MINUTES

MONTANA HOUSE OF REPRESENTATIVES
53rd LEGISLATURE - REGULAR SESSION

JOINT SUBCOMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By **CHAIRMAN JOHN COBB**, on February 17, 1993, at 7:05 A.M.

ROLL CALL

Members Present:
Rep. John Cobb, Chairman (R)
Sen. Mignon Waterman, Vice Chairman (D)
Sen. Chris Christiaens (D)
Rep. Betty Lou Kasten (R)
Sen. Tom Keating (R)
Rep. David Wanzenried (D)

Members Excused: None

Members Absent: None

Staff Present: Lisa Smith, Legislative Fiscal Analyst
Lois Steinbeck, Legislative Fiscal Analyst
Connie Huckins, Office of Budget & Program Planning
John Huth, Office of Budget & Program Planning
Billie Jean Hill, Committee Secretary

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

Committee Business Summary:

Hearing:	DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
Executive Action:	DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Mr. Ray Hoffman, Administrator, Centralized Services, DHES, asked to discuss the amount of general fund in current bills if those bills did not pass.

EXECUTIVE ACTION ON DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Tape No. 1:Side 1

DHES Budget

Motion/Vote: REP. WANZENRIED moved to accept the executive budget for consultant and professional services in the

Environmental Sciences program. The motion **CARRIED** with **CHAIRMAN COBB AND REP. KASTEN** voting no.

Motion/Vote: **SEN. WATERMAN** moved to reinstate the 5% personal services reduction - 2.5 FTE (two environmental specialists and one clerk) for the Environmental Sciences program. The motion **CARRIED** with **CHAIRMAN COBB AND REP. KASTEN** voting no.

Motion/Vote: **SEN. CHRISTIAENS** moved to accept the executive budget on restoring 2 vacant positions (306 and 311). The motion **CARRIED** with **CHAIRMAN COBB AND REP. KASTEN** voting no.

Motion/Vote: **SEN. CHRISTIAENS** moved that the Air Quality Bureau operating expenses budget be approved at the executive level in the Environmental Sciences program. The motion **CARRIED** with **CHAIRMAN COBB AND REP. KASTEN** voting no.

Motion/Vote: **SEN. WATERMAN** moved to accept the executive level in the Food and Consumer Safety Bureau within the Environmental Sciences program. The motion **CARRIED** with **CHAIRMAN COBB AND REP. KASTEN** voting no.

Motion/Vote: **SEN. WATERMAN** moved to approve moving the Food and Consumer Safety Bureau from Program 3 to Program 6. The motion **CARRIED** unanimously.

Motion/Vote: **SEN. WATERMAN** moved to accept the executive budget for the equipment budget of the Environmental Sciences program, not including a car. The motion **CARRIED** unanimously.

Motion: **SEN. KEATING** moved to accept the executive budget for the Billings/Laurel sulphur dioxide problem adding 2.0 FTE in the Environmental Sciences program.

Motion/Vote: **SEN. WATERMAN** moved to amend the motion to add that it will not be a part of the current level base in the next biennium. The motion **CARRIED** with **CHAIRMAN COBB AND REP. KASTEN** voting no.

Motion/Vote: **SEN. CHRISTIAENS** moved that the x-ray inspection in the Environmental Sciences program accept the executive budget with 2.0 FTE, contingent upon passage of HB 400, to be funded with state special revenue generated from proposed fees assessed on owners of radiation sources. The motion **CARRIED** with **CHAIRMAN COBB AND REP. KASTEN** voting no.

Motion/Vote: **SEN. WATERMAN** moved to restore both the 5% and the vacant positions except position #463 in the Solid and Hazardous Waste program. The motion **CARRIED** with **CHAIRMAN COBB AND REP. KASTEN** voting no.

Motion/Vote: **REP. KASTEN** moved the executive budget which did not accept the 1.0 FTE in other personal services (item 1) and was excluded from the current level in the Solid and Hazardous

Waste program. The motion **CARRIED** unanimously.

Motion/Vote: **SEN. KEATING** moved the executive budget on other personal services (item 2) on assigning .30 FTE for the Petrol Tank Release Comp Board in the Solid and Hazardous Waste program. The motion **CARRIED** with **CHAIRMAN COBB** voting no.

HEARING ON DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Tape No. 2:Side 1

Mr. Dale Taliaferro, Administrator, Health Services Bureau, DHES, introduced **Ms. Judith Gedrose, Bureau Chief, Preventive Health Services Bureau (PHSB), DHES. Ms. Gedrose** explained that, with increased federal funding and national health problems, the PHSB has added several essential public health programs. These programs include Hepatitis B, AIDS and Tuberculosis. **EXHIBITS 1 and 2.**

Ms. Maxine Ferguson, Bureau Chief, Maternal, Child and Health, DHES, stated that this bureau maintains administrative responsibility for Child and Adult Care Food program (Child Nutrition Program); Family Planning program; Children's Special Health Services; Women, Infants, and Children Supplemental Food program (WIC); Montana Perinatal program, the MIAMI project; MCH Aid to Counties program. **EXHIBIT 3**

Dr. Jeffrey Hines, pediatrician, Chairperson, MIAMI project, Great Falls, explained that Montana's Initiative for the Abatement of Mortality in Infants (MIAMI) is a project that supports and coordinates the public health system in Montana to more effectively serve the perinatal population. **EXHIBITS 4 and 5**

Ms. Stephanie Nelson, Pediatric Nurse Practitioner, Gallatin City/County Health Department, spoke to the pre-natal program in Bozeman and distributed a three-part packet available to every new mother in the county. **EXHIBIT 6**

Ms. Karen Wojtamoweg, Family Planning, Gallatin County, spoke to the funding of Family Planning programs and asked the committee to support the LFA budget.

Ms. Rita Pickering, Lewis and Clark County Welfare, Social Worker, spoke on behalf of the local MIAMI project and for a Child Abuse program, Healthy Families. **EXHIBIT 7**

Ms. Laura Nickolai, Lincoln, said that she was a battered woman with a four month-old baby under the care of **Ms. Pickering.**

Ms. Karen Sloane, Certified Nurse Practitioner, Havre, spoke to the LFA budget for the Family Planning program.

Ms. Maxine Homer, representing Christian Church Women's

Fellowship of Montana, testified that family planning is a cost-effective health program.

Mr. Hoffman explained the status of the End Stage Renal Program (ESRD).

REP. ED DOLEZAL read a letter from **Joseph J. Hepfner,** who is afflicted with renal disease. **EXHIBIT 8**

SEN. TOM HAGER, testified on the necessity of dialysis for renal problems and urged funding of the bill. **EXHIBIT 9**

Ms. Scarlett Alkieytson, Northern Rockies Clinic, spoke to the problem of ESRD.

Mr. Mark Bransletter, stated that he has been on dialysis for about six months and would like to get a kidney transplant, but the anti-rejection drugs are too expensive.

Mr. Bill Nelson, Billings, stated that he has been on dialysis for the past 17 years. He is also a member of the Northwest Renal Network.

Ms. Marcia Mack, Financial Counselor, Billings Deaconess Hospital, said she could speak to both sides of the story on renal dialysis.

Ms. Kate Cholewa, Montana Women's Lobbying, spoke to all the programs in the Maternal Child and Health programs.

Ms. Marcia Diaz testified for Healthy Mothers, Healthy Babies.

Dr. Don Espelin, retired pediatrician in Helena, began the MIAMI project and is past Health Services Administrator for DHES. He said the state is doing a good job with babies and needs to keep working in this area. **EXHIBIT 10**

Mr. Jim Mizner spoke for the ESRD bill. He is on dialysis and travels from Bozeman to Helena. His disease is hereditary.

ADJOURNMENT

Adjournment: 10.45 A:M

JOHN COBB, Chairman

BILLIE JEAN HILL, Secretary

JC/bjh

HOUSE OF REPRESENTATIVES

HUMAN SERVICES **SUB-COMMITTEE**

ROLL CALL **DATE** 2-17-93

NAME	PRESENT	ABSENT	EXCUSED
REP. JOHN COBB, CHAIRMAN	✓		
SEN. MIGNON WATERMAN, VICE CHAIR	✓		
SEN. CHRIS CHRISTIAENS	✓		
SEN. TOM KEATING	✓		
REP. BETTY LOU KASTEN	✓		
REP. DAVID WANZENRIED	✓		

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

P. 1

DATE Feb 17 1993 BILL NO. _____ NUMBER _____

MOTION: Move to accept EXEC Consultant and Professional Serv - Environmental ~~Services~~ Sciences Prog.

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN		X
SEN. MIGNON WATERMAN, VICE CHAIRPERSON	X	
SEN. CHRIS CHRISTIAENS	X	
SEN. TOM KEATING	X	
REP. BETTY LOU KASTEN		X
REP. DAVID WANZENRIED	X	

Waterman

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Feb 17, 1993 BILL NO. _____ NUMBER _____

MOTION: Personal Services – 5% move to reinstate personal service reduction (2 Environmental Spec. & 1 clerk) ~~3 FTE's~~ 2.5 FTE (Environmental Sciences Prog.)

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN		X
SEN. MIGNON WATERMAN, VICE CHAIRPERSON	X	
SEN. CHRIS CHRISTIAENS	X	
SEN. TOM KEATING	X	
REP. BETTY LOU KASTEN		X
REP. DAVID WANZENRIED	X	

HOUSE OF REPRESENTATIVES

HUMAN SERVICES **SUB-COMMITTEE**

ROLL CALL VOTE

DATE Oct 17 1993 **BILL NO.** _____ **NUMBER** _____

MOTION: Accept Executive Cut Quality Bureaus Operating Expenses)
2 (Positions 306 & 311) Repr
vacant - restore vacant positions

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN		X
SEN. MIGNON WATERMAN, VICE CHAIRPERSON	X	
SEN. CHRIS CHRISTIAENS	X	
SEN. TOM KEATING	X	
REP. BETTY LOU KASTEN		X
REP. DAVID WANZENRIED	X	

environmental sciences

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Feb 17, 1993 BILL NO. _____ NUMBER _____

MOTION: Air Quality Bureau Operating Expenses Exec Budget

Exec Budget accepted

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN		X
SEN. MIGNON WATERMAN, VICE CHAIRPERSON	X	
SEN. CHRIS CHRISTIAENS	✓	
SEN. TOM KEATING	X	
REP. BETTY LOU KASTEN		X
REP. DAVID WANZENRIED	X	

Environmental Services

1

HOUSE OF REPRESENTATIVES

HUMAN SERVICES **SUB-COMMITTEE**

ROLL CALL VOTE

PS

DATE Dec 17, 1993 **BILL NO.** _____ **NUMBER** _____

MOTION: Occupational Health Bureau by the Exec less G.F. - If HB 400 does not pass ~~then~~ eliminate prog. instead of adding G.F.

