

MINUTES

**MONTANA HOUSE OF REPRESENTATIVES
53rd LEGISLATURE - REGULAR SESSION**

JOINT SUBCOMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By CHAIRMAN JOHN COBB, on February 18, 1993, at 7:10 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

EXECUTIVE ACTION ON DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Tape No. 1:Side 1

Ms. Lisa Smith, Legislative Fiscal Analyst, explained that two budget modifications in the Environmental Sciences program, Air Quality Bureau State Plan Coordinator and Air Quality Bureau Compliance and Enforcement, were replaced with the Air Quality Bureau Operating Permit Program. The legislature approved this modification to add 9.0 FTE in FY 94 and 14.0 (5 additional) FTE in FY 95 to develop and implement the operating permit program required by Title V of the Federal Clean Air Act Amendments of

1990 (CAAA). In FY 94 the funding level will be \$518,236 and in FY 95 the funding level will be \$745,602. This is contingent upon passage of HB 318. EXHIBIT 1

Motion/Vote: SEN. KEATING moved the executive budget on Junk Vehicle Crushing Services with an amendment which includes language to cover cost of crushing junk vehicles and disposing of freon in the Solid and Hazardous Waste program. The motion CARRIED with CHAIRMAN COBB AND REP. KASTEN voting no.

Motion/Vote: CHAIRMAN COBB moved to accept the executive budget in Laboratory Testing in the Solid and Hazardous Waste program. The motion CARRIED with REP. KASTEN voting no.

Motion/Vote: SEN. CHRISTIANS moved to accept the executive budget in Hazardous Waste Operating Costs in the Solid and Hazardous Waste program. The motion CARRIED with REP. KASTEN voting no.

Motion/Vote: CHAIRMAN COBB moved to accept the executive budget in the Underground Storage Tanks Grants to Counties in the Solid and Hazardous Waste program. The motion CARRIED unanimously.

Motion/Vote: REP. WANZENRIED moved to accept the executive budget in equipment that includes more software and more field monitoring equipment than the LFA level in the Solid and Hazardous Waste program. The motion CARRIED unanimously.

Motion/Vote: CHAIRMAN COBB moved to accept the executive recommendation in budget modification LUST (Leaking Underground Storage Tanks) - cost recovery in the Solid and Hazardous Waste program that requests \$400,000 in contracted services during the biennium to contract with counties or private contractors for remedial and investigative work related to leaking underground storage tanks. The motion CARRIED unanimously.

Motion/Vote: CHAIRMAN COBB moved to accept the executive budget for the Clark Fork Basin Manager in the Solid and Hazardous Waste program. This includes 1.0 FTE and operating expenses to coordinate and communicate with local agencies and citizen groups involved in the Clark Fork Basin Superfund sites. The motion CARRIED with SEN. KEATING AND REP. KASTEN voting no.

Motion/Vote: SEN. KEATING moved to accept the executive budget for a Tank Installer in the Solid and Hazardous Waste program, 1.0 FTE plus operating costs and equipment. The motion CARRIED with CHAIRMAN COBB AND REP. KASTEN voting no.

Motion/Vote: SEN. CHRISTIAENS moved to accept executive budget in the CECRA Program Expansion in the Solid and Hazardous Waste program which would add 4.0 FTE, operating and equipment costs to expand the staff in the state superfund program. The motion CARRIED with CHAIRMAN COBB AND REP. KASTEN voting no.

Motion/Vote: SEN. KEATING moved to accept Superfund DOD MOA which is 1.0 FTE, contracted services, operating costs and equipment to oversee Superfund activities related to the Department of Defense in the Solid and Hazardous Waste program. Motion FAILED with CHAIRMAN COBB, REP. KASTEN AND REP. WANZENRIED voting no.

Motion/Vote: SEN. KEATING moved to accept the executive budget in the GIS (Geographical Information System) ARCO in the Solid and Hazardous Waste program which would add 1.75 FTE, contracted services, operating and equipment costs for a geographical information system and general management of ARCO Superfund sites in the Clark Fork River Basin. The motion CARRIED with CHAIRMAN COBB AND REP. KASTEN voting no.

Motion/Vote: SEN. KEATING moved to accept the executive budget for the Burlington Northern Cleanup in the Solid and Hazardous Waste program which provides for contracted services to oversee remedial investigations, feasibility studies, and other documents related to cleanup of Burlington Northern sites. The motion CARRIED with CHAIRMAN COBB voting no.

Motion/Vote: SEN. WATERMAN moved to reinstate all vacant and 5% positions. The motion CARRIED with CHAIRMAN COBB AND REP. KASTEN voting no and SEN. KEATING abstaining.

Motion/Vote: SEN. WATERMAN moved to accept executive budget for Construction Grants Program/State Revolving Fund in the Water Quality program. The motion CARRIED with CHAIRMAN COBB AND REP. KASTEN voting no.

Motion/Vote: REP. KASTEN moved to transfer the Construction Grants program in the Water Quality program to the State Revolving Fund program. Motion CARRIED with SEN. KEATING abstaining.

Motion/Vote: SEN. CHRISTIAENS moved to accept the executive budget for the transfer of the Construction Grants program in the Water Quality program to the State Revolving Fund program. The motion CARRIED with CHAIRMAN COBB AND REP. KASTEN voting no.

Motion/Vote: CHAIRMAN COBB moved to accept the executive budget for a vehicle-super-server, field monitoring equipment and computers. The motion CARRIED unanimously.

Motion/Vote: CHAIRMAN COBB moved to accept the executive budget for grants in the Water Quality program including construction grants, subdivisions, and safe drinking water. The motion CARRIED unanimously.

Motion/Vote: SEN. CHRISTIAENS moved to accept the executive budget for the budget modification Public Water Supply/ Subdivisions in the Water Quality program which would add 3.0 FTE and would assist in the timely review of subdivision

applications. The motion CARRIED with CHAIRMAN COBB AND REP. KASTEN voting no and SEN. KEATING abstaining.

Motion/Vote: SEN. CHRISTIAENS moved to accept the executive budget for the budget modification Water Pollution Control in the Water Quality program. The motion CARRIED with CHAIRMAN COBB AND REP. KASTEN voting no.

Motion/Vote: CHAIRMAN COBB moved the executive budget for subdivision funding in the Water Quality program contingent upon passage of HB 563. If HB 563 fails, LFA general fund level will be reinstated. The motion CARRIED unanimously.

HEARING ON DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Tape No.1:Side 1

Mr. Ray Hoffman, Administrator, Centralized Services Division, explained the importance of the water fees. EXHIBIT 2

Ms. Elizabeth Roeth, Montana's Initiative for the Abatement of Mortality in Infants (MIAMI) project, presented charts in a visual report on the MIAMI project.

Ms. JoAnne Dotson, Perinatal Program, DHES, spoke to the merits of the MIAMI project.

Ms. Paulette Kohman, Executive Director, Montana Council for Maternal Child and Health, talked about the MIAMI project and high risk babies and the need for funding. EXHIBIT 3

Frank C. Michels, M.D. spoke for the Montana Family Practice Residency. They need \$400,000. EXHIBIT 4

The Montana Family Practice Residency program was supported by Mr. Jim Ahrens, President, Montana Hospital Association; Mr. Vernon Bertelson, Legacy Legislature; Mr. Jerome Loendorf, Montana Medical Association; and Mr. Kyle Hopstad, Administrator, Frances Mahon Deaconess Hospital, Glasgow.

