MINUTES

MONTANA SENATE
52nd LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By Chairman Dorothy Eck, on February 6, 1991, at 3:15 p.m.

ROLL CALL

Members Present:
Dorothy Eck, Chairman (D)
Eve Franklin, Vice Chairman (D)
James Burnett (R)
Thomas Hager (R)
Judy Jacobson (D)
Bob Pipinich (D)
David Rye (R)
Thomas Towe (D)

Members Excused: None

Staff Present: Tom Gomez (Legislative Council)
Christine Mangiantini (Committee Secretary)

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

Announcements/Discussion:

HEARING ON SENATE BILL 172

Presentation and Opening Statement by Sponsor:

The chairman recognized Senator Svrcek who opened his presentation on Senate Bill 172 by reviewing the midwifery issue. Last session the issue was argued before the Legislature and affirmed the legality of direct-entry midwifery in the State of Montana. Because of the Legislative deadline we were unable to establish licensure. In committee testimony and on the floor of the Senate noted that we would be back this session with a licensure bill. He said they had been working on the legislation for nearly two years. He acknowledged differences between some groups regarding the bill and said he will be offering the committee amendments. He thanked the Montana Medical Association and Dr. Nelson who worked to draft the bill.

Proponents' Testimony:

The chairman recognized Representative Ray Peck who said last session he was chief sponsor of the midwifery legislation and Senator Svrcek carried the bill in the Senate. He said that bill established intent and the current bill establishes the specifics of licensure. He said he has five daughters and none would use a midwife but they all support the legislation. They believe as he does that it is the right of every expectant mother to choose how and where her child will be delivered. This bill provides for that principal. He stated his continued support for the right of every woman to make that choice. He applauded the work that has gone on to draft the bill. He asked the committee to remember the spread at which the bill passed last session.

The second witness to testify in favor of SB 172 was Mona Jamison, representing the Montana Midwifery Association. She said she drafted the bill and said she would be available for any questions on the bill. She said the issue before the committee is midwifery with regulation or midwifery without regulation. Last session midwifery was legalized. In developing the bill she had two goals: 1) to achieve the increase of competency and; 2) to make certain the regulations set reasonable standards. She said they are not doctors or nurses and they know what their limits are and know the services they provide based upon the necessary background. She said the Montana Medical Association voiced support for the bill early in the process. She worked with Dr. Nelson and said the bill reflects the needs brought to her by Dr. Nelson. She said they approached the bill differently. She said standards of competency will improve the services to those who choose to use midwifery. She said after she negotiated for two months with Dr. Nelson the Montana Medical Association came out in opposition to the bill. She spoke about a section in the bill regarding the 50 mile radius of the home to a hospital. She briefly spoke about the provisional license requirement. She strongly supports the bill and asked the committee to think of one thing when they hear the amendments and that is of the woman at home who chooses to have her baby in her environment.

The third witness to testify in favor of SB 172 was Dr. Mary Stranahan, a general practicioner from St. Ignatius. She said she was impressed with the degree of concern midwives show to their patients. She said the committee was being asked to pass the bill in order to standardize the requirements for entry. She said she supported the bill because it provides standard skills and knowledge which guarantees a level of competence, it legitimizes the licensing in the existing profession and provides competent, local care.

The fourth witness to testify in favor of SB 172 was Dolly Browder, a midwife practicing in Missoula. She read a letter from Dr. P.J. Hennessey. See Exhibit #1 for a copy of the letter. She summarized the educational section of the bill.

She asked the committee to support the bill as it is written. and said the bill will help to provide safe home birth for all mothers and babies that choose this method in Montana.

The fifth witness to testify in favor of SB 172 was Pamela Rose, a state registered midwife and private pilot. See Exhibit #2 for a copy of her testimony.

The sixth witness to testify in favor of SB 172 was Pamela Shore, See Exhibit #3 for a copy of her testimony.

The seventh witness to testify in favor of SB 172 was Nancy Clark Keener, graduate of University of Michigan with a Bachelor of Science in Nursing. See Exhibit #4 for a copy of her testimony.

The eighth witness to testify in favor of SB 172 was Larry Peterman, graduate of Montana State University with a degree in Nursing. He works as a registered nurse in St. Patricks Hospital. He has a daughter who was born at home. The care provided by his midwife was excellent, intelligent and conservative. He would like midwives to continue to offer their high level of care to the people of Montana.

The ninth witness to testify in favor of SB 172 was Diane Spizziri. She lives in a rural area and chose a midwife for a home birth because she had no other safe alternative. She is in favor of a licensing procedure for midwifery. Her midwife was extremely qualified and delivered two of her children.

The tenth witness to testify in favor of SB 172 was Connie Rubens, she farms and ranches 35 miles north of Great Falls. She had a baby boy born at home. Her husband and she were very impressed by the skill of her midwife.

The eleventh witness to testify in favor of SB 172 was Kim Ronshaugen. She said two and a half years ago she would have never thought of having a child at home. She moved to Florida when she was five months pregnant and used a midwife to assist with delivery. She recently had another child and chose a home birth with a midwife. She said people need to have the choice.

The twelfth witness to testify in favor of SB 172 was Senator Bob Pipinich, he represents District 33. He said he has no doctors who deliver babies in his area. He has a stack of letters that support the bill.

The thirteenth witness to testify in favor of SB 172 was Dr. Van Kirke Nelson, he practices obstetrics in Kalispell. See Exhibit #5 for a copy of his testimony. He said this legislation is not new but was established during the last regular session. He said he does not believe in midwifery but he has seen the action of the legislature and the vote that was 80 to 20 or thereabouts. He said he has to speak for licensure to protect women having children at home.

He said the legislature has stated that there is a choice. The medical association did support licensure but the support is no longer present. He said he has worked with Mona Jamison on the draft of the bill.

Because of time constraints the chairman asked any other proponents to stand and introduce themselves. The following persons spoke in favor of the bill:
Lisa Payne, Christine Bautista, Tammy Smith.

The chairman recognized Senator Hager who said he had spoken with a person from the Martinsdale Colony and indicated their colony was in favor of the bill. He also said they had a meeting with other colonies in the state and they indicated their support for the bill.

Opponents' Testimony:

The first opponent to testify was Peter Burleigh, representing the Montana Medical Association. See Exhibit #6 for a copy of his testimony.

The second opponent to testify was Paulette Kohman, executive director of the Montana Council for Maternal and Child Health. See Exhibit #7 for a copy of her testimony.

The third opponent to testify was R.D. Marks, Family Practicioner from Missoula. See Exhibit #8 for a copy of his testimony. He encouraged the legislature to end this issue once and for all.

The fourth witness to testify in opposition was Marietta Cross, a registered nurse from Missoula. See Exhibit #9 for a copy of her remarks.

The fifth witness to testify in opposition was Mike Stephen, representing the Montana Nurses Association. He said the Association continues to oppose licensure of direct-entry midwives. He said this bill does address licensing and regulation. If it passes it should have strong and direct regulation.

The sixth witness to testify in opposition was Jim Aherns, representing the Montana Hospital Association. See Exhibit #10 for a copy of his testimony.

The following opponents submitted written testimony:
Laura Glover, see Exhibit #11 for a copy of her testimony;
Betty Hildago, see Exhibit #12 for a copy of her testimony;
Mary Hackett, see Exhibit #13 for a copy of her testimony;
Alla Brooks, see Exhibit #14 for a copy of her testimony.

Questions From Committee Members:

The chairman recognized Senator Pipinich who asked Mona Jamison how long she worked on the bill with Dr. Nelson.

Ms. Jamison said from October 1 through the present. She said about four months. She was handed the adverse amendments at the hearing. She said Senator Svocek will offer a number of amendments which they accept and find reasonable.

Senator Pipinich asked about the Montana Medical Association (MMA) first being proponents of the bill then becoming opponents.

Ms. Jamison said she thinks there is internal fighting within the organization on the bill. Some physicians are taking the position of not liking midwifery but wanting it regulated. Others are still opposing it. She said Dr. Nelson testified in support. She said MMA is confused about the bill.

The chairman recognized Senator Hager who asked Mona Jamison about Mr. Marks statement referencing Ms. Jamison as suspect because she wrote the bill. He asked who else assisted with drafting of the bill.

Ms. Jamison said she worked with the Legislative Council, examined other statutes, worked with Eddy McClure. She said she considers this an area of expertise. She said when she worked for another governor where she handled all phases of legislation. She said the bill reflects what must be in a licensing bill under Title 37.

The chairman recognized Senator Towe who asked Mona Jamison about Section 11, Prescription Drugs. He asked for a point of clarification. He also asked about Section 14.

Mona Jamison responded by saying that the intent is, except for those written by a physician on prescription, no other drugs can be administered. She said the sponsor of the bill asked about unbecoming conduct. She said she copied boiler plate on that section.

The chairman recognized Senator Franklin who asked Dolly Browder what her feeling was about lay midwives who would not participate in traditional licensure.

Ms. Browder said she thinks all direct-entry midwives that are practicing in the state will be compelled to be licensed. She said there are some that will be grandmothered in and others who have not attended hundreds of births that are looking to finish that process of application. She said Washington state has an excellent program. They have worked with the non-licensed midwives to bring them into the fold. She said she thinks the non-compliance numbers are very small.

Closing by Sponsor:

The chairman recognized Senator Svrcek for closing remarks. He said with regards to the board, the composition is no different that any other board that licenses practitioners in Montana. All health practicioner boards have a preponderance membership of practitioners. Some remarks centered about mortality. He said the infant mortality rate in the United States is higher than several European nations that have midwifery built into the birth process. The practice of midwifery in Europe has decreased infant mortality, according to many studies. He said the United Nations has found that the practice of midwifery has decreased infant mortality. He said informed consent borders on insulting the mother and father, a choice they are making. The bill does not lower the standard of care from the status quo. Rather the bill establishes a standard of care for lay midwifery that is higher than present law. With regard to the 50-mile limitation, he said there was no way he could support that amendment. He said he represents a rural area, where hospitals are further than 50 miles. He said these people are served by lay mid-wives. He said he appreciates the opportunity to be invited to executive session.

HEARING ON SENATE BILL 168

Presentation and Opening Statement by Sponsor:

The chairman recognized Senator Steve Doherty who said his bill will specifically allow cloth diapers in daycare centers in Montana. This will not mandate the use of cloth diapers, simply remove the prohibition. The compelling reasons for doing this include his brother who has a child, they would like to continue to use cloth diapers in a daycare facility. He said this bill will reduce discrimination, is pro-child care because cloth diapers are cheaper, is pro-environment and proponents will testify in accordance. He said the bill is also pro-business because the cloth diaper business is needed in Montana. Other states such as Oregon, Washington, Vermont and Maine have established similar laws. In Missoula there is a limited waiver to allow cloth diapers.

Proponents' Testimony:

The chairman called upon the first witness to testify in favor of SB 168. Linda Lee, representing the Montana Audubon Legislative Fund. See Exhibit # 14 for a copy of her remarks.

The second witness to testify in favor was Caroline Brinkley a physician with the Missoula County Health department and a mother with two children. See Exhibit #15 for a copy of her testimony. Many disposable diapers are sources of park and highway litter. Cloth diapers are used about 200 times before being retired as lint free rags.

Many groups feel cloth diapers cause less diaper rash. Babies in cotton diapers are easier to toilet train, they know when they are wet and have an inducement to use the commode. Many young families cannot afford expensive disposable diapers. Some Montana hospitals are switching to cloth diapers. Last year 20 states submitted legislation influencing the use of disposable diapers. She urged passage of the bill.

The third witness to testify in favor was Jon Wade, owner and operator of a diaper service in Missoula. See Exhibit #16 for a copy of his remarks.

The fourth witness to testify in favor was Christine Kaufmann, representing the Montana Environmental Center. In 1990 a Gallop poll was done that indicated 25 percent of the users of disposable diapers were willing to switch in order to protect the environment. There should not be any rules in the way that prevent people from switching to cloth diapers. She urged passage.

The fifth witness to testify in favor was Neva Hassanein, representing the Northern Plains Resource Council. She said the organization strongly supports the bill. Over 18 tons of disposable diapers enter landfills every year and this bill is one step to move away from that. She urged passage.

The sixth witness to testify was Kari Lind, a resident of Missoula county. According to an Environmental Protection Study by 1992 approximately 170 Montana landfills will close within five years. Rural dumps have been forced to close for non-compliance with federal regulations. She encourages the use of non-disposable diapers, they save landfill space, cuts down on litter, keeps human waste out of the garbage, saves trees and petrochemical supplies. She supports the bill.

The seventh witness to testify was Lisa Payne, representing the Montana Women's Lobby. She urged passage.

Opponents' Testimony:

The chairman recognized Judith Gedrose, representing the Montana Department of Health. See Exhibit #17 for a copy of her remarks.

Questions From Committee Members:

The chairman recognized Senator Franklin who asked Dr. Brinkley about the spread of infectious diseases.

Dr. Brinkley said she had read a number of studies. She said she had a signed statement from every physician in Missoula that cares for children. Those physicians do not feel the studies or suggestions of increased infectious disease transmission are significant.

She said hand-washing and proper hygiene controls cross contamination. Intestinal disorders are a reason for children not to be in the daycare center in the first place. That is state law.

The chairman recognized Senator Pipinich who asked Judy Gedrose about people not having the proper facilities to rinse out their diapers or proper disposal of the solid waste.

Ms. Gedrose said the administrative rules that are proposed to be amended apply to licensed daycare centers. We are not discussing individual households or family daycare facilities.

Senator Pipinich commented about daycare facilities that rinse the diapers out in the sink. If the education to the people is lacking the daycare is in trouble.

The chairman recognized Senator Hager who asked about the waiver to allow cloth diapers in Missoula.

Dr. Brinkley responded that the waiver was granted within 24 hours and was requested sometime last spring.

Senator Hager asked Judith Gedrose about infectious disease problems in Missoula.

Ms. Gedrose said she would have to review the records to respond appropriately.

Senator Hager commented about the testimony given by Ms. Gedrose regarding studies in Texas and Georgia.

Ms. Gedrose said she would have to give the committee the information at a later date.

The chairman recognized Dr. Brinkley who responded that she had researched infectious diseases for a year and a half and had communicated with persons in Washington and Oregon. She said to their knowledge there has been no transmission of infectious diseases that has been related to the use of cloth diapers.

<u>Closing by Sponsor:</u>

The chairman recognized Senator Doherty who thanked the committee for their indulgence. He emphasized the letter from the primary care physicians in Missoula, that the experience in other states should provide a comfort level and lastly, that this issue needs to be addressed. If there are institutional impediments to certain behaviors and we remove those impediments we are fostering people to move in good ways. He thanked the committee for a good hearing.