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN		
SEN. MIGNON WATERMAN, VICE CHAIRPERSON		
SEN. CHRIS CHRISTIAENS		
SEN. TOM KEATING		
REP. BETTY LOU KASTEN		
REP. DAVID WANZENRIED		

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Oct 17, 1993 BILL NO. _____ NUMBER _____

MOTION: Accept Boxer & Consumer Affairs Bureau's exec. opening remarks as presented

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN		X
SEN. MIGNON WATERMAN, VICE CHAIRPERSON	X	
SEN. CHRIS CHRISTIAENS	X	
SEN. TOM KEATING	X	
REP. BETTY LOU KASTEN		X
REP. DAVID WANZENRIED	X	

Environmental Sciences

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Dec 17 1993 **BILL NO.** _____ **NUMBER** _____

MOTION: Food + Consumer Safety Bureau ✓
Move Prog 3 & Program 6

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN	X	
SEN. MIGNON WATERMAN, VICE CHAIRPERSON	X	
SEN. CHRIS CHRISTIAENS	X	
SEN. TOM KEATING	X	
REP. BETTY LOU KASTEN	X	
REP. DAVID WANZENRIED	X	

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Feb 17, 1993 BILL NO. _____ NUMBER _____

MOTION: Equipment -
Move appr - Motion carr

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN	Y	
SEN. MIGNON WATERMAN, VICE CHAIRPERSON	Y	
SEN. CHRIS CHRISTIAENS	Y	
SEN. TOM KEATING	Y	
REP. BETTY LOU KASTEN	Y	
REP. DAVID WANZENRIED	Y	

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Feb 17, 1993 BILL NO. ____________ NUMBER ____________

MOTION: Bear/Lowell Sulfur Dioxide - add [illegible] FTE's etc. $400,000 '94, $190,000 '95 exp funding Contracted out, one-time not part of the base for the biennium current level next

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN		X
SEN. MIGNON WATERMAN, VICE CHAIRPERSON	X	
SEN. CHRIS CHRISTIAENS	X	
SEN. TOM KEATING	X	
REP. BETTY LOU KASTEN		X
REP. DAVID WANZENRIED	X	

w/ language - this mod will not be in current level in the next biennium

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Dec 17, 1993 BILL NO. _____ NUMBER _____

MOTION: X-Ray inspections - 2 FTE's

Contingent upon passage of HB400 + would be funded with State special revenue generated from Proposed fees that would be assessed on owners of radiation sources

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN		X
SEN. MIGNON WATERMAN, VICE CHAIRPERSON	X	
SEN. CHRIS CHRISTIAENS	X	
SEN. TOM KEATING	X	
REP. BETTY LOU KASTEN		X
REP. DAVID WANZENRIED	X	

Waterman

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Dec 17, 1993 BILL NO. _____ NUMBER _____

MOTION: 57 + vacant positions - restore all positions cut #463

P.11+13

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN		X
SEN. MIGNON WATERMAN, VICE CHAIRPERSON	Y	
SEN. CHRIS CHRISTIAENS	Y	
SEN. TOM KEATING	Y	
REP. BETTY LOU KASTEN		X
REP. DAVID WANZENRIED	Y	

Solid Hazardous Waste

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE 2/17/93 BILL NO. _____ NUMBER _____

MOTION: Other Personal Services –

1) DFA incl 1.0 ~~FTE~~ AFTE none executive

2) Open excluded 1.0 FTE

p. 11

Roster

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN	✓	
SEN. MIGNON WATERMAN, VICE CHAIRPERSON	✓	
SEN. CHRIS CHRISTIAENS	✓	
SEN. TOM KEATING	X	
REP. BETTY LOU KASTEN	✓	
REP. DAVID WANZENRIED	X	

Solid Hazard Waste

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Feb 17, 1993 **BILL NO.** _____ **NUMBER** _____

MOTION: Alter Personal Services

2) The Epa Budget Contains 0.30 FTE

moved exec.

K-

NAME	AYE	NO
REP. JOHN COBB, CHAIRMAN		X
SEN. MIGNON WATERMAN, VICE CHAIRPERSON	X	
SEN. CHRIS CHRISTIAENS	X	
SEN. TOM KEATING	X	
REP. BETTY LOU KASTEN	X	
REP. DAVID WANZENRIED	X	

2-17-93

HUMAN SERVICES & AGING
FINANCE SUBCOMMITTEE-1993 LEGISLATURE
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
PREVENTIVE HEALTH SERVICES BUREAU
MODIFIED BUDGET REQUESTS
1994-95 BIENNIUM
2/18/93

EXHIBIT 1
DATE 2-17-93
SB

With increases in funding from the federal government and their direction concerning national public health problems, PHSB has added by budget amendment during the last 2 years, several essential public health programs. These comprise the requests for modifications from the base or 1992 SFY budget for the Preventive Health Services Bureau. These programs are currently in place.

With the advent of Hepatitis B vaccine at the beginning of the 1980s the U.S. came into a position of possibly averting a catastrophe which had already occurred in many segments of the world. Hepatitis B, a serious form of viral infection of the liver can now be controlled before the U.S. has endemic disease where a majority of the citizens are infected and cannot be treated. While Hepatitis A can cause a person much discomfort and economic loss from missing work, it is not life threatening. Hepatitis B is life threatening in its acute phase and may be the cause of 80% of all cases of hepatocellular carcinoma.

Most infectious diseases have short infectious periods and cause an illness from which the patient completely recovers. AIDS, tuberculosis and Hepatitis B are different. An infected person can carry the organism for a lifetime. Obviously, primary prevention of infection is extremely important to the life of the individual but prevention of primary infection is also important for the public's health because each infected individual carries a risk of infection for others for decades.

In addition to the pain and suffering, Hepatitis B infection is costly. The lifetime cost of chronic persistent Hepatitis B is nearly $30,000 for "uncomplicated" cases. Chronic active hepatitis B progressing to cirrhosis has an average lifetime cost of approximately $100,000.

HEPATITIS B-PERINATAL PROJECT-CV 92730

The Centers for Disease Control made Hepatitis B control a priority and began to fund projects for its control in the late 1980s. Although the vaccine had been available almost a decade, the number of cases being reported were not decreasing. This was as true in Montana as elsewhere in the U.S.

The first CDC program emphasized perinatal hepatitis B prevention. DHES applied for and received funds for Hepatitis B control in Spring 1991. A nurse consultant was hired to ensure the objectives for perinatal hepatitis B prevention are implemented in Montana.

The Hepatitis B carrier state occurs in 70-90% of children infected very early in life. These children are nearly always infected by a parent who is a Hepatitis B carrier. Obviously prevention of these infections must occur to break the chain of transmission and keep the U.S. from having endemic Hepatitis B. It's easy to say we don't have much Hepatitis B in Montana so we don't need to be as aggressive as other parts of the country which have more disease. This is false reassurance. Montana has the ability to continue to enjoy a low incidence of Hepatitis B only if we take action now to ensure it doesn't increase beyond what we have. From data in a project where children were aggressively identified and treated at birth, the costs of the project were one-third of the cost of treatment for the children in another area with no perinatal hepatitis B intervention.

EXHIBIT
DATE 2-17-93
SB

The Perinatal Hepatitis B project identifies pregnant women in Montana who are positive for the Hepatitis B antigen (HBsAg). Through coordination with the local county health nurse and health care provider, DHES provides Hepatitis B Vaccine and Hepatitis B Immune Globulin for the newborn at birth, as well as two more doses of Hepatitis B Vaccine at 1 and 6 months of age. The newborn and mother are tracked for follow up to assure completion of the immunization series for the newborn. Completion of this series protects 70% of the children treated if the regime is followed diligently. The need for a person to coordinate and ensure this followup in such a way as the nurse consultant does cannot be underscored.

Three to nine months after completion of the vaccine series, these infants are tested for the presence of antibodies to the Hepatitis B antigen to indicate immunity to the disease. Household and sexual contacts of the mother are identified and tested. The Hepatitis B Vaccine and Hepatitis B Immune Globulin are provided if the contacts are susceptible and determined to be at risk.

The DHES - Immunization Program has provided Hepatitis B Vaccine and Hepatitis B Immune Globulin to protect twenty-eight (28) babies born to women who are HBsAg positive since the program began in May of 1991. Two of the infants in the early program have completed the series and have been tested and found to be protected by the presence of antibodies following the recommended regime.

Thirty-six (36) contacts of the Hepatitis B positive pregnant women who tested positive were identified.

Twenty-five (25) received Hepatitis B Vaccine following testing
Two (2) were found to have antibodies to HBs - immune
One (1) found to be a carrier of HBsAg
Two (2) had received vaccine prior to being identified

An important part of communicable disease control is surveillance or identifying cases. The hepatitis B nurse consultant has helped us get a more complete picture of the incidence of disease in Montana and the number of cases for several years are noted below.

Reported cases of Hepatitis B in Montana by year:

Year	# of Cases
1989	50
1990	75
1991	74*

*Last year of complete data

HEPATITIS B-UNIVERSAL IMMUNIZATION PROJECT- CV 92593

In 1992, Centers for Disease Control/Prevention and the American Committee on Immunization Practices began to recommend all newborns receive Hepatitis B vaccination to take an even more aggressive approach to prevention of endemic Hepatitis B in the U.S. Montana was awarded funds in conjunction with our Childhood Immunization Program and the nurse consultant already on board for Perinatal Hepatitis B began to promote universal immunization of newborns against Hepatitis B. Sixty-eight percent of children completing the recommended schedule of early childhood vaccination against Hepatitis B will be protected even if exposed.

DATE 2-17-90
SB

The Universal Hepatitis B prevention program for newborns in Montana is funded entirely from the federal grant through CDC. We received funding to immunize 20% of Montana's public newborn client population for Hepatitis B in 1992, and will receive funds to immunize 40% of the public newborn population in 1993.

The target group for which we received funding for 1992 included the following newborns and high risk children.

1. Native American children, especially those within the IHS service area and those who seek services at other public clinics;

2. Children of immigrants from areas that are intermediately or highly endemic for Hepatitis B Viral infection, such as Southeast Asia, China, Korea, the Pacific basin, India, Alaska, most Pacific islands, Africa and parts of South America, and;

3. Any other newborn children who may be at risk due to factors known by the local service agency. This includes children of Russian refugees and other immigrants identified as possible high-risk through screening at health departments. It also includes identifying children at risk through surveillance and coordination between local health departments and state and local agencies who deal with immigration issues.

The target group for universal vaccination in 1993 is increased to include the following:

1. Newborns whose parents are considered at higher risk for Hepatitis B infection including those who have histories of IV drug use. This includes newborns of parents who are already being targeted by health departments for other high-risk health factors including Montana Initiative for the Abatement of Infant Mortality (MIAMI) clients.

2. Newborns of migrant workers.

3. Newborns identified by physicians in the community as being at higher risk and who are referred to the health department.

4. Newborns whose parents specifically request Hepatitis B immunization when the local health department has determined there are adequate Montana supplies to provide the vaccine and not jeopardize the delivery to other target groups.

DHES - Immunization program has provided Hepatitis B Vaccine for universal immunization of infants to Indian Health Service facilities, Urban Indian Clinics, Tribal Health Departments, and public health clinics who serve the public newborn population.

HEPATITIS B PROJECT-CV 92088

The DHES Immunization Program requested and received more funding for Hepatitis B control during 1992. With the addition of another vaccine to distribute and track a clerical position was added. Since the Public Health Laboratory does the majority of perinatal screening of prospective mothers there is much collaboration between the PHSB and the PH Lab and data is collected in both places. A person is located half-time in the lab to consolidate and analyze this data and ensure the public health nurse consultant is aware of pregnant women who are infected so the process to ensure immunization of the baby at birth is begun.