Mr. Dale Taliaferro, Administrator, Preventive Health and Health Services, DHES, presented an overview of the Preventive Health and Health Services Block Grant. EXHIBIT 5

Ms. Judith Gedrose, Bureau Chief, Preventive Health Bureau, Health Services Division, DHES, explained in detail the Preventive Block Grants (PHHS AND MCH). EXHIBIT 5

Ms. Lisa Smith, LFA, distributed a sheet showing the allocation of the Preventive Health Block Grant. EXHIBIT 6

Mr. Bob Johnson, Director, Lewis and Clark County and Jefferson County Health Departments, spoke about preventive programs in place in the county.

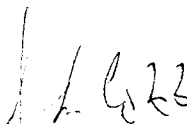
Mr. Ray Hoffman, Administrator, Centralized Services Division, DHES, introduced his staff: Mr. Howard "Tripp" Hammer, Bureau Chief, Information Services; Mr. Chuck Stohl, Bureau Chief, Support Services; Dr. Doug Abbott, Bureau Chief, Public Health Laboratory; Mr. John Hawthorne, Bureau Chief, Chemistry Laboratory and Mr. Sam Sperry, Bureau Chief, Vital Records and Statistics. This division accounts for state and federal financial resources, provides testing for children for metabolic disorders, maintains the central repository for vital records, provides for microbiological and chemical testing of laboratory samples and maintains a centralized data processing bureau.

EXHIBIT 7

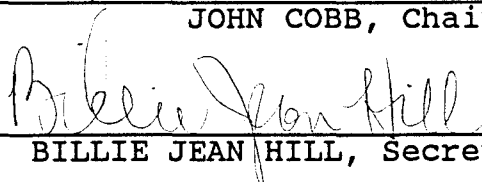
Mr. Bob Robinson, Director, DHES, summed up what was covered by administrators and said that the staff in his immediate office is a skeleton crew.

ADJOURNMENT

Adjournment: 12:10 P:M



JOHN COBB, Chairman



BILLIE JEAN HILL, Secretary

JC/bjh

HOUSE OF REPRESENTATIVES

HUMAN SERVICES

SUB-COMMITTEE

ROLL CALL

DATE

2-18-87

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

DATE Dec 18, 1993 BILL NO. _____ NUMBER _____

MOTION: Junk Vehicle Prog. 100% State Revenue

Exec budget Amend to disjoin of frozen
 as a line item with language - to cover cost of crushing junk
 vehicles + disposing frozen before crushing

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 Dec 18, 1993 BILL NO. _____ NUMBER _____

MOTION: { Rent - Exec budget
(of other services) OK

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 Dec 18, 1993 BILL NO. _____ NUMBER _____

MOTION: Telestatary Testing
Exec Budget

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

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Dec 18, 1993 BILL NO. _____ NUMBER _____

MOTION: Hazardous waste open costs
Spec level

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

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE July 18, 1993 BILL NO. _____ NUMBER _____

MOTION: Underground storage tanks grants to
counties - executive
Cobb inc ? ?

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	

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Feb 18, 1993 BILL NO. _____ NUMBER _____

MOTION: Equipment - and more software
+ more field maintenance equip
than the IFA budget EXFC Level

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

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE July 18, 1993 BILL NO. _____ NUMBER _____

MOTION: Just - Cost Recovery

EXEC

C

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 Jul 18, 1993 BILL NO. _____ NUMBER _____

MOTION: Clear Fork Basin Manager
1.0 FTE Ullrich & Shore - Butler

EXEC

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

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE July 18, 1993 BILL NO. _____ NUMBER _____

MOTION: ASL Abandoned Mine Reclamation
Excess Level
no motion ✓

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 Dec 18, 1993 BILL NO. _____ NUMBER _____

MOTION: Have installed 1.0 FTE
Exec budget

R

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

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Dec 18, 1993 BILL NO. _____ NUMBER _____

MOTION: Carca Prog Expansion
4.00 FTE

EXEC

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 Jul 18, 1993 BILL NO. _____ NUMBER _____

MOTION: Supplemental DOD MOA

LFA

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

foils

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE Aug 18, 1993 BILL NO. _____ NUMBER _____

MOTION: GTS Disc

Exec busy ✓

Sen 12

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 2-18-93 BILL NO. _____ NUMBER _____

MOTION: Burlington Northern Cleanup

EXFC

R

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 2-18-93 BILL NO. _____ NUMBER _____

MOTION: ~~057 positions~~ Personal services
restore all vacant & 057 positions

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

Passes

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE 2-18-93 BILL NO. _____ NUMBER _____

MOTION: Consultants & other services / contracts

to non-profits

wait Exec level EXEC

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 2-18-93 BILL NO. _____ NUMBER _____

MOTION: Const Grants Prog ^{transferred} to Revolving Fund Pgm.
To Transfer

passed

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

*1 of 2 motions
 this one transferred Pgm*

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE 2-18-93 BILL NO. _____ NUMBER _____

MOTION: Const Grants Prog / State Revolving
Fund 2nd half

cc. _____ EXEC

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 of 2
exec. level of 24P

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE 2-18-93 BILL NO. _____ NUMBER _____

MOTION: Equipment - new vehicle super-server
food monitoring equip

EXEC

Call

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

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE 2-18-93 BILL NO. _____ NUMBER _____

MOTION: Grants - inc all grants

EXEC

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 18, 1993 BILL NO. _____ NUMBER _____

MOTION: Clean boxes - Use monitoring

no motion

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 2-18-93 BILL NO. _____ NUMBER _____

MOTION: Construction Surge
Pollution Prevention
no motion ✓

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 2-18-93 BILL NO. _____ NUMBER _____

MOTION: Public Water Supply / Subdivisions
Add 3 FTE's
Mod *Exec*

cc

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

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE 2-18-93 BILL NO. _____ NUMBER _____

MOTION: Water Pollution Control 3.0 FTE's

Exec

cc

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

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUB-COMMITTEE

ROLL CALL VOTE

DATE 2-18-93 BILL NO. _____ NUMBER _____

MOTION: Nonpoint Sources / Wetlands
no motion ✓

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 2-18-93 BILL NO. _____ NUMBER _____

MOTION: Domestic Program
no motion

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 2-18-93 BILL NO. _____ NUMBER _____

MOTION: Submission Funding -
Contingent upon HB 563

Executive level of funding contingent upon passage of
HB 563. If HB 563 fails, reinstate LFA

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	

*general
funding
level*

EXHIBIT 1
DATE 2-18-93

X-RAY INSPECTIONS - This modification would add 2.00 FTE to provide support for the X-ray program in the Occupational Health Bureau, which currently has 3.50 FTE. This modification is contingent upon passage of HB 400 and would be funded with state special revenue generated from proposed fees that would be assessed on owners of radiation sources.
Needs language

EXEC.
121,322
122,185
318,236
55,333
745,602
50,886

AQB STATE PLAN COORDINATOR - This modification would add 1.00 FTE to update and maintain Montana's State Implementation Plan, which is required by the EPA. This modification would be funded from air quality permit fee revenue.
①

AQB COMPLIANCE AND ENFORCEMENT - This modification would add 2.00 new FTE in the Air Quality Bureau to ensure that the requirements of the 1990 Clean Air Act amendments are met. This modification would be funded with state special revenue.
①

Language and Other Issues

POSITIONS VACANT 12/29 - The joint House Appropriations and Senate Finance and Claims committees removed 5.00 FTE vacant during December 1992.

