

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 53rd LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By CHAIRMAN BILL BOHARSKI, on January 25, 1993,
at 3:00 p.m.

ROLL CALL

Members Present:

Rep. Bill Boharski, Chair (R)
Rep. Bruce Simon, Vice Chair (R)
Rep. Stella Jean Hansen, Vice Chair (D)
Rep. Beverly Barnhart (D)
Rep. Ellen Bergman (R)
Rep. John Bohlinger (R)
Rep. Tim Dowell (D)
Rep. Duane Grimes (R)
Rep. Brad Molnar (R)
Rep. Tom Nelson (R)
Rep. Sheila Rice (D)
Rep. Angela Russell (D)
Rep. Tim Sayles (R)
Rep. Liz Smith (R)
Rep. Carolyn Squires (D)
Rep. Bill Strizich (D)

Members Excused: None

Members Absent: None

Staff Present: David Niss, Legislative Council
Alyce Rice, Committee Secretary

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

Committee Business Summary:

Hearing: HB 274, HB 225, HJR 4
Executive Action: HB 118, SB 6, SB 7, SB 34, SB 43

HEARING ON HB 274

Opening Statement by Sponsor:

REP. DAVE BROWN, House District 72, Butte, said HB 274 is a
result of a study conducted at the direction of HB 909 to look at
minimum certification standards for problem gambling counselors.
HB 274 establishes minimum certification standards for problem

gambling counselors and provides a procedure for charging the violation of ethical standards and for suspension or revocation of certification. HB 909 mandated research to set the minimum requirements for certification of persons providing counseling for gambling addictions and the availability of effective treatment resources in Montana for persons suffering from gambling addictions. The results of the survey of licensed treatment professionals revealed that at a response rate of fifty-two percent, of five hundred and seventy eight treatment professionals who responded, sixty percent have treated problem gamblers. Seventy-three percent of the respondents who had treated problem gamblers said they had no specific training prior to the treatment of those clients. The study, as well as the National Council on Problem Gambling, recommended sixty hours of gambling training for counselors providing problem gambling counseling services. In addition, the study recommended a system of certification based on the national standards. HB 274 was drafted utilizing the national standards.

Proponents' Testimony:

Darryl Bruno, Administrator, Alcohol and Drug Abuse Division, Department of Correction and Human Services. Written testimony. EXHIBIT 1.

Norma Jean Boles, Manager, Standards and Quality Assurance, Alcohol and Drug Abuse Division, Department of Corrections and Human Services. Written testimony. EXHIBIT 2 and 3.

Judith Carlson, Montana Chapter of the Association of Social Workers, said the association supports HB 274.

Mike Ruppert, President, Chemical Dependency Programs of Montana, Executive Director, Boyd Andrew Chemical Dependency Care Center, Helena, Montana, said the chemical dependency programs in Montana are in support of HB 274.

James Farrell, Counselor for Addictions, Helena, Montana, said he supports HB 274.

Opponents' Testimony:

None

Questions From Committee Members and Responses:

REP. TIM DOWELL asked REP. BROWN how a gambling addict could access programs for problem gamblers. REP. BROWN said HB 274 only establishes minimum standards for certification of counselors. There will be another bill that will address access to programs for problem gamblers.

REP. TIM SAYLES asked REP. BROWN to explain the fiscal note for HB 274. REP. BROWN said the Department of Corrections and Human Services (DCHS) will develop and adopt two sets of rules. A half-time FTE, grade 14, to develop standards and implement a certification system. DCHS will develop sixty hours of training and conduct two classes in FY 1994. The fiscal note is for \$48,565 in FY 1994, and \$20,565 in FY 1995. The money will come from the gambling special revenue account.

CHAIRMAN BOHARSKI asked REP. BROWN to explain the intent of the certification requirements. REP. BROWN said the intent is to ensure that someone with a gambling problem gets good treatment.

REP. ELLEN BERGMAN asked REP. BROWN if the state would pay the counselors' salaries. REP. BROWN said the salaries would be paid by the individuals getting treatment.

Closing by Sponsor:

REP. BROWN closed.

HEARING ON HB 225

Opening Statement by Sponsor:

REP. STEVE BENEDICT, House District 64, Hamilton, said HB 225 is on behalf of the Alcohol and Drug Abuse Division, Department of Corrections and Human Services. He said judges are referring people to Galen for treatment for chemical dependency without having them evaluated to find out if they really belong there. There is a waiting list to get into Galen and these people are clogging the system. HB 225 requires judges to refer candidates for Galen to a local chemical dependency program to be evaluated.

Proponents' Testimony:

Darryl Bruno, Administrator, Alcohol and Drug Abuse Division, Department of Corrections and Human Services. Written testimony. Exhibits 4 and 5.

Mike Ruppert, President, Chemical Dependency Program of Montana (CDPM), said HB 225 enhances the efficiency of Galen. CDPM supports HB 225.

Opponents' Testimony:

None

Questions From Committee Members and Responses:

REP. CAROLYN SQUIRES asked Mike Ruppert if patients would get aftercare if the bill passes. Mr. Ruppert said there has always

been aftercare treatment available but it has never been mandated. REP. SQUIRES asked Darryl Bruno if aftercare treatment is available to all patients, including indigents. Mr. Bruno said the outpatient contracts with providers require patients returning from treatment at Galen are ready for admission to aftercare treatment within seven days of discharge. The assessments for patients that are unable to pay for treatment will be paid by the block grant fund for this program.

REP. JOHN BOHLINGER, asked Mr. Bruno, why the bill doesn't mandate aftercare treatment. Mr. Bruno said HB 225 is designed to require prescreening before being admitted to Galen and to decrease the waiting list. Aftercare is not the intent of the bill. REP. BOHLINGER said sometimes people decide to admit themselves for treatment. He asked Mr. Bruno if the bill would make it difficult for those people to get treatment. Mr. Bruno said he believed treatment would be more available because the waiting list would be reduced.