EXHIBIT 1
DATE 2-17-93
SB

It is estimated from national data, at least $159,000 are spent annually in Montana for Hepatitis B disease case control for persons treated in the public sector and these are probably one-half of all yearly Montana cases. There is no way to be certain but a similar amount is probably spent on the other one-half of the cases, treated in the private sector. The federal funds for prevention within the three projects described above total $236,334 and very likely can prevent the need for treatment costs to be increased in the future. Montana can do $236,500 of prevention for Hepatitis B each year or pay $318,000 for treatment each year realizing the treatment costs will only rise if the number of infected persons is allowed to increase.

MONTANA COOPERATIVE CENTER FOR HEALTH INFORMATION-CV92992

Robert Wood Johnson Foundation funded this project to ensure information is available to those who need to make policy decisions about health. The current 18 month funding cycle is a feasibility study to determine the most efficient way data collection, consolidation, analysis, and delivery can be done for all the health data in Montana.

During the first phase, in addition to Project design, a grant application will be made to RWJ for the second phase of the project. It is anticipated Montana will receive approximately $1,000,000 over 4 years (FY94-FY97) to implement the plan developed with the initial funding. Utilization of programmatic, health utilization , and access data are integral parts of health reforms, and improved health program management.

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT INCREASE-CV92596

Dental

Many communities in Montana have drinking water that contains less than optimal amounts of fluoride for the reduction of tooth decay. Tooth decay is the most widespread, chronic disease of childhood and can require expensive repair if teeth are to be saved. For children who drink water that is fluoride deficient (less than .7 parts per million of fluoride), a school program of weekly fluoride mouthrinsing can result in 35% few cavities than otherwise expected. The procedure costs about fifty cents per child per year and few materials are needed. More than 43,000 students in Montana are participating in the fluoride mouthrinse program. For every dollar spent in the program it is estimated a savings in dental treatment of $36.00. Multiplying this figure by the number of students participating in the program can result in a savings of over a million dollars of treatment costs. This figure of $36.00 was based on the results of the Flathead Children's Dental Health Project conducted between 1970-1980 in Flathead County.

Epidemiology (Chronic Disease)

The leading causes of death and disability in Montana and the nation are related to chronic conditions. Many chronic conditions are brought on by life-style and behaviors such as tobacco use. In the U.S., three hundred ninety thousand persons die each year at an age earlier than they should because of tobacco use.

EXHIBIT 1
DATE 2-17-93
SB

Nutrition

Nutrition activities include: increasing consumption of fruits, vegetables and grain products; decreasing sodium consumption; increasing calcium intake for young people and pregnant women; increasing breast feeding; useful and informative nutritional labeling of all food products; more attention to nutrition and food choices in the schools and a stronger focus by primary care providers on the nutritional practices of their patients will reduce 5 of the 10 leading causes of death: coronary heart disease, stroke, cancer, diabetes and arterial sclerosis.

HB728 introduced in the last 1991 legislature called for a nutritionist to coordinate all state activities related to nutrition. DHES was directed to fill the position upon the availability of funds. With the increase in Preventive Health and Health Services block grant the position was funded and it continues to be our top priority for expenditure of PHHS block.

RYAN WHITE CARE ACT-CV92091

This program was begun in 1991 with federal funding by adding no additional staff at DHES. The program consists of pass through money for medical care and support services mostly done on an outpatient basis for Montanans with HIV/AIDS and their families. This is done through 5 consortia contracts to local agencies.

Another component of the program is insurance premium continuation for those infected with the HIV virus. Through an interagency agreement Social and Rehabilitative Services administers this program.

The AIDS Drug Reimbursement component of this project pays for AZT and other drugs which delay the onset of full blown AIDS in those who are HIV infected. There have been approximately 30 persons who have received drugs in the last 12 months through this DHES administered program.

Participants in the services funded with RYAN WHITE funds must show they are not eligible for Medicaid or other public programs and when they become eligible for Medicaid, they switch to that source of funding.

TUBERCULOSIS CONTROL-CV92987

Since 1979, Montana has had no Tuberculosis control program separate from other communicable disease control effort. Since there are nearly 100 reportable diseases and conditions, tuberculosis has received minimal attention. As was mentioned earlier, tuberculosis is one of the diseases which has a carrier state and needs additional attention to be controlled compared to most acute infectious conditions.

An ideal tuberculosis control strategy results in cases decreasing at approximately 4% per year. Montana should have been free of cases since 1985 if this was happening in the state. Although the number of new cases reported in 1992 was 19, we should have had none.

EXHIBIT 3
DATE 2-17-93
SB

DRAFT

Proposed addition to DHES budget request for FY94-95

Title:
Local Preventive Health Services Development and Demonstration Project.

Budget:

Contracted services	$85,000
Meeting & travel expenses	$15,000
Total	$100,000

Background:
The Department has been notified that the Preventive Health Block Grant will increase by $100,000. There are also requirements for the establishment of a Preventive Health Advisory Council and a plan for expenditure of the PHHS Block Grant Funds by the State. There is a consensus of Public Health Professionals at State and Local level that we are not providing basic preventive health services adequately in many counties in Montana.

Project Description:
The project will establish a Preventive Health Advisory Council according to the federal guidelines with emphasis on representatives from Counties and other groups with knowledge and experience in local public health needs and services. The project will also fund two local preventive health development and demonstration projects for a period of two years. The projects will be selected by the Request for Proposal process from applicants that represent a combination of three or more counties that include at least two counties that are currently unserved or under-served with respect to basic preventive health services. The projects will be designed to develop and provide these services in the under-served counties. The specific services to be included and the other criteria for the proposals will be established by the Preventive Health Advisory Council. The travel and meeting expenses will be used primarily for the council meetings, but may also be used for Department staff to travel to project sites to provide technical assistance. The contracted services will go to the two local projects.

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FAMILY/MATERNAL AND CHILD HEALTH BUREAU
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Administration

The Family/Maternal and Child Health Bureau (F/MCHB) maintains administrative responsibility for the following programs:

- •Child and Adult Care Food Program (Child Nutrition Program)
- •Family Planning Program
- •Children's Special Health Services (formerly Handicapped Children's Services)
- •Women, Infants, and Children Supplemental Food Program (WIC)
- •Montana Perinatal Program, including the MIAMI Project
- •MCH Aid to Counties Program (see Chart 1 for detail)

Additionally, the F/MCHB administrative unit arranges and oversees contractual arrangements for other services supportive of Montana's maternal and child health efforts, including the Pregnancy Riskline (contracted with the Utah State Health Department), the MCH Data Grant (contracted with the Maternal and Child Health Bureau, U. S. Department of Health and Human Services), and others.

F/MCHB Administration includes a bureau chief, one public health nurse consultant and one administrative assistant. The primary programmatic responsibility of the F/MCH Administration unit is provision of services to counties (MCH Aid to Counties Program), including monitoring of expenditures and services and technical assistance regarding MCH Block Grant funds which go to the counties. Fifty-four counties currently require these services (see Chart 2).

Budget Issue

Modified requests are being submitted for two FTE nursing consultants and one FTE Health Service Division support.

Request	FY 94 Cost	FY 95 Cost	Source of $$
2.0 FTE Nurse Cons.	$85,000	$85,000	MCH Block Grant
1.0 FTE HSD Support	$51,753	$51,753	MCH Block Grant

Difference Between LFA and OBPP Budgets

There is no substantive difference between the LFA and OBPP budgets.

MCH Aid to Counties Program

MCH Block Grant (Title V) funds are distributed to counties to provide health services to primarily low-income mothers and children. The funds are allocated by MDHES on a formula basis which includes:

- •the total county population, based on the 1990 Census;
- •the number of women in the county who are of child-bearing age (15-44 years), and,
- •the number of children in the county.

For every $4 in federal grants spent, counties are required to identify non-federal sources of an additional $3 spent for maternal and child health services within the county. During FY92, counties with small or inadequate amounts of county funds to use as match for federal funds were able to request a waiver of the 4:3 match requirement, as some larger counties spend above their required match amount for local maternal and child health services. Five counties requested this waiver: Meagher, Rosebud, Sweet Grass, Garfield and Musselshell.

Fifty-four counties contracted for MCH Block Grant funds during FY92. Those counties not able to contract at this time are Golden Valley and Carter. Services provided to counties' residents are displayed on the attached graphs and charts.

Budget Issues

Changes in the amount of funds distributed to counties, resulting from use of 1990 Census data in the formula, have had adverse impacts on some counties. Additionally, the federal reviews of Montana's application for MCH Block Grant funds have strongly encouraged the state to use a formula which is based on **needs** of counties.

A language change is needed in the formula which distributes MCH Block Grant funds to the counties. Representatives of several counties who are part of a task force to develop the MCH state plan agreed that the formula for allocation of federal Title V MCH Block Grant funds to counties should be based on:

- Current U. S. Census figures (use 1990 until Year 2000 figures are finalized)
- Number of women of childbearing age (ages 15 - 44)
- Number of children under age 18
- Health status indicators based on Year 2000 Health Objectives for the Nation through a plan developed in conjunction with counties to ensure that all women and children have access to quality MCH services.

Other Issues

After DHES submitted its EPP requests, funding was received from the Department of Health and Human Services, MCH Bureau, for a Data Utilization and Enhancement Grant. This funding includes $40,000 during FY93, $80,000 for FY94 and $60,000 for FY95. These funds will be used to support the data management requirements of the MCH Block Grant. No FTE are included. Spending authority for these funds is requested.

FAMILY/MATERNAL AND CHILD HEALTH BUREAU
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Child Nutrition Program - Child and Adult Care Food Program

The Child Nutrition Program - Child and Adult Care Food Program (CACFP) is a U.S. Department of Agriculture (USDA) Food and Nutrition Service program which operates under federal regulations.

Funding

- 100% Federal Funds
- Funding is open-ended and is based on dollars paid to local participants

Mission

The mission of the Child Nutrition Program is to improve the health of infants and children in child care facilities through 1) the provision of services and guidance to strengthen and improve food services, and 2) promotion of appropriate feeding practices and quality nutrition education for child care providers, parents, infants and children.

State Agency Responsibilities

- Administer the program
- Provide training and technical assistance
- Reimburse local programs for the meals they serve to enrolled participants

Staff includes the program manager, public health nutritionist, program assistant and administrative assistant.

Local Programs and Their Responsibilities

- Must be licensed/approved, nonprofit, nonresidential child care centers, Head Start programs, outside-school hours centers, day care homes or adult day care centers
- Must serve meals and snacks which meet the Meal Pattern Requirements
- Must maintain records

Participation in the Child Nutrition Program - CACFP is voluntary. As of October 30, 1992, participants included 20 Head Start Programs and 69 child care centers with a total of 140 sites, plus 12 sponsors of day care homes with 1,100 homes. During FY92, 6.3 million meals were served to approximately 20,000 enrolled children at a cost of $5.9 million (see Charts 3 and 4). At this time, there are no adult day care centers participating in the CACFP Program.

Difference Between LFA and OBPP Budgets

No substantive differences exist between the LFA and OBPP budgets.