NATURAL RESOURCES DAMAGE ASSESSMENT - (see LFA (Vol. II), B-11) Neither the executive budget nor the LFA budget contains funding for the NRDA. DHES has requested legislation to approve a \$2.6 million general fund loan; and 2) extend the current \$4.9 million general fund loan through the 1995 biennium.

OCCUPATIONAL HEALTH BUREAU - X-RAY FEES - The executive funds this bureau with less general fund than does the LFA. Contingent upon passage of HB 400, fees will be charged for x-ray inspections. A projected \$70,000 will be raised and the executive plans to use this new funding source to offset general fund. The executive recommendation, if HB400 does not pass, is to eliminate the x-ray inspection program rather than provide additional general fund.

General Fund	exec under	(70,000)	(70,000)
State Special Revenue	exec over	70,000	70,000

vote - if HB 400 fails - eliminate or use G/F
go w/ exec + bill fails, ppgmetm.

accept exec w/ language to insert G/F
if HB400 does not pass

① eliminate 2 AQB mods - replace w/ #0333333

No motion on AQB mods

deadline

Collier - New

*new plan
MCO*

*Amended
Dave Lewis*

*Amendments
#306 +
#311*

*Dave Lewis
- NO motion*

AQB OPERATING PERMIT PROGRAM—The legislature approved this modification to add 9.00 FTE in fiscal 1994 and 14.0 (5 additional) FTE in fiscal 1995 to develop and implement the operating permit program required by Title V of the Federal Clean Air Act Amendments of 1990 (CAAA). The department prepared the "Montana Air Permit Fee Analysis" to determine the staffing levels necessary to implement the programs required by CAAA.

518,236 745,602

TOTAL MODIFIED LEVEL DIFFERENCES

EXHIBIT 1

1,039,558 1,062,787

TOTAL CURRENT AND MODIFIED LEVEL DIFFERENCES

DATE 2-18-93

323,478 340,586

Language and Other Issues

HB _____

The legislature accepted the Billings/Laurel Sulfur Dioxide modification with the following language:

"Item (Billings/Laurel Sulfur Dioxide) contains \$400,000 in fiscal 1994 and \$190,000 in fiscal 1995 to address sulfur dioxide problems in the Billings/Laurel area. In preparing the 1997 budget for legislative consideration, the office of budget and program planning and the legislative fiscal analyst's office may not include the expenditures from this item in the current level base."

The X-ray modification is contingent on passage of House Bill 400. The legislature includes the following contingency language in House Bill 2:

"Item (X-Ray Inspections) is contingent on passage and approval of House Bill No. 400."

The AQB Operating Permit Program modification is contingent on passage of House Bill 318. The legislature includes the following contingency language in House Bill 2:

"Item (AQB Operating Permit Program) is contingent on passage and approval of House Bill No. 318."

Positions Removed by Joint Committee Action
House Appropriations & Senate Finance and Claims
January 6, 1993

Position #	Position Description	Total Personal Services		FTE		Total FTE Removed	FTE Restored
		Fiscal 1994	Fiscal 1995	Removed by 5% Reduction	Removed by Being Vacant		
<i>All or Partial General Fund Positions</i>							
1 306	Environmental Pgm. Supv.	49,184	49,187		1.00	1.00	1.00
1 311	Environment Spec. IV	35,799	35,802		1.00	1.00	1.00
Sub-Total		84,983	84,989	0.00	2.00	2.00	2.00
<i>Non-General Fund Positions</i>							
354*	Environmental Spec. II	28,187	28,189	1.00		1.00	1.00
361	Environmental Spec. III	32,459	32,461	1.00		1.00	1.00
362	Administrative Clerk III	10,892	10,895	0.50		0.50	0.50
Sub-Total		71,538	71,545	2.50	0.00	2.50	2.50
TOTAL		156,521	156,534	2.50	2.00	4.50	4.50

*FTE also included in action by joint appropriation committees to remove positions vacant as of 12/29/92

1 Positions 306 & 311 are funded with federal funds, fee revenue and general fund. The general fund is the required maintenance of effort for the receipt of federal funds.

Department of Health and Environmental Sciences
General Fund Required if Fee Bills do not pass
16-Feb-93

EXHIBIT 2
DATE 2-18-93
SB _____

Description	Current Level	Modified Level	Total	Current Level	Modified Level	Total
HB 319 Air Fees		518,236	518,236	0	745,602	745,602
HB 388 Water Fees	351,442	418,470	769,912	351,442	418,470	769,912
HB 400 X-Ray Fees	70,000	121,322	191,322	70,000	121,322	191,322
Total	421,442	1,058,028	1,479,470	421,442	1,285,394	1,706,836

2-18-93
 Paullette

EXHIBIT 3
 DATE 2-18-93
 SB _____

Montana Medicaid "High Cost Infant" Study

(Source: MONTANA DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES)

	<u>1991</u>	<u>1990</u>	<u>1988</u>	<u>1987</u>	<u>1986</u>
# Infants Receiving Medicaid during 1st year of life	4,979	4,110	3,248	3,147	3,100
Total Medicaid cost for Infants	\$ 15.7 \$5.7	\$11.9M	\$8.3M	\$7.5M	\$5.4
Average Cost per Infant	\$3711	\$2895	\$2555	\$2383	\$1741
Number of "High Cost" Infants (> \$10,000)	218	185	129	110	83
Cost of "High Cost" Infants	\$8.2M	\$6.6M	\$4.2M	\$4.1M	\$2.7M
Average cost per "High Cost" Infant	\$37,614	\$35,675	\$32,558	\$37,273	\$32,530
% Infants who were "High Cost"	4%	5%	4%	3%	2.7%
% of Costs for "High Cost" Infants	53%	55%	51%	56%	56%

Breakdown of 1991 sample by DRG or "Diagnosis Related Groups"

<u>Infants</u>	<u>Number</u>	<u>(%)</u>	<u>Cost</u>	<u>(%)</u>	<u>Avg Cost</u>
Total High Cost Infants	218	(100%)	\$ 8,200,000	(100%)	\$ 37,614
"Normal Births"	16	(7%)	\$ 221,871	(3%)	\$ 13,886
"Congenital Anomalies"	68	(31%)	\$ 1,896,670	(23%)	\$ 27,892
"Respiratory Distress" only	16	(7%)	\$ 482,380	(6%)	\$ 30,149
"Prematurity"	118	(54%)	\$ 5,636,871	(69%)	\$ 47,770

Montana Council for Maternal and Child Health

54 N. Last Chance Gulch • Helena, MT 59601 • 443-1674

Testimony before the Joint Human Services Subcommittee
February 17, 1993

The MIAMI project is a success by any measure. MIAMI projects have significantly reduced their low birthweight rates from a baseline study of pilot counties in 1986, MIAMI counties, when grouped together, now show infant mortality rates lower than the state rate, and 30% more women now have access to Medicaid for prenatal care.

But for the purpose of this committee, the statistic that matters most is that in one year of operations, MIAMI projects together prevented 50 low birthweight births, 92% of them to mothers on Medicaid. Although the number 50 is presented as a statistical calculation, these "avoided" low birthweights are not simply theoretical. My bet is that nearly all of them could be identified individually by name and Medicaid number, and traced to specific dollar savings in Montana's General Fund.

In our Agenda for the Next Generation, we have calculated the annual savings from the current MIAMI program, as \$1,641,050, of which \$459,494 is General Fund. This is from a program with total costs of \$428,797, of which only \$186,666 is General Fund.