ADJOURNMENT

Adjournment At: 5:20 p.m.

SENATOR DOROTHY ECK, Chairman

CHRISTINE MANGIANTINI, Secretary

DE/cm

ROLL CALL

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

Date 02/06/91

NAME	PRESENT	ABSENT	EXCUSED
SENATOR BURNETT	X		
SENATOR FRANKLIN	X		
SENATOR HAGER	X		
SENATOR JACOBSON	X		
SENATOR PIPINICH	X		
SENATOR RYE	X		
SENATOR TOWE	X		
SENATOR ECK	X		

Each day attach to minutes.

Ex. 1a
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6th day of February, 1991.

Name: Mona Jamison

Address: 610 Touchstone Ct. - Power Block, 42
Helena, MT
Helena

Telephone Number: 442-5581

Representing whom?

Montana Midwifery Association

Appearing on which proposal?

SB 172

Do you: Support? ✓ Amend?____ Oppose?____

Comments:

Support ~~maternal~~ neonatal
+ non-punitive regulation
of direct-entry midwifery.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Ex. 16
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of February, 1991.

Name: Mary Strahahan

Address: Start, Box 90
Dixon, Mt.

Telephone Number: 246-3510

Representing whom?

Self

Appearing on which proposal?

Senate bill 172

Do you: Support? ✓ Amend?____ Oppose?____

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit #1
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6th day of February, 1991.

Name: Dolly Browder

Address: 200 Woodworth
Missoula, MT 59801

Telephone Number: (406) 543-6826

Representing whom?

Montana Midwifery Association

Appearing on which proposal?

SB 172

Do you: Support? X Amend?____ Oppose?____

Comments:

MMA supports the bill as written
& license direct entry midwives.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 1
DATE 2-6-91
BILL NO. SB 172

p.j. hennessy, m.d.
243 NORTH AVE. EAST
MISSOULA, MT 59801
(406) 721-8849

Testimony for SB 172: Direct Entry Midwifery Licensing
Senate Public Health Committee
6 February 1991

I am a physician with a special interest in the health of women and children and I have a Master's in Public Health.

As the Committee is well aware, the loss of obstetric providers and the closing of many rural hospitals has reached crisis proportions in some Montana counties. This situation has set the scene for a potential public health nightmare; that some women may be forced to deliver babies without a birth attendant.

Midwifery in Montana has stepped in where physicians malpractice liability has made them fear to tread. Midwives are helping Montana women have safe births

Currently those who have been called to serve as midwives undertake a self imposed educational regimen. SB 172 will serve to strenghthen the performance of those already attending births. It will also provide the means to continue the learning process through a rigorous standardized format.

This piece of legislation will provide for the health and safety of Montana's future citizens and their mothers. I strongly urge you to support it!

PJ Hennessy M.D.

Exhibit # 2
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of FEB., 1991.

Name: PAMELA ROSE SRM/EMT

Address: MOUNTAIN FAMILY CENTER BOX 10
GERALDINE, MT 59446

Telephone Number: 406 737 4519

Representing whom?
MONTANA MIDWIFERY ASSOCIATION

Appearing on which proposal?
SB172

Do you: Support? ✓ Amend?____ Oppose?____

Comments:
THE RURAL AREAS OF MT ARE IN AN OBSTETRICAL CRISIS, MIDWIFERY HELPS TO FILL THE GAP IN BIRTH SERVICES FOR PEOPLE IN THESE AREAS.

I HAVE BEEN IN THE PRACTICE OF MIDWIFERY SINCE 1979 AND SERVE 150 MILE RADIUS OF RURAL AG. MT. THE 50 MILE LIMIT IS NOT PRACTICAL IN MT WHERE SOME MUST TRAVEL 100 M TO SHOP. PLEASE THE 50 MILE LIMIT TO THE NEW HAMPSHIRE MIDWIVES THAT IT WAS ORIGINALLY ADOPTED FOR. LICENSING MIDWIFERY WILL ASSURE CONSUMERS HIGH SKILL + QUALITY BIRTH SERVICES.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Pam Rose

Pamela Rose
Mountain Family Center
P.O. Box 10
Geraldine, MT 59446

SENATE HEALTH & WELFARE
EXHIBIT NO. 2
DATE 2-6-91
BILL NO. SB 172.

EXPOSITORY:

Quality prenatal care is the core of my practice.

90% of my patients live in remote rural ag communities located in the sparsely populated regions of north central and north eastern Montana.

Before Midwifery Services prenatal care for these people meant many miles of travel and expense....for a very brief visit with thier physician.

For these people childbirth education classes are not a practicality because of the distances that must be traveled to attend them.

Summerfallowing, seeding, harvest, haying and calving are priorities that cannot be neglected and the financial rewards for thier labor is slim in contrast to the expense. Most of the people that I serve are not in the financial position to purchase Medical Insurance and yet they are not destitute requiring welfare and receiving medical coverage from the government.

I bring prenatal care, childbirth education, homebirth services and postpartum care to thier homes, at thier convenience, for an affordable fee. I screen and refer those who need specialized care to the appropriate physicians.

I live and work in the portion of the state that cannot seem to entice Physicians to live and practice in our small economically depressed rural communities. Our small community hospitals that in the past provided Birth Services have one by one closed thier doors to laboring women.

The Licensing of the Special Skills and Training riquired for the Art and Practice of Midwifery will assure the people obtaining these services of the high quality of thier care.

Thank You!

SB DO NOT LIMIT THE MILES THAT A MIDWIFE MAY SERVE. MT'S RURAL AG COMMUNITIES WOULD BE DEPRIVED OF BIRTH SERVICES. BY LIMITING MIDWIVES TO 50 MILES, MANY COMMUNITIES MUST TRAVEL 100 TO LARGER COMMUNITIES. A FEW HAMPSHIRE MIDWIVES ARE WHO THIS LIMITATION

Exhibit #3
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6th day of February, 1991.

Name: Pamela Shore RN JD

Address: 920 Evans, Missoula, MT 59801

Telephone Number: (406) 721-1391 or (406) 728-0566 work number

Representing whom?

self

Appearing on which proposal?

SB 172

Do you: Support? X Amend?_____ Oppose?_____

Comments:

(1) I am a nurse-attorney. I have had 2 homebirths Attended by a midwife. They were safe and the first child was born in a rural setting.

(2) As an attorney I support the states effort to assure continuing safety for home birth mothers. SB 172 is a well thought out conglomeration of other states efforts to regulate Midwifery.

(3) Rural areas are underserved by our MD population. Midwifery can and does help bridge this gap by providing low cost, safe assistance to those who birth at home.

(4) SB 172 is a safe and cost effective way to deliver quality services across MT

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit 3 is the original newspaper article that is photocopied as Exhibit 4. The original is stored at the Montana Historical Society, 225 North Roberts, Helena, MT 59601. (Phone 406-444-4775)

Exhibit # 4
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6th day of February, 1991.

Name: Nancy Clark Keener

Address: 911 Rimini Missoula 59801

Telephone Number: 7214901

Representing whom?

MT. Midwifery Assoc.

Appearing on which proposal?

SB. #172

Do you: Support? ✓ Amend?_____ Oppose?_____

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Missoulian
MONDAY
February 4, 1991

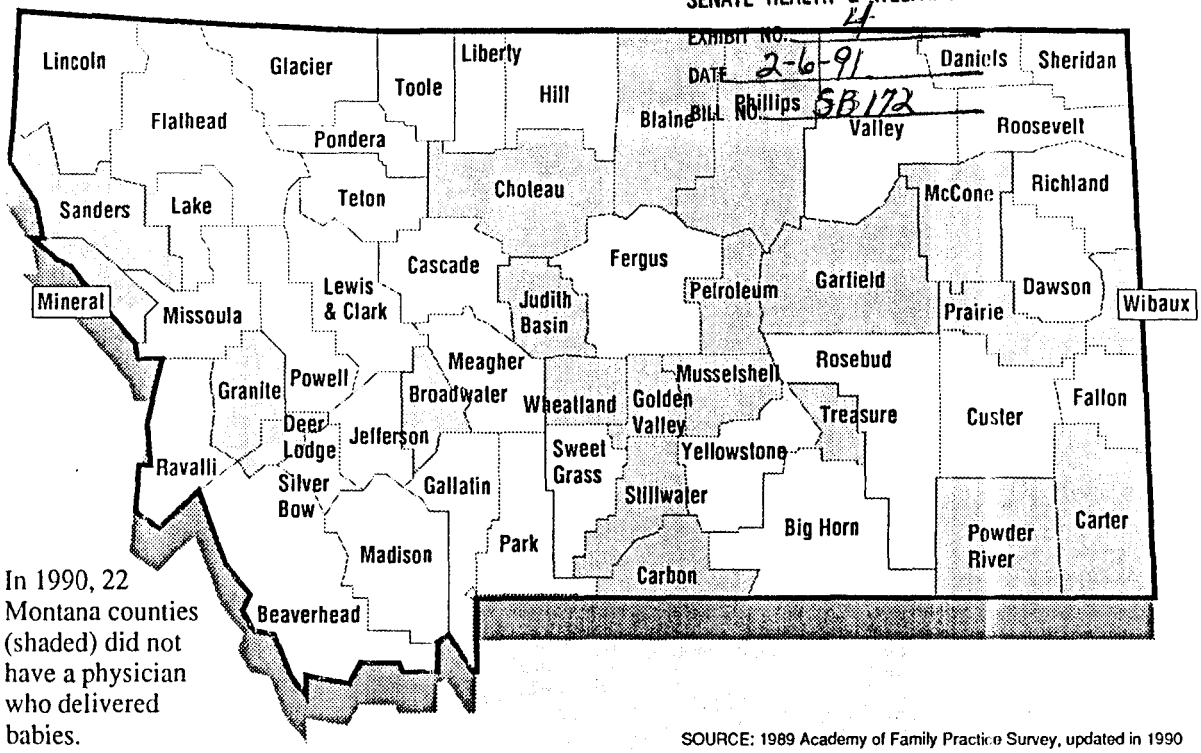
FAMILIES B-1

People in education.....B-2

#6.

Montana counties without physicians who deliver babies

SENATE HEALTH & WELFARE
EXHIBIT NO. 4
DATE 2-6-91
BILL NO. SB 172



In 1990, 22 Montana counties (shaded) did not have a physician who delivered babies.

SOURCE: 1989 Academy of Family Practice Survey, updated in 1990

Delivering babes in the woods

State ponders problems of rural perinatal care

By BILL LOMBARDI
Missoulian State Bureau

HELENA — In 1990, a governor's health-care advisory panel identified 22 Montana counties without physicians who deliver babies.

"Because of the declining number of physicians in Montana in the past decade, our ability to provide adequate perinatal care to women and infants in rural areas has significantly eroded," says the panel's report on Health Care for Montanans.

High malpractice insurance premiums and inadequate Medicaid reimbursement rates paid to obstetricians and pediatricians have sparked a crisis of sorts in rural as well as urban areas. Poor women, especially, are being denied equal access to appropriate prenatal, delivery and postpartum health services, say lawmakers and health officials.

"The trauma is obvious," says Sen. Mike Halligan, D-Missoula.

He is sponsoring a bill that would give rural and urban baby doctors a state income tax credit to encourage them to keep delivering services to Medicaid recipients.

The price tag: $897,000 a year.

"The cost of this obviously is a lot," Halligan recently told the Senate Taxation Committee. "I'm not so sure we can afford that."

Meanwhile, taxpayers, for instance, are being asked to help pick up the costs associated with low-birthweight infants of Medicaid recipients because their mothers may not have received prenatal care and advice, officials and physicians say.

In fiscal 1988, 129 infants cost $4.2 million in Medicaid funding for delivery and the first year of care. Most were low-birthweight infants. Their cost was 51 percent of the total $8.3 million spent, though they represented only 4 percent of the 3,248 Medicaid deliveries, according to the state.

In fiscal 1989, the state recorded 2,571 Medicaid deliveries, or 22.5 percent of the state's average 11,412 deliveries per year.

The Stephens administration has proposed an ambitious health-care package for the 1991 Legislature, which, among other things, calls for increasing Medicaid reimbursement rates for obstetrical procedures to 90 percent of the average customary charge.

The Medicaid reimbursement for a delivery now is $755, compared with an average charge of $1,369. Some doctors complain the current rate doesn't even cover their overhead costs, much less the services they render.

"They're losing money on every delivery with the rate structure we have," says Nancy Ellery, chief of the state Medicaid Services Division.

The governor's "Kids Count" proposal, which requests $3.3 million from the state general fund, also calls for increasing Medicaid reimbursement rates to pediatricians to 80 percent of the average customary charge.

The federal Health Care Financing Administration has not yet approved Montana's Medicaid program for obstetrical and pediatric payments. Disapproval could jeopardize federal financial participation in the program and worsen an already critical situation, state officials note.

Federal regulations require the state to pay reasonable and adequate reimbursement rates that ensure Medicaid recipients can get access that is available to the general population.

"This is an equal access issue," Ellery says.

Since 1986 state officials have watched almost helplessly as 30 percent of the physicians who previously delivered babies dropped that service because of insurance and reimbursement problems, she notes.

Meanwhile, more low-income Montanans are becoming eligible for Medicaid benefits but can't find health-care services, Ellery says.

Some pregnant women, notes Dick Brown of the Montana Hospital Association, must drive 100 miles or more to obtain services.

While the Montana Medical Association and Montana Hospital Association support Halligan's tax measure aimed at encouraging physicians to help poor women and infants, they would rather see Medicaid reimbursement rates jacked up.

"The problem's getting worse each session," says Jerry Loendorf, a lobbyist for the Montana Medical Association.

OVER →

A DOCTOR'S STORY

90-hour week is the norm

By BILL LOMBARDI
Missoulian State Bureau

HELENA — Dr. Jim Ashcraft of Sidney is swamped with work.

A family physician in extreme eastern Montana, he is the only doctor who delivers babies in a 50-mile radius. Sidney's only obstetrician was called up to serve in the Persian Gulf war.

"I'm the guy that's delivering babies," Ashcraft says, noting he's putting in a 90-hour work week to maintain his practice.

Although Medicaid reimburses only about half the costs for each delivery, he says he hasn't turned away pregnant women or decided to stop helping the poor.

Some low-income patients who don't qualify for government medical benefits and can't afford to pay him have turned to barter, paying Ashcraft in-kind with hams, chickens and firewood.

"The amount that Medicaid pays doesn't pay my overhead," Ashcraft says. "It's just that simple. I would be better off not to deliver them. But I'm out here in the middle of nowhere; so where do they go?"