FAMILY/MATERNAL AND CHILD HEALTH BUREAU
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Family Planning Program

The Family Planning Program (FPP) is a preventive health program responsible for planning, implementing and evaluating quality reproductive and preventive health care services that positively impact the health status of men, women and children in Montana. This includes, but is not limited to, fiscal management and administration, service delivery, data collection and analysis, staff development, and monitoring and evaluation of family planning services. Staff includes the program manager, nurse consultant, program officer and administrative assistant.

Program Description

FPP provides comprehensive family planning services through 14 local agencies with satellite clinics which include seven city/county health departments, four private community agencies and three Planned Parenthood affiliates. Each program functions under the medical supervision of a licensed physician.

Services offered are: physical examinations including breast exams and cervical cancer screening (Pap smears); pregnancy testing; lab testing; blood pressure recordings; contraceptive dispensing, screening and treatment for sexually transmitted diseases, as available; immunization for rubella or referral to available services; infertility counseling and referral, and referral to public and private health care and social service providers.

Accomplishments

In FY92, 26,415 persons from all 56 Montana counties were served by FPP, a 7% increase in caseload since FY88. Eighty-three percent (83%) of all persons served were from low-income families. In 1990, it is estimated the 14 family planning programs prevented 7,433 unplanned pregnancies which would have resulted in 5,129 births, 941 abortions and 1,355 miscarriages. This would have included approximately 154 cases of congenital abnormalities, 158 cases of hypoxic brain damage, 26 cases of chromosomal abnormalities and 344 high-risk premature deliveries. [These figures were estimated by applying the Trussell (James Trussell, Ph.D., Office of Population Research, Princeton University) Method Effectiveness Estimates formula to actual client data from the FPP data system.]

In FY92, the programs detected and referred for treatment: 646 positive Pap smears for cervical cancer; 243 cases of anemia; 1,017 cases of breast disease or other physical findings (heart, thyroid, etc.); 3,541 vaginal infections and sexually transmitted diseases, and 395 cases of high blood pressure.

A Cost-Effective Investment for Montana

FPP meets the needs of those who otherwise cannot afford services and could eventually become dependent on federal agencies.

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In Montana, the cost to the government for a mother and child on AFDC and food stamps averages $6,168 per year. Medicaid and WIC expenses average at a minimum an additional $5,411 the first year. Average first-year Medicaid costs associated with a high-risk premature infant are $47,770.

A recent study shows for every government dollar spent on family planning, from $2.90 to $6.20 (an average of $4.40) is saved as a result of averting [short-term] expenditures on medical services, welfare and nutritional services.

More than 50% of pregnancies among Montana women are unintended. Among teenagers, 82% of pregnancies are unintended. Preventing unintended pregnancies is the most cost-effective means of reducing the incidence of low birth weight and infant mortality. In addition, the health of women and children is improved through detection and prevention of cancer and sexually transmitted diseases. There are currently 11,011 women in Montana at risk for unintended pregnancies who are not now receiving family planning services.

Budget Issues

RESTORATION OF STATE GENERAL FUNDS

The elimination of general fund dollars to local programs will not only reduce services to poor women but will also increase the number of unplanned pregnancies and abortions in the state. It will result in a loss of available federal Title X funds to Montana, which are allocated to states through a competitive regional funding formula consisting of a base and the number of poverty clients served. Clients served by all sources of funds are counted, and additional dollars are available through the state general fund, Maternal and Child Health Block Grant and the Preventive Health and Health Services Block Grant.

NEED FOR INCREASED FEDERAL TITLE X AUTHORITY

Authorization is requested to accept additional federal Title X funds, if available, to 1) allow services and projects to begin on a timely basis and 2) to allow us to maximize our regional federal dollars allocation to Montana.

Difference Between LFA and OBPP Budgets

A difference of $42,486 exists between the LFA and OBPP budgets. OBPP and LFA have been working to have $26,699 of general fund appropriation added to the program. Loss of general fund dollars affects services available to poor women and potentially results in a loss of Title X funds.

MONTANA STATEWIDE FAMILY PLANNING PROGRAM

Family/Maternal and Child Health Bureau
Department of Health and Environmental Sciences
(406) 444-3609

In Montana, 26,415 clients were served by the program in SFY 1992. This is a 7% increase in caseload since SFY 1988.

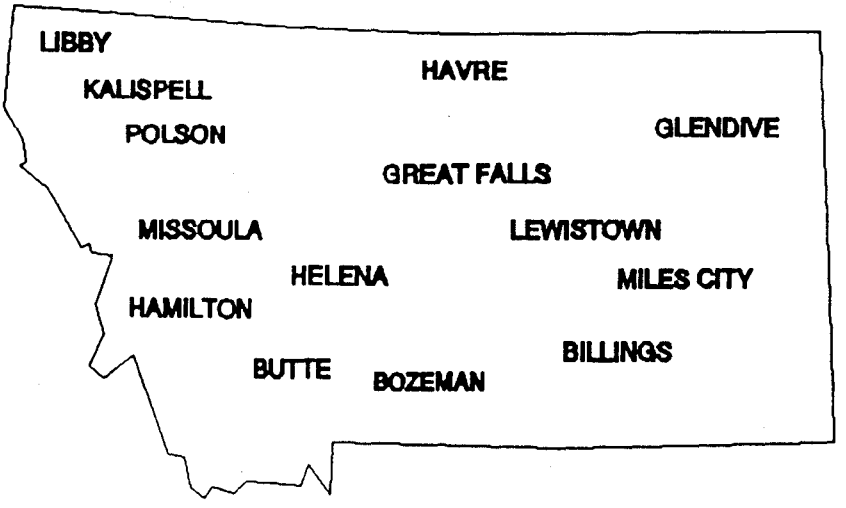
Family Planning meets the needs of those who otherwise cannot afford services and could eventually become dependent on government agencies.

- **In Montana the cost to the government for a mother and an unplanned child on AFDC and food stamps averages $6,156 per year. Medicaid and WIC expenses average at a minimum an additional $7,194 the first year. Average first year Medicaid costs associated with a high-risk premature infant are $47,770.**

- The average cost per family planning medical encounter is $24.

- The short-term benefits (savings) to federal, state, and local governments are estimated to be an average of $4.40 for each dollar invested in family planning.

- The long-term benefits are estimated to be $26 for each dollar invested.



In Montana there are 14 Title X family planning clinics. Current funding is provided by: Federal Title X; Preventive Health (PH) Block Grant; Maternal and Child Health (MCH) Block Grant; State General Fund; third party reimbursement; local funds; and direct fees paid by clients based on their ability to pay. In addition, some counties have elected to utilize MCH Block Grant funds for Family Planning. Total funds expended in SFY 1992 were approximately $2,420,943.

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Family planning is preventive health in the truest sense. If pregnancies are wanted and planned, expenditures for prenatal care, high risk infant care, well-child care, WIC and care for children with special health needs can be reduced.

<u>Preventive health based</u> **family planning programs provide:**

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

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

☺ Improvement of the health of women and children.

☺ Voluntary acceptance of family planning services.

The goal of Montana family planning services is to maintain or improve the reproductive health of Montana people during their reproductive years. Each program functions under the medical supervision of a licensed physician. Family planning services are directed toward the accomplishment of the following major health goals:

♦ Improve and maintain the emotional and physical health of men, women, and children, particularly through the detection and prevention of cancer and sexually transmitted diseases in women.

♦ **Reduce the incidence of abortion by preventing unplanned pregnancies.**

♦ Improve pregnancy outcome by correction of health problems between pregnancies and by proper spacing and timing of pregnancy.

Assure that more children are "wellborn" by decreasing the incidence of prematurity and birth defects.

Decrease maternal and infant mortality and morbidity.

♦ **Assist couples who want to have children but cannot.**

- ♦ Prevent unplanned pregnancies (particularly in child abuse and poverty situations).

- ♦ Assist couples in having the number of children they desire so that every child is intended and loved.

The Need:

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

- ▸ About 53% of these women (21,956) were served by the 14 programs in SFY 1992. Roughly estimated, an additional 8,763 women-in-need (or 21%) are being provided family planning services by private physicians.

- ▸ This leaves approximately 11,011 (26%) Montana women needing family planning services who are not receiving them. They are at risk for unplanned children.

SFY 1992 Accomplishments:

- ▸ 83% of the 26,415 clients served lived in families with incomes at or below 150% of the poverty level.

- ▸ Medical and/or education services were provided by programs to women from all 56 counties.

The 14 programs detected and/or referred for treatment the following:

♀	646	abnormal Pap smear screenings for cervical cancer
♀	243	cases of anemia
♀	295	abnormal urine chemistry results
♂ ♀	3,553	cases of vaginal infections/STD's
♂ ♀	1,017	cases of chlamydia
♀	1,018	cases of breast diseases or other physical findings (heart, thyroid, etc.)
♀	395	cases of high blood pressure

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FAMILY/MATERNAL AND CHILD HEALTH BUREAU
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Children's Special Health Services (CSHS)

Children's Special Health Services (CSHS-formerly Handicapped Children's Services), funded entirely by the Maternal and Child Health Block Grant Title V, has, in some form, been a major program of MDHES since 1935. Prior to 1989, the primary focus was on locating "handicapped" children and serving them through referrals, medical specialty clinics and payment for treatment.

Services provided include:

Medical Specialty Clinics:

- •Cleft and craniofacial clinics
- •Cardiology clinics
- •Juvenile Rheumatoid Arthritis (JRA) clinics
- •Pediatric Neurology clinics

The majority of these services are provided in multiple locations throughout the state in order to most efficiently utilize local and specialty health professionals and provide services close to the child's home.

Payment for treatment:

- •Assistance for qualifying families with payment for medical evaluation, diagnosis, management and treatment of the special needs child (see Chart 5).

The Omnibus Reconciliation Act of 1989 (OBRA 89) mandated changes in Title V programs that have a direct impact on CSHS activities, including the development of systems of service for special needs children and their families that are family-centered, community-based, coordinated, comprehensive and culturally sensitive.

In order to meet OBRA 89 mandates, current staff responsibilities and capabilities were assessed and a decision made to rearrange responsibilities of the current staff and hire an additional administrative aide. This rearrangement has freed up professional staff time, particularly for the public health nurse consultant, to meet the federal mandates. Through the Executive Planning Process, the new FTE has been requested during this session as a modified.

Follow Me

In early childhood, the physical and emotional health of children are so closely related that health professionals are often in the best position to detect early signs of delay, abuse, failure to thrive, and other risks. Public health professionals, making home visits, have the opportunity and expertise to assess family situations, and in a non-threatening way provide support, guidance, and ppropriate referrals. The situations may involve a sick or disabled child, a parent lacking parenting skills, financial stressors, or any of a number of factors that can put children at risk for adverse outcomes.

CSHS is developing Follow Me, a statewide high-risk infant and child tracking system to meet the OBRA '89 mandates and the requirements of the Individual with Disabilities Education Act (IDEA, Part H, formerly known as Part H of P. L. 99-457, Education of All Handicapped Children Act) for early identification of disabled children. It is a collaborative effort of local health departments, hospitals, state agencies and private, non-profit agencies. Its goal is to build on existing community-based programs throughout the state.

Budget Issues

A modified request is being submitted to fund an administrative aide.

Request	FY94 Cost	FY95 Cost	Source of $
1 FTE Admin. Aide	$23,435	$23,435	MCH Block Grant

Difference Between LFA and OBPP Budgets

No substantive differences exist between the LFA and OBPP budgets.