But the potential savings from MIAMI have not been realized, because MIAMI projects are only available to 65% of Montana's women. Although MIAMI has grown from 4 to 10 project sites, none is located east of Billings. Expansion to unserved areas, primarily in eastern Montana, could reach an additional 1200 women, preventing an additional 37 low birthweight births each year, saving Medicaid an additional \$1,214,377, of which \$340,025 is General Fund. The General Fund cost of expansion is \$264,590.

Our proposal also improves the existing program by enhancing Infant Mortality Review, providing technical support for the growing social work component in local projects, and extending "Baby Your Baby" to cover pregnancy through age two.

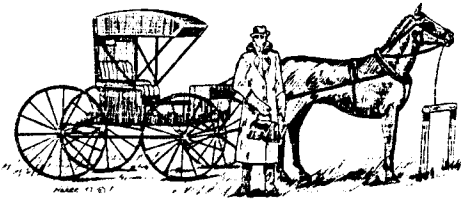
Our projected cost savings are indeed conservative. Our projections were based on the average cost of a "high cost infant" in a 1990 SRS study of Medicaid births. A new breakdown of infants born in 1991 shows that babies treated for "prematurity" actually had much higher average costs. The study data are presented in the attached table.

You are faced with the unenviable task of cutting the state budget. We offer one small contribution, a proven program which generates modest, but measurable reductions in general fund expenditures over a short period of time. The Montana Perinatal Program has cooperated in developing this proposal, providing data, planning, and considerable expertise. We are confident that MIAMI expansion will perform as expected, reducing costs and improving the quality of life for Montana's Next Generation.

Thank you for your attention.



Paulette Kohman, Executive Director



A tradition of caring...

MONTANA FAMILY PRACTICE RESIDENCY



...receiving the call

EXHIBIT 4
DATE 2-18-93
SB _____

PROponent ARGUMENT FOR FUNDING

THE MONTANA FAMILY PRACTICE RESIDENCY

PRESENTED TO THE
JOINT APPROPRIATION
SUBCOMMITTEE ON
HUMAN SERVICES AND AGING

ROOM 108

THURSDAY, FEBRUARY 18, 1993

REPRESENTATIVE COBB, CHAIR
REPRESENTATIVE KASTEN
REPRESENTATIVE WAZENRIED

SENATOR WATERMAN, VICE CHAIR
SENATOR CHRISTIAENS
SENATOR KEATING

FISCAL ANALYST STAFF:
LISA SMITH
LOIS STEINBECK

Frank C. Michels, M.D.
Program Director (Acting)

P.O. Box 35500-554
Billings, Montana 59107

WHAT IS A FAMILY PRACTICE RESIDENCY?

A TRAINING PROGRAM

After a medical student graduates from medical school he or she must go through a separate training program called a residency. A residency in Family Practice is 3 years in duration.

Family Practice Residents are taught in both in-patient (in the hospital) and out-patient settings. They are taught by both Family Physicians and Specialists. They learn internal medicine, pediatrics, surgery, psychiatry and obstetrics and gynecology.

The major emphasis of training is continuity of care. The concept of learning to be a personal physician is emphasized.

The residents have their own clinic and they learn to interact with other health care providers such as home health, psychologists, nutritionists, and hospice agencies.

A resident will often become comfortable with the state they train in. Most physicians practice within 150 miles of where they do their training.

A residency tends to increase the standards of medical care in the communities where the residents are trained. The positive effects to the training communities are felt in places where residents are doing rural rotations as well.

Fill rates of Family Practice Residencies have stayed constant at 88%. Fill rates for Family Practice Residencies affiliated with the University of Washington are almost 100%.

Nationally, the student membership in the American Academy of Family Practice has climbed to 17,000. This will translate into more students opting for Family Medicine in the next several years.

Does Montana need a Family Practice Residency?

RURAL SUPPORT

"Family Physicians have a predilection for rural practice. Perhaps, even more important, they are far more likely than any other medical specialists to practice in small and isolated rural counties where physician shortages are most acute and access to medical care are most impaired. The more specialized the discipline, the more likely are its members to opt for urban areas." (JAMA vol. 268)

Montana's rural physician population is aging rapidly. 15 of 23 "Frontier" Montana counties have a population to physician ratio greater than 5,000:1.

Midlevel practitioners may be important sources of providers for Montana's rural needs. However, infrastructure strength will depend upon the development of teams of physicians and midlevel interdependence. Montana has experienced "burnout" in midlevel practitioners in rural areas in much the same way that Family Physicians have experienced "burnout" over the years. Seemingly, a model is emerging in some rural areas where physicians and midlevels support each other in providing good care.

There is a real concern that over the next decade over one half of the rural hospitals in Montana will close. Currently 72% of Montana's population is rural based. By training rural providers this trend may slow.

Montana trained rural Family Physicians will be the rural health experts of the next decade. We need to get these practitioners trained and in place as soon as possible.

URBAN SUPPORT

Montana is experiencing a primary care shortage even in its urban areas. Nationally, about 35% of urban physicians are in a primary care specialty. In Billings and Great Falls the percentage is much smaller. For example, there are currently 330 physicians in Billings. There are only 12 Family Physicians, 25 General Internists, and 11 Pediatricians in Billings.

Primary health care emphasizing prevention, wellness and affordability is the key to any managed-care system.

Indian Health Support

Cooperation between non-IHS and IHS systems is improved with a residency that would emphasize training rotations in IHS facilities.

Grants

Family Practice Residencies often can obtain grants to help do research or projects that otherwise would not be funded? For example, is the incidence of nervous system cancer higher in areas of high magnetic fields such as Colstrip? Does the use of 2,4-D cause a higher incidence of lymphoma in Montana farmers?

WHAT EFFORTS HAVE BEEN MADE TO GET A RESIDENCY STARTED?

1991- Montana A.H.E.C. and Rural Health Facilities explore issue, and found:

-Montana is one of two states without a residency

-Fewer residencies in other states were allowing residents to do even a two month rotation in Montana, because they had pressure not to loose their graduating residents to other states.

-Many of our WAMI students want to come back to Montana for a residency but there are no residencies to return to.

-That federal monies (which Montanans pay) follow residents (about \$65,000 per resident per year). A new residency in Montana would qualify for this support.

Summer

1991- Visit by interested individuals to a Family Practice Residency in Spokane, to find:

-University of Washington very receptive to become an affiliation partner with a new residency in Montana.

-That Rural Training Tracks in smaller towns had been developed from the Spokane program. These smaller tracks were achieving a high level of training and graduating residents tended to stay in rural areas.

January

1992- Formation of Steering Committee with Corporate Support and State of Montana Interest.

SPONSORS

Billings Deaconess Medical Center
Saint Vincent Hospital and Health Center
Glendive Medical Center
Frances Mahon Deaconess Hospital (Glasgow)
Community Memorial Hospital (Sidney)
Central Montana Medical Center (Lewistown)
Blue Cross and Blue Shield of Montana
Montana Power Company
Montana Medical Association
Montana Hospital Association
The Doctor's Company of Montana
Montana Academy of Family Physicians

STATE OF MONTANA SUPPORTERS

Former Gov. Stan Stephens
Lt. Gov. Dennis Rehberg
Former SRS Director Julia Robinson
Dept of HES Dale Talliaferro
Health Care for Montanans Committee

April

1992- Beginning of a Feasibility Study
Development of full three year residency model for Montana

Oct.

