/443-0489

EXHIBIT 31  
DATE 3-19-91  
HB 627

MARCH 18, 1991

TESTIMONY IN SUPPORT OF  
HB 627  
"REIMBURSE SENIOR CITIZEN EXPENSES-OMBUDSMAN"

I WAS EMPLOYED AS MONTANA'S STATE LONG TERM CARE OMBUDSMAN FROM 1981-1984. DURING MY TENURE IN THIS POSITION, I WAS GUIDED BY THE PROVISIONS OF THE OLDER AMERICANS ACT IN ORDER TO CARRY OUT MY MANDATED DUTIES. I WAS THE FIRST OMBUDSMAN IN MONTANA CHARGED WITH A RESPONSIBILITY TO FORMALLY ESTABLISH AN OFFICE OF THE OMBUDSMAN THROUGH LEGISLATIVE ACTION. WHILE THIS EFFORT FAILED WITHIN MONTANA AT THAT TIME, THE OLDER AMERICANS ACT MANDATED CERTAIN PROGRAMS AND SERVICES BE PROVIDED FOR ELDERLY CITIZENS. FEDERAL AMENDMENTS TO THE OLDER AMERICANS ACT HAVE BEEN ADDED, SINCE THAT TIME REQUIRING STATES TO PROVIDE FOR LOCAL, OR SUB-STATE, OMBUDSMEN. IN 1989 I WAS HIRED BY THE AREA IV AGENCY ON AGING, TO BE ITS CERTIFIED LOCAL OMBUDSMAN. I HELD THIS POSITION FOR ABOUT 18 MONTHS. I SUBMITTED MY RESIGNATION EFFECTIVE AUGUST 1, 1990. I WISH TO EXPLAIN WHY I LEFT A JOB THAT IS SO IMPORTANT.

MY DUTIES INCLUDED RESPONDING TO COMPLAINTS ON BEHALF OF ELDERLY IN LEWIS & CLARK, JEFFERSON, BROADWATER, AND GALLATIN COUNTY NURSING HOMES AND PERSONAL CARE HOMES. REGARDLESS OF MY QUALIFICATIONS THE MAXIMUM AMOUNT THAT COULD BE OFFERED WAS \$6.50/HOUR WITH NO PROVISION FOR REIMBURSEMENT BEYOND MILEAGE. I MIGHT ADD THAT MY HOURLY RATE FAR EXCEEDED THAT OF MOST LOCAL OMBUDSMEN. IT IS DEMANDING WORK, AND REQUIRES EXTENSIVE KNOWLEDGE ABOUT A VARIETY OF PROGRAMS, LAWS, AND AGENCIES. IT ALSO REQUIRES AN ABILITY TO NEGOTIATE, MEDIATE, EDUCATE, AND TO EXERCISE GOOD JUDGMENT IN VERY COMPLEX SITUATIONS. I COMPLETED EXTENSIVE TRAINING AS DID ALL OF THE LOCAL OMBUDSMEN. I BECAME CERTIFIED, AS DID OTHER LOCAL OMBUDSMEN. I KNEW THAT THERE WOULD BE LITTLE, IF ANY, MONEY AVAILABLE SHOULD MY WORK DEMAND MORE THAN 20 HOURS PER WEEK. SOMETIMES DECISIONS WERE MADE BASED UPON AVAILABLE BUDGET ALLOWANCES IN THE PRIORITY DETERMINATION PROCESS. IF A PARTICULAR SITUATION REQUIRED AN OVERNIGHT STAY, I KNEW I WOULD PAY FOR THAT MYSELF. IF THE WEATHER WAS BAD AND I HAD ANY PROBLEMS WITH MY CAR, I KNEW THAT I WOULD PAY FOR THAT SINCE I DID NOT HAVE ACCESS TO OTHER FORMS OF TRANSPORTATION. THE WORK REQUIRED THE USE OF MY PERSONAL VEHICLE. I KNEW THAT I WOULD BEAR THE BURDEN OF EXTRA COST FOR INSURANCE PREMIUMS ON MY VEHICLE. I KNEW THAT IF I WAS GONE ALL DAY THAT I WOULD BEAR THE COST OF LUNCHES OR ANY OTHER MEALS. I WAS VERY MUCH AWARE THAT OTHER UNEXPECTED JOB-RELATED COSTS COULD NOT BE PAID AND, ONCE AGAIN I DIPPED INTO MY PERSONAL RESOURCES. I ROUTINELY DISCUSSED THIS PROBLEM WITH MY DIRECTOR. I WROTE POSITIONS PAPERS ON THE NEED TO FIND SOME WAY TO REASONABLY COVER THESE COSTS. HE AND I WERE NOT IN DISAGREEMENT OVER THE SAD LACK OF MINIMAL COMPENSATION FOR NECESSARY EXPENSES. WE BOTH DID THE BEST WE COULD WITHIN A VERY DIFFICULT FRAMEWORK. IN FACT, AN ALMOST IMPOSSIBLE DILEMMA.