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FAMILY/MATERNAL AND CHILD HEALTH BUREAU
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Supplemental Food Program for Women, Infants and Children (WIC)

WIC helps low-income women (pregnant, breast-feeding and those who recently had a baby) and infants and children (up to age five) who are at medical or nutritional risk.

WIC benefits include:
1. Nutrition evaluation, learning and guidance to improve eating behaviors;
2. Supplemental, highly nutritious foods such as iron-fortified cereal, milk, eggs, peanut butter or dried beans, juice and for the mother who chooses not to breast-feed, iron-fortified infant formula;
3. Access to health care programs plus referral to private and public health care providers.

Eligibility

To qualify for WIC benefits, a person must be:

- Pregnant, or a breast-feeding woman; a woman who recently had a baby; an infant, birth to 12 months; a child, 1-5 years;
- Determined by a health professional to be at medical or nutritional risk;
- Below 185% of Federal Poverty Income Guidelines: for a family of 2 = $1,417/mo. or $17,002/year; family of 4 = $2,151/mo. or $25,808/year.

WIC in Montana

At the state level, WIC staff includes the program manager, two public health nutritionists, two program specialists, an information systems specialist, data entry operator and support staff.

- Average Monthly Caseload, SFY (State Fiscal Year) 92: 17,646 (see Chart 6)
- Average monthly number of women: 3,077; infants: 4,197; children: 10,324 (see Chart 7)
- Potentially Income-Eligible Women, Infants, Children: 34,304
- Percent of potentially income-eligible served: 51%
- MDHES contracts with 34 local agencies in 55 counties and on seven Indian reservations (see Chart 8)
- 100% federally funded
- 334 grocery stores statewide participate
- Each month, a typical woman participant receives six, 12-oz. cans of vitamin-C enriched frozen juice concentrate; 28 quarts of milk; two dozen eggs; 36 oz. of hot or cold iron-enriched cereal, and (usually) one jar of peanut butter.
- Each month, a typical infant (not breast-feeding) receives 31 cans of iron-fortified formula. At four months, add juice and cereal.
- Each month, a typical child participant receives four, 12-oz. cans of vitamin-C enriched frozen juice concentrate; 20 quarts of milk; two dozen eggs; 36 oz. of iron-enriched hot or cold cereal, and (usually) one jar of peanut butter.
- Nutrition Education and Counseling (breast-feeding promotion; diet improvement; low birth weight prevention; prevention of Baby Bottle Tooth Decay, etc.).

Authority

The United States Department of Agriculture (USDA) manages WIC under PL 95-627, Child Nutrition Act of 1966. WIC federal regulations are published in 7 CFR 246. MDHES manages the annual grant from USDA through state rules (ARM 16.26.101-402).

Evaluation
Proven Track Record

WIC improves pregnancy results by providing or referring to support services necessary for full-term pregnancies.

WIC can help reduce infant deaths by lowering the incidence of low birth weight babies (babies weighing less than 5.5 pounds are at greater risk of breathing problems, brain injuries, and physical abnormalities).

WIC gives infants and children a healthy start in life by combating poor or insufficient diets.

Effectiveness

WIC is an effective health care program. From the National WIC Evaluation conducted by Research Triangle Institute of North Carolina and Dr. David Rush of the Albert Einstein College of Medicine at Yeshiva University in New York City, we know:

- WIC **helps pregnant women see doctors earlier** and increases the number of women receiving timely prenatal care.
- WIC participation **improves the length of pregnancy and birth weight.**
- WIC participation **reduces late fetal deaths.**
- WIC **improves the diets** of women, infants and children.
- WIC participation results in **increased head circumference (reflecting brain growth) of infants** whose mothers receive WIC during pregnancy.
- WIC children are better immunized and are more likely to have a regular source of health care.
- Children in WIC do better on vocabulary scores.
- From the Centers for Disease Control in Atlanta, Georgia, we know that Montana children who participate in WIC have shown a drop in their rate of anemia.
- From a study entitled The Savings in Medicaid Costs for Newborns and Their Mothers from Prenatal Participation in the WIC Program, we know that participation in WIC can lower Medicaid costs for mothers, newborns and the government.

Budget Issues

No substantive differences exist between the LFA and OBPP budgets.

A modified request is being submitted to fund a WIC information specialist.

Request	FY 94 Cost	FY 95 Cost	Source of $$

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FAMILY/MATERNAL AND CHILD HEALTH BUREAU
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Montana Perinatal Program

The mission of the Montana Perinatal Program (MPP) is to promote health pregnancy outcomes and to decrease infant mortality in the state of Montana. MPP's primary approach to addressing that mission is through Montana's Initiative for the Abatement of Mortality in Infants (MIAMI). MIAMI legislation (MCA 50-15-301 to 323) was passed in 1989 and expanded in 1991 (see Chart 9). MIAMI is overseen by a governor-appointed advisory council and has four components:

Low Birthweight Prevention - The local embodiment of the MIAMI concept is county-level projects which provide direct care coordination, education and other services to high-risk pregnant women and infants through the first year of life, collect data and otherwise participate in review of fetal and infant deaths, facilitate and/or provide targeted case management and presumptive eligibility services, and coordinate follow-up of community public education. Begun with four pilot projects in 1986, MIAMI has grown, and in 1992, 10 counties provided services to more than 1,600 pregnant women using $230,750 of state-administered funds (see Chart 10). State general fund supports approximately 40% of the total project costs (see Chart 11).

Fetal and Infant Mortality Review - Federal recommendations include conducting review of deaths of children aged one year and under to determine which deaths may be attributed to socio-economic, "systems" and other preventable causes. Three counties began data collection in July 1990. Since that time, six additional counties have received training for infant mortality review, and three of those have conducted reviews. The Billings Area Office of Indian Health Services has also adopted the state's review process, following training by MDHES staff, and will begin data collection and participate in the state-level reviews.

Medicaid Changes - Reimbursement to obstetricians and pediatricians increased to 85% of actual costs over the past two years. Presumptive eligibility and continuous eligibility, decreasing the length of the application form for all welfare services, including Medicaid, from 36 to 14 pages, and increasing the eligibility level for pregnant women to 133% of federal poverty level assure easier access to services. Targeted case management has enabled local MIAMI projects to receive Medicaid reimbursement for eligible services.

Public Education - Education of pregnant women and the public regarding the need for early and continuous prenatal care is one way to assure improved pregnancy outcomes. The Baby Your Baby multi-media campaign is a public/private partnership which works cooperatively with other aspects of the MIAMI projects to educate and serve the public. Begun in March, 1990, Baby Your Baby has a toll-free referral line, 1-800-421-MOMS, which women may call to receive information and help finding services. Television, radio and written information further educate the public regarding the existence of the program and ways to have a healthy pregnancy.

Continuing education for the health professional is not specifically noted in MIAMI legislation but is an integral part of assuring healthy pregnancy outcomes in our state. MPP provides education for health professionals by funding meetings and programs, providing audiovisual materials, consulting, and supporting individuals to attend pertinent conferences, as funding permits.

Expansion Plans for MIAMI

MIAMI projects are presently located in 10 counties where 64% of the state's pregnancies occur. In order to provide every pregnant woman with similar services, additional funds for local contracts are requested. State general funds are also needed to continue state support for the Baby Your Baby campaign, to provide social work consultant support for local projects and to continue the infant mortality review and analyze existing data.

MIAMI projects received $230,750 in contract money through the MDHES Montana Perinatal Program in FY92.

Staffing

MPP staff consists of two professional staff FTEs, one of whom serves as program manager, and one support FTE. Other key resources to carry out the MPP mission include the governor-appointed MIAMI Advisory Council.

Important Perinatal Facts:

- In this century, the health care service most relied upon to assure positive pregnancy outcomes has been prenatal care.
- Low birthweight is the leading cause of death for infants under one year of age.
- Babies born at low birthweight are 40 times more likely to die during the first month of life than normal weight infants.
- Half of all deaths among infants in their first year of life are due to low birthweight.
- Women who do not receive prenatal care are three times more likely than those who do receive it to deliver a low birthweight baby who needs extended hospital care.
- For every instance of low birthweight averted by prenatal care, the U.S. health care system saves between $14,000 and $30,000 in health care costs.
- Research has shown acute care cost savings of $10,000 to $33,700 per week may be anticipated for every week a pregnancy is prolonged.
- By decreasing the incidence of low birthweight births among their clients, MIAMI projects averted at least 50 low birthweight births in Montana during FY92. A low estimate of $35,675 in acute care costs per child means the MIAMI projects saved Medicaid expenditures of $1,783,750.

Difference Between LFA and OBPP Budgets

No substantive differences exist between the LFA and OBPP budgets.

HEALTH SERVICES DIVISION
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Preventive Health Services Bureau
Bureau Administration

The bureau presently has 31.5 FTE (current and budget amended) to do citizen and health provider education related to disease prevention. The bureau supports direct patient services, primarily in county public health departments. Approximately 33.3% of the total FY94-95 biennium bureau budget is for contracting with local agencies. Rape crisis and block grant to counties are directly administered by the PHSB bureau administration as grants to local agencies.

The bureau sections are as follows: (1) Bureau Administration, which includes application and reporting for the Preventive Health and Health Services (PHHS) block grant, Sexual Assault (RAPE) and Grants to Counties; (2) Community Vaccination Program (IZ); (3) Communicable Disease, which includes epidemiology, tuberculosis, Montana Center for Coordinated Health Information, rabies, Acquired Immune Deficiency Syndrome (AIDS) and the Sexually Transmitted Disease Program (STD) and (4) Chronic Disease Prevention, which includes Health Education, nutrition and dental programs. (End Stage Renal Disease was included in the PHSB until it was eliminated during the 1992 Special Legislative session.)

Budget amendments have been sought multiple times due to increased federal funding. The federal PHHS block grant was increased approximately 33% during the present biennium. The federal vaccination program received increased funding for Hepatitis B control and an Immunization Action Plan to ensure appropriate immunization of all two year olds. The Chronic Disease Program has become more comprehensive, including the addition of nutrition and dental components. Tuberculosis funding was sought and awarded from the Centers for Disease Control/ Prevention. Funds from the Robert Wood Johnson Foundation were awarded for the Montana Center for Coordinated Health Information feasibility study. The STD program has expanded to face a growth in genital chlamydia infections and a nationwide resurgence of syphilis. Growth in federal funding during the next biennium is anticipated.

Budget Issues

The request is for Preventive Health and Health Services Block grant to totally fund bureau administration. Maternal Child Health Block Grant in the past biennium was an artifact of the Perinatal Program serving as bureau administration and is no longer requested for PHSB.

The Rape Crisis intervention program is administered by PHSB. The amount Montana devotes to the program is approximately 2% of the total of the Preventive Health and Health Services Block Grant. Since the total award increased, Montana must spend more for these programs and in fact needs to increase the amount to $22,133 per year, with a total increase of $10,165 above FY92 for each fiscal year.