1992- Governor's Health Care for Montana, recommend \$200,000 per year for the program

Nov.

1992- Steering Committee recommends feasibility study extend through 1993

WHAT MODEL DID THE STEERING COMMITTEE RECOMMEND?

"MAIN PROGRAM"

4 Residents in each year (12 total)

Location- Billings

They would be required to do a rural rotation in their 2nd and 3rd year.

"MISSOURI TRAINING TRACK"

1 Resident in each year (3 total)

Location- Northeastern Montana

They would be required to do their 1st year in the "Main Program"

"YELLOWSTONE TRAINING TRACK"

1 Resident in each year (3 total)

Location- Border of Eastern Montana

They would be required to do their 1st year in the "Main Program"

WOULD THIS PROGRAM BE AFFILIATED WITH A MEDICAL SCHOOL?

Yes. University of Washington

WOULD THIS PROGRAM BE ACCREDITED?

Yes. The Residency must be accredited to be able to qualify for Graduate Medical Education Financing. The accrediting agency is the Residency Review Commission.

**INCOME PROJECTION
FOR THE
MONTANA FAMILY PRACTICE
RESIDENCY**

**PRESENTED TO
JOINT APPROPRIATION
SUBCOMMITTEE**

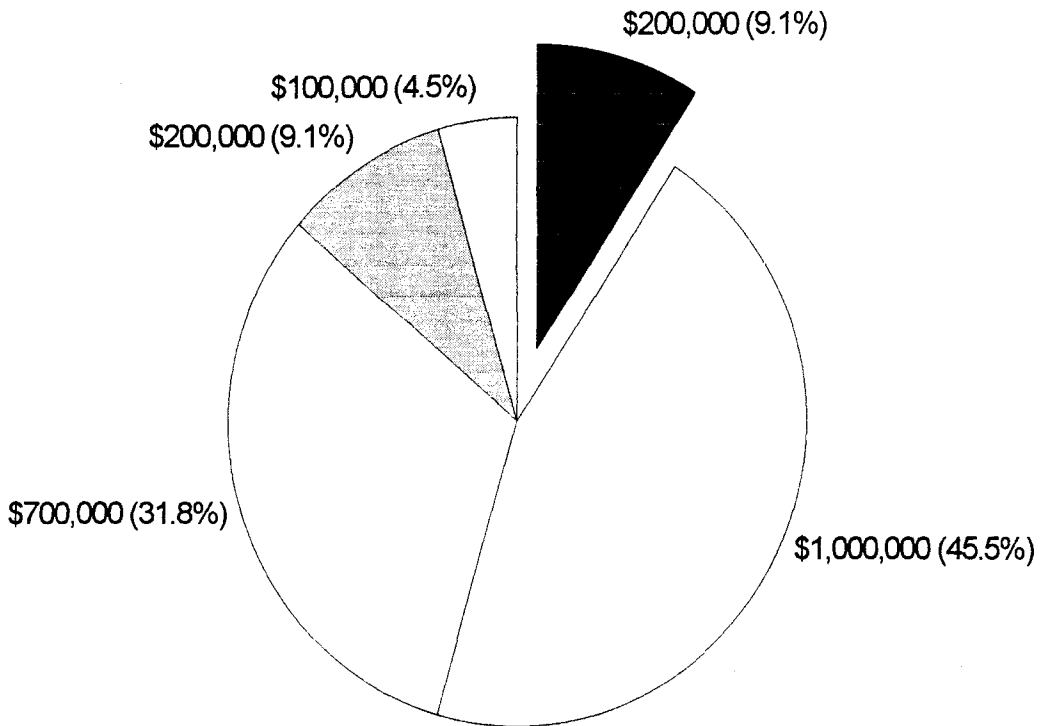
HUMAN SERVICES AND AGING

ROOM 108

THUR. FEB. 18, 1993

State of Montana	\$200,000
Federal Monies	\$1,000,000
Patient revenue	\$700,000
Sponsor support	\$200,000
Grants	\$100,000
TOTAL	\$2,200,000

Revenue



TOTAL INCOME \$2,200,000

**EXPENSE PROJECTION
FOR THE
MONTANA FAMILY PRACTICE
RESIDENCY**

**PRESENTED TO
JOINT APPROPRIATION
SUBCOMMITTEE**

HUMAN SERVICES AND AGING

ROOM 108

THUR. FEB 18, 1993

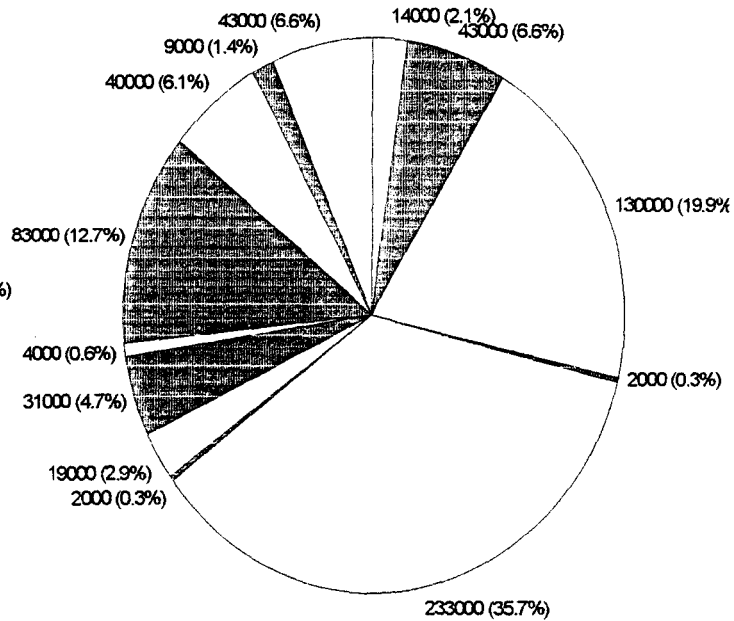
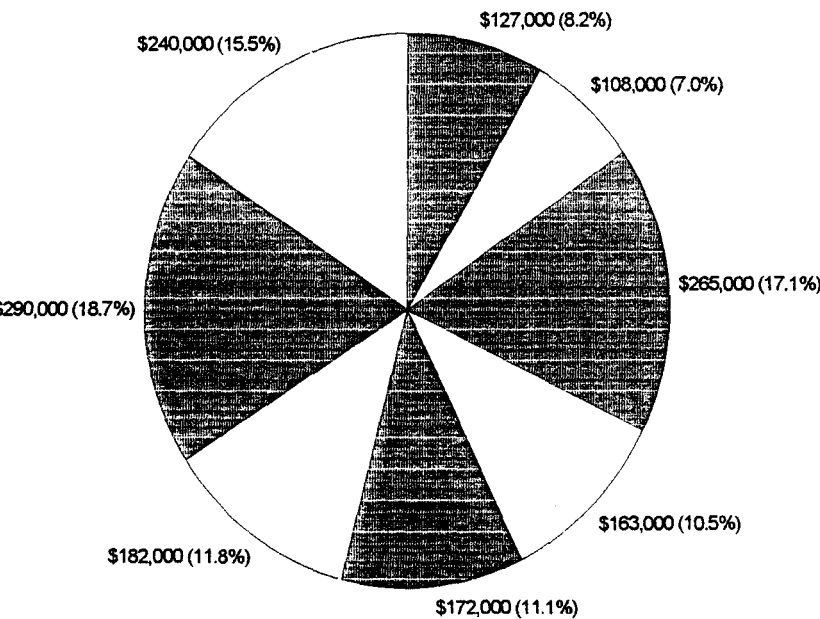
RESIDENCY DIRECTOR	\$127,000	
ASSOCIATE DIRECTOR	\$108,000	
FACULTY	\$265,000	
R-1'S	\$163,000	
R-2'S	\$172,000	
R-3'S	\$182,000	
STAFF SALARIES	\$290,000	
BENIFITS	\$240,000	\$1,547,000