WHY WAS THIS THE CASE? NO FUNDS HAD BEEN APPROPRIATED FROM ANY SOURCE FOR THE LOCAL OMBUDSMAN PROGRAM REQUIREMENT. AREA AGENCIES HAVE HAD TO "ROB PETER TO PAY PAUL." IN OTHER WORDS, TAKE FUNDS FROM ALREADY STRAINED PROGRAM BUDGETS SUCH AS HOME DELIVERED MEALS, SENIOR CENTERS, TRANSPORTATION SERVICES IN ORDER TO HIRE AND TRAIN LOCAL OMBUDSMEN AS MANDATED BY LAW. ALL OF THE AREA AGENCIES HAVE DONE THEIR BEST TO COMPLY WITH FEDERAL REGULATIONS. SCRAP THE PROGRAM, SOME MAY SAY. IF THAT WERE TO HAPPEN, THE STATE OF MONTANA COULD STAND TO LOSE SEVERAL MILLION DOLLARS WHICH NOW FUND ALL OF THE PROGRAMS FOR MONTANA'S ELDERLY. THE OLDER AMERICANS ACT REQUIRES THAT EACH STATE HAVE A LONG TERM CARE OMBUDSMAN AND SUB-STATE OMBUDSMEN. A FEW STATES, AT ONE TIME OR ANOTHER, HAVE LOST

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THEIR FUNDING BECAUSE OF NOT BEING IN COMPLIANCE.

MONTANA IS CURRENTLY RANKED 50TH IN FUNDING ALLOCATION FOR OMBUDSMAN PROGRAMS. DURING THE PERIOD OF 1981-1984, MONTANA RANKED 49TH IN THE COUNTRY. TO PROVIDE THE DOLLARS REQUESTED IN HB627 WOULD BEGIN TO MAKE A SMALL DENT IN MOVING TOWARD A MODICUM OF EQUITY FOR THE LOCAL PEOPLE WHO FILL THESE ESSENTIAL NEEDS.

ULTIMATELY, I FOUND IT NECESSARY TO DO AN ANALYSIS OF MY COSTS AS A CLO. THE OUTCOME OF THIS BECAME CLEAR. WITH NO POSSIBILITY OF UPGRADING COMPENSATION IN THIS POSITION, I REGRETFULLY RESIGNED SINCE I COULD NO LONGER JUSTIFY SPENDING TWICE AS MUCH AS I EARNED. IT IS IMPORTANT FOR YOU TO KNOW THAT THE MAJORITY OF LOCAL OMBUDSMEN ARE PAID MINIMUM WAGE. THE MAJORITY OF LOCAL OMBUDSMEN USE THEIR EARNINGS FROM THIS EMPLOYMENT IN ORDER TO SUPPLEMENT ALREADY FIXED RETIREMENT INCOMES. I WONDER HOW MANY OF THEM HAVE ACTUALLY SAT DOWN TO FIGURE OUT JUST HOW MUCH THIS PAID POSITION IS ACTUALLY COSTING THEM? HOW MUCH MORE ARE THEY ARE PAYING THAN EARNING?

JUST BECAUSE A GROUP OF PEOPLE ARE COMMITTED TO A PROGRAM THAT PROTECTS THE BASIC HUMAN RIGHTS AND DIGNITY OF OUR MOST VULNERABLE ELDERLY, DOES NOT JUSTIFY DENYING THEM FAIR AND REASONABLE REIMBURSEMENTS PROVIDED TO OTHER EMPLOYEES.

THE OMBUDSMAN PROGRAM DOES NOT DUPLICATE ANY OTHER EXISTING SERVICES. IF ANYTHING, THE PROGRAM COMPLEMENTS OTHER INVESTIGATIVE AND ADMINISTRATIVE AUTHORITIES INVOLVED IN THE CARE AND WELL BEING OF THESE FACILITY RESIDENTS.

IN CLOSING, I WANT THIS COMMITTEE TO KNOW THAT I HAVE NOTHING PERSONAL TO GAIN FROM MY TESTIMONY, NOR DO I HAVE ANY KIND OF VESTED INTEREST AS AN EMPLOYEE. I PASSIONATELY BELIEVE IN THIS PROGRAM. I HAVE ADVOCATED FOR THE ELDERLY FOR MANY YEARS. I BELIEVE WE CAN DO BETTER FOR THE DEDICATED PEOPLE WHO PROVIDE SERVICE. I URGE YOU TO SUPPORT HB627. THE OMBUDSMAN PROGRAM, AT ANY LEVEL, HAS NEVER RECEIVED ONE CENT OF GENERAL FUNDS IN MONTANA.

THANK YOU FOR YOUR CONSIDERATION.

LENORE F. TALIAFERRO, B.S.Ed., M.P.A.  
FORMER LONG TERM CARE OMBUDSMAN 1981-1984  
FORMER CERTIFIED LOCAL OMBUDSMAN 1989-1990

Amendments to House Bill 728  
House Appropriations Committee  
March 19, 1991

EXHIBIT 32  
DATE 3-19-91  
HB 728

1. Page 5, line 12.

Following: "nutritionist."

Insert: "The appointment of the public health nutritionist shall not be required unless funding for the position is available."

2. Page 5, line 22.

Following: "counties."

Strike: remainder of line 22, through page 6, line 1.

Insert: "The Department shall provide the 1993 Legislature with a plan to provide the services of the women, infants and children (WIC) food supplement program to counties that are currently not served by the program."

2. Page 6, line 2.

Following: "Appropriations."

Strike: Subsection (1) in its entirety

Re-number subsequent subsections.

3. Page 6, line 7.

Following: " from the"

Strike: "general fund"

Insert: "federal special revenue fund"

4. Page 6, line 8.

Following: "sciences"

Strike: \$115,075

Insert: \$67,075

5. Page 6, line 10.

Following: "1992"

Strike: "to fund the expansion of the WIC program and"

# Helena Indian Alliance

436 North Jackson  
Helena, Montana 59601  
(406) 442-9334

EXHIBIT 33  
DATE 3-9-91  
HB 927

## Testimony Relating to HB 927

We at the Helena Indian Alliance of Helena, Montana urge passage of HB 927 by the senate committee. Our experience indicates that many of our people have had to curtail meaningful training, while receiving General Assistance, because of the six month time limit. An additional three months added to the present limit would go far in allowing people to finish their training. Consequently more people would acquire employment which would have the effect of saving money for the state.