Request	FY 94 Cost	FY 95 Cost	Source of Funds
Bureau Admin.			
Decrease	$5,757	$5,995	Federal (MCH)
Increase	$5,757	$5,995	Federal (PHHS)
Rape Crisis			
Increase	$5,250	$5,939	Federal funds

Sexually Transmitted Disease Program

The STD Program provides:

- Disease prevention and intervention functions
- Contact tracing and assurance of examination/treatment within and outside the state
- Financial assistance to 18 local clinics, including health departments and family planning clinics

Syphilis: Only 14 cases were identified in Montana during 1992

Gonorrhea: During 1992, 107 cases were identified in Montana

Chlamydia: 2,000 cases were identified in Montana residents during 1992

Funding: 100% Federal categorical grant funds from the Centers for Disease Control/Prevention

Authority: 1993 grant is $139,557; 1992 carryover is $35,000 (see Tables 3 and 4)

Budget Issues

Genital Chlamydia has emerged as a sexually transmitted disease with 2,000 cases reported in Montana in 1992 (see Chart 12). More funding is needed for laboratory surveillance and control measures throughout Montana to combat this national epidemic as well as to insure there is no resurgence of syphilis in Montana.

Request	FY 94 Cost	FY 95 Cost	Source of $
Increase	$84,789	$91,006	Federal funds

AIDS Program

The AIDS Program provides direct services and contractual support for:

- Public and professional education through presentations, a hotline, resource library and written and audio-visual materials
- Monitors HIV/AIDS prevalence to target resources
- Counseling, testing, referral and partner notification activities
- Resource assessment to evaluate Montana's tools for control of the epidemic
- Medical and supportive services for persons with HIV/AIDS and their families
- Laboratory services to detect HIV antibody in individuals

EXHIBIT 9
DATE 2-16-93
SB

Administration of the Ryan White Comprehensive AIDS Resources Emergency Act began in FY91 with no additional FTE. This grant provides home-based health care, insurance continuation payments, AIDS drug reimbursement and a variety of social/medical services through five regional consortia organizations in the state.

The AIDS Program provides assistance to state and local agencies, direct services through contracts with 11 local public health agencies and several community based organizations and the preventive health block grant-funded projects. HIV testing has increased 115% between 1990 and 1992. In 1992, 12,446 tests were run with a concurrent decrease in federal funding (see Chart 13).

Budget Issues

The number of requests for HIV tests by clients has doubled during the past year. Increased funds will be used to augment contracts with locally operated testing and counseling sites.

A very important Health Educator position has been targeted for removal from the AIDS program's FTE by the recommendation to eliminate positions vacant at the end of December 1992. The position coordinates the AIDS hotline and resource directory and the federally mandated AIDS review panel for written materials. Technical assistance and training of local personnel to be HIV counselors has been done by this FTE. The Health Educator conducts partner notification for those found to be infected. It is requested position #822 with a cost of $29,748 in FY94 and $29,750 in FY95 be retained.

Request	FY 94 Cost	FY 95 Cost	Source of $
Increase	$142,627	$152,557	Federal funds

Immunization Program

Federal funding increases for the Immunization Program are expected to continue in these areas:

- •Montana Immunization Action Plan - low immunization levels in preschool children are to be raised
- •Funding for local agencies ($147,633 in SFY93)
- •Potential funding for increased service delivery, information and education, and assessment
- •Additional administrative costs (new vaccines and federal requirements)
- •Second dose Measles/Mumps/Rubella (MMR), Haemophilus influenzae type b (Hib) and Hepatitis B vaccine (other vaccines are also being developed)
- •Hepatitis B funding for local agencies ($101,924 in 1993)
- •Laboratory support
- •Program development and implementation

Federally purchased vaccine summary:

- •For calendar year 1993, the program has currently received $653,803 of Direct Assistance (DA) federal funds to purchase vaccine to be used in Montana's 89 public clinics. This vaccine is in addition to the existing supplies in MDHES and public clinics.

•The vaccine can only be used in public clinics.
•Public clinic clients may be charged an administrative cost for the clinic to administer the vaccines. Clients cannot be denied vaccination due to inability to pay this fee.
•Federally purchased vaccine includes MMR (measles, mumps, rubella), DTP (diphtheria, tetanus, pertussis), Polio, Hib (Haemophilus influenzae type B) and Hepatitis B (see Tables 7-10).

Budget Issues

Maternal Child Health Block Grant during the 92-93 biennium was for measles vaccine for one-time second dose to those immunized in the early 1970s, and therefore, MCH Block Grant is not requested for the 94-95 biennium.

Funding from the Centers for Disease Control/Prevention has increased, and the emphasis is to use the additional funds to ensure delivery of existing vaccine in local agencies. There is a national initiative to raise immunization levels in preschoolers. CDC/P has increased funding to state programs to ensure proper vaccine handling and notification to parents about the risks and benefits of vaccine are done by private as well as public providers.

The general fund of $40,000 is a "maintenance of effort" amount CDC set because the Immunization Program staff do general communicable disease control for the state. The base was reduced due to a vacant position.

Request	FY 94 Cost	FY 95 Cost	Source of Funds
Decrease	$82,270	$85,480	Federal funds (MCH)
Increase	$98,603	$93,055	Federal (IZ)
Increase	$ 7,367	$ 6,094	General Fund
Total	$23,700	$13,669	

Chronic Disease and Health Promotion

The Chronic Disease and Health Promotion Program has 5 FTE, all federally funded, and has five main projects. Each focuses on prevention of unnecessary illness, disability and death by combining projects focusing on specific diseases (heart, cancer, diabetes) with projects focusing on risk factors. The projects are: Chronic Disease Prevention, which plans, develops, integrates, coordinates or evaluates projects to prevent and control chronic disease; Health Promotion and Education, which assesses, plans and implements community-based education programs; Nutrition Project, which designs and implements MDHES preventive nutrition objectives and activities and works with local agencies; Dental Health Project, promoting positive oral health behaviors in children and establishing school-based fluoride mouth rinse programs, and the Behavioral Risk Factor Surveillance, a computerized telephone survey providing data unique to Montana adults' personal health behavior (see Tables 12 & 13).

Budget Issues

The Centers for Disease Control/P has increased funding for states, and the department wishes to use it for contracts with local agencies to provide health promotion activities to meet the Healthy People 2000 Objectives.

EXHIBIT 3
DATE 2-16-93

The Behavior Risk Factor Survey has consistently required more funds than allotted, and CDC/P added funds to the department's award to avoid the problem the next biennium.

Request	FY94 Cost	FY95 Cost	Source of $
Increase	$63,500	$67,487	Federal funds

Communicable Disease Control and Epidemiology

This program is legislatively mandated to prevent and control the spread of contagious diseases, to report 65 disease conditions, conduct outbreak investigations to prevent death and disease, provide disease control training to county health workers, identify causes of morbidity and mortality in Montana, provide technical assistance to local health jurisdictions, consult with physicians and health professionals and function as a Montana liaison to federal public health officials. Rabies prevention and tuberculosis control are priorities of this program, which frequently fields media calls, sends out news releases and holds press conferences.

Budget Issues

The rabies project is within the Communicable Disease Program and both are managed by the state epidemiologist. The department stocks rabies vaccines and charges the cost to providers getting vaccine from us. The providers reimburse the account, so increased authority now should lessen the need for a request during the interim between sessions since we don't know the level at which we will need to spend.

Change of personnel in the state epidemiologist position resulted in non-expenditure of some of the base year budget. The budget supports communicable disease/epidemiology activities throughout the state and is easily utilized at the level requested when the position is fully operational.

Request	FY 94 Cost	FY 95 Cost	Source of $
Increase (Rabies)	$35,245	$40,462	Special Revenue (GF)

Request	FY 94 Cost	FY 95 Cost	Source of $
Increase (Communicable Disease)	$4,928	$3,369	General Fund

MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

FAMILY/MATERNAL AND CHILD HEALTH BUREAU

PROGRAM FUNDING REQUIREMENTS AND POPULATIONS SERVED

PROGRAM NAME CONTACT PERSON	FUNDING SOURCE(S)	POPULATION SERVED	ELIGIBILITY REQUIREMENTS	LOCAL SITES/ AGENCIES
WOMEN, INFANTS & CHILDREN SUPPLEMENTAL FOOD PROGRAM (WIC) Dave Thomas	USDA	Pregnant or lactating women; infants; children to age 5 years.	Determined at medical or nutritional risk AND ≤ 185% of Federal Poverty Level AND fall within a category of "population served"	35 local agencies in 55 counties; 7 Indian reservations 334 grocery stores
CHILD AND ADULT CARE FOOD PROGRAM/ CHILD NUTRITION (CACFP/CN) Peggy Baraby	USDA	CHILD FACILITY: Licensed or Approved public or private non-profit, non-residential Child Care Centers, Head Starts, Day Care Home, Outside-School Hours programs serving children to age 12 years. ADULT FACILITY: Public or private non-residential day care program; Licensed or Approved by Federal, State or Local Authority serving adults ≥ 60 years of age.	Children enrolled for care in these facilities. Adults enrolled for care in these facilities.	20 Head Starts, 1 Even Start and 69 Child Care Centers within 140 sites. 12 Day Care Sponsors with 1,100 homes.
FAMILY PLANNING PROGRAM (FPP) Suzanne Nybo	Title X MCH BG PHHS BG GF	Any person seeking services; low income persons are priority.	None	14 local clinics and satellites

CHART 1

OGRAM NAME)NTACT PERSON	FUNDING SOURCE(S)	POPULATION SERVED	ELIGIBILITY REQUIREMENTS	LOCAL SITES/ AGENCIES
:H AID TO COUNTIES ıxine Ferguson	MCH BG	Women of childbearing age; infants during the first year of life; Children and adolescents; Children with special health care needs.	Priority given to low income persons in counties which participate.	All counties except Carter and Golden Valley; primarily through local public health departments.

)breviations and Definitions

USDA	United States Department of Agriculture
MCH BG	Maternal and Child Health Block Grant, DHHS Federal Title V
PHHS BG	Preventive Health and Health Services Block Grant
Title X	Family Planning funding
GF	State General Fund
MIAMI	Montana's Initiative for the Abatement of Mortality in Infants
MCHC	Montana Center for Handicapped Children

/93

PROGRAM NAME CONTACT PERSON	FUNDING SOURCE(S)	POPULATION SERVED	ELIGIBILITY REQUIREMENTS	LOCAL SITES/ AGENCIES
MONTANA PERINATAL PROGRAM (MPP) MIAMI Project o Ann Dotson	MCH BG GF	Pregnant women at risk of delivering a low birthweight baby, having pre-term labor, or other poor pregnancy outcome. Presently located in 10 counties where 64% of pregnancies occur. OTHER: Educational and technical assistance to health professionals and consumers.	Pregnant women & infants; targets low income women who are at risk of poor pregnancy outcome.	10 local MIAMI projects through local health departments or hospitals Statewide
HILDREN'S SPECIAL EALTH SERVICES CSHS) udith Wright	MCH BG	Children to age 18 (to age 21 for some conditions) who are: 1) Physically handicapped OR 2) Have a physical affliction or chronic disease which may lead to a handicapping condition.	TO BE ELIGIBLE FOR PAYMENT FOR MEDICAL TREATMENT: 1) Eligible medical condition 2) Resident of state AND 3) Family income ≤ 200% of Federal Poverty Level AFTER 4) Deduction for out-of-pocket health insurance costs. TO ATTEND SPECIALTY CLINICS: Open to any child who is referred; no income requirements to receive services.	Statewide services Selected sites throughout state MCHC, Billings

EXHIBIT 3
DATE 2-16-93
SB

MIAMI Making a difference....