COMMUNICATIONS	\$14,000	
LIABILITY INSURANCE	\$43,000	
MALPRACTICE INSURANCE	\$130,000	
DATA PROCESSING	\$2,000	
RENT	\$233,000	
INSTRUCTIONAL	\$2,000	
MAINTENANCE	\$19,000	
OFFICE SUPPLIES	\$31,000	
REPAIRS	\$4,000	
SUPPLIES	\$83,000	
TRAVEL	\$40,000	
GENERAL	\$9,000	
EQUIPMENT	\$43,000	\$653,000

TOTAL \$2,200,000

SALARIES AND BENEFITS

NON-SALARY EXPENSES



TOTAL PAYROLL \$1,547,000

NON-PAYROLL \$653,000

EXHIBIT 4
2-18-93

CONCLUSION

IS A MONTANA FAMILY PRACTICE RESIDENCY A WIN/WIN?

- Yes! For the people of Montana who need health care.
- Yes! For rural communities who need health care providers.
- Yes! For urban areas who need primary care development.
- Yes! For the development of managed care.
- Yes! For the midlevel practitioner who will become a portion of a health care team.
- Yes! For the Montana medical student who wants to come home for residency training.
- Yes! For the cooperation with Indian Health Systems.
- Yes! For the development of urban/rural communication.
- Yes! For the existing physicians who will teach in this program.
- Yes! For a mechanism for Montana to rightfully capture federal monies used for the training of residents
- Yes! For the positive economic impact this program will have in Montana.

BIOGRAPHY OF PRESENTOR:

FRANK C. MICHELS, M.D.

- | | |
|-------------------|--|
| Background | - 3rd generation Montanan
- Born in Billings
- Raised on Farm/ Ranch (Laurel/Molt) |
| Education | - Laurel, Montana High School
- College of Great Falls, BS Biology
- University of Washington, Medical School (WAMI program)
- University of North Dakota, Residency in Family Practice |
| Experience | - Harlowton, Montana
Family Physician for 6 years
- Heights Family Practice, Billings, Montana
Present practice location |
| Family | - Mary Jo Ellesch, from Great Falls, wife
- 3 children |

Montana Department of Health

F.T.E. FY 79-95

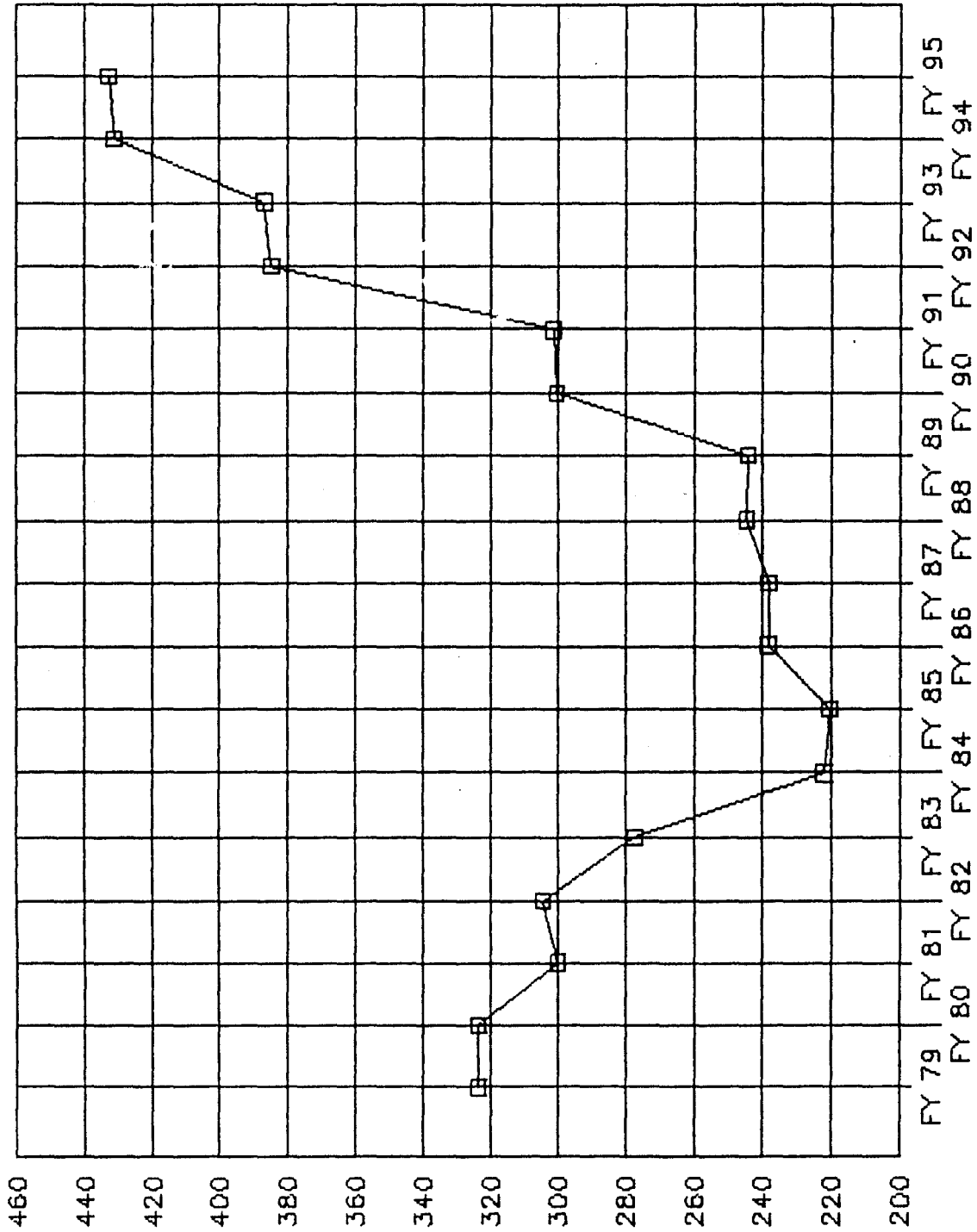
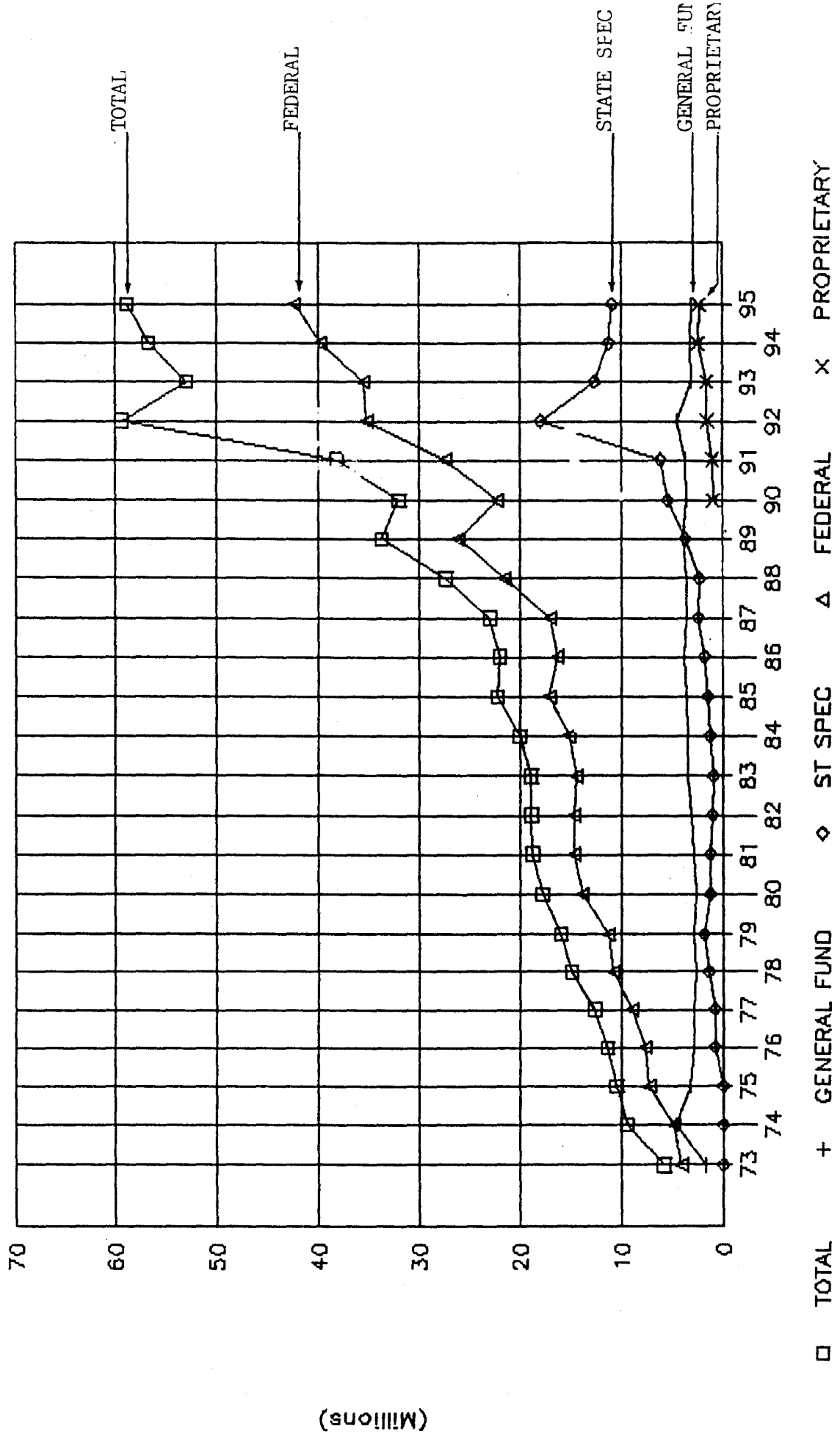