Closing by Sponsor:

REP. BENEDICT said HB 225 requires judges to refer people to a local chemical dependency treatment program for screening before committing them to Galen. The bill does not address aftercare or outpatient treatment.

HEARING ON HJR 4

Opening Statement by Sponsor:

REP. BEVERLY BARNHART, House District 80, Bozeman, said HJR 4, encourages the citizens of Montana to endorse and support the efforts of Montana State University (MSU), to develop a family nurse practitioner program in Montana. Access to care, quality of care, and cost of care need to be addressed. By providing training and empowerment to nurse practitioners there could be an immediate impact on those issues. MSU is currently seeking private funding to support the nurse practitioner program.

Proponents' Testimony:

Ralph Tundy, former Representative, H. D. 24, Deer Lodge, Montana, expressed his support of HJR 4.

Cathy Caniparoli, Adjunct Assistant Professor, College of Nursing, Montana State University. Written testimony. EXHIBIT 6.

Barbara Booher, Executive Director, Montana Nursing Association, read a letter from Beth Sirr, Registered Nurse, Missoula, Montana, in support of HJR 4. EXHIBIT 7.

Verner Bertelsen, Montana Legacy Legislature. Written testimony. EXHIBIT 8.

Ray Linder, Montana Nurses Association, submitted written testimony from Michael Sheets, Registered Nurse and Nurse Practitioner, Chester, Montana. EXHIBIT 9.

Clyde Dailey, Executive Director, Montana Senior Citizens Association (MSCA), said nurse practitioners are needed in rural Montana. MSCA supports HJR 4.

Jerry Loendorf, Montana Medical Association, said there has been a shortage of health care practitioners in the rural areas of Montana for years. Nurse practitioners are highly trained people who can practice by themselves. He urged support of HJR 4.

Opponents' Testimony:

None

Questions From Committee Members and Responses:

REP. SIMON asked Cathy Caniparoli if nurse practitioners receive a masters degree. Ms. Caniparoli said nurse practitioners will receive a masters degree when they graduate from the nurse practitioner program. Not all nurse practitioners have masters degrees. In order to take national certification examinations, it is necessary to have a masters degree.

CHAIRMAN BORHARSKI asked Ms. Caniparoli if the State Board of Nursing would license the nurse practitioners. Ms. Caniparoli said nurse practitioners would be recognized by the State Board of Nursing.

REP. ELLEN BERGMAN asked Ms. Caniparoli if there was a fiscal note for HJR 4. Ms. Caniparoli said there is no fiscal note because part of MSU's endowment program will be used for the nurse practitioner program. \$1,500,000 needs to be raised for the endowment program. The interest from the \$1,500,000 will be used for the nurse practitioner program.

Closing by Sponsor:

REP. BARNHART urged support of HJR 4.

EXECUTIVE ACTION ON HB 118

Motion: REP. TIM SAYLES MOVED DO PASS HB 118.

Discussion: CHAIRMAN BOHARSKI presented an amendment to HB 118. EXHIBIT 10.

Motion/Vote: CHAIRMAN BOHARSKI MOVED the amendments to HB 118.
Voice vote was taken. Motion CARRIED 15 to 1.

Motion: REP. TIM SAYLES MOVED DO PASS HB 118 AS AMENDED.
Question called.

Vote: HB 118 DO PASS AS AMENDED. Voice vote was taken. Vote
12 to 4.

Vote: HB 118 DO PASS AS AMENDED.

EXECUTIVE ACTION ON SB 6

Motion: REP. TOM NELSON MOVED SB 6 BE CONCURRED IN. Question was
called. Voice vote was taken. Motion CARRIED unanimously.

Discussion: None

Vote: SB 6 BE CONCURRED IN.

EXECUTIVE ACTION ON SB 7

Motion: REP. DOWELL MOVED SB 7 BE CONCURRED IN.

CHAIRMAN BOHARSKI presented an amendment to SB 7.

Motion/Vote: REP. DOWELL MOVED the amendment to SB 7. EXHIBIT
10. Voice vote was taken. Motion CARRIED unanimously.

Motion/Vote: REP. DOWELL MOVED SB 7 BE CONCURRED IN AS AMENDED.
Voice vote was taken. Motion CARRIED unanimously.

Vote: SB 7 BE CONCURRED IN AS AMENDED.

EXECUTIVE ACTION ON SB 34

Motion: REP. JOHN BOHLINGER MOVED SB 34 BE CONCURRED IN.

Discussion: CHAIRMAN BOHARSKI presented an amendment to SB 34.

REP. DOWELL said he served on a children and families interim
committee with SEN. ECK. Providers from around the state were
invited to participate in a two day session about a year ago. A
former state senator from Iowa who is an acknowledged expert in
getting things done in the health care field, gave testimony that
collaboration was the important element.

REP. NELSON asked REP. DOWELL what organizations were represented by those who attended the meeting. REP. DOWELL said some of the organizations were Montana Council on Families, Preventative Child Care, and Healthy Mothers, Healthy Babies to name a few.

REP. BILL STRIZICH said he was in favor of the bill.

REP. SIMON proposed an amendment to SB 34 adding a termination date of July 1, 1997. REP. SIMON said he discussed putting a sunset provision on SB 34 effective four years from now with SEN. ECK. REP. SIMON said SEN. ECK indicated she would support a sunset provision. The sunset provision would give the legislature the opportunity to review the work of the council.