1. Infant Mortality Rate in the four initial projects decreased from 4.98 to 3.67 while the state rate decreased from 5.33 to 5.01 over the same period.

2. Low Birth Weight (LBW) rates in MIAMI projects decreased from 9.2 to 6.0

3. Preventing 50 LBW births saved the state of Montana $499,450

4. MIAMI strengthens the public health infrastructure in local communities

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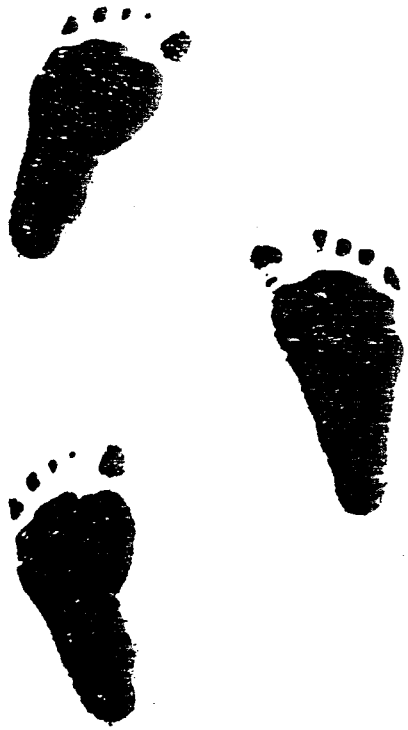
MCMCH

Montana Council for Maternal & Child Health

Speaking up for the next generation of Montanans

EXHIBIT 4
DATE 2-17-93
Feb 17, 1993 SB

MIAMI



Making a difference for pregnant women and infants in Montana

Montana's Initiative for the Abatement of Mortality in Infants - MIAMI

Governor Appointed Advisory Council	Local MIAMI	Fetal Infant Mortality Review	Public Education Baby Your Baby	WIC
ACHIEVEMENTS (92-93) Representation from: Local service providers Organization for parents Non-profit child health organization Local health departments Obstetricians/Pediatricians American Indians Department of Health and Environmental Sciences Department of Social and Rehabilition Services	**ACHIEVEMENTS (92-93)** 10 local MIAMI projects are accessible to 64% of pregnant women in state Women at high risk of poor pregnancy outcomes receive an array of individualized services Nursing consultation and technical assistance to projects and potential projects	**ACHIEVEMENTS (92-93)** All 10 MIAMI projects received training for IMR, 6 projects involved in review process Billings Area Office Indian Health Services jurisdiction has adopted DHES IMR format Functioning statewide and local review teams have reviewed 97 deaths	**ACHIEVEMENTS (92-93)** Healthy Mothers, Healthy Babies' "Baby Your Baby" is a public/private partnership Referral line received 1500 calls, 52% needed assistance Calls from all 56 counties Referral contacts established in 95% of counties 104 news segments produced Four 1/2 hour documentaries Eight PSAs Incentive packets	**ACHIEVEMENTS (92-93)** Presumptive eligibility Continuous eligibility Targeted Case Management Increased physician participation Eligibility increased to 133% of poverty for pregnant women and children to age 6 Application form length decreased to 14 pages
PROPOSED FOR 1994-1995	**PROPOSED FOR 1994-1995** Expansion to unserved areas statewide especially Eastern Montana which will increase accessibility to 95%+ at $140 per client Social worker consultation (FTE or contract)	**PROPOSED FOR 1994-1995** Increase the number of fetal/infant death reviewed Implement data analysis and publish results	**PROPOSED FOR 1994-1995** Continue BYB project with added focus on pregnancy through age two	**PROPOSED FOR 1994-1995** Increase eligibility to 185% of poverty for pregnant women and infants Increase eligibility to 100% of poverty for children up to age 18
COST OF PROPOSAL (94-95) $0	**COST OF PROPOSAL (94-95)** $168,000 Local Contracts $ 46,000 Social Worker $ 10,590 Tech. support $224,590 total per year	**COST OF PROPOSAL (94-95)** $25,000 per year for data collection and analysis.	**COST OF PROPOSAL (94-95)** $15,000 general fund (50/50 Medicaid match)	**COST OF PROPOSAL (94-95)** Included in SB 177

EXECUTIVE SUMMARY

M I A M I

DATE 2-17-93

MONTANA'S INITIATIVE FOR THE ABATEMENT OF MORTALITY IN INFANTS

ACCOMPLISHMENTS AND RECOMMENDATIONS
December 1992

The MIAMI project supports and coordinates the public health system in Montana to more effectively serve the perinatal population. MIAMI is overseen by the Governor appointed MIAMI Advisory Council, and has four components which positively impact pregnancy and birth outcomes. They are:

→ **local projects** which provide direct services to high risk pregnant women and their infants
→ **Medicaid changes** which improve access to services
→ **Fetal and infant mortality review** which examines the causes of death
→ **Public education** regarding the need for early and continuous prenatal care

LOCAL PROJECTS/LOW BIRTH WEIGHT PREVENTION

The local projects work to decrease the incidence of low birth weight births and other poor pregnancy outcomes in their communities. MIAMI started with 4 pilot projects in 1986. In 1992 there are 10 local MIAMI projects, which are accessible to approximately 65% of the pregnant women in Montana. Client numbers have gone from 200 clients in FY 1987, to 1600 in FY 1992. The MIAMI projects target and serve high risk pregnant women.

A total of $230,750 was administered by the Montana Perinatal Program in the Montana Department of Health and Environmental Sciences during FY '92. The approximately $144 per client in state administered funds seems a small price to pay when considering the $610 - $2000 per day neonatal intensive care costs for a high risk infant. Sources of the state-administered funds includes approximately 2/3 from general funds and 1/3 from Federal Maternal and Child Health Block Grants. Counties support their projects with county MCH Block grant funds, county mill levies, local March of Dimes grants, hospital and other direct community contributions, and Medicaid Targeted Case Management.

Local MIAMI projects bill Medicaid directly for case management services for eligible clients.

Low Birth Weight Rates - In 1986, the average low birth weight rate in the pilot projects was 9.23. The low birth weight rate for the projects in FY 92 was 6.08. If MIAMI projects did not exist, and the low birth weight rate in 1600 clients remained at 9% instead of 6%, an additional 50 low birth weight babies would have been born in Montana. At an average cost of $35,675 per child for acute care costs (from the DSRS 1990 High Cost Baby Study), those 50 babies saved a potential Medicaid expenditure of $1,783,750. 28% of that cost is to the state. A conservative estimate therefore, is that **THE MIAMI PROJECTS SAVED THE STATE OF MONTANA A POTENTIAL $499,450 DURING FY 92.** Considering the state administered MIAMI project cost of $230,750, that is a substantial return on an investment.

MEDICAID OPTIONS FOR PREGNANT WOMEN

In April of 1990, Medicaid eligibility was expanded for pregnant women and children up to age six with incomes up to 133% of the federal poverty level. Reimbursement rates for obstetricians and pediatricians was increased. Presumptive and continuous eligibility, and Targeted Case Management for high risk pregnant women became available during 1991. 92% of the project clients were on Medicaid. In 1990, in Montana, $6.6 million or over half of the total Medicaid delivery budget of $11.8 million was spent on only 5 percent of the births.

Medicaid changes have contributed to the improved access of prenatal and obstetrical services in the state. In 1988, 26 counties were without obstetrical services. In 1990, 17 counties had no physicians providing obstetrical services, and in 1992, only 16 counties had no prenatal or obstetrical services. In addition, local MIAMI project reports indicate that they can typically get their high risk clients in to an obstetrical provider within 1 to 2 weeks.

FETAL/INFANT MORTALITY REVIEW

FIMR began in July 1990 with 4 pilot project sites, and has now expanded to 6 MIAMI project sites and the Billings Area Office IHS service units. The review team has identified potential policy implications regarding SIDS deaths, ultrasound studies, the incidence of fetal deaths, reporting of vital statistics, and placental examination. At the time of printing, 51 deaths had been reviewed at the state level, and an additional 46 at the local level.

Local MIAMI projects have impacted the infant mortality rate. The infant mortality rate in the four initial MIAMI project sites has decreased from 8.38 (1981-85) to 7.3 (1986-90), and the neonatal rate from 4.98 to 3.67. During the same time periods, the state infant mortality rate dropped from 9.8 to 9.7, and the neonatal from 5.33 to 5.01. The postneonatal rate, however, which is more an indicator of infant follow up and parenting efforts, has increased in both the state and project areas. This points to the need for increased efforts in services for infants and their parents.

PUBLIC EDUCATION

The statewide educational component is the Baby Your Baby multi-media campaign. BYB includes a 1-800 information and referral line, television news segments, public service announcements and documentaries, radio news segments, a newspaper supplement and articles, posters, brochures, incentive packets, and a community based referral system. As of November 6, 1992, 1,230 women had called the 1-800-421-MOMS number. The Baby Your Baby campaign is a successful public/private partnership. The campaign was managed by Healthy Mothers, Healthy Babies - The Montana Coalition. HmHb sought and received outside contributions of $83,000 from Community Hospitals, and $39,000 in private funding. Medicaid provided the $236,000 federal match for the donations. The total cost of the Baby Your Baby campaign was $430,000, a fraction of the two million dollars Utah spent on their similar campaign. Healthy Mothers, Healthy Babies is presently pursuing funding which would allow for continuation and expansion of the campaign to include children through two years of age.

The full text of this report is available from:

The Montana Perinatal Program
Cogswell Building, Capitol Complex
Helena, Montana 59620
(406) 444-2660

EXHIBIT 5
DATE 2-17-93
SB

MIAMI Advisory Council Recommendations 1992

1. Develop regionalized MCH services to effectively use limited resources.
2. Work collaboratively with other agencies to address rural health issues.
3. Utilize services within the state of Montana whenever possible, and work with Medicaid and other state agencies to educate health care providers about availability of services.
4. Support funding which would provide for a repeat or second rubella vaccine and for Hepatitis B immunizations for children.
5. Support programs which encourage timely immunization of children.
6. Facilitate the early identification and tracking of and service delivery for "at risk" children and families by public health professionals and paraprofessionals through the development of the Follow Me project.
7. Examine the cultural impacts on the attitudes and utilization of prenatal care services in Montana's ethnic groups, in order to respond effectively and appropriately to client needs.

LOCAL MIAMI/LOW BIRTH WEIGHT PREVENTION PROJECTS

8. Based on maintaining the present funding level of existing projects, support funding increases which would allow for an additional four (4) regional MIAMI projects, especially targeting Eastern Montana.
9. Increase funding to existing MIAMI projects to improve services to high risk children up to age one year.
10. Work collaboratively with other agencies to increase the number of substance abuse programs which are able to effectively serve pregnant and parenting women and their families.
11. Work collaboratively with other agencies to increase availability of housing for pregnant and parenting women and their families.
12. Collaborate with state and local Family Planning programs to decrease the incidence of teen pregnancy in Montana.

INFANT MORTALITY REVIEW

13. Fund fetal and infant mortality review in the state.

MEDICAID CHANGES

14. Expand Medicaid eligibility coverage for pregnant women up to 185% and for children up to age 18 to 100% of the federal poverty level.
15. Expand Targeted Case Management services to at risk children up to age six.