EXHIBIT 5
DATE 2-18-93
SB

DEPARTMENT OF HEALTH

TOTAL FUNDING FY 73-95



(Millions)

□ TOTAL + GENERAL FUND ◇ ST SPEC △ FEDERAL × PROPRIETARY

Joint Subcommittee for Finance of Human Services and Aging
John Cobb, Chairperson-1993

2-18-93
John Cobb

In 1982, several federal categorical programs¹ and the Health Incentives Grant were consolidated into the Preventive Health and Health Services (PHHS) Block Grant. States were not restricted to use of the PHHS block grant funds for the categorical programs previously funded. Based upon a population formula, Montana initially received \$650,339.

The only program required of PHHS Block recipients then and now is intervention programs related to Sexual Offenses. Two percent (2%) of Montana's total award must be used for Sexual Offenses. Initially, DHES placed the remaining funds into DHES' Emergency Medical Services and Family Planning programs, the Public Health Laboratory, Perinatal and Health Education activities at DHES. No more than ten percent (10%) of the PHHS award can be used for administration and two percent (2%) has been the average used by DHES for administrative purposes.

For the first nine (9) years of the PHHS grant the funding levels stayed fairly consistent and DHES put money into the programs initially funded with the block grant award. One-time activities of various Department programs were funded with carry-over funds from prior years.

In the past several years, substantial increases have occurred in the PHHS block grant award: \$921,537 total award in Federal Fiscal Year 1992 and \$1,010,983 total award for Federal Fiscal Year 1993. DHES has focused on re-establishing some missing components of basic public health services at the state and local level with these increases.

Dental health activities and tuberculosis control have always been important components of public health. Epidemiology, nutrition and public information have also been core components in comprehensive public health. Through the years various funding shifts had left DHES without these programs. They have been minimally re-established and are coordinating with the direct service providers in local agencies.

The federal legislation authorizing the Preventive Health and Health Services Block grant beginning October 1, 1992 has several new requirements. Emphasis is on activities consistent with making progress toward achieving the objectives established by the Secretary for the health status of the population of the U.S. for the year 2000. Control of rodents, school-based fluoridation programs, EMS systems, services to victims of sex offenses and planning, administration, monitoring, evaluation and education related to any of the Healthy People 2000 objectives are specifically mentioned as possible activities of states receiving the PHHS block.

The application must now contain a State plan developed by the State agency with principal responsibility for public health programs in conjunction with an advisory committee. Each state must convene an advisory committee headed by the Director of the Department to develop the plan. The committee must meet at least two times per fiscal year. The committee is to conduct

¹ The original categorical programs were (1) dental health and fluoridation; (2) cardiovascular disease; (3) tuberculosis control; (4) health education/risk reduction; (5) emergency medical services; (6) rodent control; (7) breast and cervical cancer; and (8) sex offenses.

assessments of the public health to help determine which activities should be carried out in Montana.

The State agrees to measure the progress being made toward improving the health status of the population. The plan must specify the year 2000 health objectives for which the state will expend payment. The plan is to specify any populations in the State having a disparate need for preventive health activities.

The Director of the Department of Health and Environmental Sciences must hold public hearings on proposals in the plan. DHES must provide the State highway safety program an opportunity to participate in the development of any plan related to emergency medical services and to comment on any federal payment for provision of EMS.

The DHHS Secretary shall develop sets of data for uniformly defining health status for purposes of the year 2000 objectives and DHES is to collect and include in its yearly report the necessary information for one uniform data item from each of the uniform data sets selected for the State by the Secretary.

In 1995 and every year thereafter the State will collect and report the necessary information for each of the uniform data sets appropriate to the year 2000 Objectives that the state has, in the State plan. The Secretary shall establish criteria for uniform collection and reporting of data on activities where no uniform data items exist.

DHES is proposing the increase received with the last award be used to ensure basic public health services are established in counties presently not having them. In addition to \$50,000 of yearly grants to county health departments established with the FFY92 increase, it is proposed another \$75,000 to \$100,000 be given to counties to establish a state-wide set of minimum public health services in every county. The project will fund two local preventive health development and demonstration projects for a two year period. The projects will be selected by Request for Proposal from applicants representing a combination of three or more counties including at least two counties which are currently unserved or under-served relative to basic preventive health services.