Motion/Vote: REP. SIMON MOVED the amendment to SB 34. Question was called. Voice vote was taken. Motion was CARRIED unanimously.

Motion: REP. TIM SAYLES MOVED DO CONCUR SB 34 AS AMENDED.

Motion: CHAIRMAN BOHARSKI moved amendment no. 2 to SB 34. EXHIBIT 11.

Discussion: CHAIRMAN BOHARSKI said the amendment cancels the direct appropriation by the legislature to fund the committee.

CHAIRMAN BOHARSKI turned the chair over to VICE CHAIRMAN SIMON for the duration of the discussion on his amendment.

REP. HANSEN asked VICE CHAIRMAN SIMON if the sunset amendment would be moot if REP. BOHARSKI'S amendment is adopted. She said the bills have sunset provisions when state money is involved. VICE CHAIRMAN SIMON said even though there won't be a direct appropriation involved if Rep. Boharski's amendment is adopted, there will be staff time from various agencies and time is money.

Vote: REP. DOWELL called the question. Voice vote was taken. Amendment no. 2 was adopted 13 to 3.

Motion: REP. BOHARSKI moved amendment no. 3 to SB 34. EXHIBIT 12.

Discussion: REP. BOHARSKI explained the reason for the amendment was because the commissioners of Missoula County asked that two representatives of local government be put on the committee.

Vote: Question was called. Voice vote was taken. Motion to adopt amendment no. 3 FAILED unanimously.

Motion: REP. CAROLYN SQUIRES moved to strike the sunset amendment from the bill.

Discussion: REP. SIMON said the agencies want legislative direction. He said legislative direction can be given for four

years, then a review should be done to determine if it is still necessary. It has nothing to do with funding.

REP. DOWELL spoke in favor of Rep. Squire's motion.

REP. HANSEN said she didn't believe it was legal for the state of Montana to check on how private funds are spent.

REP. BOHLINGER said there is no need for the sunset provision because private funding will be used.

Vote: **REP. DOWELL** called the question. Voice vote was taken. The motion **FAILED** 3 - 13.

Motion: **REP. DOWELL** moved SB 34 **BE CONCURRED IN** as amended.

Discussion: **REP. BRAD MOLNAR** said SB 34 wasn't necessary because the agencies didn't need legislative guidance. The agencies could work together on their own if they would stop their turf wars.

Motion/Vote: **REP. MOLNAR** MOVED TO TABLE SB 34. Voice vote was taken. Motion **FAILED** 2 to 14.

Motion/Vote: Voice vote was taken. SB 34 **BE CONCURRED IN AS AMENDED**. Motion **CARRIED** 14 to 2.

Vote: SB 34 **BE CONCURRED IN AS AMENDED**.

EXECUTIVE ACTION ON SB 43

Motion: **REP. SAYLES** MOVED SB 43 **BE CONCURRED IN**.

Discussion: **REP. DUANE GRIMES** said he was concerned that SB 43 removes a cost containment measure by removing the sunset provision. **REP. GRIMES** proposed an amendment to SB 43. He said the amendment would help contain costs to clients because health care providers could not charge the insured client an amount greater than the amount payable under the insurance contract.

Motion : **REP. GRIMES** moved to adopt the amendment to SB 43. **EXHIBIT 13**.

Discussion: **REP. SIMON** said the amendment was inappropriate because it was outside the scope of the bill. He asked for a ruling.

CHAIRMAN BOHARSKI asked David Niss, Legal Counsel, for a ruling. **Mr. Niss** said the amendment is within the original purpose of the bill because it deals with lien proceeds.

REP. SIMON said the purpose of **SEN. DOHERTY'S** bill was to remove

the sunset provision and nothing more. He said he believed a rules committee would rule that the waiver in the amendment is outside the scope of the bill and therefore, improper.

Motion/Vote: REP. SQUIRES called the question. Voice vote was taken. Motion to adopt the amendment SB 43 **FAILED** 3 to 13.

Discussion: REP. GRIMES said he was opposed to removing the sunset provision.

CHAIRMAN BOHARSKI said all health insurance companies in the state, except BCBS, can have liens filed against them. To equate the fairness, the other health insurance companies should be taken out from under the Lien Act.

REP. BOHLINGER said when health care providers are not paid for their services, it adds to everyone's health care costs. He expressed his support for SB 43.

Motion/Vote: REP. NELSON called the question. Voice vote was taken. SB 43 **BE CONCURRED IN**. Motion **CARRIED** 13 to 3.

Vote: SB 43 **BE CONCURRED IN**.

ADJOURNMENT

Adjournment: 7:15 p.m.

Wm E Boharski

WM. E. BOHARSKI, Chair

Alyce Rice

ALYCE RICE, Secretary

WB/ar

HOUSE OF REPRESENTATIVES

HUMAN SERVICES AND AGING

COMMITTEE

ROLL CALL

DATE

1/25/93

| NAME | PRESENT | ABSENT | EXCUSED |
|-----------------------------------|---------|--------|---------|
| REP. BILL BOHARSKI, CHAIRMAN | ✓ | | |
| REP. BRUCE SIMON, VICE CHAIRMAN | ✓ | | |
| REP. STELLA JEAN HANSEN, V. CHAIR | ✓ | | |
| REP. BEVERLY BARNHART | ✓ | | |
| REP. ELLEN BERGMAN | ✓ | | |
| REP. JOHN BOHLINGER | ✓ | | |
| REP. TIM DOWELL | ✓ | | |
| REP. DUANE GRIMES | ✓ | | |
| REP. BRAD MOLNAR | ✓ | | |
| REP. TOM NELSON | ✓ | | |
| REP. SHEILA RICE | ✓ | | |
| REP. ANGELA RUSSELL | ✓ | | |
| REP. TIM SAYLES | ✓ | | |
| REP. LIZ SMITH | ✓ | | |
| REP. CAROLYN SQUIRES | ✓ | | |
| REP. BILL STRIZICH | ✓ | | |
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HOUSE STANDING COMMITTEE REPORT

January 26, 1993

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 118 (first reading copy -- white) do pass as amended .