PUBLIC EDUCATION

16. Continue the education of pregnant women and those who care about them through the Baby Your Baby Program.
17. Encourage education of health and education professionals regarding FAS/FAE management, in conjunction with the Montana Medical Genetics Program and others.
18. Collaborate with the Office of Public Instruction to ensure educators are aware of state and local services, including local MIAMI projects, which provide services to pregnant teens.
19. Facilitate and promote parenting classes as a means of breaking the cycle of abuse to children.

GALLATIN CITY/COUNTY HEALTH DEPARTMENT COMMUNITY RESOURCE PACKET

EXHIBIT 6
DATE 2-17-93

The original is stored at the Historical Society, 225 North Roberts Street, Helena, MT 59620-1201. The phone number is 444-2694.

2-17-93 EXHIBIT 7 2-17-93

HEALTHY FAMILIES

See it from your kid's point of view!

Healthy Parenting Through:
- *EDUCATION*
- *REFERRAL*
- *SUPPORT*

Healthy Children Through Healthy Parenting

I CAN HELP YOU LEARN :

How to be a GOOD parent and take GOOD care of yourself

How to develop a relationship with your child

How to have fun with your child

How your child grows and their development

How to handle:
- finances
- housing
- medical care
- daycare and other community services
- immunizations
- counseling
- transportation

PHONE: 4-HEALTH
(443-2584)

Lewis and Clark City-County Health Department
930 9th Avenue, Suite 207 • Helena, Montana 59601

HEALTHY PREGNANCY SERVICES

A MIAMI Project
(Montana's Initiative for the Abatement of Mortality in Infants)

Prevention is the key to good health.

HEALTHY PREGNANCY SERVICES OFFERS:

Information, Referral & Support
Services are confidential, at no charge to you.

WE CAN HELP YOU WITH:

Prenatal Care • Food
Housing • Nutritional Information
Information on Financial Assistance
Baby Care Items • Transportation
Emotional Support
Counseling

Lewis & Clark City-County
Health Department
1930 9th Ave. - Suite 207
Helena, MT 59601

PHONE: 4-HEALTH
(443-2584)

Be good to yourself, be good to your baby!

EXHIBIT 7
DATE 2-17-93

Lewis & Clark City-County Health Department has provided a child abuse and neglect prevention program for over ten years. Networking with medical and human service providers, a nurse - social worker case management team provides in-home support, information, and referrals. Empowering and educating clients gives them the necessary skills to make healthy choices for themselves and their children.

In fiscal year '92, 130 families were served by the Healthy Families program, with a budget of $61,124. Child abuse and neglect prevention programs exist across Montana. Cost effective prevention programs deserve Legislative support.

COUNTY	CONTACT	PHONE
Lewis and Clark	Rita Pickering	443-2584
Gallatin	Jackie Stonell or Stephanie Nelson	585-1445
Ravalli	Joyce Colclough	363-3223
Butte/SilverBow	Gan Cossel	723-6507
Flathead	Boni Stout	756-5633
Yellowstone	Vickie Olson-Johnson or Mary Krushensky	256-6821
Missoula	Yvonne Bradford	523-4750
Dawson	Camille Spitzer	365-5213
Custer	D'Ann Whitcher	232-4786
Fergus	Glenda Oldenburg	538-7433
Cascade	Carol Keaster	761-1190

These professionals are willing to talk to you about their prevention programs. Feel free to contact them or your local Health Department

HEALTHY FAMILIES

Rita Pickering

Social Worker

Lewis and Clark City-County Health Department
1930 9th Ave., Suite 207
Helena, Montana 59601

PHONE: 4-HEALTH
(406) 443-2584

HEALTHY PREGNANCY SERVICES

10 copies
2-17-93

EXHIBIT 8
DATE 2-17-93
SB

January 17, 1993

To the editor,

I wrote a letter to the editor last summer in regard to the elimination of funds for the End Stage Renal Disease Program. I am still working with our local legislators in hopes of getting the funds reestablished. This funding is used only for the medication which we all need in order to help offset the loss of kidney function. While our lives are far from normal the medication at least allows us to live. Last year we had two clients who could not always afford to buy their medication and they died very young.

There are dialysis units in Billings, Butte, Helena, Missoula, Kalispell, Poplar and Great Falls and approximately 320 people in the state that are receiving treatment for complete kidney failure. There are more kidney failure patients every year as diabetes, high blood pressure, chronic infection, and polycystic kidney disease take their toll.

In the Great Falls area there are 30 of us on machines and 16 more that have treatment in their homes. Seven patients have had kidney transplants with resulting medical bills of up to $100,000. Costs for anti-rejection drugs (medication that enables a kidney recipient's body to accept foreign material- another person's kidney) can run more than $1,000 per month.

I am hoping that we can convince this session of the legislature to reestablish funding for the End Stage Renal Disease Program. We are a productive part of the population and still have many talents to offer in spite of our disease. Please do not write us off.

Joseph J. Hepfner

Sen Tom Hager 2-17-93

EXHIBIT 9
DATE 2-17-93
SB

I went on dialysis on February, 28, 1992. Dialysis is needed when one's kidneys fail. Since then I have become quite knowledgeable about dialysis and the doctors and nurses that work with these patients. Dialysis is a very expensive treatment. My treatment costs between $2,000 and $2,500 per month and that does not include the special medicines needed. Medicare pays for a percentage of dialysis treatment.

Dialysis is the treatment for End Stage Renal Disease. The ESRD program is what we're here to present to you today. The program was cut out of the budget in the January, 1992 special legislative session. The testimony given at that time indicated that the program only helped 1 or 2 people in the state. That is not true. I know that there are about 125 people on dialysis in the Billings center and with the other six centers in the state, I would imagine the benefits are spread among 500 people. None of the dialysis units were told that this program was being taken out of the budget.

The program is very needed and very necessary. Patients must receive dialysis treatments three times a week. Many must travel many miles in order to dialyze and some are also on oxygen. The money from the ESRD program goes directly to the patients for medications that must be taken by those on dialysis.

Marcia Mack, the financial counselor at Billings Deaconess Medical Center, is very knowledgeable about the costs of this program and the benefits the ESRD program provides.

MT INFANT MORTALITY RATES

MIAMI project rates vs State rates

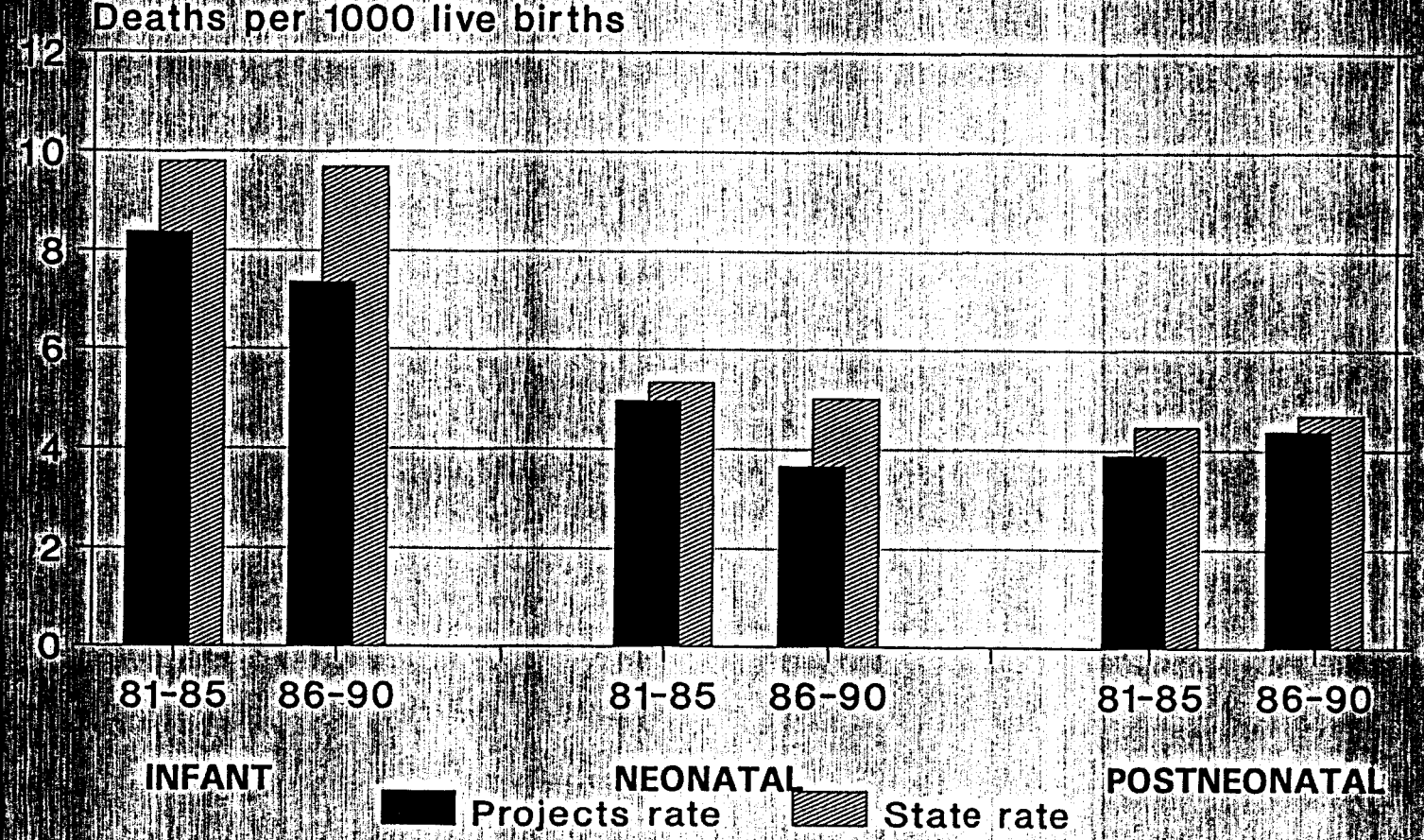


EXHIBIT 10
DATE 2-17-93
SB

HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER

HUMAN SERVICES COMMITTEE BILL NO. _____

DATE 2-07-83 SPONSOR(S) _____

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
DALE TALIAFERRO	DHES		
Mitzi Schwab	DHES		
Judy Wright	DHES		
Don Eyelin MD	Self		
Marcia Davis	HMHB		
Elizabeth Roth, RNC	MCHMCFT		
Karen Wojtanowicz	Family Planning		
Karen Sloan Harris	Family Planning		
MAXINE HOMER	FAMILY PLANNING		
Hal Pettering	Lewis+Clark City Co Health		
Mike Cuccigni	HMHB (By Invitation)		
Scarlett Adkinson	Deaconess + ESRD funding	X	
Marcia Rack	"	X	
Debbie Earl	"	X	

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

Judith Gedrose DHES

DATE 2/17

SENATE COMMITTEE ON Human Services

BILLS BEING HEARD TODAY: _____

_____

Name	Representing	Bill No.	Check One: Support	Check One: Oppose
Mark Branson (dialysis pt)	Deaconess ESRD funding			
Bill Nelson "	St Peters - ESRD funding	X		
Jim Meisner "	St Peters ESRD funding	X		
Kate Cholewa	NPT Womens Lobby			

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

F10