He says he can feel the pinch of high malpractice insurance premiums for delivering babies and low state Medicaid reimbursement rates. To help pay for losses, the medical profession generally transfers the costs to private insurers, Ashcraft notes. That generally helps drive up health-care costs, officials have noted.

"If I didn't do obstetrics, my premium would be $7,000 a year," Ashcraft notes. In 1989, his malpractice insurance premium was about $21,000 because he delivered babies.

Ashcraft, who last year served on Gov. Stan Stephens' Health Care Services Availability Advisory Council, says lawmakers in previous sessions failed to deliver a prescription to the state's health-care problems.

He says he supports "in concept" the Stephens administration's plans to boost Medicaid reimbursement rates and a proposal to provide prenatal care to mothers to cut the number of at-risk infants and associated societal costs.

"Pay me what it costs," he says flatly. "If I want to cut back, I would tell Medicaid to go take a hike. But I'm also an optimist and think we will find a way. You've got to pay up front or you pay more later."

State officials must help stanch the flow of physicians fleeing the delivery room and those refusing to give care to the poor, Ashcraft adds.

"We're not going to get the people back who stopped," he says. "I know I can't last forever. I just don't have any more time. My wife would like to see me home some days.

"If our (obstetrician) doesn't come back, I'll probably deliver 150 babies," Ashcraft says. "That's a large number in Montana. The average family physician delivers about 30."

Exhibit # 4a
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 2/6/91 day of FEB, 1991.

Name: LARRY PETERMAN

Address: 2136 COLLINS LANE

Telephone Number: 728-2643

Representing whom?

SELF

Appearing on which proposal?

SB172

Do you: Support? X Amend?_____ Oppose?_____

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit # 46
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6th day of February, 1991.

Name: Diane Spizzirri

Address: HCR 81, Box 9

Shawmut, MT 59078

Telephone Number: 632-4229

Representing whom?

self

Appearing on which proposal?

SB 172

Do you: Support? ✓ Amend?____ Oppose?____

Comments:

My husband & I live 1½hrs away from the nearest hospital which delivers babies. My extremely short labor/delivery time made it necessary to have a homebirth with a midwife in attendence. There were no licensing regulations to rely on to help us make a wise choice so I had to do a great deal of research. Fortunately I was qualified to make this choice because of my B.S. in Zoology in developmental biology & reproductive physiology. Others may not be as qualified to make that choice. Our midwife was extremely professional & competent. The care I received was excellent. Licensing is necessary to assure everyone can choose a qualified midwife. It will also provide the respect & credit due to these midwives who have always maintained the highest standards. Thank you.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit # 4c
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of Feb, 1991.

Name: Connie Rubens

Address: RR, Box 41
Carter MT 59420

Telephone Number: 452-8021

Representing whom?

~~Montana Midwives~~ self

Appearing on which proposal?

SB-172,

Do you: Support? X Amend?_____ Oppose?_____

Comments:

My baby was birthed through a midwife. It was a homebirth and all went well. My midwife was very skilled. She came regularly for prenatal care and a couple times after the birth. My husband and I would recommend to anyone expecting a baby to try a midwife. If we decide to have another baby, we would have a midwife again. We choosed a midwife because we wanted a natural birth and it was affordable. I, and my baby, recieved expert and personal care through a midwife.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit # 4a
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6th day of Feb, 1991.

Name: Kim Ronshaugen

Address: 318 14th St S

Great Falls MT

Telephone Number: 452 2570

Representing whom?

self

Appearing on which proposal?

SB 172 MT Midwifes

Do you: Support? ✓ Amend? _____ Oppose? _____

Comments:

fell thru cracks in FL 5 mos preg - Dr wouldnt give care
Good quality care w/ midwives Real Need.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit # 5
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of February, 1991.

Name: IAN KIRK NELSON M.D.

Address: 210 SUNNYVIEW LANE
KALISPELL, MONTANA

Telephone Number: (406) 752-5260

Representing whom?

IAN KIRK NELSON

Appearing on which proposal?

SB 172

Do you: Support? ✓ Amend? ____ Oppose? ____

Comments:

support licensure by midwifery

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

PROPOSED AMENDMENTDS SB 172 LAY MIDWIFERY PRESENTED BY VAN KIRKE NELSON, M.D. TO PUBLIC HEALTH, WELFATE AND SAFETY

Dorothy Eck, Chairman
Eve Franklin, Vice Chairman
Jim Burnett
Tom Hager
Judy Jacobson
Bob Pipinich
David Rye
Tom Towe

SENATE HEALTH & WELFARE
EXHIBIT NO. 5
DATE 2-6-91
BILL NO. SB 172

Exhibit 5 also contains a proposed ordinance on lay midwifery for the city of El Paso. The original is stored at the Montana Historical Society, 225 North Roberts, Helena, MT 59601. (Phone 406-444-4775)

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

Under statement of intent to review regulations promulgated by the State of New Hampshire, New Mexico and El Paso, Texas.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

New section section 3 Definitions - Direct entry midwife - a lay person provider.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

New section section 4 attends or assists a woman during pregnancy, labor, natural childbirth or the post partum period where no risk providers have been identified.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

New section section board composition change to two lay midwifes, two physicians, (an obstetrician, and pediatrician) one certified nurse midwife and a member of the public

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

New section - section 7 does not constitute training or supervision by the hospital and shall not be a requirement for a Montana hospital to provide.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

New section section 9 the provisional license is valid only after verification of deliveries attended and verification of passing grade on examination.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

New section section 9 an apprentice direct entry midwife license is valid for only one year and must be renewed annually with a limit of three renewals.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB172

New section Section 10

4. An applicant who fails to achieve a passing exam will not engage in the practice of midwifery.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

New section section 11 administration prescription drugs prohibited. Delete Xylocaine.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

New section 17

(6) as may otherwise be required by law. Law should state that in addition to filing of birth certificates with the DHES that any adverse outcomes, hospital or physician referrals be mandatorily reported to the DHES.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

New section section 18

(2) Informed consent <u>will</u> be evidenced by a written statement.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

New section section 18

(e) whether the midwifery services provided are located more than fifty miles from the nearest hospital <u>with cesearan section capability</u>.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

New section section 20

(2) screening for hepatitis B, serology, rubella and Rh

(7) Rh screening of infant if Rh negative mother and if rhogam indicated referral for same.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

The practice of direct entry midwifery will not be practiced in areas greater than fifty miles from a hospital with cesearean section capability.

Reason for above: to allow direct entry midwifer anywhere is totally out of the question. In convention medicine, convention obstetrics, if someone goes into the labor they proceed immediately to the source of their care qwith labor and delivery accomplished in that facility equipped to do whatever is necessary for a healthy mother and a healthy infant. What of the lay midwife who provides care in a rural, remote area over several hours even greater than twenty-four hours, and then something happens - what chance does the mother or infant have if reasonably ready access to care by a medical provider and hospital are not available.

THe majority of those providiong lay midwifery are inurban areas. For the one or two providers of lay midwifery services that may be effected is it worth the risk to the mothers and infants to whom they provide care because they choose to provide it in a remote area.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

If in any three years of a five year period the neonatal mortality rates for lay midwife directed or attended deliveries exceeds by 50% the infant neonatal mortality of infants delivered in Montana hospitals, or if the total neonatal mortality rate at the end of five years for lay midwife directed or attended deliveries exceeds by 50% that of the neonatal mortality rate in Montana hospitals, the licensing of midwifery in Montana will sunset and the practice declared illegal.

Van Kirke Nelson, M.D.

Exhibit # 5
2-6-91 SB 172

Proposed amendment SB 172

A Montana county, through its health department, can strengthen rules and regulations promolgated by state midwifery licensing board so long as any changes in requirements or regulations meet the minimums established by state law and the licensing board.

Van Kirke Nelson, M.D.

Exhibit # 6
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 4 day of Feb, 1991.

Name: Peter Burleigh

Address: Great Falls Clinic PO Box 5012
Great Falls MT 59403

Telephone Number: 454 2171

Representing whom?
MMA - Self

Appearing on which proposal?
Midwife SB 172

Do you: Support?____ Amend?____ Oppose? X

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Dr Burleigh

Dr. Burlaimurlais

SENATE HEALTH & WELFARE
EXHIBIT NO. 4
DATE 2-6-91
BILL NO. SB 172

OBSTETRICAL MORTALITY IMPROVEMENT

U.S. STATISTICS

1915

50% of deliveries by midwives
<25% in hospitals

Maternal mortality - 780/100,000
Perinatal mortality - 124/1,000

1940

60% in hospitals
Obstetrical specialists in larger cities

Maternal mortality - 380/100,000
Perinatal mortality - 50/1,000

1970

95% in hospitals
Most deliveries by obstetricians
Pediatricians care for high-risk newborn

Maternal mortality - 21/100,000
Perinatal mortality - 29/1,000

1985

99% in hospitals
Intensive prenatal care & neonatal nurseries

Maternal mortality - 7/100,000
Perinatal mortality - 15/100,000

Exhibit #69
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of Feb., 1991.

Name: Lisa Payne

Address: PO Box 1099
Helena, MT 59624

Telephone Number: 449-7917

Representing whom?
MT Women's Lobby

Appearing on which proposal?
SB 168 & SB 172

Do you: Support? X Amend?____ Oppose?____

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit # 7
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of February, 1991.

Name: Paulette Kohman

Address: 2030 11th Ave Suite 10
Helena MT 59601

Telephone Number: _____

Representing whom?
Mt Council for Mat & Child Health

Appearing on which proposal?
SB 172

Do you: Support? ____ Amend? X Oppose? X

Comments:
All written testimony

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 7
DATE 2-6-91
BILL NO. SB 172

Montana Council for Maternal and Child Health

The Voice of the Next Generation
in Montana's State Capitol

2030 11th Ave., Suite 10 Helena, MT 59601 (406) 443-1674

TESTIMONY FOR THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
OPPOSING SB 172, LICENSURE OF MIDWIVES
Date: February 6, 1991

The Montana Council for Maternal and Child Health, a non-profit public policy research, education, and advocacy organization, has studied the implications of SB 172 on maternal and child health in Montana, and opposes its passage. Our conclusions are based on historical data on home births, current trends in access to health care, and considerations of public policy. While the bill may be improved with substantial amendment, in its current form SB 172 actually endangers the health of pregnant women and unborn children in Montana, particularly in medically underserved rural areas. We urge the committee to reject this bill, and consider instead other means to improve both the quality and availability of prenatal care and childbirth services for pregnant women and their families in Montana.

HISTORICAL ROLE OF LAY MIDWIVES IN MONTANA:

Our great grandparents had no choice about where to give birth. The home was the only location available. Many travelled long distances to give birth in a relative or friend's home where a doctor was nearby, and most would have given their eyeteeth to deliver in a modern hospital. The romance of home delivery is clouded by the fact that many of its practitioners ended up in lonely homestead graves, side by side with their babies.

Since hospital maternity care became routinely available, statistics from the state Bureau of Vital Statistics show that the number of out-of-hospital births has not been large. In 1954, the first year for which statistics on hospital vs out-of-hospital births are available, .6% of births were midwife-assisted. This percentage did not change substantially until the 1970's, when the number of out-of-hospital, non-physician assisted births slowly began to increase.

As these vital statistics show, the fetal, infant, and maternal death rates have dropped significantly since 1915, but seem to have reached a minimum in the late 1980s. We notice an increase in 1989 infant death rates to the highest level since 1980. Whether this is related to an increase in out-of-hospital births, reflected in the steady percentage increase in out-of-hospital births, is unclear. It may just be a statistical blip which will be corrected when the 1990 figures are computed. We do know that, nationwide, the best preventive measure to decrease infant mortality is prenatal care, given by a physician or certified nurse-midwife.

YEAR	TOTAL BIRTHS	% MID-WIFE	FETAL DTH /1000	INF. DTH /1000	MAT. DTH /100,000
1915	11,132			73.3	817
1920	11,862			72.7	876
1925	10,302		33.3	70.5	805.7
1930	10,004		28.6	56.9	669.7
1935	10,029		23.1	60.0	518.5
1940	11,468		18.8	46.0	340.1
1945	10,601		17.4	34.2	160.4
1950	15,592		14.9	28.3	128.3
1955	17,454	0.6	12.7	24.8	28.6
1960	17,448	0.5	10.9	24.9	28.7
1965	13,641	0.6	13.0	24.8	14.7
1970	12,622	0.4	11.1	21.5	23.8
1975	12,070	0.5	9.3	15.5	24.9
1980	14,208	1.1	7.3	12.4	14.1
1985	13,497	1.7	7.1	10.3	0
1986	12,728	1.7	7.5	9.6	15.7
1987	12,239	1.9	7.8	9.8	0
1988	11,682	2.1	7.9	8.6	8.6
1989	11,667	2.4	7.5	11.3	0

Clearly, maternity care in Montana is affected by several limitations. Some 20% of Montanans are uninsured, health care costs and health insurance premiums have risen, and many rural areas have lost obstetrical services over the past decade. The war in the Gulf now promises to drain our remaining supply of health care workers, aggravating the shortage.

But the licensing of lay midwives as providers of primary care for pregnant women is not a solution. The solution is to develop opportunities and training programs for certified nurse-midwives and other established and professionally qualified practitioners. Certified nurse-midwives in Montana provide some of the best maternity care in the state. The Elizabeth Seton Clinic in Billings has had to turn away women who are seeking exactly what the clients of lay midwives want: a human touch, an educational approach, and a minimum of intrusive machinery. They are trained to the Masters degree level, and they work within the existing health care delivery system to insure that emergency care and high-tech interventions are available when the need arises.

Specific issues with SB 172:

I. Board composition:

A lay midwife, no matter how earnest is her pursuit of excellent care, clearly does not have the depth of training and experience to deal adequately with some complications of the normal birth process. And to practice in the home, many miles from hospital care, only multiplies the problem. The world's greatest obstetrician would be helpless to save the life of a mother or baby in many instances without the steel and chrome appliances and electronic gadgetry of a hospital. To aggravate the situation, the proponents of SB 172, rather than tapping the resources of trained obstetricians and certified nurse-midwives, have consciously and vigorously opposed including them in full partnership on their licensing board.

One result of this distancing from the medical community is that SB 172 has become a medical text. It is an earnest effort to have the legislature make all the critical decisions. The purpose of creating a licensing board is to delegate this responsibility to a competent group. But if the proposed licensing board is not competent to direct and regulate the practice of lay midwifery, how can the legislature -- ranchers, teachers, lawyers, citizens who gather together only five times in a decade? Are the midwives to return to the legislature each session to update the law and include new diagnostic tests, new recommendations, new standards of care? What if they don't? SB 172 will become a dinosaur, and women will be ill-served under obsolete rules.