Wm E Boharski

Signed: _____
Bill Boharski, Chair

And, that such amendments read:

1. Title, line 6.

Following: "ACT;"

Insert: "DEFINING "DAY CARE" TO EXCLUDE CARE PROVIDED BY A PARENT
OR OTHER PERSON LIVING WITH THE CHILD AS A PARENT;"

2. Title, line 11.

Following: "PAYMENTS;"

Insert: "ALLOWING A FAMILY DAY-CARE HOME TO PROVIDE CARE FOR
CHILDREN FROM THE SAME FAMILY;"

3. Page 1, line 18.

Following: "means"

Strike: remainder of line 18

4. Page 1, line 19.

following: "care for children"

Insert: "provided by an adult, other than a parent of the
children or other person living with the children as a
parent, on a regular basis for daily periods of less than 24
hours"

5. Page 2, lines 19 and 20.

Strike: "from separate families"

6. Page 2, line 22.

Strike: "place"

Insert: "other structure"

Committee Vote:

Yes 10, No .

201030SC.Hpf

HOUSE STANDING COMMITTEE REPORT

January 26, 1993

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging
report that Senate Bill 6 (third reading copy -- blue) be
concurrent in.

Signed: _____

Wm E Boharski

Bill Boharski, Chair

Carried by: Rep.

Sayler

Committee Vote:

Yes No

201154SC.Hof

HOUSE STANDING COMMITTEE REPORT

January 26, 1993

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging
report that Senate Bill 7 (third reading copy -- blue) be
concurrent in as amended.

Wm E Boharski

Signed: _____

Bill Boharski, Chair

And, that such amendments read:

Carried by: Rep.

Sayles

1. Page 3, line 12.
Strike: "three"
Insert: "four"

HOUSE STANDING COMMITTEE REPORT

January 26, 1993

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 34 (third reading copy -- blue) be concurred in as amended .

Wm E Boharski

Signed: _____

Bill Boharski, Chair

And, that such amendments read:

Carried by: Rep. *Dan S.*

1. Page 4.

Following: line 4

Insert: "(6) Staffing and other resources may be provided to the coordinating council only from state and nonstate resources donated to the council and not from direct appropriations by the legislature."

HOUSE STANDING COMMITTEE REPORT

January 26, 1993

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging
report that Senate Bill 43 (third reading copy -- blue) be
concurrent in.

Signed: _____

Wm E Boharski

Bill Boharski, Chair

Carried by: Rep. *WAL*

Committee Vote:
Yes *11*, No *3*.

OK 1/21/93
201203SC.Hpf

HOUSE STANDING COMMITTEE REPORT

January 26, 1993

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging
report that Senate Bill 43 (third reading copy -- blue) be
concurred in .

Signed: _____

Wm E Boharski

Bill Boharski, Chair

Carried by: Rep. *WALL*

Committee Vote:
Yes No

20120330C.Hed

DEPARTMENT OF CORRECTIONS
AND HUMAN SERVICES

EXHIBIT 1
DATE 1-25-93
HB 274



MARC RACICOT, GOVERNOR

1539 11TH AVENUE

STATE OF MONTANA

(406) 444-3930
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PO BOX 201301
HELENA, MONTANA 59620-1301

TESTIMONY HB 274

The Department of Corrections, Alcohol And Drug Abuse Division (ADAD) was charged by the 52nd legislature, via HB 909, to study the minimum requirements for certification of persons providing counseling for gambling addiction and the availability of effective treatment resources in Montana for persons suffering from gambling Addictions. Funding for that study was provided by an appropriations from the gambling license fee account.

Prior to the department contracting for the study through the U of M., the department was requested by the Gaming Advisory Council to contract for an incidence and prevalence to determine the incidence and prevalence of problem and pathological gambling in the State of Montana. Funding for the incidence and prevalence study was from the unobligated balance remaining from the 909 study and funding raised by the Gambling Control Division. Both studies were completed.

Significant conclusions from both studies include :

- . A minimum of 5500 adult residents of Montana are currently experiencing severe problems related to their gambling involvement.
- . The majority of treatment professionals in Montana responding to the mail survey had treated problem gamblers at some time in there professional careers.
- . the majority of respondents who had treated problem and pathological gambling had over 10 years experience and specialized in Chemical dependency treatment.
- . Establishment of a certification program for gambling counselors would provide gambling specific training to treatment professional in Montana in a coherent, consistent and comprehensive manner.

Based on information from both studies, the Gaming Advisory Council at their December 1992 meeting, voted to have gambling treatment legislation introduce in the 53rd legislature. Legislation proposed at that meeting would require the DCHS, ADAD to adopt rules necessary to administer a problem and pathological gambling program.

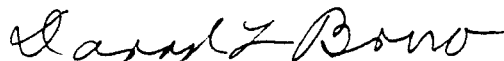
Rules would include :

- . Procedures for reimbursing public and private organizations for providing gambling treatment.
- . Criteria for selecting agencies to provide gambling treatment services.
- . Criteria to evaluate services provided by organizations.
- . Criteria for determining persons qualified to receive treatment and rehabilitation services.
- . Credentialing of persons providing treatment and rehabilitation of services of persons suffering from problem and pathological gambling.