We urge you to vote YES for HB 927.

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EXHIBIT 34  
DATE 3-19-91  
HB 927

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EXHIBIT 34  
DATE 3-19-91  
HB 927

(26)

HB 927  
General Relief Assistance

EXHIBIT 35  
DATE 3-19-91  
HB 927

The new PWP program for General Relief Assistance has succeeded in several ways -- it had eliminated abusers, it has obtained jobs and it has transferred a sizable portion of disabled persons to SSI. However, there is a small group (less than 5% of the caseload -- approximately 100 persons) who are now annually enter a circuit of homelessness and suffering due to serious employment barriers which could not be overcome within 6 months. HB 927 would further refine the program by focusing on this problem group.

This bill intends to do 2 things:

1. To allow a vocational specialist, along with medical professions, to determine employability of applicants. It is inappropriate for a doctor to determine illiteracy and other educational/ work skill deficiencies.

2. Extend benefits beyond 6 months for those with serious employment barriers to allow recipients to overcome barriers.

a. Allow those with drug/alcohol problems up to 3 additional mo, if they are complying with program and need additional time for stabilizing and obtaining employment. **This is already in the law (53-3-321, MCA); it has not been implemented.**

b. Allow those with serious employment barriers (illiteracy, lack of GED, lack of job skills) 3 to 6 additional mo. to complete program goal, if necessary. By eliminating employment barriers recidivism is reduced.

These time frames were obtained from educators who estimated: 12 mo. to overcome illiteracy

3-12 mo to obtain GED: 3-4 mo. per grade

3-12 mo. to obtain employable job skill.

Those with serious employment barriers are a small but potentially HOMELESS group -- They have no assets, earn less than 200 a mo. and have serious employment problems. They return year after year. See Chart 1 and Chart 11.

Those abusing the system were eliminated with the structured 40 hr. wk program and the payment after performance. See Table . Those attending this program for 6 mo. and not obtaining employment -- have serious barriers.

It is cost-efficient to adopt this refinement to the current program. In 2 years additional cost will be further recaptured by eliminating recidivists. Furthermore, costs associated with (a) ab should have already been budgeted for. In view of already saving 5 Million, a minimal amount would be required to implement that already etched in law.

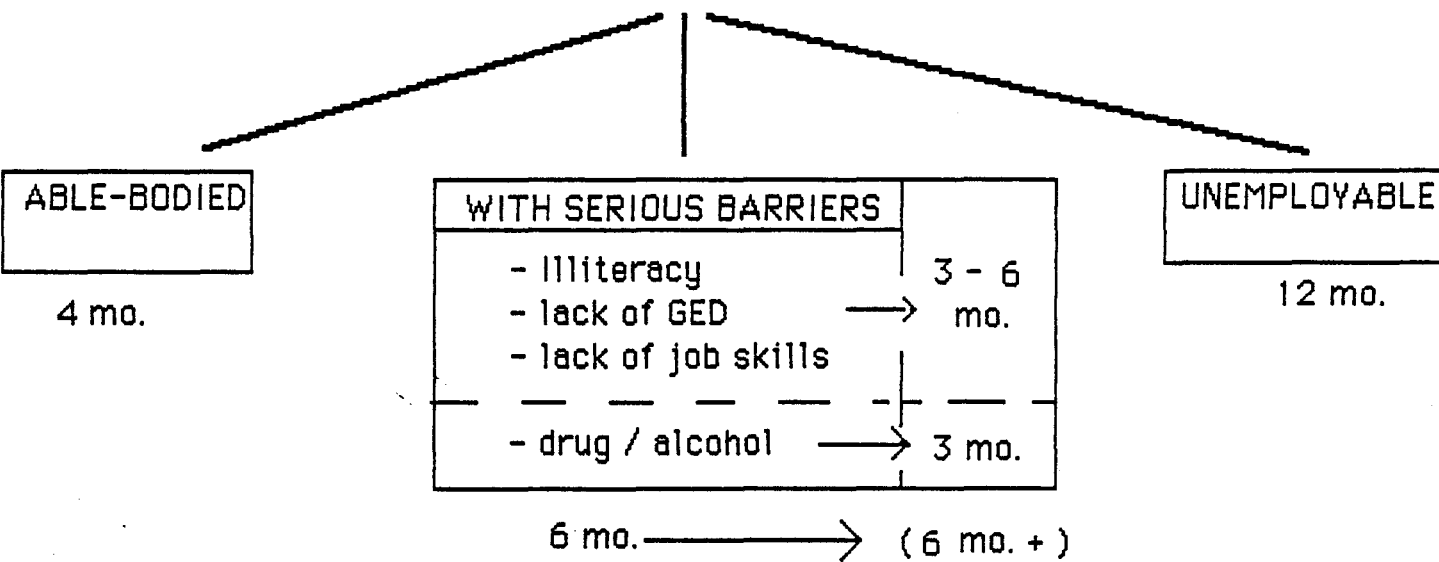
Last session removed the fat, but let's not reap life. Let us refine this program further to address problems of a very small but vulnerable group.

Deinstitutionalization has already impacted Montana. For those leaving institutions, even though they may receive counseling, therapy -- unless they receive minimal maintenance -- they will likely become homeless. Leaving an institution does not automatically qualify one for SSI -- and many end up on GR.