We propose that the lay midwifery board should include persons who have the expertise to make detailed medical regulations, and that process of rulemaking be left to them. **Our suggestion is that the board include an obstetrician, a pediatrician, and a certified nurse-midwife.** All of these, by training and experience, have extensive knowledge of the medical aspects of childbirth and can provide the necessary guidance to the lay midwives.

II. Education Provisions:

The education portion of the bill does not specify the nature of the education required for licensure. The content which is specified may be covered in any thing from a weekend seminar to a three-year curriculum of study, such as is required in Washington state.

We suggest the law require a minimum number of semester hours of study, at an institution which has met some form of accreditation for the preparation of lay midwives for practice.

III Informed Consent:

We propose two amendments to improve the informed consent described in Section 18 of the bill. The first is to specify that the informed consent contain, on page 15, line 3, the following language:

"(a) a description of the risks of home birth, primarily those conditions which can arise during delivery and may endanger the mother or the child without the immediate availability of hospital services."

The bill does not require this and we feel that it is the essence of informed consent to acknowledge the risks of the choice involved.

The second is to specify that the parents (including the father if he is involved in the decision-making) of the unborn child acknowledge the risks to the child of home birth and distance from medical care, and their acceptance of that risk on his or her behalf. The amendment would be to Section 18, page 14, line 21, inserting after the word "woman" the following language: "and from the mother and father (if he is participating in the decision-making) of the unborn child, acknowledging their acceptance of risk on behalf of the child."

III. Confidentiality:

We propose an amendment to the confidentiality provisions of the bill (Section 17, page 14, line 17, to add an exception, "(6) when the lay midwife client is seeking emergency medical treatment and history is requested by the attending medical professional.

(67)"

This would mean that a midwife could not withhold information in an emergency room admission, for example.

Exhibit # 7
2-6-91 SB 172

IV. Mandatory referral for prenatal care:

We propose an amendment to section 21, page 16, lines 22-24, to state that a licensed lay midwife "~~is encouraged to advise~~ shall recommend that all women accepted for midwifery care consult with a physician at least twice during the pregnancy." The proposed bill merely "encourages" the midwife to recommend this. This amendment would make section 21 consistent with the provisions of section 21, requiring a lay midwife to recommend various screening tests.

SUMMARY:

The Montana Council for Maternal and Child Health supports any reasonable approach to providing prenatal care and maternity services to Montana's pregnant women. We recognize that some mothers and fathers may choose to avoid hospital birth, and we support measures to make home birth safer. We do not, however, support licensure of lay midwives to provide medical care, encouraging women to give birth in isolation from trained medical staff and technological intervention, without adequate prenatal care. No lay practitioner can substitute for trained health care workers.

Respectfully Submitted,

Paulette Kohman

Paulette Kohman
Executive Director

Exhibit # 7
2-6-91 SB 172

(21)

Exhibit #8
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of Feb, 1991.

Name: R.D. Marks, M.D

Address: 2831 Fort Missoula Rd

Missoula MT 59801

Telephone Number: 542 1232

Representing whom?

Self

Appearing on which proposal?

SB 172

Do you: Support?____ Amend? X Oppose? X

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

FAMILY PRACTICE MISSOULA

631 West Alder
Missoula, Montana 59802
Telephone: 721-1850

DONALD R. NEVIN, M.D.
JUDY McDONALD, M.D.
ERIC J. KRESS, M.D.
TERENCE CALDERWOOD, M.D.

Diplomates, American
Board of Family Practice

February 5, 1991

SENATE HEALTH & WELFARE
EXHIBIT NO. 8
DATE 2-6-91
BILL NO. SB 172

Montana State Senate
Public Health Committee
State Capitol
Helena, Montana

Dear Senators:

The time period surrounding human birth is a period of high risk for both the mother and infant. No matter how much we all might wish that were not so, that remains the central fact of human birth. We feel it is the responsibility of your committee to keep that fact foremost in your mind as you consider what should happen with Senate Bill 172. At this point, it is clear that lay midwifery is going to be legalized in Montana and we think we should take great care in making the services that will be delivered to these women as safe as possible for Montana citizens.

We feel that anyone providing perinatal services should be educated in an accredited school and that this needs to be a requirement for licensing. The education should be structured and of sufficient duration to allow comprehensive learning. It should not be acquired through an apprenticeship. The content of the education must develop sufficient skills for infant resuscitation. We would urge your committee to examine the programs for infant and child resuscitation developed through the American Heart Association or through several of the nation's pediatric programs. Lay midwives should be well versed in these techniques if they are to be able to provide sufficient safety for home births. This requires learning the use of complex equipment and designing a delivery system which has this equipment available at the time of birth.

Since lay midwives will provide health care, they should be a part of the larger health care community. At this time, we would recommend that their board should include a physician who is a member of the American College of Obstetricians and Gynecologists. As family practitioners, we often rely up on the more extensive training of our obstetric colleagues. We feel that the American College of

Exhibit # 8
2-6-91 SB 172

Obstetricians and Gynecologists has a proven record of concern for the safety of pregnant American women and a board certified obstetrician would lend a measure of safety to this board. We also recommend including a pediatrician and a nurse midwife. The path to integrating lay midwivery into our health care community is going to be a rocky one at best and will be best accomplished if training and licensing becomes respectable in the eyes of those who are currently providing health care to pregnant women and their infants. Thank you for allowing us to register our opinions.

Sincerely,

Judy McDonald

Judy McDonald, M. D.

Eric J. Kress

Eric J. Kress, M. D.

JM/ms

R.D. MARKS, M.D.
Family Practice

Missoula Community Physicians Center #2
2831 Fort Missoula Road
Missoula, MT 59801 • Office Phone 542-1232

Exhibit # 8
2-6-91 SB 172

February 6, 1991

To the Members of the Senate Committee on Public Health and Welfare:

I rise to speak in opposition to Senate Bill 172.

Let it first be clear that I am not opposed to the licensing of lay-midwives. I feel very strongly that if the legislature deems it appropriate to approve of home deliveries under the supervision of a lay-midwife, then the legislature must also assure that there is some quality control involved in determining who is licensed to perform these functions. A licensing act is the obvious method by which to do this; however, Senate Bill 172 falls far short of this objective in several areas.

Before I go on to discuss the bill itself however, let me remind the members of this committee that the medical profession sees home birth as a dangerous option and by condoning it, the legislature has,in fact, contradicted itself. While on one hand you have supported projects that will lower the perinatal morbidity and mortality, on the other hand you have given approval to a practice that will cause an increase in these problems.

Senate Bill 172 is a bill written by those who support the practice of lay-midwifery and home birthing. It is therefore designed for their self interest. That fact alone should make you look at the provisions of this bill very carefully because those interests are not necessarily in the best interest of the public's health and welfare.

An overall objection that I have with this bill is that it gets into many small details of the practice of lay midwifery to the extent that those details which are usually left up to a licensing board are going to be statutory regulations. You, as legislators, don't have the time to get full testimony and make educated decisions on each of the important "practice parameters" that are outlined in this bill and I would therefore encourage you to amend this bill to give to the licensing board the responsibility of determining what the practice guidelines should be.

And speaking of boards, what kind of board is this to be? If you will look at Section 5 of this bill, it stipulates that this will be a five member board consisting only of persons who support the concept of lay midwifery. What kind of licensing board is it that in its design appears to be nothing more that a stamp of approval for this groups beliefs? If it is truly the intent of this bill to assure that only qualified people practice lay midwifery and to

promote the safety of home deliveries, would it not be more important to stipulate that a majority of the members of the board be experts in the field of obstetrics and pediatrics. I suggest to you that this board should be made up of a pediatrician, a physician who practices obstetrics, a certified nurse midwife, three lay midwives, and a member of the public chosen by consensus of the other six members.

Obviously, no matter what option you choose in this regard, there is going to be a great deal of administrative work on the part of the board and the Department of Commerce to facilitate the provisions of this bill. I seriously doubt that the license fee suggested in the proposal is adequate to cover these costs and the ongoing cost of the board. I would suggest that the license fee be adequate to cover all the related costs.

I find many specific problems with this proposal but due to the required brevity of this type of hearing, I will only address a few of the more serious concerns.

Section 7: The provisions for educational requirements are in many ways vague and in other aspects inadequate. As an example, it is my opinion that all of the subjects covered in paragraph 2 (a through h) are subjects that will require more that just a hap-hazard study of these topics. These are areas of major focus in all medically related disciplines and to suggest that an adequate understanding can be achieved by informal means is an error. Furthermore, the requirements for practical experience are far less than those required in either nurse midwife or obstetric training and to claim that this is enough to know how to handle all the problems that will present in an emergent fashion in the home birth situation is naive. Finally, there is no indication in this section as to who are qualified supervisors of this practical experience. Without good guidelines as to qualifications for the supervisor, this could amount to nothing more than the blind leading the blind.

Section 10: In paragraph 3 it states that a grade of 70% on the licensure exam will be deemed adequate for licensing. That indicates to me that someone can still do a safe job of delivering babies and not know 30% of what is going on. I bring up this point for two reasons: first, it shows that the legislature is not the place for this sort of licensing provision to be decided, and second to remind this committee that the are some concepts of the birthing process that cannot be optional and the provider of services needs to be 100% sure of how to handle certain situations.

Section 11: While this paragraph states that a lay midwife may administer certain medications after they have been prescribed by

a physician, there is no explanation as to how training for the administration of these drugs will occur nor is there any description of the relationship between the prescribing physician and the lay midwife. Could this be done from a physician from across the state of from another state. Furthermore, does any one of you, the members of this committee, know enough about the use, side effects, and potential toxicity of these drugs to say in a knowledgeable manner that its appropriate for a person with little training to administer these drugs? I have included in the written testimony before you material from the PDR which discusses the potential toxicity of this drug but let me paraphrase a portion "...Xylocaine...should be employed only by clinicians who are well versed in the management of dose related toxicity and other acute emergencies that may arise ..."

Section 12: The proposal states here that a lay midwife may perform and repair episiotomies. There is no delineation between a "simple" episiotomy and those more complexed. Does any member of this committee know enough about this to differentiate between a 2nd, 3rd, or 4th degree episiotomy, and do you think that the repair of a 4th degree episiotomy which involves the perineum, the muscles of the anal sphincter, and the rectal mucosa itself a simple procedure? How can you, if you are not understanding of the complexities of the problem, be asked to give approval for someone else to do this.

Are you satisfied to accept the assurances of the proponents of this proposal that this is no big deal? I disagree.

Finally, there are numerous references made to midwives licensed under this act as "professionals". A "professional," according to the dictionary, is someone who practices in a specialized field that requires advanced studies. Hardly do the people asking for licensure under this proposal meet the requirements of that definition and to call them professionals in the same context as nurses, surgical technicians, physicians, nurse midwives, attorneys, and accountants is a disservice to these true professionals. I would urge that that designation not be used in this proposal.

In summary then, this is a bill that addresses an important problem but attempts to do by statute what should be done administratively and is basically asking permission for inadequately trained people to supervise the inherent dangers that accompany home birthing. I suggest that this bill needs a lot of work before it can do what is intended and I would encourage you to not advance this bill for the consideration of the Senate until that work is completed.

WARNINGS

XYLOCAINE INJECTIONS FOR INFILTRATION AND NERVE BLOCK SHOULD BE EMPLOYED ONLY BY CLINICIANS WHO ARE WELL VERSED IN DIAGNOSIS AND MANAGEMENT OF DOSE-RELATED TOXICITY AND OTHER ACUTE EMERGENCIES THAT MIGHT ARISE FROM THE BLOCK TO BE EMPLOYED AND THEN ONLY AFTER ENSURING THE *IMMEDIATE* AVAILABILITY OF OXYGEN. OTHER RESUSCITATIVE DRUGS, CARDIOPULMONARY EQUIPMENT, AND THE PERSONNEL NEEDED FOR PROPER MANAGEMENT OF TOXIC REACTIONS AND RELATED EMERGENCIES (See also ADVERSE REACTIONS and PRECAUTIONS). DELAY IN PROPER MANAGEMENT OF DOSE-RELATED TOXICITY, UNDERVENTILATION FROM ANY CAUSE AND/OR ALTERED SENSITIVITY MAY LEAD TO THE DEVELOPMENT OF ACIDOSIS, CARDIAC ARREST AND, POSSIBLY, DEATH.

...cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. The overall prevalence of sulfite sensitivity in the general population is unknown and probably low. Sulfite sensitivity is seen more frequently in asthmatic than in nonasthmatic people.

PRECAUTIONS

General: The safety and effectivness of lidocaine depend on proper dosage, correct technique, adequate precautions, and readiness for emergencies. Standard textbooks should be consulted for specific techniques and precautions for various regional anesthetic procedures.

Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use. (See WARNINGS and ADVERSE REACTIONS). The lowest dosage that results in effective anesthesia should be used to avoid high plasma levels and serious adverse effects. Syringe aspirations should also be performed before and during each supplemental injection when using indwelling catheter techniques. During the administration of epidural anesthesia, it is recommended that a test dose be administered initially and that the patient be monitored for central nervous system toxicity and cardiovascular toxicity, as well as for signs of unintended intrathecal administration before proceeding. When clinical conditions permit, consideration should be given to employing local anesthetic solutions that contain epinephrine for the test dose because circulatory changes compatible with epinephrine may also serve as a warning sign of unintended intravascular injection. An intravascular injection is still possible even if aspirations for blood are negative. Repeated doses of lidocaine may cause significant increases in blood levels with each repeated dose because of slow accumulation of the drug or its metabolites. Tolerance to elevated blood levels varies with the status of the patient. Debilitated, elderly patients, acutely ill patients and children should be given reduced doses commensurate with their age and physical condition. Lidocaine should also be used with caution in patients with severe shock or heart block.

Lumbar and caudal epidural anesthesia should be used with extreme caution in persons with the following conditions: existing neurological disease, spinal deformities, septicemia and severe hypertension.

Local anesthetic solutions containing a vasoconstrictor should be used cautiously and in carefully circumscribed quantities in areas of the body supplied by end arteries or having otherwise compromised blood supply. Patients with peripheral vascular disease and those with hypertensive vascular disease may exhibit exaggerated vasoconstrictor response. Ischemic injury or necrosis may result. Preparations containing a vasoconstrictor should be used with caution in patients during or following the administration of potent general anesthetic agents, since cardiac arrhythmias may occur under such conditions.