HB 274 establishes minimum certification standards for problem and pathological gambling counselors, provides a procedure for charging a violation of ethical standards and for suspension or revocation of certification. The department supports this bill as it **clearly defines gambling certification standards and compliments the Gambling treatment bill** being introduced at the request of the Gambling Advisory Council.

The treatment bill provides for a plan, procedures for funding providers and a system of credentialing. HB bill 274 defines the credentialing standards.

Darryl L. Bruno



Administrator Alcohol and Drug Abuse Division

DEPARTMENT OF CORRECTIONS
AND HUMAN SERVICES

EXHIBIT 2
DATE 1-25-93
HB 274



MARC RACICOT, GOVERNOR

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TESTIMONY HB 274

HB 274 establishes minimum certification standards for problem and pathological gambling counselors and provides a procedure for charging a violation of ethical standards and for suspension or revocation of certification.

The Department of Corrections and Human Services supports this bill as it clearly defines gambling counselor certification standards and compliments the Gambling Treatment Bill being introduced by the Gambling Advisory Council.

The 52nd legislature mandated in HB 909, the Department of Corrections and Human services to study the following:

- . Minimum requirement for certification of persons providing counseling for gambling addictions;
- . Availability of effective treatment resources in Montana for persons suffering from gambling addictions.

The study was contracted through the University of Montana and subcontracted to Dr Volberg and Jean Fulzon. The research was divided into 3 sections:

- . Survey of treatment professionals in Montana
- . Literature review and interviews with 13 states
- . Credentialing research and recommendations.

The results of the survey of licensed treatment professionals revealed a response rate of 52% i.e. 578 professionals. Of the 578 respondents, 60% had treated problem gamblers at some time in their professional career. 73% of the respondents, who had treated problem gamblers had NO specific training in treating such clients.

Research has found problem and pathological gamblers are most effectively treated with cognitive approaches. The addiction model is often utilized. Additionally, although research indicates the problem and pathological gamblers may possess multiple addictions the gambling pathology has unique differences.

The study as well as the National Council on Problem Gambling recommend 60 hours of gambling specific training for counselors providing this service.

Two recommendations from the treatment study conducted by Dr Volberg and Jean Fulzon, experts in gambling treatment and research, are :

(1) Establishment of a certification program for gambling counselors would be one way to provide gambling-specific training to treatment professionals in Montana in a coherent, consistent and comprehensive manner.

(2) Establishment of a certification system for gambling counselors in montana should build on national developments in gambling certification programs.

This bill was drafted using the Nation Standards discussed in the treatment study report. The individual formulating the report was Jean Fulzon, the Executive Director of the National Council on Problem Gambling, who developed standards for the council.

The fiscal note also contains the necessary costs for the required gambling - specific training i.e. 60 hours in two offerings.

Respectfully submitted,

Norma Jean Boles
Manager, Standards and Quality Assurance
Alcohol and Drug Abuse Division

EXHIBIT 3
DATE 1/25/93
HB 274

**TREATMENT OF PATHOLOGICAL GAMBLERS IN MONTANA:
Past, Present and Future**

Rachel A. Volberg, Ph.D.
Gemini Research
353 Mountain Street
Albany, NY 12209

(The original document is 74 pages long and is stored at the Historical Society at 225 North Roberts Street, Helena, MT 59620-1201. The phone number is 444-2694.)

November 21, 1992

DEPARTMENT OF CORRECTIONS
AND HUMAN SERVICES

EXHIBIT 7
DATE 1-25-93
HB 225



MARC RACICOT, GOVERNOR

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TESTIMONY FOR HB 225

This bill, introduced at the request of the department, is in response to two recommendations (attached) from the legislative interim committee on the study of the Montana state hospital.

1. That the Alcohol and Drug Abuse Division (ADAD) of the Department of Corrections and Human Services develop a community-based alcohol and drug pre-admission screening program similar to the screening process in place for the Mental Health System.

2. The committee is fully aware of and is deeply concerned about the long waiting list for the Alcohol and drug treatment program at Galen and recommends that the 53rd legislature consider ways of improving access to the program.

This bill will deal with both recommendations and also address policy issues of ADAD which include promoting Galen as a responsive, effective and innovative residential chemical dependency program and not a minimum security facility, a homeless shelter etc, and hopefully ensure treatment on demand by virtually eliminating the waiting list to the Montana Chemical Dependency Center (MCDC) At Galen.

This bill if enacted will require a pre admission screening process and greatly enhance our ability to improve access to MCDC.

The means of accomplishing this mission will be to **require community based assessments from certified counselors and confirmations from state approved chemical dependency program.** In order to receive inpatient treatment at MCDC - Galen a voluntary admission must first receive an assessment from a certified counselor that he/she is chemical dependent and second, receive confirmation from a state approved chemical dependency program that the level of services are not available or appropriate in the community.

Thus, ensuring only chemically dependent individuals **requiring inpatient services** will be referred to Galen. Furthermore, having professionals in charge of the confirmation and arranging the referral will decrease the no show rate which has been a major problem with the waiting list.

This bill applies to all voluntary admissions to the Montana State Hospital at Galen which include:

- . Individuals voluntarily seeking treatment;
- . DUI offenders coming from the ACT school, justice of the peace referral, attorney recommendations or self referral;
- . Verbal recommendations from courts for domestic abuse, sexual misconduct disorderly conduct and etc;
- . Department of family service referrals for child abuse and neglect;
- . Department of Social and Rehabilitative Services for project work.

Court Ordered, involuntary commitments, emergency commitment of intoxicated persons and persons incapacitated by alcohol i.e. detox and any individual with legal papers would be excluded from this bill and would be referred directly. However, their access to inpatient treatment services will be enhanced with passage of this bill.