EXHIBIT 35  
DATE 3-19-91  
HB 927

# GENERAL ASSISTANCE

## PWP PROGRAM





GENERAL RELIEF  
PROGNOSIS FOR THOSE WITH SEVERE BARRIERS NOT  
OVERCOME AT 6 MONTHS

EX. 35

3-19-91

HB 927

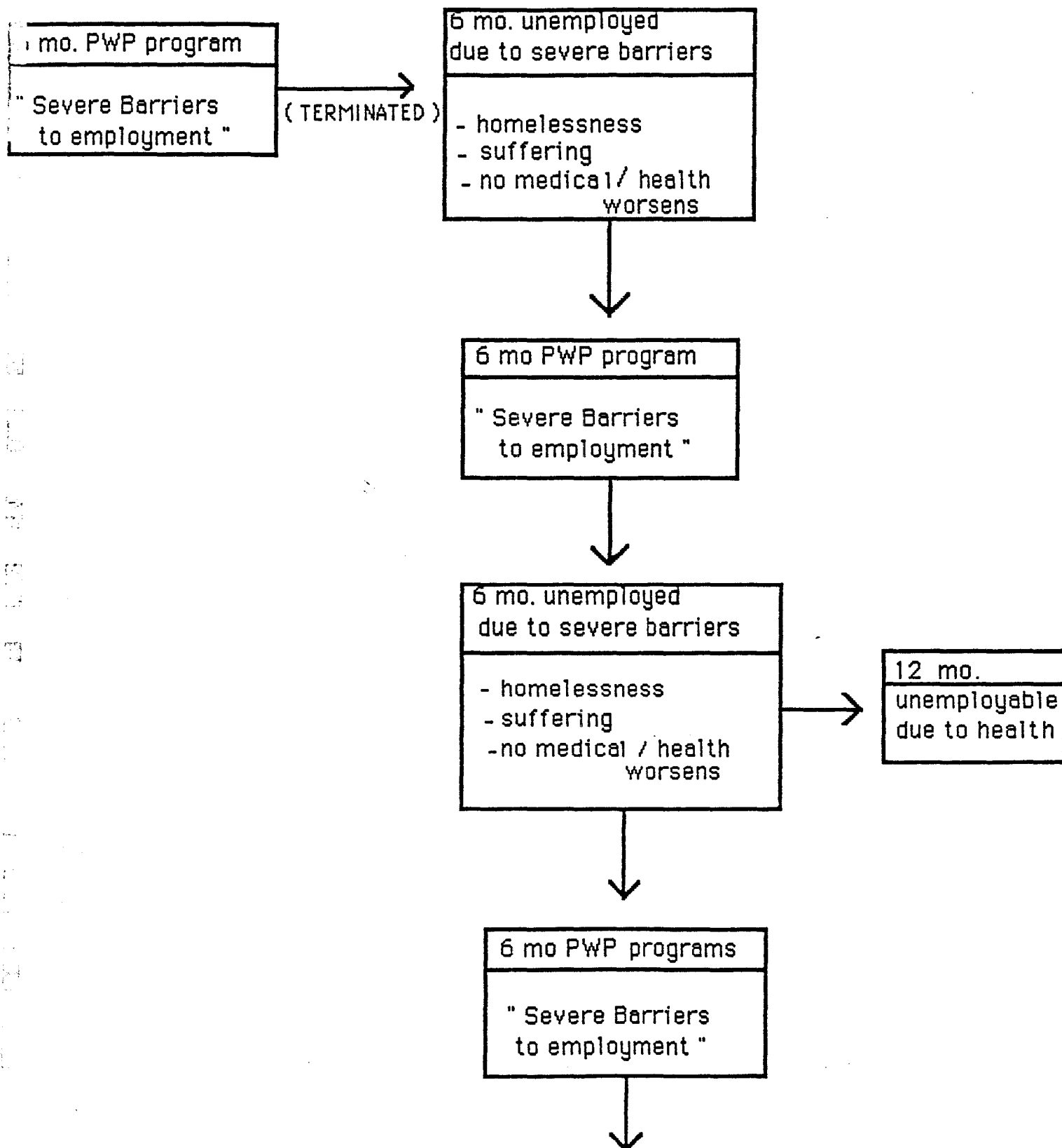


EXHIBIT 35  
 DATE 3-19-91  
 HB 927

UNDUPLICATED GRA/PWP CLIENT COUNT

1-21-91 REPORT DATE - DECEMBER FIGURES MAY BE INCOMPLETE

NOTE: THESE ARE INITIAL EMPLOYABILITY CODES. IF A PERSON IS FIRST CLASSIFIED AS EMPLOYABLE AND LATER BECOMES EMPLOYABLE WITH SERIOUS BARRIERS, THEY ARE NOT COUNTED AS HAVING SERIOUS BARRIERS FOR THIS REPORT.

1990 CALENDAR YEAR

TOTAL EMPLOYABLE: 2,369

EMPLOYABLE WITH SERIOUS BARRIERS TOTAL 118 (5%)

BREAKDOWN:

DRUG/ALCOHOL DEPENDENCY	45	(38%)
DEPENDENT CHILD	8	(07%)
LACK OF HIGH SCHOOL/GED	41	(35%)
ILLITERATE	8	(07%)
LACK OF SKILLS/TRAINING	16	(14%)

BREAKDOWN BY AGE:

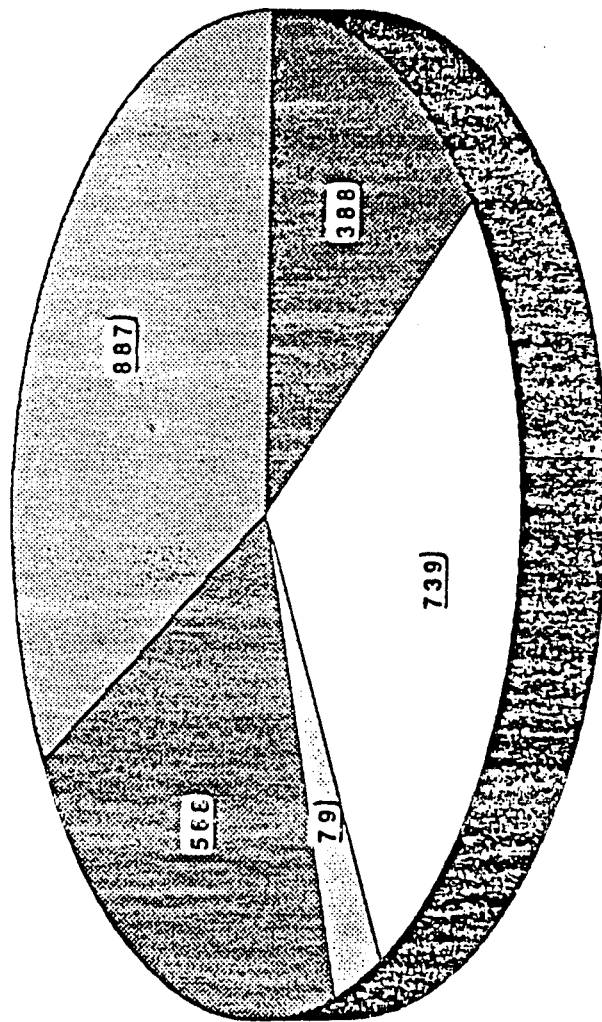
	0-18	19-22	23-25	26-30	31-35	36-45	46-55	55+
D/A	1	3	2	9	6	15	9	0
DEF CH.	1	3	1	2	1	0	0	0
NO GED	7	5	3	4	9	5	7	1
ILLIT	0	0	0	1	2	1	3	1
NO SKILL	0	0	1	1	2	5	7	0
TOTALS	9	11	7	17	20	26	26	2

THOSE CLIENTS HAVING DRUG/ALCOHOL DEPENDENCY BARRIERS:

02% ARE 0-18 YEARS OF AGE  
 07% ARE 19-22  
 04% ARE 23-25  
 20% ARE 26-30  
 13% ARE 31-35  
 33% ARE 36-45  
 20% ARE 46-55

Project Work Program  
Terminated from General Assistance  
January, 1990 to November, 1990

HB  
DATE  
EXHIBIT



☐ Other (33.3%)

☒ Employed (21.3%)

☐ Employed/Sanctioned (3.0%)

☐ Sanctioned (27.8%)

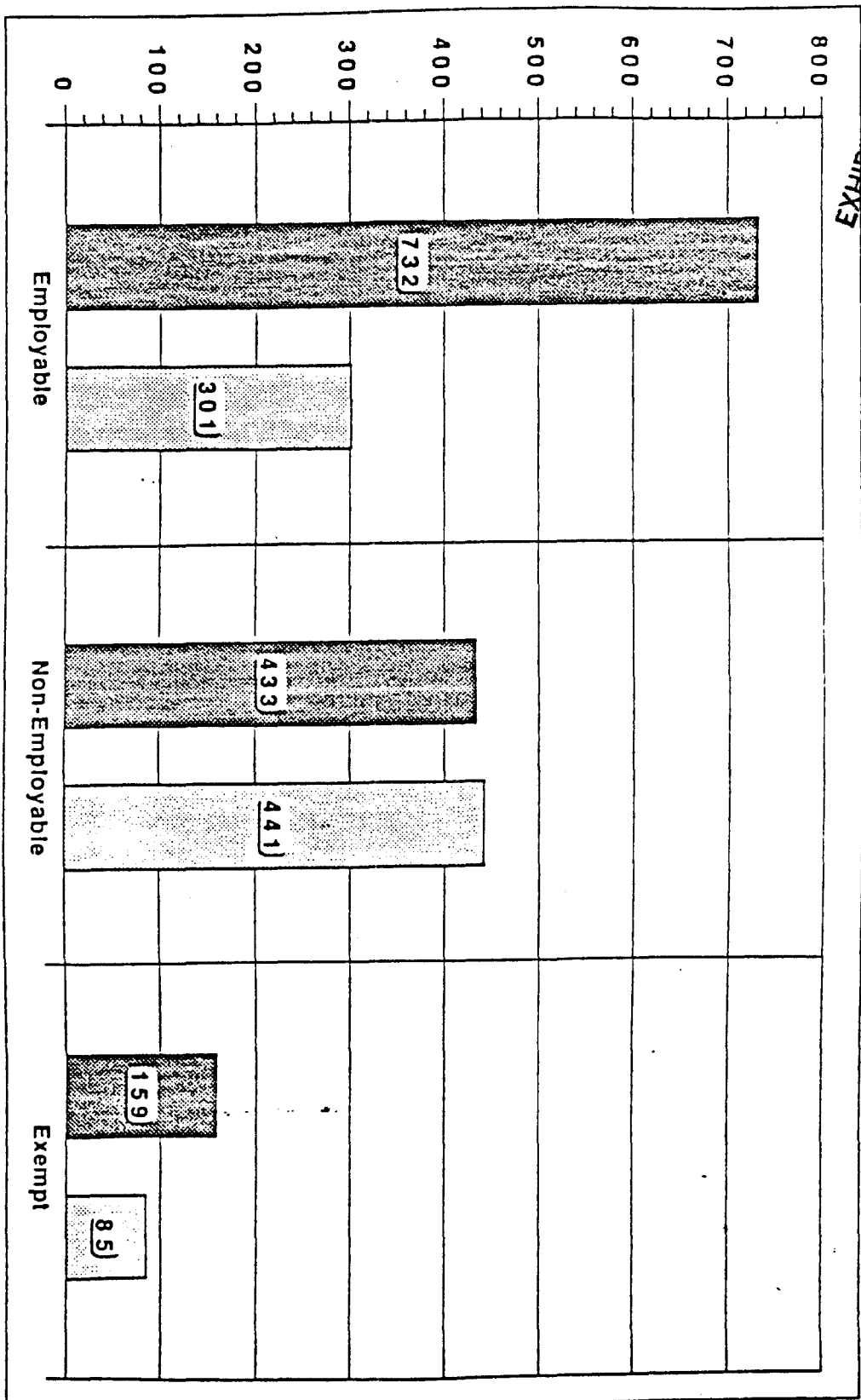
☒ Time Limited Benefits (14.6%)