...lan ...resp... (adequacy of ventilation) vital signs and the patient's consciouness should be accomplished after each ...tic injection. It should be kept in mind at such times ...tlessness, anxiety, tinnitus, dizziness, blurred vision, ..., depression or drowsiness may be early warning ...central nervous system toxicity.

...nide-type local anesthetics are metabolized by the ...locaine Injection should be used with caution in ... with hepatic disease. Patients with severe hepatic ...ecause of their inability to metabolize local anes... ...ormally, are at greater risk of developing toxic ...oncentrations. Xylocaine Injection should also be ... caution in patients with impaired cardiovascular ... since they may be less able to compensate for functional changes associated with the prolongation of A-V conduction produced by these drugs.

Many drugs used during the conduct of anesthesia are considered potential triggering agents for familial malignant hyperthermia. Since it is not known whether amide-type local anesthetics may trigger this reaction and since the need for supplemental general anesthesia cannot be predicted in advance, it is suggested that a standard protocol for the management of malignant hyperthermia should be available. Early unexplained signs of tachycardia, tachypnea, labile blood pressure and metabolic acidosis may precede temperature elevation. Successful outcome is dependent on early diagnosis, prompt discontinuance of the suspect triggering agent(s) and institution of treatment, including oxygen therapy, indicated supportive measures and dantrolene (consult dantrolene sodium intravenous package insert before using).

Proper tourniquet technique, as described in publications and standard textbooks, is essential in the performance of intravenous regional anesthesia. Solutions containing epinephrine or other vasoconstrictors should not be used for this technique.

Lidocaine should be used with caution in persons with known drug sensitivities. Patients allergic to para-aminobenzoic acid derivatives (procaine, tetracaine, benzocaine, etc.) have not shown cross sensitivity to lidocaine.

Use in the Head and Neck Area: Small doses of local anesthetics injected into the head and neck area, including retrobulbar, dental and stellate ganglion blocks, may produce adverse reactions similar to systemic toxicity seen with unintentional intravascular injections of larger doses. Confusion, convulsions, respiratory depression and/or respiratory arrest, and cardiovascular stimulation or depression have been reported. These reactions may be due to intra-arterial injection of the local anesthetic with retrograde flow to the cerebral circulation. Patients receiving these blocks should have their circulation and respiration monitored and be constantly observed. Resuscitative equipment and personnel for treating adverse reactions should be immediately available. Dosage recommendations should not be exceeded. (See DOSAGE and ADMINISTRATION).

Information for Patients: When appropriate, patients should be informed in advance that they may experience temporary loss of sensation and motor activity, usually in the lower half of the body, following proper administration of epidural anesthesia.

Clinically significant drug interactions: The administration of local anesthetic solutions containing epinephrine or norepinephrine to patients receiving monamine oxidase inhibitors or tricyclic antidepressants may produce severe, prolonged hypertension.

Phenothiazines and butyrophenones may reduce or reverse the pressor effect of epinephrine.

Concurrent use of these agents should generally be avoided. In situations when concurrent therapy is necessary, careful patient monitoring is essential.

Concurrent administration of vasopressor drugs (for the treatment of hypotension related to obstetric blocks) and ergot-type oxytocic drugs may cause severe, persistent hypertension or cerebrovascular accidents.

Drug Laboratory test interactions: The intramuscular injection of lidocaine may result in an increase in creatine phosphokinase levels. Thus, the use of this enzyme determination without isoenzyme separation, as a diagnostic test for the presence of acute myocardial infarction may be compromised by the intramuscular injection of lidocaine.

Carcinogenesis, mutagenesis, impairment of fertility: Studies of lidocaine in animals to evaluate the carcinogenic and mutagenic potential or the effect on fertility have not been conducted.

Pregnancy: Teratogenic Effects. Pregnancy Category B. Reproduction studies have been performed in rats at doses up to 6.6 times the human dose and have revealed no evidence of harm to the fetus caused by lidocaine. There are, however, no adequate and well-controlled studies in pregnant women. Animal reproduction studies are not always predictive of human response. General consideration should be given to this fact before administering lidocaine to women of childbearing potential, especially during early pregnancy when maximum organogenesis takes place.

Labor and delivery: Local anesthetics rapidly cross the placenta and when used for epidural, paracervical, pudendal or caudal block anesthesia, can cause varying degrees of maternal, fetal and neonatal toxicity (See CLINICAL PHARMACOLOGY—Pharmacokinetics). The potential for toxicity depends upon the procedure performed, the type and amount of drug used, and the technique of drug administration. Adverse reactions in the parturient, fetus and neonate involve alterations of the central nervous system peripheral vascular tone and cardiac function.

Maternal hypotension has resulted from regional anesthesia. Local anesthetics produce vasodilation by blocking sympathetic nerves. Elevating the patient's legs and positioning her on her left side will help prevent decreases in blood pressure. The fetal heart rate also should be monitored continuously, and electronic fetal monitoring is highly advisable.

Epidural, spinal, paracervical, or pudendal anesthesia may alter the forces of parturition through changes in uterine contractility or maternal expulsive efforts. In one study paracervical block anesthesia was associated with a decrease in the mean duration of first stage labor and facilitation of cervical dilation. However, spinal and epidural anesthesia have also been reported to prolong the second stage of labor by removing the parturient's reflex urge to bear down or by interfering with motor function. The use of obstetrical anesthesia may increase the need for forceps assistance.

The use of some local anesthetic drug products during labor and delivery may be followed by diminished muscle strength and tone for the first day or two of life. The long term significance of these observations is unknown. Fetal bradycardia may occur in 20 to 30 percent of patients receiving paracervical nerve block anesthesia with the amide-type local anesthetics and may be associated with fetal acidosis. Fetal heart rate should always be monitored during paracervical anesthesia. The physician should weigh the possible advantages against risks when considering paracervical block in prematurity, toxemia of pregnancy, and fetal distress. Careful adherence to recommended dosage is of the utmost importance in obstetrical paracervical block. Failure to achieve adequate analgesia with recommended doses should arouse suspicion of intravascular or fetal intracranial injection. Cases compatible with unintended fetal intracranial injection of local anesthetic solution have been reported following intended paracervical or pudendal block or both. Babies so affected present with unexplained neonatal depression at birth, which correlates with high local anesthetic serum levels, and often manifest seizures within six hours. Prompt

TABLE I COMPOSITION OF AVAILABLE SOLUTIONS

PRODUCT IDENTIFICATION		FORMULA						
		SINGLE DOSE VIALS AND AMPULES			MULTIPLE DOSE VIALS			
Xylocaine (lidocaine HCl) Injection (Percent)	Epinephrine (dilution)	Sodium Chloride (mg/mL)	Sodium Metabisulfite (mg/mL)	Citric Acid (mg/mL)	Sodium Chloride (mg/mL)	Sodium Metabisulfite (mg/mL)	Citric Acid (mg/mL)	Methyl-Paraben (mg/mL)
0.5	None	8.0	None	None	8.0	None	None	1.0
0.5	1:200,000	N.S.	N.S.	N.S.	8.0	0.5	0.2	1.0
1.0	None	7.0	None	None	7.0	None	None	1.0
1.0	1:200,000	7.0	0.5	0.2	N.S.	N.S.	N.S.	N.S.
1.0	1:100,000	N.S.	N.S.	N.S.	7.0	0.5	0.2	1.0
1.5	None	6.5	None	None	N.S.	N.S.	N.S.	N.S.
1.5	1:200,000	6.5	0.5	0.2	N.S.	N.S.	N.S.	N.S.
2.0	None	6.0	None	None	6.0	None	None	1.0
2.0	1:200,000	6.0	0.5	0.2	N.S.	N.S.	N.S.	N.S.
2.0	1:100,000	N.S.	N.S.	N.S.	6.0	0.5	0.2	1.0

N.S. Not Supplied.

NOTE: pH of all solutions adjusted to USP limits with sodium hydroxide and/or hydrochloric acid.

(22)

Exhibit #9
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of February, 1991.

Name: Mazette Cross

Address: 1820 Cypress Ct
Missoula 59801

Telephone Number: 735-3756

Representing whom?

Self

Appearing on which proposal?

SB 172

Do you: Support?____ Amend?____ Oppose?✓

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 9
DATE 2-6-91
BILL NO. SB 172

Senator Eck and members of the committee: My name is Marietta Cross. I am a registered nurse employed in Missoula. My background is maternal child nursing, obstetrics and newborn care.

I am opposed to Senate Bill 172. Private and public health care providers have spent the last 75 years in developing standards for the care of mothers and babies. These standards have resulted in drastically reduced maternal and infant mortality rates.

This bill is of concern because it lowers a standard of care. Not only that, it creates an impression in the public mind that the services of a lay midwife are comparable to those of a licensed physician or professional certified nurse midwife. This is unnecessarily confusing and an affront to the public trust. The bill is an attempt to create pseudo-nurse midwives. It is unconscionable in that respect.

A lay midwife is a lay midwife. Licensing should be required, but let it end there. To create a board, bureau, and the resulting entity proposed by Senate Bill 172 is a misdirected use of human energy and resources. If home birth is the desire of a small segment of the population, then let them enter into it with a clear idea of the implication and responsibility and not with the quasi blessing of the State.

Thank you for your attention.

Marietta Cross, R.N.

February 6, 1991

Exhibit # 9
2-6-91 SB 172

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12 INSTRUCTION

DANCE CLASSES - ELENITA BROWN. Internationally trained. Missoula-Stevensville-Hamilton-Darby. Preschool-adults. Pre-Dance, Ballet & Character, Jazz, Modern, Spanish, Dancercize. 777-5956.

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14 SERVICES

Wallpaper/Painting. Interior/Exterior. Free estimates. Senior Discounts. 961-4182.

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INCOME TAX PREPARATION: You may benefit from professional assistance, especially if you have sold property, incurred employee business expenses, moved, or had any change occur in your business situation. We prepare all states. Call early for your appointment. Diane Ellis, Enrolled to practice before the Internal Revenue Service.
363-4020
Office: 809 S. 1st S., Hamilton

ROTO-ROOTER: COMPLETE SEWER AND DRAIN CLEANING. RESIDENTIAL, COMMERCIAL. 7 DAYS A WEEK, 24 HOUR EMERGENCY SERVICE. 363-2787.

Mother of 2 would like to babysit ages 3 & up. Fenced in yard. 363-1091.

My husband cleans house better than I do. Offices, too. 363-5094 Call Larry.

Business Insurance Up To

LADIES: If you're pregnant, you'll need personalized prenatal care at affordable prices. Classes, prenatal visits, birth services are available. Free consultation. Annette Lewis, Certified Senior Midwife, call 363-5179 or 208-756-4411.

Home Remodeling & Repair. All phases of work. 363-1559.

LASER PRINTING from your disks. Word Perfect (4.2 & 5.0) Xywrite & other word proc. compatible w/Postscript laser printers. Top Quality Paper. Further design in Pagemaker available at Ravalli Republic, ask for Vicki.

JEAN'S CLEANING. Special Introduction. 1st hr. free. Established, Dependable, References. 961-3517. Also, firewood, all types.

Want housecleaning job. $6.00 hr. Experienced. 961-3985.

JIM NELSON BUILDERS Kitchen - Bath Remodeling. Basements finished, Ceramic tile, Drywall, Low winter rates. 777-5320.

Get an Edge on the Job Market. Professional Resumes start at $7.00. For this and other secretarial needs, call 363-5042.

REMODELING, decks, additions, roofing, siding, windows, doors, frame to finish. Free estimates. Richard Bailly, 961-4729.

Chimney Specialist. Metal or masonry. Install or repair. LEGACY Stove & Insert Sales. Brick, block, rock work. Mel's Masonry. 777-5346.

PERRY WOOD FLOORS for all your wood floor needs. Free estimates. Lay, sand, finish, refinish & repair. 961-4250.

VW's WANTED - dead or alive. Import Auto, Stevensville. 777-5888.

WANTED: Color TV's not working, solid state only, also VCR's. 363-5310, 961-3464.

WANTED TO BUY: Dry logs, any species 16" blocks to tree length logs delivered. Price negotiable. 273-2596.

WANTED: 6'x80" sliding glass patio door in frame with screen. 363-6638.

31 HELP WANTED

Electronics Test Technician, part time, flexible hours. Must have min. 5 yrs. experience with digital & analog circuits at the board level. Must be familiar with all standard test equipment. Should have experience with microprocessor technology. Please submit letter or resume starting qualifications. 115 West 3rd St., Stevensville, MT.

Looking for responsible person to care for 11 year old boy after school in your home. Call 363-6030 after 6pm.

Bartender needed nights & weekends. Experience preferred, but not necessary. Apply at Cedars.

Companion for elderly lady. Call 363-2911 after 6pm.

Stevensville secretary wanted for busy office. Computer, insurance & organizational skills helpful. Hours & salary open. Send resume or information to: Secretary, Box

Quarterhorse stud. Line back dun, gentle disposition. Willing to trade. Call 777-2319 ask for Linda.

FARRIER Shoe and Trimming. Gary Heth. Phone 777-2153.

Older welch pony, $150. 2 yr. Arab filly, $400. 363-1634 after 4pm.

Very sturdy, extra wide single horse trailer, $550. Ph. 961-4031 early or late.

Philosophy & Expertise of Horse Schooling. Balanced riding, reining - our specialty. Also driving, etc. Full until Feb. 1st. See our schooled & started colts, also tapes. Call Robert "Bud" Schueler, 363-6849.

2nd & 3rd alfalfa. Black 2 yr. old Percheron Thoroughbred. Quarter colts. Longhorn bulls. 961-4806.

Butcher Lambs, $60 each. 642-3103.

Experienced carpenter in all phases of construction. New or remodeling. Senior discount. 961-3361.

LOWEST Priced Quality 3 Way in Town. Lower Prices on Quality IDAHO HAY Bale to Semi-Load. Delivery Available. Walt's Barn, 2020 N. 1st. 363-6621.

(2) 2-horse trailers, also horses for sale, broke & gentle, barrels, roping, etc. 961-4639.

Gentle bay gelding, 5 yrs old, $850. Phone 961-4031 early or late.

42 FARM PRODUCE

Exhibit # 9
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of Feb, 1991.

Name: Mike Stephen

Address: Helena

Telephone Number:

Representing whom?

MT Nurses Assn

Appearing on which proposal?

SB 172

Do you: Support?____ Amend?____ Oppose? X

Comments:

Support Sen Stimatz Amendments

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit #9b
2-6-91 SB 172

Amendments to SB 172
Requested by Sen. Paul Svrcek

1. page 4, line 17
Following: "period"
Insert: "where no risk factors have been identified"

2. page 8, line 6
Following: "hospital"
Insert: "and ~~may~~ as not a requirement for a hospital to provide."