In fy 92 there were approximately 1500 admissions to Galen for chemical dependency services. Approximately 550 individuals received detoxification services only and were discharged, the rest of the individuals over 950 were transferred to the inpatient programs for chemical dependency treatment services. 492 or 52% of the individuals who were transferred to inpatient treatment had been on a waiting list for over 30 days.

We estimate, at the present time, a minimum of 120 inappropriate individuals a year are scheduled for inpatient treatment at MCDC-Galen, however only about 50% or 60 arrive. Cost savings from passage of this bill will result in a variety of ways as inappropriate referrals cost MCDC one to two days of detox, a physical exam, manpower and other resources i.e, phone calls, interview and placement time, paperwork and transportation costs. Additionally, this becomes very disruptive to the individual when their needs could be met in the community.

The initial contact in the community for assessment, placement based on treatment needs and confirmation will ensure the provision of aftercare services in the community upon the individuals return to the community due to the local program link. At present many individuals fail to make aftercare contact.

Patient placement based on assessment and the individuals needs will facilitate the delivery of service in the least restrictive environment, if necessary services are available and appropriate, thus avoiding the costly expense of inpatient if intensive outpatient is appropriate.

We will develop, hold hearings and adopt rules to establish policies and procedures governing assessment, patient placement, confirmation and admission to MCDC. Confirmation by state approved community outpatient programs will not limit those individuals needing inpatient services who are assessed and referred from non approved agencies. Policies and procedures will assure that those individual requiring inpatient chemical dependency services will receive inpatient services.

Section 3 is amended to clarify the responsibilities of the Galen inpatient programs for discharged clients and is not a significant change. It is the responsibility of the Galen program to arrange for outpatient after care in the community. It is the responsibility for the community program to assist the individual in obtaining supportive services while in aftercare. Placement in aftercare is a major priority with ADAD.

The Alcohol and Drug Abuse Division urges passage of the Bill as it will ensure the most **efficient and effective** process of providing needed services to greater numbers of chemically dependent individuals **on demand** at the Montana Chemical Dependency Center at Galen.

Respectfully Submitted



Darryl L. Bruno

Administrator alcohol and Drug abuse Division

EXHIBIT 4
DATE 1/25/93
HB 225

RECOMMENDATIONS

Committee on the Montana State Hospital
(As of August 18, 1992)

EXHIBIT 4
DATE 1/25/93
HB 225

Montana State Hospital Operations

- That the Montana State Hospital develop at Warm Springs a subacute infirmary of good clinical quality. (Passed unanimously)
- That the Montana State Hospital discontinue providing liscensed acute hospital care at Galen. (Passed 8 to 4)
- That the nursing home at Galen be discontinued. (Passed 9 to 5)

Galen Alcohol and Drug Treatment Program

- That the Montana State Hopsital continue to operate an inpatient chemical dependency program at Galen as part of a comprehensive public and private system of care. (Passed 10 to 1)
- That chemical dependency program at Galen administered by the Alcohol and Drug Abuse Division of the Department of Corrections and Human Services develop a subacute medical detoxification program that meets all current medical protocols. (Passed unanimously)
- That the Alcohol and Drug Abuse Division of the Department of Corrections and Human Services develop a community-based alcohol and drug treatment pre-admissions screening program similar to the screening process in place for the mental health system. (Passed unanimously)
- The Committee on the Montana State Hospital is fully aware of and is deeply concerned about the long waiting list for admission to the alcohol and drug treatment program at Galen and recommends that the 53rd Legislature consider ways of improving access to the program. (Passed unanimously)

Alternative Uses

- That the 53rd Legislature explore the feasibility of placing at Galen a veteran's home consisting of new or old buildings and facilities. (Passed unanimously)

Mental Health Services

- That the Department of Corrections and Human Services continue to support a system of care for the mentally ill that emphasizes treatment in the least restrictive environment within a continuum of state and privately-provided services and establish the role of the Montana State Hospital at Warm Springs as providing intensive inpatient services for the severely mentally disabled with the goal of returning patients to the community when feasible. (Passed unanimously)
- That the Department of Corrections and Human Services expand case management and crisis intervention programs within the community mental health regions. (Passed unanimously)

Residential Services on the
Galen Campus

1. Detoxification services in the hospital.

Length of stay 1-3 days.

2. Montana Chemical Dependency Center
(MCDC)

◀ 87 Treatment & 12 Orientation beds

◀ 28 day and 60 day inpatient
programs

Community Services

EXHIBIT 5
DATE 1/25/93
HB 225

Services are provided by State approved chemical Dependency treatment programs and community based prevention programs. ADAD contracts with private not for profit providers for outpatient, inpatient, detoxification, Transitional Living and Prevention services. Currently 23 state approved programs receive contracts for treatment and prevention services to cover all 56 counties. In addition ADAD contracts with community based prevention programs for prevention \ education services only.

All patients entering MCDC must enter through Detox. Based on the level of care determined from the evaluation provided at the detox and orientation unit, an individual is either returned to the community for outpatient or referred to MCDC for inpatient chemical dependency treatment. After completing treatment, individuals are referred back to a community program for aftercare services.

CHEMICAL DEPENDENCY

TREATMENT SYSTEM

33 State Approved Programs in

68 Locations

(MCDC AT GALEN INCLUDED)

2 - Detoxification

3 - Inpatient Hospital

7 - Inpatient Freestanding

2 - Intermediate (TLF)

24 - Outpatient * Services

Available in all counties -16

Provide Intensive Outpatient

21 - DUI Court Schools

EXHIBIT

6

DATE

1-25-93

HJR 4

TESTIMONY: HJ. 4 JOINT RESOLUTION SUPPORTING AN FAMILY NURSE
PRACTITIONER EDUCATION PROGRAM AT MONTANA STATE
UNIVERSITY. SPONSOR: Beverly Barnhart

My name is Cathy Caniparoli and I am an Adjunct Assistant Professor in the College of Nursing at Montana State University. I am here today as the Chair of the Ad-Hoc Committee on the development of a Family Nurse Practitioner tract for the Master's of Nursing at Montana State University. We are seeking your support in our efforts to develop this program at Montana State University.