Ex. 35  
3-19-91  
HB 927

# General Assistance in State-Assumed Counties Individuals Receiving Benefits

Ex. 35  
3-19-91  
HB 927

EXHIBIT  
STATE  
BH



■ Feb-90 □ Nov-90

EXHIBIT 35  
DATE 3-19-91  
HB 227

Recidivism

RECIDIVISM  
BY CLOSURE REASON

1/8/91 Report Date - (December figures incomplete)

The system was checked for the number of individuals who were closed from General Assistance and then returned within a specified number of months.

- 67 persons returned after being off GA for 1 to 2 months
- 45 persons returned after being off GA for 3 months
- 71 persons returned after being off GA for 4 to 6 months
- 36 persons returned after being off GA for 7 to 9 months
- 5 persons returned after being off GA for over 9 months

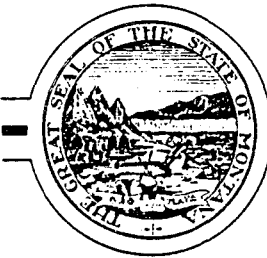
A total of 224<sup>\*</sup> persons returned to GA sometime in the calendar year.

✓

26  
46

DEPARTMENT OF  
SOCIAL AND REHABILITATION SERVICES

EXHIBIT 36  
DATE 3-19-91  
HB 927



STAN STEPHENS  
GOVERNOR

JULIA E. ROBINSON  
DIRECTOR

STATE OF MONTANA

P.O. BOX 4210  
HELENA, MONTANA 59604-4210  
(406) 444-5622  
FAX (406) 444-1970

Amendment to House Bill 927  
(RE: General Relief)  
Third Reading Copy, Corrected Second Printing  
Includes amendments of 2-25-91

1. Page 6, line 13.  
Following: "extended"  
Insert: "according to 53-3-321(3)"

-End-

Rationale: The proposed amendment provides that a recipient who is reassessed and found still to have serious barriers to employment may have benefits extended for up to 3 additional months according to the provisions of 53-3-321(3). This will allow for 3 additional months of benefits for persons in drug or alcohol treatment programs. Thus, a total of 9 months of benefits per 12 month period may be granted.

Submitted by: Julia E. Robinson  
Julia E. Robinson, Director  
Department of Social and  
Rehabilitation Services

# LONG AS THE WATERS FLOW

## An enduring tribute to the Native American

### State Capitol Building, Oklahoma City, Oklahoma

EXHIBIT  
DATE 3-19-91  
B 927  
submitted  
3-26

In a colorful and historic ceremony on Sunday morning, June 4, 1989, "As Long As The Waters Flow," a 15-foot bronze by noted Native American sculptor Allan Houser, was dedicated at the Oklahoma State Capitol as part of the Red Earth festival activities. The sculpture was commissioned by the State of Oklahoma and the State Arts Council in recognition of the centuries-old presence and contributions of the Native American to the state.

The sculpture, depicting a woman of the red earth with eagle feather fan, weighs nearly 2,000 pounds and is almost 14 feet in circumference at the widest point. Comanche medicine man George Woogee Watchetaker conducted a traditional ritual which included the dedication of the

sculpture and artist using smoke from cedar chips and sage.

A Chiricahua Apache, Houser was born near

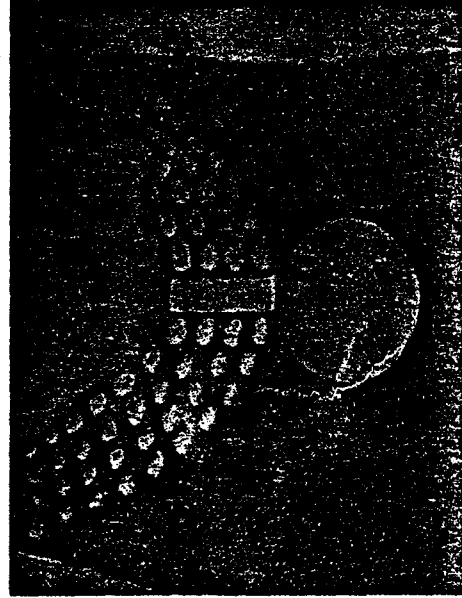
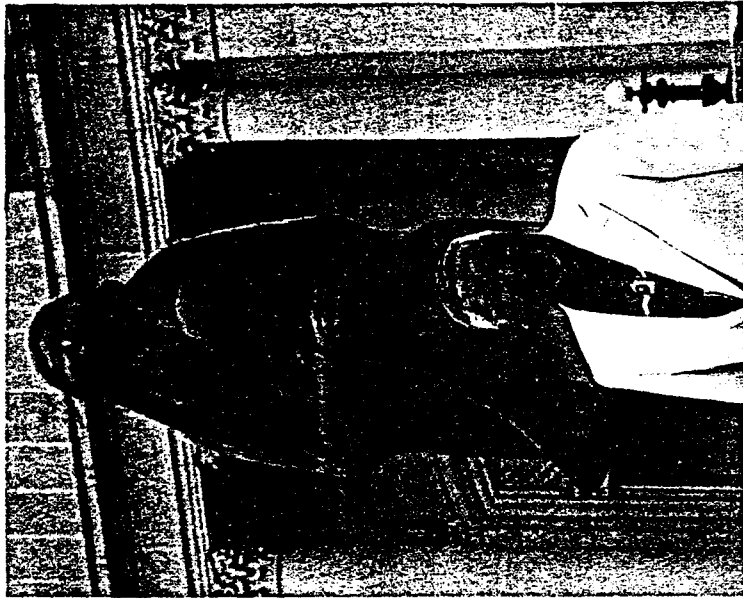
Apache, Oklahoma in