3. page 15, line 19
Following: "hospital,"
Insert: "physician referrals"

4. Page 16, line 20
Following: ~~line 6~~ phenylketonuria,
Insert: "(7) Rh screening of infant of Rh negative mother, for consideration of RhoGam. ~~and referral for same.~~"

5. Page 3, Line 8
Following: "by"
Insert: "regulating and"

Exhibit # 96
2-6-91 SB 172

6. Page 4, line 8
Following: "period" on line 8
Insert: (8) "Postpartum" period means up to six weeks following birth."

7. Page 5, line 5
Following: "whose"
Insert: "present"

8. Page 8, line 2
Following: "birth;" on ~~line~~ line 2
Insert: "(i) intramuscular and subcutaneous injections;
(j) suturing necessary for episiotomy repair;
(K) communicable diseases affecting pregnancy, birth, newborn and postpartum periods;
(l) assessment skills;
(m) utilization of drugs authorized in Section 11."

10. ~~9.~~ Page 9, Line 3
Following: "conducted"
Insert: "in addition to the written examination"

9. ~~10.~~ Page 8, Line 24
Following: "qualifying"

Exhibit #9b
2-6-91 SB 172

11. Page 9, Line 10
Following: "the"
Delete: "study"
Insert: "educational"

12. Page 9, line 14
Following: "midwife"
Insert: ", certified nurse-midwife or physician licensed under Title 33, chapter 3,

13. Page 11, line 8
Following: "K"
Insert: "oral or intramuscular preparati

14. Page 11, line 9
Following: ~~line 8~~ "procaine" on line 8
Insert: "(intramuscular)"
Following: "xylocaine"
Insert "subcutaneous"

15. Page 16, line 20
Following: "phenylketonuria" on page 20
Insert:

16. Page 16, line 2.
Following: "B"

Exhibit #9b
2-6-91 SB 172

page 16, line 20

Following: ~~"phenylketonuria~~ "phenylKetonuria" on line 20

Insert: "(7) screening for premature later and/or other risk factors."

Exhibit # 10
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of Feb, 1991.

Name: James F. Shea

Address: 1720 [illegible]

Telephone Number: 442-1911

Representing whom?

Mt. Dental Association

Appearing on which proposal?

Do you: Support?____ Amend?____ Oppose? ✓

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

24

MONTANA HOSPITAL ASSOCIATION
1720 NINTH AVENUE • P.O. BOX 5119
HELENA, MT. 59604 • (406) 442-1911

Testimony of James F Ahrens, President
Montana Hospital Association

SENATE HEALTH & WELFARE
EXHIBIT NO. 10
DATE 2-6-91
BILL NO. SB 172

Senate Bill 172

Before the
Senate Public Health, Welfare and Safety Committee

February 6, 1991

Madame Chairman and members of the committee, I am Jim Ahrens, President of the Montana Hospital Association. The Montana Hospital Association represents 58 member hospitals and affiliated societies. The association opposes the licensing of lay midwives. There is a severe obstetrical crisis in the state of Montana. The answer to this crisis lies not in the licensing of lay midwives, or alternate health providers, but in making medical resources available to women in those communities and counties who are without or soon will be without obstetrical services. The licensure of lay midwives further confuses this issue.

I would like to speak to you today about some specific issues that need to be addressed in the current legislation.

The bill's purpose states the practice of direct entry midwife affects the lives of the people of the state, and that Montanans need to have the bill in order to exercise their own right to give birth where and with whom they choose." Following that line of reasoning, it is our contention that Section 5, which establishes the composition of a board for the control of midwifery, should be radically changed. If the public has a compelling interest in this board, three members of the board should be members of the general public, one member should be a physician, and the fifth member should be a lay midwife. If there is such a compelling state interest, then the public should have the dominant membership on the board.

Also, there is no reason to request that all the board members "support the practice of direct entry midwifery". The governor should be free to choose whomever he wishes. Their support of the practice of midwifery should not be the basis for their appointment to the Board.

In Section 6, 3(h), the requirement of continuing education is very minimal. Instead of 10 hours annually for license and renewal, the association suggests there should be 30 hours of continuing education per year.

Section 7, paragraph 1, addresses about the qualifications of applicants for licensure. The criterion needs to be added that the person, in order to be eligible for licensure, should at least be a high school graduate.

Section 10 details the examination for a license to practice lay midwifery. It states that the license examination must be prepared by a certified nurse midwife designated by the board in consultation with the physician on the board. This is an abdication of responsibility. The board should be responsible for developing the examination, not one lay midwife. If the practice has reached the point of national prominence, then there should be a national standard or national examination available. The board may choose to do it in this fashion, but to have the legislature direct it to be done in this manner is unreasonable.

Also, the examination should consist of two parts, a written examination and a practical examination. Most personal professional licensure examinations consist of both written and practical examinations.

One assumes that the Department of Commerce will be involved in the operation of this newly developed board. If that is the case, the legislation is unclear as to the role of state government's relationship to the newly proposed lay midwifery board. What is it? What state agency will work with the board? There does not seem to be a clear intent in the legislation as to how state government will relate to the licensure of lay midwifery.

Section 21 should be amended to require that a licensed, direct entry midwife have her patients seen by a physician twice during the pregnancy. The language should be changed to read: "A licensed direct entry midwife is required to have all women accepted for midwifery care evaluated by a physician twice during the pregnancy".

The bill should be reworked and brought to the best technical state possible. Even after technical corrections, I would urge you to vote no on this piece of legislation.

SENATE HEALTH & WELFARE
EXHIBIT NO. 10
DATE 2-6-91
BILL NO SB 172

MHA MONTANA HOSPITAL ASSOCIATION
720 NINTH AVENUE • P.O. BOX 5119
HELENA, MT 59604 • (406) 442-1911

Testimony of James F Ahrens, President
Montana Hospital Association

Senate Bill 172

Before the
Senate Public Health, Welfare and Safety Committee

February 6, 1991

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Also, there is no reason to request that all the board members "support the practice of direct entry midwifery". The governor should be free to choose whomever he wishes. Their support of the practice of midwifery should not be the basis for their appointment to the Board.

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The bill should be reworked and brought to the best technical state possible. Even after technical corrections, I would urge you to vote no on this piece of legislation.

Exhibit # 11
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of February, 1991.

Name: Laurie Glover

Address: 1709 Central Avenue; Great Falls, MT 59401

Telephone Number: 761-1309

Representing whom?

self

Appearing on which proposal?

SB 172

Do you: Support?____ Amend?____ Oppose? X

Comments:

written statement has been given to committee.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 11
DATE 2-6-91
BILL NO. SB 172.

Did not testify.

February 6, 1991

Senator Eck and members of the Committee:

I wish to submit written testimony in opposition to Senate Bill 172.

I am Laurie Glover, a registered nurse from Great Falls. My background is in critical care and community health nursing. Presently I work with pregnant women and young children in a community health setting.

I believe the term "direct entry midwife" is very misleading to pregnant women. Use of this term misleads the public to believe the lay midwife has more qualifications than she does.

The provisions in SB 172 for education and training are, in my opinion, highly inadequate. Mothers and babies in Montana deserve the best medical care available. In our area, the income lay midwives receive from deliveries and associated services is significant enough for licensing requirements to include specialized education.

In summary, I urge you to consider the families and babies of Montana. Please ensure they have access to medical or certified nurse midwife prenatal care. If they choose to then obtain care from a lay midwife, please ensure they know what they are getting for their money.

Thank you.

Laurie Glover

Exhibit #12
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of February, 1991.

Name: Betty Hedges

Address: 606 55th St N
Gt Falls Mont 59405

Telephone Number: H. 453-3646 W 454-2171 ext 274

Representing whom?

Self

Appearing on which proposal?

S.B #172

Do you: Support?____ Amend?____ Oppose? ✓

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 12
DATE 2-6-91
BILL NO. SB 172

February 6, 1991

Did not testify

Senator Eck and members of the Committee:

I wish to submit written testimony in opposition to Senate Bill 172.

I am Betty Hidalgo, a registered nurse from Great Falls. My professional background and experience is obstetrics and gynecology. I have been a Head Nurse and Clinical Specialist in obstetrics and have assisted in setting up educational programs for nurses in the Great Falls area. Currently, I'm employed as an OB-GYN nurse in a multi-specialty clinic and part time as a supervisor in a local hospital.

I oppose the term "direct entry midwife". This is misleading to the general public who do not necessarily know that their care will be given by a **LAY MIDWIFE.**

It has been stated that lay midwives will deliver low risk infants. I know how difficult it is at times to assess the position of the infant during labor. The unanticipated emergent situations that arise at the time of delivery can lead to infant distress and death if not treated immediately. Predicting an obstetrical emergency is not something that can be learned by observing a few deliveries and reading a few books.

I am not denying that problems sometimes arise during hospital deliveries. However, educated professionals and appropriate technology are available to respond urgently to emergent situations.

I have deep concern that no one is advocating for the unborn child. By not providing the best care for the unborn child is not one guilty of child abuse or certainly child neglect?

Licensing lay midwives will not assist in caring for pregnant women, nor is it the answer to access to care. My **grandmothers** received the kind of care proposed in SB 172; they would have preferred better care for themselves and their infants. By licensing lay midwives, we are taking a step backward. Please evaluate on a personal basis the type of care you would like to have for your children or grandchildren.

I charge you as our legislators to do the best for Montana's future generations. Let us not go backward in time, but together go forward to give Montanans good **healthy** beginnings.

Thank you for your careful consideration of this matter.

Betty Hidalgo

didn't testify

Exhibit # 13
2-6-91 SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of February, 1991.

Name: Mary Hackett RN BSN

Address: 858 Groff Lane

Stevensville Montana 59870

Telephone Number: 777-3214

Representing whom?

Self

Appearing on which proposal?

SB 172

Do you: Support?____ Amend?____ Oppose? ✓

Comments:

See separate sheet

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 13
DATE 2-6-91
BILL NO. SB 172

Senate Bill 172
Senator Eck and other committee members.

I am writing in opposition to licensure of lay midwives. I am currently the Head Nurse of Obstetrics at Marcus Daly Hospital in Hamilton

I have worked in the area of obstetrics for 25 years during this time, I have delivered several babies in precipitous situations (before the MD arrived) There were no bad outcomes, and this is the outcome of most births. When there are no problems, there is very little a birth attendant does, other than assist the babies birth. However, 1 in 14 babies needs some form of resuscitation, sometimes only gentle stimulation to breathe, but when there are bigger problems, they are often immediate. If the birth occured at home, there would be a chance mother or baby could die or be severely compromised before arrival at a hospital, or emergency center.

In the past few years, I have seen a dead baby from a home birth, a Mother who bled profusely and had to hospitalized for blood transfusions, and recently an overdue baby, who spent several days in an intensive care nursery, directly related to it's overdue status. (These were all women who chose home births)

I have observed that some lay midwives generally are knowledgable and bring their clients to the hospital when they recognize problems. However, the clients are often antagonistic to the hospital situation, which increases their

As the mother of a handicapped daughter (seizure disorder) I would not wish for anyone, or their child, to go through similar experiences, especially when the problem could be prevented through safer perenatal care.

Mary Hackett, RN, BSN
Stevensville Montana

Ex. 13a
2-6-91
SB 172

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6th day of February, 1991.

Name: Alla Brooks, RN, BSN

Address: 916 Springhill Rd

Hamilton Mt 59840

Telephone Number: 406- 363-1787

Representing whom?

Self

Appearing on which proposal?

SB 172

Do you: Support?____ Amend?____ Oppose? ✓ as written

Comments:

See Written Testimony

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 13a
DATE 2-6-91
BILL NO SB 172

Did not testify.

2-6-91

Senator Eck and members of the committee,

I am a mother of three, a nurse with thirteen years labor and delivery experience, a prenatal instructor and advocate for maternal child health.

I oppose SB 172 as written. I have seen many births, some "low risk", turn into nightmares within minutes (prolapsed cords, placental problems, hemorrhage, infant breathing problems).

I currently coordinate a rural prenatal care access program. It is my experience that many requests for home birth are based on financial concerns. With financial aid through State and federal programs, many women are relieved to deliver in a hospital, and have care by a physician.

Many misconceptions of "hospital birth", many hospital horror stories, have been allayed through ① birthing rooms ② our strong hospital based prenatal outreach, education, advocacy, and home visits. There are a multitude of services available to pregnant women throughout rural montana - WIC, low birthweight prevention projects, public health nurses, Human Services, ~~etc~~ etc.

Do not turn to a quick solution when so much is at stake ~ the quality of life of our infants.

Childbirth attendants cannot be certified by "watching so many births", and passing an exam.

Please consider strong educational requirements and training without shortcuts.

Certified-Nurse-midwives are already practicing in Montana. These professionals should be used to supplement our OB providers shortage.

Ellen Brooks, RN, BSN
Hamilton, Mt.

Exhibit #14
2-6-91 SB 168

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this _____ day of Feb, 1991.

Name: Linda Lee

Address: 529 3rd

Helena 59601

Telephone Number: 442-3360

Representing whom?

Audubon

Appearing on which proposal?

SB165

Do you: Support? X Amend?_____ Oppose?_____

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

(1)

Montana Audubon Legislative Fund

SENATE HEALTH & WELFARE
EXHIBIT NO. 14
DATE 2-6-91
BILL NO. SB 168

Testimony on SB 168
Senate Public Health Committee
February 6, 1991

Representative Eck and Members of the Committee,

My name is Linda Lee and I'm here today representing the Montana Audubon Legislative Fund. The Audubon Fund is composed of nine Chapters of the National Audubon Society and represents 2,500 members throughout the state.

We support Senate Bill 168 as an important step to begin the change in thinking required by managers of day care centers and the parents who bring their children to them. To have discouraged the use of non-disposable diapers has contributed to the national landfill problem. The United States now spends about 300 million dollars per year to discard disposables.

One baby will use about 6000 disposable diapers, compared to 36 cloth diapers during the two and a half years he or she wears them. These disposables may take as long as 500 years to decompose. This information comes from the Update on Diapers, published by the Center For Policy Alternatives in Washington D.C.. We must begin now to reduce input to our landfills and this bill takes down one barrier to that goal. Please vote a "do pass" on Senate Bill 168. Thank you.

(3)

Exhibit # 15
2-6-91 SB 168

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of February, 1991.

Name: CAROLINE BRINKLEY

Address: 400 MCLEOD

MISSOULA, MT. 59801

Telephone Number: 543-5971

Representing whom?