For a variety of reasons, we have decided to develop funding of this program through private resources such as grants and through the development of an endowed program, through the University's endowment program. It would be very helpful in our fund-raising efforts to be able to identify that we have the support of the Montana Legislature through this resolution.

Nurse Practitioners are Registered Nurses who have further education, increasingly on the Master's level, to provide primary care services to clients. These services include physical exams, diagnosis and treatment of common health problems, care of individuals with chronic health problems, prevention care and support for families within the health care system. In Montana, they have third-party reimbursement through private insurance and through Medicaid. Nurse Practitioners have also been granted prescriptive authority. Because of the above, nurse practitioners are ideally suited to provide services to rural areas.

There is no program in Montana to educate Family Nurse Practitioners. There is evidence that to provide services in rural areas, a baccalaureate prepared registered nurse from the area is most likely to return to the area and to stay in that community. Because it is difficult to leave the state if you have a family, a program in Montana is important. We are looking at a variety of strategies to make this program "user friendly" without compromising the quality of the nurse practitioner. We recognize that the state of Montana has no money for new programs and is struggling to maintain the programs it has, so we have taken this route. I would like to urge the committee to offer a "do pass" to this resolution. Thank you.



Montana Nurses' Association

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

EXHIBIT 7
DATE 1-25-93
HTR 4

January 25, 1993

Dear Members of the Committee,

After 15 years of working in the hospital setting, I felt very strongly that I wanted to be able to offer my community affordable, compassionate, wellness oriented, primary health care -- becoming a Family Nurse Practitioner (FNP) seemed to be the answer. How to reach this goal proved to be very difficult -- unless one was willing to leave the state for a minimum of 18 months. At my age (34), this would have meant uprooting an entire family -- as it would for most FNP candidates.

I am fortunate to have been accepted into Gonzaga University's FNP program and am fortunate to be able to afford it -- most cannot. Since it is geared to the needs of distance learners, I've been able to remain in Missoula and am doing my clinical here in Montana. I believe an FNP program, similar to Gonzaga's, offered through MSU would be very successful. The distance learning format enables practitioners to remain in their home communities where they will be needed and wanted. (65% of Gonzaga's FNP students come from towns of less than 25,000 and 25% from towns of less than 2,500.)

RN's in Montana have been waiting a long time for a graduate program in nursing which would allow them to serve their communities in a hands-on, practical way. Such service is THE MISSION of nursing, and the people of this state would reap the benefits of every dollar spent on this type of graduate nursing program. I welcome any call on this issue.

Sincerely,

Beth Sirr, RN, BSN
MN candidate - FNP student

1145 Lolo Street
Missoula, MT 59802
(406) 728-3342

Testimony on H.J.R. 4 — Jan. 25, 1993

EXHIBIT 8
DATE 1-25-93
HJR 4

Mr. Chairman and members of the Human Services and Aging Committee.

I am Vermer Butcher and today I am representing Montana Legacy Legislature.

Montana Legacy Legislature expresses its strong support for H.J.R. 4. H.J.R. 4 urges your support for the development of a family nurse practitioner training program at Montana State University College of nursing.

I would like to tell you a little about Montana Legacy Legislature. It is an organization of senior citizens of Montana through which they conduct a legislative session every two years. The last session was held in May, 1992.

Representatives and senators are elected by their 11 separate state areas. 56 people were chosen to represent these areas. Much time is spent before the session considering legislation which is then submitted for their consideration. These bills assigned to separate committees for their consideration and action. The bills approved are then returned to the full legislative body for its action. The legislature passed 18 bills and 14 resolutions. Out of these five priority bills were chosen and three priority resolutions to seek action by the State Legislature.

H.J. R. 7 was one of their priority resolutions. Please keep in mind that all of this was accomplished in three days under a unicameral legislative system.

Montana Legacy Legislature feels there is an urgent need for improved medical services in rural Montana. This is especially true in the field of preventive health care which these nurse practitioners could provide.

Your legacy legislators, leaders in your communities, strongly urge your support of this excellent program.

Thank you -

Verner Bertelsen - Lobbyist

Montana Legacy Legislature

1800 Winne Ave

Helena, Mt. - Tel. 442-2279

MICHAEL A. SHEETS, F.N.P.
LIBERTY COUNTY PROFESSIONAL BUILDING
P.O. BOX 506
CHESTER, MONTANA 59522
TELEPHONE 759-5194

EXHIBIT 9
DATE 1-25-93
HR 4

01/25/93

Written Testimony on Behalf of House Senate Resolution #4

I am a Family Nurse Practitioner practicing in Chester, Montana. I practice with two family physicians. We service an emergency room, 11 bed hospital, and 45 bed nursing home. Our service area is 2000 square miles with no other health facilities. I pull call every 3rd night and every 3rd weekend. I also am the primary recruiter of Nurse Practitioners into Montana for the Montana Nurses Association.

Demand for Nurse Practitioners are at a all time high. I have placed 14 Nurse Practitioners in Montana communities in the last year and one half. I could have place 50 to 60 if they were available. Recruiting Nurse Practitioners from outside of Montana is a short term solution. We must take native Montana's with families here in the state who are RN's and train them to go back and care for their communities. They'll be there for their entire lives. They know their friends and neighbors and can lend a personal touch that outsiders may never be able to.