1914. His grandfather

was Mangus Coloradas, an

Apache chief, and

his father



was a prisoner of war at Ft. Sill with Geronimo and was his interpreter.

Houser produces works which represent his Native American heritage and encompass the spirit of the native people.

Included among his many honors are the Palme Academique from the French government and a Guggenheim Fellowship. He has been inducted into the Oklahoma Hall of Fame and was named Oklahoma's first cultural ambassador by the State Arts Council at the 1984 Governor's Arts Awards ceremonies.

His bronze "Offering of the Sacred Pipe," which depicts a Plains chieftain holding a peace pipe toward the sky, is permanently exhibited at the U.S. Mission to the United Nations in New York.

A founding instructor at the Institute of American Indian Arts in Santa Fe, Houser retired in 1976 as head of its sculpture division.

Houser is represented by Glenn Green Galleries, Santa Fe and Scottsdale.



Tribal Leaders joined Governor Henry Bellmon, U.S. Senator David Boren, former Governor George Nigh, Speaker of the House Steve Lewis, State Senator Enoch Kelly Haney, State Senator Penny Williams, Dr. Charles Gourd and Betty Price of the State Arts Council to conduct the indoor rites in the second floor rotunda. Haney served as master of ceremonies and acknowledged the official flags of the tribes based in Oklahoma, announcing plans for an Indian flag plaza to be constructed on the North Oval of the Capitol grounds.

Indian flute players Woodrow Haney and Doc Tate Nevaquaya performed for those in attendance. The posting of the United States flag and the Oklahoma flag was conducted by the Seminole Nation Vietnam Era Veterans Intertribal Association color guard.

The Great American Indian Dancers presented dances representing several tribes. Following the unveiling of the sculpture, the Mandaree Singers, a multi-award winning drum group from New Town, North Dakota, played for the Honor Dance held in the South Plaza.

The name of the statue, "As Long As The Waters Flow," is derived from terminology common to a great many treaties between the United States government and the Indian Nations. The first use of similar terminology was written by representatives of the Jackson administration into several treaties which stated a tribe would own their land "as long as the grass grows and the rivers run."

### COMMEMORATIVE PLAQUE

#### AS LONG AS THE WATERS FLOW

By ALLAN HOUSER (HAOZOUS), CHIRICAHUA APACHE

Born near Apache, Oklahoma, June 30, 1914  
Son of Sam and Florence Houser  
Commissioned for the State Capitol

by the  
State of Oklahoma  
and the

State Arts Council of Oklahoma

Dedicated June 4, 1989

Plaque provided by the National Society of Colonial Dames of America in the State of Oklahoma

This brochure was produced by:  
The State Arts Council of Oklahoma  
Jim Thorpe Building  
Oklahoma City, OK 73105  
405/521-2931

In cooperation with:  
The Oklahoma Tourism and Recreation  
Department

Installation of the statue coordinated by:  
The Office of Public Affairs

*Discover*  
**OKLAHOMA**

For more information about Oklahoma, write  
Oklahoma Tourism, P.O. Box 60000,  
Oklahoma City, OK 73146,  
or call 1-800-652-6552.