SELF.

Appearing on which proposal?

SB 168.

Do you: Support? X Amend?_____ Oppose?_____

Comments:

see attached statement.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

The Choice

A babyhood's worth of diapers for your baby: cotton vs. disposables.

You can see why people are wondering where those mountains of trash are going to go in our countryside.

You can also guess how the expense of disposables mounts.

But our photo can't show the difference to your baby between soft, breathable cotton and the non-breathing paper, plastic, and

You also can't see how easy our service makes it for you to give your baby the many advantages of cotton. (When we deliver a beautifully clean and fresh supply of our cotton diapers every week, all you do is put the used ones in the hamper we provide. We do the rest. *No rinsing. No fuss. No trash.* And a special freshener keeps your household from smelling "diapery.")

For far less than the cost of disposables, you can know you're doing the best both for your baby and for the world that we're all

Exhibit #5
2-6-91 SB 168

STORICAL PERSPECTIVE

e first disposable diapers were presented to the American public less than 40 years ago, but eir short-term convenience has led to widespread use by the diapering public, and in fact, iaper" has become almost synonymous with the single-use disposable diaper. Clinching the sposable diaper's dominance of the market are some fairly recent state laws requiring the use f disposable diapers in day cares.

1983 a committee of 10 CDC professionals established guidelines designed to prevent sease transmission in day care centers. One of these guidelines was the recommendation that sposable diapers be used exclusively. Dr. Steve Hadler,Atlanta, one of the original members of at committee, admits that this decision was NOT SCIENTIFICALLY BASED; nor was there onsensus of opinion regarding this matter amongst the committee members. In fact, THERE IS ILL NEITHER PUBLISHED SCIENTIFIC EVIDENCE SUPPORTING THIS DIRECTIVE, NOR CONSENSUS OPINION AT THE CDC. There may be speculation about transmission of infective organisms. here are even rumors of unpublished studies, but guesswork is not equivalent to scientific idence subjected to peer review.

AFETY

here is, however, a wealth of practical experience demonstrating the safety of using cloth apers in day cares.

or instance, neither Vermont, Oregon, nor Washington ever adopted the cloth diaper restriction. thout discriminating against cloth-diapered babies, their daycares have continued to operate THOUT INCIDENT. Their day care inspectors report no incidences of transmission of disease elated to cloth diapers. Last year Maine reversed its laws and now allows cloth diapers to be ed. Finally, last year a waiver to the state law was granted for Missoula county, and 2 day are centers have since used commercially-laundered cloth diapers exclusively WITHOUT 'CIDENT. Another day care application has recently been submitted. This experience has oven that cloth diapers can be used safely and without incident in a day care setting. ntestinal disorders likely to be transmitted by ANY diaper are a valid reason to exclude a child om attending day care. Furthermore, Dr. Arnold Smith, Pediatric Infectious Disease pecialist, Seattle, echoes the sentiments of those who care for children. Smith says, "THE NGLE MOST IMPORTANT FACTOR INVOLVED IN LIMITING THE SPREAD OF DISEASE (in day cares) ADEQUATE HANDWASHING AND THOROUGH CLEANSING OF THE DIAPERING AREA, NOT THE TYPE OF DIAPER USED."

PUBLIC OPINION

sposable diapers are losing what evanescent favor they once enjoyed. Nationwide, concerns about solid waste are exploding the myth that "out of sight is out of mind". In fact, a 1988 tionwide telephone poll of registered voters by the Washington Post and NBC news demonstrated that 3 OUT OF 4 REGISTERED VOTERS FAVORED AN OUTRIGHT BAN ON DISPOSABLES. Predictably, many young parents today are choosing to use non-disposable diapers. Some make is choice out of environmental concern, and the wish to leave a better world for their children. They recognize that resources are to be used to their fullest, not to be disposed of til they have been exhausted.

ENVIRONMENTAL IMPACT

The resources consumed by single use diapers are staggering. To produce the 18 MILLION DISPOSABLE DIAPERS THAT ARE THROWN AWAY ANNUALLY, manufacturers use 75,000 metric tons of NON-RENEWABLE petroleum-based plastic and nearly 1.3 million tons of wood pulp. We're literally cutting down our forests to diaper our babies. The trees felled to produce a single-use diaper will not be renewed for harvest for 25 years. Cloth diapers, on the other hand use a fiber that is RENEWED with each growing season. Furthermore, single-use diapers consume more energy and water than cloth diapers during their manufacture and use, and produce more toxic air and water emissions over their life-cycle. Critics point out that water is used to launder cotton diapers, yet even if all children were again diapered in cloth, the waste water load would be less than .5% of municipal waste water.

DISPOSAL-SOLID WASTE

Eventually, disposables result in 90 TIMES THE SOLID WASTE of reusable diapers, (or 4-5 million tons per year). The solid waste from cloth diapers will enter the sewage waste stream, and will likely end up as compost, or simply sewage, as it should be.
Disposal of single-use diapers poses great public-health problems, for Montana has no regulation for the disposal of fecal material. Feces become "sewage," and, therefore, subject to regulation, only when they are water borne, as when they are flushed into a toilet. (Interestingly, the World Health Organization recommended the separation of urine and feces from other solid waste in 1970). Originally disposbles were designed so that the inner liner could be ripped away from the plastic covering and flushed away. This was rarely done as the process resulted in clogged drains. The next design required users to rinse soiled diapers in the toilet to remove feces (before disposal in the trash). This step was followed by less than 5% of diaper changers. The most recent superabsorbent diapers are designed to have fecal contents emptied into the toilet prior to disposal. The package directions are specific. Yet, not rinsing or otherwise handling soiled diapers, i.e. "immediate disposal" is mandated by Montana state laws. THIS MEANS THAT THE STATE LAW SPECIFICALLY INSTRUCTS ITS DAY CARE OPERATORS TO USE A PRODUCT INCORRECTLY.
Once they have entered the solid waste stream, SOILED DISPOSABLE DIAPERS POSE AN UNNECESSARY RISK TO OUR SANITATION WORKERS AND OUR GROUNDWATER, AS INFANT FECES MAY CONTAIN COUNTLESS INFECTIOUS MICROBES, INCLUDING GIARDIA, HEPATITIS, AND LIVE POLIO VIRUS. These microbes may survive for months outside the body. Unfortunately, many disposables don't enter the traditional solid waste stream. They are a formidable source of park and roadside litter. Who cannot recall a favorite recreation spot contaminated by a carelessly left disposable diaper, exposing all who walk by to the same infectious microbes. Civic-minded Montanans might pick up a stray can or bottle, or even paper, but few brave souls will pick up a soiled discarded diaper. These wayside diapers will persist as an environmental eyesore for up to 500 years. Such litter is not ideal, but it is a realistic accompaniment to widespread use of disposable diapers. The state has the power to limit this contamination of our outdoors with plastic and untreated human waste, by allowing the use of non-disposable diapers. Cloth diapers are simply not tossed away so haphazardly; they are reused 100-200 times, until they are retired as lint-free rags. Their fiber may even be used to weave new fabric.

Exhibit # 15
2-6-91 SB 168

MEDICAL

Medically, cloth diapers offer many advantages: MANY PHYSICIANS AND NURSING GROUPS FEEL THAT BABIES DIAPERED IN COTTON SUFFER LESS DIAPER RASH. (This includes the King County Nurses Association, Seattle, and Dr. William Weston, Professor of Dermatology and Pediatrics, University of Colorado). Some studies implicate disposables in diaper rash up to 5 times as often. The new superabsorbent disposables tend not to be changed often, especially in busy day cares, and may cause the baby's skin temperature to heat up, and so develop a rash or infection. Babies diapered in cotton may also have an advantage when they are being toilet trained: they realize they are wet and have an incentive to use the commode. Regarding the barrier to disease transmission - most swimming pools in Montana require infants to wear plastic pants - NOT DISPOSABLE DIAPERS. The mechanics are obvious.

COST

MANY YOUNG FAMILIES SIMPLY CANNOT AFFORD THE EXPENSE OF DISPOSABLE DIAPERS. Among these are Medicaid recipients who represent 22% of the Montana's live births. On the average, when using a diaper service, a family may save $4.00/ child/ week. Over a child's diaper lifetime disposables will average $1716, diaper service - $1170, and home-washed cotton - $599. Using cotton diapers can save parents as much as $546 - $1417 for each child.

In response to these concerns, some Montana hospitals, including Hamilton and Missoula Community Hospital began using cloth diapers exclusively in their newborn nurseries. Parents, not exposed to cloth diapers are joining the growing number who have already made the choice to use cotton diapers.

LEGISLATION 1990

Montana is not alone in reassessing its laws on disposable diapers. Last year 20 states submitted legislation influencing the use of disposable diapers, and Maine and California legislatures both passed bills allowing the use of cloth diapers in day cares. Senator Mary Cathcart, who sponsored Maine's bill stated the bill found overwhelming support; it was opposed only by the state epidemiologist who was concerned about infectious disease transmission. The epidemiologist's fears were overwhelmed by the facts. According to Senator Cathcard, (Maine, 1990 legislative session) testimony there by infectious disease experts concurred with practical experience: cloth diapers can be used safely and without incident in day care centers.

Montanas have an obligation to protect natural resources for generations not yet born. The public is painfully aware of the fragile state of the environment, and of the toll exacted by disposable diapers. Many parents would like to change the way they diaper their baby, to clean up their world one diaper at a time. SB 168 will allow that to happen.

REFERENCES

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Exhibit #15
2-6-91 SB 168

Exhibit #13
2-6-91 SB 168

King County Nurses Association

8511 Fifteenth Northeast Seattle, Washington 98115 206/523-0997

Health Issue Position Paper (1988; Revised 5/25/89).

HAZARDS POSED BY THE IMPROPER DISPOSAL OF DISPOSABLE DIAPERS ().

Contacts: Patricia K. Greenstreet, J.D., R.N., [(206) 443-8600] or Alma M. Ware, R.N., [(206) 523-0997].

Information Sources: see attached bibliography. In addition, numerous interviews were conducted with interested city and county officials, and representatives of consumer groups.

FACTS:

- Disposable diapers accounted for 4,375 tons or 2.5 % of the residential waste stream in the City of Seattle in 1988. [1]
- Disposable diapers are used in approximately 80% of the diaper changes made in the United States. [2]
- Approximately 16 billion disposable diapers are sold annually in the United States. [3]
- Disposable diapers, comprising materials made of polyethylene and wood-pulp fibers, can take lifetimes to decompose in a landfill. [4]
- According to the American Paper Institute, 35% of a disposable diaper is not biodegradable: the waterproof backsheet, liner fabric, tapes and absorbent gelling material. [2]
- In addition to disposable diapers, sales of adult incontinence products are rising to meet the needs of the 5-10% of the elderly in the community and up to 50% of the elderly in institutions affected by this problem. [5]
- While biodegradable plastic products break down in a shorter period of time than nonbiodegradables, it must be recognized they still contribute to the volume of garbage created. [6]
- The disposal of human excrement in residential garbage is prohibited by solid waste regulations, although enforcement appears to be rare. [7]
- More than 100 different enteric viruses are known to be excreted in human feces, including polio and hepatitis. [8] These viruses can live for months after the stool has passed from the body. [9]
- How to dispose of disposable diapers is a confusing issue for most consumers. While manufacturers labels instruct consumers to empty the feces into the toilet before disposing of the diaper, consumers do not follow this practice consistently. [6] Therefore, the amount of human fecal material entering the solid waste stream via disposable diapers is substantial and creates the potential for disease transmission to sanitation workers. [10]
- For a 6 month old baby, the cost of disposable diapers is about $11-14 per week, not including disposal costs. [11] Diaper services charge approximately $9.50 per week and home laundering costs between $7.50-8.50 per week. [12]

IMPACT:

Disease transmission through soiled disposable diapers is possible since babies are effective carriers of enteroviruses and may have been immunized against polio using live vaccine. Sanitation workers may be at risk and under some circumstances the potential exists for groundwater contamination.

Disposable diapers contribute significantly to the volume of waste created. Each year, landfill space is becoming increasingly scarce and finding new places to build acceptable landfills is difficult.

RECOMMENDATIONS:

Develop and implement consumer education programs about diapering alternatives so that consumers can make an informed choice.

Support consumer education programs so that if disposable diapers are used, the users dispose of them in a prudent manner so as to minimize the risk of disease transmission.

Encourage institutions to use reusable cotton diapers over single-use diapers.

Support industry efforts to recycle the plastic and paper portions of disposable diapers.

Encourage the city and county solid waste utilities to continue to monitor the actual extent of disposable diapers in the waste stream.

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10. Turnberg, W. (March 18, 1988). An Examination and Risk Evaluation of Infectious Waste in King County, Washington. Seattle-King County Department of Public Health Report.

11. Disposable diapers. (August 1987). Consumer Reports, 52(8): 510-512.

12. Primomo, J. (February 23, 1989). Figuring the Cost of Diapers. King County Nurses Associations document.

Additional references available upon request to King County Nurses Assocation

Exhibit # 15
2-6-91 SB 168

bruary 4, 1991

o. The chairman and members of the Public Health Committee

rom: Missoula area physicians

e. SB 168 - allowing the use of cloth diapers in day care centers.

e, the undersigned physicians support Senate Bill 168, which would allow the use of cloth iapers in licensed day care centers. We find the sanitation guidelines for their use more than dequate to protect the good health of the children and the day care workers. Further, the xperience of Missoula area day care centers (notably Loving Care and Community Hospital Day are) has proven that cloth diapers can be used safely and without incident in a day care etting. This is a positive step towards reducing Montana's solid waste and de-emphasizing isposable items in general.
any young parents today choose to use non-disposable diapers. Some make this choice out of nvironmental concern, and the wish to create a better world for their children, some simply annot afford the expense of disposable diapers. SB 168 will allow these parents the freedom o return to work, yet continue to use cloth diapers. It also will allow day care operators the ption of running their centers in accordance with their environmental beliefs.

[illegible] M.D.

[illegible] MD

[illegible] MD

[illegible] MD

E. Robert Shields MD

[illegible] MD

[illegible] Moore MD

D. Hubbard MD

David Westphal, MD

Exhibit # 15
2-6-91 SB 168

February 4, 1991

To: The chairman and members of the Public Health Committee

From: Missoula area physicians

Re: SB 168 - allowing the use of cloth diapers in day care centers.

We, the undersigned physicians support Senate Bill 168, which would allow the use of cloth diapers in licensed day care centers. We find the sanitation guidelines for their use more than adequate to protect the good health of the children and the day care workers. We feel that the toilet training guidelines described in the bill are realistic and in keeping with modern pediatric advice. Further, the experience of Missoula area day care centers (notably Loving Care and Community Hospital Day Care) has proven that cloth diapers can be used safely and without incident in a day care setting.