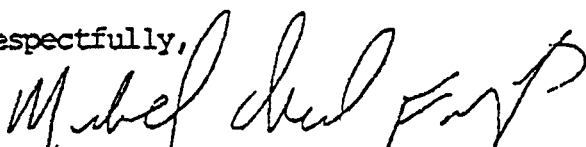
A native Nurse Practitioner in a community gives continuity of care and makes it easier to recruit physicians into small towns where they have a Nurse Practitioner to share call and to discuss patients. It makes sole practice bearable.

We currently have 6 Montanans in Gonzaga University, Spokane, Washington, training to be Nurse Practitioners at extreme personal energy expenditures.

I have had over 100 inquiries from nurses in Montana who want to become Nurse Practitioners. It is my belief that the single most important thing the state of Montana can do is to open a Nurse Practitioner program at Montana State University and train rural nurses to care for their neighbors. This will lower costs and improve access to care. It will also allow Montanans to live the independent sort of life they are use to and prevent closure of hospitals, clinics and nursing homes.

Please help us here in rural Montana.

Respectfully,


Michael A. Sheets, RN, MSN, FNP

Amendments to Senate Bill No. 7
Third Reading Copy

EXHIBIT 10
DATE 1-25-93
SB 7

For the Committee on Human Services and Aging

Prepared by David S. Niss
January 23, 1993

1. Page 3, line 12.
Strike: "three"
Insert: "four"

EXHIBIT 11
DATE 1-25-93
SB 34

Amendments to Senate Bill No. 34
Third Reading Copy

For the Committee on Human Services and Aging

Prepared by David S. Niss
January 21, 1993

I. Page 4.

Following: line 4

Insert: "(6) Staffing and other resources may be provided to the coordinating council only from state and nonstate resources donated to the council and not from direct appropriations by the legislature."

SB003401, ADN

Amendments to Senate Bill No. 34
Third Reading Copy

For the Committee on Human Services and Aging

Prepared by David S. Niss
January 23, 1993

1. Page 1, line 21.

Strike: "10"

Insert: "12"

2. Page 2, line 14.

Strike: "AND"

3. Page 2, line 16.

Following: "2-15-2006"

Insert: "; and

(j) two representatives of local government, one of whom must be chosen from a rural area of western Montana and one from an urban area of eastern Montana"

Just pass

EXHIBIT 13
DATE 1-25-93
SB 43

Amendments to Senate Bill No. 43
Third Reading Copy

For the Committee on Human Services and Aging

Prepared by David S. Niss
January 25, 1993

1. Title, line 7.

Following: "ACT;"

Insert: "PROHIBITING CERTAIN CHARGES BY PERSONS GIVING NOTICE OF
A LIEN ON INSURANCE;"

2. Page 1.

Following: line 9

Insert: "NEW SECTION. Section 1. Waiver of certain charges if
lien used. A physician, nurse, physical therapist,
occupational therapist, chiropractor, person practicing
dentistry, or hospital that gives the required notice for a
lien upon proceeds or payments payable by an insurer, may
not charge or collect from the insured any amount greater
than the amount payable to the insured under the insurance
contract.

Renumber: subsequent sections

Handwritten signature/initials

HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER

Human Service COMMITTEE BILL NO. HB 725
DATE 1/25/93 SPONSOR(S) Rep. Benedict

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

| NAME AND ADDRESS | REPRESENTING | SUPPORT | OPPOSE |
|------------------|-----------------------------------|---------|--------|
| Bambi Booker | Mt. Nurses Assoc | ✓ | |
| NORMA JEAN BATES | DCHS | X | |
| Terrie T Zamboni | Nat. Med Assn | ✓ | |
| Mike Ruppert | Chemical Dep. Programs at Montana | ✓ | |
| Wanda Jerr | DCHS | X | |
| Gloria M. Munn | MCOC - Galen | X | |
| Ralph Tuck | State Rep. HD24 | | |
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PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER

Human Services COMMITTEE BILL NO. HB274
DATE 1/25/93 SPONSOR(S) Rep. Brown

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

| NAME AND ADDRESS | REPRESENTING | SUPPORT | OPPOSE |
|-----------------------|----------------------------------|---------|--------|
| DAVE BROWN | State Rep & sponsor | X | |
| Norma Jean Bales | DCHS | X | |
| Kathy McGowan | mt. Psych. Assn. | | X |
| David L Brown | DCIT S | + | |
| FRANK & JOANN ELLIOTT | MT Hosp. Assoc | | |
| Sue Roling | Don't Gamble With The Future | | |
| Alan Ruby | Don't Gamble with the Future | | |
| EMILY ESCH | DON'T GAMBLE WITH THE FUTURE! | | |
| Lil McBride | Don't Gamble w Billings | | |
| JIM FARRELL | Self | X | |
| JUDITH CARLSON | ME CHOC. NASW | X | |
| LARRY AKEY | MICMOA | X | |
| Gloria HERMANSON | DON'T GAMBLE w/ the FUTURE | X | |
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ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER

Human Services COMMITTEE BILL NO. HJR4
DATE 1/25/93 SPONSOR(S) Rep. Barnhart

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

| NAME AND ADDRESS | REPRESENTING | SUPPORT | OPPOSE |
|------------------|--------------------------|---------|--------|
| Kerner Bertelsen | Legacy Legislature | ✓ | |
| Cathy Comparoli | MSU College of Nursing | ✓ | |
| Raymond Shuler | MNA - Michael Sheets, RN | ✓ | |
| Bobb Booher | MNA - Beth Sier | ✓ | |
| Dawn Allen | M.U.S. - MSU | | |
| Jerome Loendorf | mt. Fred assn | ✓ | |
| Clayce Dailey | mt Senior City Assc. | | |
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