# "As Long As The Waters Flow"

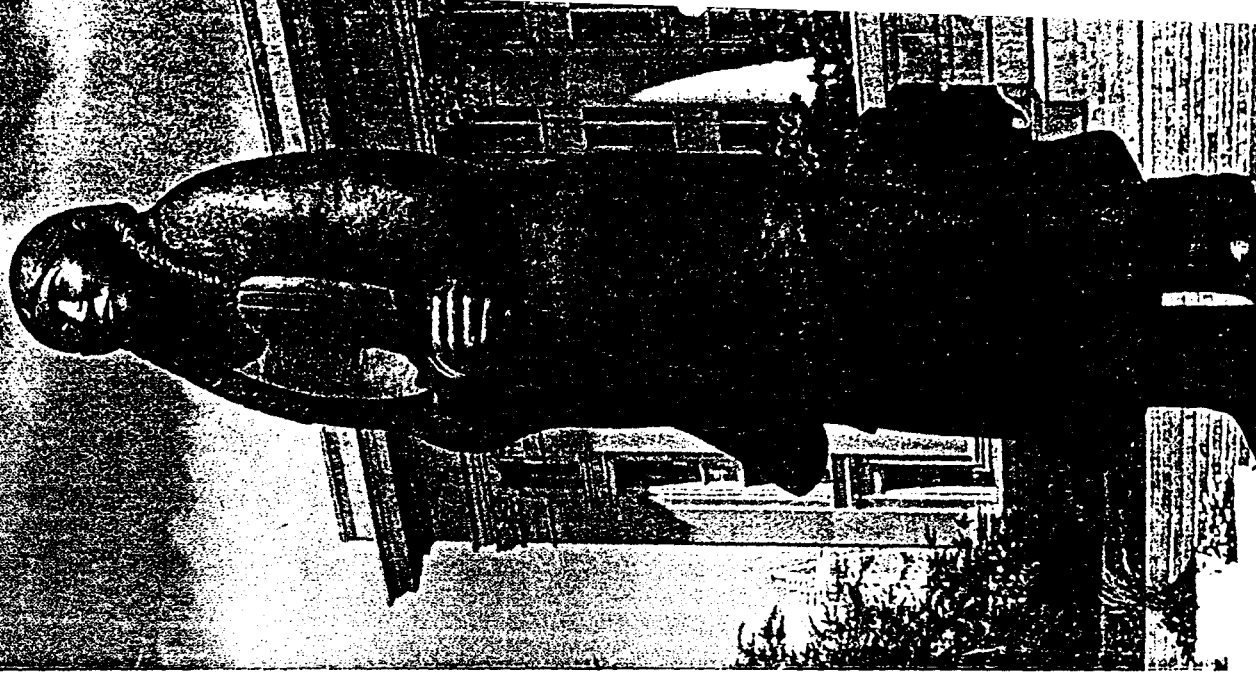




EXHIBIT 38  
DATE 3-19-91  
HB 927  
submitted 3-26

# Helena Indian Alliance

436 North Jackson  
Helena, Montana 59601  
(406) 442-9334

## Testimony Relating to HB 927

We at the Helena Indian Alliance of Helena, Montana urge passage of HB 927 by the senate committee. Our experience indicates that many of our people have had to curtail meaningful training, while receiving General Assistance, because of the six month time limit. An additional three months added to the present limit would go far in allowing people to finish their training. Consequently more people would acquire employment which would have the effect of saving money for the state.

We urge you to vote YES for HB 927.

## HOUSE OF REPRESENTATIVES

## VISITOR'S REGISTER

1065

COMMITTEE

BILL NO.

DATE

3/19/91

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Charles P. Brooks	MT. St. Albans	998		X
CHADWICK SMITH	SHODAIR HOSPITAL	696		X
Bobo, Thomas				
Robert Runkel	OPI	419		X
Jack Casey	Shodair	681 696		X
Robert Runkel	OPI	419		X
James Twitler	MT Chamber	998 996		✓
Christian Mackin	MT St. Albans	122 927	✓	
Robert Isaac	MT St. Albans	43681		X

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## HOUSE OF REPRESENTATIVES

## VISITOR'S REGISTER

2065

Appropriations

COMMITTEE

BILL NO.

DATE

3/19/91

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
David Moss Box B Lima Mt.	Representing	HB 122	✓	
DAL Smith	MMSA	HB 567		✓
Joan F. Goodall, Salem	Self	HB 696		✓
Lenore TAIATOFF	SELF	127		✓
FRANK Newman	Montana AHEC	96		
FRANK Newman	Montana AHEC	662		
Theresa Rossi	HD 99	103		✓
Pat Melby	Yellowstone Treatment Ctr	681 999		✓
Pat Melby	Rivendell	681 999		✓
Kate Cholewa	MT Womens Lobby	937		X
Ken Morrison	Dept of Revenue			
Lenore T. Taitoff	Self	927		X
Larry D. Dandridge	GFP S	669		X

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## HOUSE OF REPRESENTATIVES

## VISITOR'S REGISTER

3 of 5

COMMITTEE

BILL NO.

various

DATE

3-19-91

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Laura S. Williams	GAO	449		X
Janet S. ...	S.A.M.	449		X
JUDITH Gedrose	DHSS PRACTICE Services Bury	376		X
Gail Gray	OPJ	449		X
John De ...	...	...		
Chris ...	MT. Children's ...	...		X
Karen ...	...	369		X
Laurie ...	...	606	X	
HARLEY WARNER	MONITOR ASSOC. OF CHURCH	4628 4622 4652		X
Mrs. G. Ambrose	Mod St Univ	906		X
Kate Cholewa	MT. Women's ...	369		X
LARRY AKEY	MT ASSOC OF LIFE INSURANCE	4628	X	

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## HOUSE OF REPRESENTATIVES

## VISITOR'S REGISTER

4 of 5

Appropriations COMMITTEE BILL NO. \_\_\_\_\_  
 DATE 3-19-91 SPONSOR(S) \_\_\_\_\_

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
<i>[Signature]</i>	<i>Indian Affairs</i>	311		✓
<i>[Signature]</i>	AA R.P.	371		✓
Dione Manning	Family Planning	309		✓
Kate Cholewa	MT Womens Lobby	366		X
Jude Gannon	MT Womens Lobby	311		✓
Kate Cholewa	MT Womens Lobby	728		✓
Kate Cholewa	MT Womens Lobby	876		X
Kathleen McGowan	WDOH	509		X
JOHN ORTWEIN	MT CATHOLIC CONF	128 366 876 927		X
Peggy Blalock	St. Ambroseman Prog.	627 672		X
Cindy Johnson <i>Kenney, 2917</i> <i>Hevich</i>	Catholic Task Ambroseman	627 672		

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HOUSE OF REPRESENTATIVES

505

VISITOR'S REGISTER

APPROPRIATIONS COMMITTEE BILL NO. \_\_\_\_\_  
 DATE 3/19/90 SPONSOR(S) \_\_\_\_\_

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
FRANCIS BELGARD 433 N. JACOBSON HELENA MT.	HELENA INDIAN RESERVE	HB 727		X
Robert Olsen, VP	MT 400 17th 4000	43371		X
Theresa Pedraza	MT 400 17th 4000	HB 728		X
Marvie Dies	Mt. Low Jacobson C	HB 927		X

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 ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.