Many young parents today choose to use non-disposable diapers. Some make this choice out of environmental concern, and the wish to create a better world for their children, some simply cannot afford the expense of disposable diapers. SB 168 will allow these parents the freedom to return to work, yet continue to use cloth diapers. It also will allow day care operators the option of running their centers in accordance with their environmental beliefs.

Judy McDonald MD

T. Caldwood MD

Donald R. Morris MD

Kathy S Rogers MD

Charles Bell, MD

Vivian Pecaryck R.N.,

Eric Mans MD

Exhibit #15
2-6-91 SB 168

February 4, 1991

To: The chairman and members of the Public Health Committee

From: Missoula area physicians

Re: SB 168 - allowing the use of cloth diapers in day care centers.

We, the undersigned physicians support Senate Bill 168, which would allow the use of cloth diapers in licensed day care centers. We find the sanitation guidelines for their use more than adequate to protect the good health of the children and the day care workers. We feel that the toilet training guidelines described in the bill are realistic and in keeping with modern pediatric advice. Further, the experience of Missoula area day care centers (notably Loving Care and Community Hospital Day Care) has proven that cloth diapers can be used safely and without accident in a day care setting.

Many young parents today choose to use non-disposable diapers. Some make this choice out of environmental concern, and the wish to create a better world for their children; some simply cannot afford the expense of disposable diapers. SB 168 will allow these parents the freedom to return to work, yet continue to use cloth diapers. It also will allow day care operators the option of running their centers in accordance with their environmental beliefs.

T.W. Carte, MD

Timothy W. Carte, MD

B Hall Jr

Exhibit # 15
2-6-91 SB 168

Child Care Resources

P.O. Box 7038 • Whittier School • Worden Ave. & Phillips • Missoula, Montana 59807
728-6446

February 4, 1991

To: The chairman and members of the Public Health Committee

From: Janet Bush, Child Care Resources

Re: SB 168 - allowing the use of cloth diapers in day care centers.

As one familiar with all the day care facilities in the Missoula area, I support Senate Bill 168, which would allow the use of cloth diapers in licensed day care centers. I find the sanitation guidelines for their use more than adequate to protect the good health of the children and the day care workers. I feel that the toilet training guidelines described in the bill are realistic and in keeping with modern pediatric advice. Further, the experience of Missoula area day care centers (notably Loving Care and Community Hospital Day Care) has proven that cloth diapers can be used safely and without incident in a day care setting.

Many young parents today choose to use non-disposable diapers. Some make this choice out of environmental concern, and the wish to create a better world for their children, some simply cannot afford the expense of disposable diapers. SB 168 will allow these parents the freedom to return to work, yet continue to use cloth diapers. It also will allow day care operators the option of running their centers in accordance with their environmental beliefs.

Sincerely,

Janet Bush

Janet Bush
Child Care Resources

Exhibit # 15
2-6-91 SB 168

o: Members of the Public Health Committee.

om: Kay Frey, RN, PNP
Health Consultant
Child Care Resources

e: Senate Bill 168

I am pleased to support prospective legislation that would allow use of cloth diapers in child are centers. As a health consultant for an agency which provides training and support services ncluding health care guidance) to Missoula Child care providers, I have been concerned for ome time with the environmental impact of the current regulation requiring centers to use sposable diapers for children. With approximately 5000 children in day care sites in Missoula ounty alone the generation of non-biodegradable waste from disposable diapers is tremendous.

I am confident that allowing day care centers the CHOICE of cloth or disposable diapers will of health benefit rather than health consequence to this community.

If this legislation passes, I would be pleased to assist in the disbursement of the necessary uidelines to the local day care provider community.

Sincerely,

Kay Frey RN, PNP

Kay Frey, RN, PNP
Health Consultant
Child Care Resources

Exhibit # 15
2-6-91 SB 168

Community

Community Medical Center
2827 Fort Missoula Road
Missoula, MT 59801
(406) 728-4100

January 31, 1991

Dr. Brinkley
400 McLeod
Missoula, Mt. 59801

Dear Dr. Brinkley,

I am writing a statement of support for the issue that is now in the legislature; namely that the waiver that is now required by the health department for facilities who use cloth diapers be eliminated. Child care homes and centers should have free choice as to whether they prefer to use cloth or disposable diapers.

Sincerely,

Corrine Hilde

Corrine Hilde
Child Care Services Coordinator

Exhibit #16
2-6-91 SB 168

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of February, 1991.

Name: JON WADE

Address: 5170 ARNICA RD.

Telephone Number: 721-8774

Representing whom?

JON WADE

Appearing on which proposal?

SENATE BILL 168

Do you: Support? X Amend?_____ Oppose?_____

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 16
DATE 2-6-91
BILL NO. SB 168

TESTIMONY IN FAVOR OF SENATE BILL NO. 168

I am here today to testify in favor of Senate Bill No. 168. I am speaking on behalf of myself, an owner/operator of Diaper Exchange, a cotton diaper service in Missoula, MT for 6 years, and on behalf of a significant number of former customers who were forced to give up the service due to current law which prohibits use of cotton diapers in daycares.

I will address 3 problems that will continue if this new legislation is not enacted.

1. Increased expense to parents by forcing purchase of disposable diapers
2. Increased volume of solid waste
3. Promotion of inappropriate handling of raw sewage

First, most daycares require parents to supply diapers in addition to the cost of daycare tuition. Our diaper service supplies cotton diapers at a cost of approximately 40% less than the cost of single-use diapers. Current law forces parents to pay premium dollars to diaper their children in disposables in spite of many of our customers asserted preference for cotton diapers.

Second, forcing daycares to utilize disposable diapers encourages use of disposables in the home environment as well. This creates an enormous solid waste problem. For example, there were approximately 1500 births in the Missoula area last year. Assuming this trend continues

Exhibit # 16
2-6-91 SB 168

and assuming that these children are in diapers for a conservative period of 24 months equates to over 7.5 million diaper changes per year. Seven and a half million disposable diapers, each 3/4 inches thick, stacked in a single column would reach a height of 89 miles. Remember, this is just for the Missoula area, and only for one year. In contrast, our cotton diapers are reused an average of 300 times before being recycled as rags.

Third, proper handling of cotton diapers through home laundering or diaper services disposes of the contents of diapers to systems that are not only generally accepted but legally required for sewage treatment. As a recent builder of my own residence I can well imagine the reaction of the building inspector if I had stated that I chose the path of plastic bags and BFI over conventional toilets. Use of disposable diapers bypasses proper handling of human waste. Since current law requires use of disposable diapers in daycares it encourages inappropriate disposal of raw sewage.

Finally, if there is no established health reason for precluding cotton diapers in daycares, there is an ethical responsibility not to create perceptions of "acceptability" through state legislation. We presently provide cotton diaper service to Missoula Community Medical Center and Missoula daycares through a variance procedure approved by Missoula County officials. Our experience demonstrates that institutional acceptance of cotton diapers leads to public acceptance of cotton diapers.

Thank you for your time and consideration.

Jon Wade

Exhibit #169
2-6-91 SB 168

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of Feb, 1991.

Name: Neva Hassanein

Address: P.O. Box 1133

Helena

Telephone Number: 499-623

Representing whom?

Northern Plains Resource Council

Appearing on which proposal?

SB 168

Do you: Support? V Amend?____ Oppose?____

Comments:

18 billion disposable diapers go into landfills every year!!

Please ~~Pete~~ Pass SB 168 + allow those who wish to use cloth diapers.

Neva Hassanein

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit #16b
2-6-91 SB 168

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 6 day of Feb, 1991.

Name: Kari Lind

Address: 3816 Timberlane
Missoula MT 59803

Telephone Number: 543-0971

Representing whom?

self

Appearing on which proposal?

SB 168

Do you: Support? X Amend?_____ Oppose?_____

Comments:

I am strongly supportive of all efforts to reduce the amount of disposable diapers in our landfills. I am concerned with the health & safety of sanitation workers who have to handle this type of solid waste. Also, by reducing the consumption of solid waste, more of our natural resources would be saved.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 17
DATE 2-6-91
BILL NO. SB 168

MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
TESTIMONY REGARDING SB168
AN ACT TO ELIMINATE CURRENT RESTRICTIONS ON NONDISPOSIABLE DIAPERS IN DAYCARE
January 1991

Chairwoman Eck and members of the committee, I am Judith Gedrose, Chief, Preventive Health Services Bureau, Department of Health and Environmental Sciences. I am here to offer information I hope you will consider in your deliberations concerning SB168.

Spread of diseases in daycare is a concern. While the children attending daycare are essentially healthy, occasionally an attendee arrives unbeknownst to parent or provider, with a communicable disease. National and state data illustrate how fecal-oral spread diseases occur in daycares. The risk of fecal oral spread disease increases concomitantly with the number of diapered or non-toilet trained children in a daycare.

Although the exact number can't be ascertained, MDHES has known of and been involved in investigating at least 5 enteric disease outbreaks in daycares and other facilities with diapered residents in Montana in the past 5 years. These diseases can be spread from the daycare into the community. The continuation of disease among the group with infection and spread to the community can continue for extended periods of time. In one instance, a child with a daycare acquired enteric disease continued to shed the organism for 14 months past infection. While most enteric diseases are not life threatening, they can be to those at the extremes of the life continuum and those with other debilitating health conditions.

Not a great deal of scientific data is available concerning this issue. Dr. Larry Pickering of the University of Texas, has done some unpublished research on the extent of environmental contamination resulting from diapered children. The study compared and considered cloth diapers, doubled both with and without waterproof over-covers versus disposable diapers. The conclusion of greatest interest here is that there were significantly higher numbers of fecal bacteria on surfaces where cloth diapers were worn than is setting where disposables were used.

Professor Mildred Cody of Georgia State University in her on-going study of the spread of giardia in child care settings had several comments.

> She strongly urges that if cloth diapers are used, laundering outside the facility be required. For reasons of adequate water temperature, commercial laundries and diaper services are probably the only places with routine water temperatures sufficient to adequately lessen the fecal bacteria load. Where facilities have been allowed to launder on-site there has been a history of "rinsing out"

Exhibit #17
2-6-91 SB 168

soiled diapers in sinks, some of which may be used for food preparation, piles of soiled diapers collect and the added work load on the staff causes an overall deterioration in the hygiene of the group. Commercial diaper services are not available to all communities in rural areas and I believe this to be the case in Montana.

Conventional wisdom on this issue is that the "overcovers" worn by children are of much greater significance in preventing disease spread than the nature of the absorbent material. Disposable diapers have a better record of reliability retaining body wastes within the diaper than cloth diapers.

The risk of disease is compounded by the number of organisms of a pathogen which are available to an exposed person. The effect of having persons unable to sanitarily dispose of human waste in a sanitary sewer system multiplies with each person in the setting. In a setting where workers have to provide all the care from diapering to feeding the chance for cross-contamination also increases with the number of diapered persons.

MDHES is certainly concerned about the environment. However, disposable diapers from daycares is a very small proportion of the problem. While larger problems are solved a step at a time, I would urge you to postpone a decision on rescinding Administrative Rules related to disposable diapers in daycare until more data is available.

DATE Feb 6, 1991

COMMITTEE ON Public Health, Educ & Safety

SB 168 - Doherty
SB 172 - Svrcek

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Check One: Oppose
Margaret B. Vance	self	SB 172	✓	
Barbara Smith	Self	SB 172	✓	
Diane Spizzirri	self	SB 172	✓	
Christine Bautista	SELF	SB 172	✓	
Dolly Browder	MT Midwifery Assoc.	SB 172	✓	
Pamela Shore RN JD	self	SB 172	✓	
Kathee Dunham	self	SB 172	✓	
Michele Ward	Montana Midwifery Assoc	SB 172	✓	
Jim Keener	"	SB 172	✓	
Kris Payne	Mont. Womens Lobby	SB 168 172	✓	
Nancy Keener	MT. Midwifery Assoc	SB 172	✓	
Caroline Binkley MD	self	SB 168	✓	
Connie Rubens	self	SB 172	✓	
Larry Peterman	Self	SB 172	✓	
Pamela Rose	Mont. Midwifery Assn	SB 172	✓	
Mary Shumaker	MMA	SB 172		
[illegible] Glover	self	SB 172		✓
Jon Wade	self	SB 168	✓	
Peter Burleigh	MMA	SB 172		✓
Betty Hidalgo	self	SB 172		✓
Mike Stoyh	MT Nurses Assn	SB 172		✓
Marcelle Cross	self	SB 172		✓
Kathi Marks	self	SB 172		✓
Linda Lee	Montana Audubon	SB 168	✓	
Linda Lee	Self	SB 172	✓	
[illegible]	self	SB 168	✓	

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DATE Feb 6, 1991

COMMITTEE ON Public Health, [redacted] Safety & Welfare

SB 168 - Doherty
SB 172 - Sorcek.

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Check One: Oppose
JUDITH GEDROSE	Dept of Hlth & Env Sci	SB 168		X
Mary Werner Brown	self	SB 172	X	
Patricia Murphy	self	SB 172	X	
JANET BUKANTIS	self	SB 172	X	
Jeannine Flaten	self	SB 172	X	
[illegible]	self	SB 172	X	
Jim Ronshaugen	self	SB 172	X	
Carol Regier	self	SB 172		X
Mary Cattell	self	SB 172		X
Chris Kaufmann	MEIC	SB 168	X	
Steve Doherty	SD 20	SB 168	X	
Nina Hamilton	midwifery assoc.	SB 172	X	
Jan F. [illegible]	Mt. Hospital Association	SB 172	[redacted]	X
Senator Bob Pinsch		SB 172	X	
Debi Corcoran	self	SB 172	✓	
Nena Hassanein	NPRC	SB 168	✓	
Paulette Kohman	Mt Council Mat & Ch. Hlth			X

Page 3 of 3

DATE 2/6/91

COMMITTEE ON Public Health, Welfare

SB 168 Safety & Welf

VISITORS' REGISTER SB 172

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppos
Mary Anne Brown	Self	SB 172	✓	
Toni Petzak	Self	172	✓	
Boni Stout	self	172	✓	
Anne M Himan	Self	172	✓	✓
Doris Bierdorf	self	172		✓
Angelica Osborne	self	172		✓
Lee Brooks	self	172		✓
Mary Jeckel	self	172		✓
Deb. Corcoran	self	172	✓	
Nena Oliver	"	172		
Sunny Mason	"	172	✓	