Each year DHES submits an application for the funds to Centers for Disease Control/Prevention, Department of Health and Human Services. The FFY 1993 application illustrates a plan for distribution of the expected \$921,537 plus an expected ten percent (10%) increase. Attachment A is a synopsis of the information included in the application by DHES in the fall of 1992. The funding for two items mentioned in the synopsis, Planning and Data and Public Information will come from sources other than PHHS block in the 1994-95 biennium. The PHHS funds used for those programs in FY 93 will be put into the funds to ensure basic public health services in Montana counties.

ATTACHMENT A

The following is a synopsis of the information included in the application submitted by DHES in Fall of 1992 for FFY 1993 PHHS block grant funds.
 PHHS Block Grant Application
 Program Plan

The PHHS Block Grant Program for the state of Montana is a widely diverse, multifaceted and multi-disciplinary preventive health program. The diversity ranges from the partial support of health services administration to and including direct family planning services. The programs proposed for PHHS support are:

	<u>FY 1993</u>	
-- AIDS Education		20,000
-- County Grants		53,168
-- Dental		56,842
-- Emergency Medical Services		191,266
-- Epidemiology		50,800
-- Family Planning Program		205,000
-- Health Promotion and Education Program		48,911
-- Health Services Administration		13,911
-- Immunization Demonstration Project		50,000
-- Nutrition		52,134
-- Planning and Data		22,161
-- Preventive Health Services Bureau Admin.		93,220
-- Public Information		27,411
-- Public Health Laboratory		66,837
-- Sexual Assault Prevention Program		16,168
-- Tuberculosis Prevention		<u>9,000</u>
	TOTAL	<u>\$976,829</u>

I. AIDS EDUCATION

PROGRAM DESCRIPTION:

The block grant program would allow for those counties (47) not receiving current AIDS Prevention funding, to receive at least \$425 to provide AIDS education for their citizens.

BUDGET SFY93:

EXPEND. 5
DATE 2-18-93

Source	Amt/yr	% of Total
Federal funding for AIDS/HIV	\$687,037	97%
Preventive Health and Health Services Block	20,000	3%
Total	707,037	100%

II. COUNTY GRANTS

PROGRAM NEED: Of the 56 counties in Montana, 7 counties have full-time, multi-service health departments. The other 49 counties have departments with various services and limited staff. To ensure basic public health services to all citizens, PHHS block grant is given to counties in a competitive process.

PROGRAM DESCRIPTION: During SFY 93 funds will be given to 5 Montana county health departments and their use is described in the table below:

<u>Name of County</u>	<u>Description of Project</u>	<u>Amount of PHHS</u>
Yellowstone	Child Risk Registry	\$38,861
Liberty	General Public Health Nursing Services	10,301
Park	Child Safety/Sex Abuse Prevention	3,318
Sanders	Senior Cardiovascular Fitness	2,889
<u>Silver Bow</u>	<u>Lead Toxicity Prevention</u>	<u>10,000</u>
TOTAL		*\$65,369

* FFY '92 funds=\$16,342

FFY '93 funds=\$49,027

The \$50,000+ from PHHS block grant are the only funds available from DHES for counties to apply in areas they determine to be of greatest need.

<u>Direct Assistance To Counties</u>	<u>Amount/yr</u>	<u>% of Total</u>
Rape Prevention/Crisis (PHHS)	\$ 17,218	2%
Preventive Health and Health Services Block	53,168	6%
Maternal/Child Block	689,090	75%
AIDS Counselling and Testing	63,490	7%
AIDS Education Activities (includes \$20,000 PHHS)	88,900	10%
TOTAL	\$911,866	100%

III. DENTAL

TARGET GROUPS: Persons of all ages will be targeted with messages regarding dental health with an emphasis on prevention of caries in the young. The school mouth-rinse program is targeted.

BUDGET SFY93:

EXHIBIT 5

Source of funds	DATE <u>2-18-93</u>	Amount/yr	% of Total
PHHS	HB _____	\$56,842	68%
MCH		26,000	32%
TOTAL		\$82,842	100%

IV. EMERGENCY MEDICAL SERVICES

PROGRAM DESCRIPTION: The Montana EMS Program encompasses the areas of professional education and, in certain cases, certification of EMS providers and facilities; public education in the appropriate utilization of EMS, and the provision and maintenance of the statewide Montana Poison Control System.

BUDGET SFY93: The budget for the Montana EMS Program for SFY93 comes from the following sources:

State General Fund	\$331,434	50%
PHHS Block Grant	191,266	28%
Highway Safety (Section 402)	93,000	14%
<u>State Public Health Special Revenue</u>	<u>45,455</u>	<u>8%</u>
Total	\$661,155	100%

V. EPIDEMIOLOGY

PROGRAM NEED: Epidemiology is the common thread among public health programs. Chronic diseases and associated risk factors are the leading causes of death, disability, and sick care costs in the state. Yet, insufficient state health department resources have been directed toward chronic disease surveillance, investigation, intervention, and measurement toward the Year 2000 Objectives. The development and maintenance of state epidemiologic capacity is crucial to meet this need.

BUDGET SFY93

PHHS Block	\$50,800	% of Total 100
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VI. FAMILY PLANNING PROGRAM

PROGRAM DESCRIPTION: PHHS block grant monies are utilized in conjunction with federal Title X, Maternal Child Health block grant and State General funds to fund local family planning programs.

PROGRAM OBJECTIVES: To provide family planning medical, counseling, educational and referral services to 2,050 clients at or below 150% of poverty in SFY 1993 with PHHS block grant funds.

BUDGET SFY93:

Federal Title X	\$ 880,053	76%
PHHS Block Grant	205,000	18%
MCH Block Grant	29,000	2%
<u>State General Fund</u>	<u>46,000</u>	<u>4%</u>
Total	\$1,160,053	100%

VI. HEALTH PROMOTION AND EDUCATION PROGRAM

PROGRAM NEED: In 1991 the ten leading causes of death among Montanans accounted for an estimated 6,800 deaths. Deaths from cardiovascular disease and cancer made up more than 60% of the mortality. These deaths are largely attributable to diseases which result from modifiable lifestyle factors. Estimates by the Centers for Disease Control suggest that approximately 51% of these deaths are preventable by changing behaviors such as smoking, sedentary lifestyle, excessive drinking, and seat belt non-use. By informing the public about the relationship between risk factors and chronic disease, and by educating health care providers and individuals about methods for modifying behaviors which create risk for disease, a large number of premature deaths in Montana can be prevented.

BUDGET: The sole source of funds for the Health Promotion and Education Program is the Preventive Health Block Grant.

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of Total
HB 100%

Program	Source of funds	Amount/yr
Health Promotion and Education	PHHS	\$48,911

VII. HEALTH SERVICES ADMINISTRATION

PROGRAM DESCRIPTION: This office provides administration for the Health Service Programs included in the PHHS Block Grant and other related programs.

BUDGET SFY93:

Source of funds	Amount/yr	% of Total
State General Fund	\$91,323	68%
MCH Block Grant	30,038	22%
<u>PHHS Block Grant</u>	<u>13,911</u>	<u>10%</u>
Total	\$135,272	100%

IX. Immunization Demonstration Project

PROGRAM DESCRIPTION: A needs assessment will be done throughout Montana to determine the actions necessary to ensure all children younger than school age are appropriately immunized against the major vaccine preventable diseases.

BUDGET SFY93:

Source of funds	Amount/yr	% of Total
PHHS	\$50,000	10%
Federal Grant	334,551	64%
MCH Block Grant	101,775	19%
<u>State General Fund</u>	<u>41,294</u>	<u>7%</u>
TOTAL	\$527,620	100%

X. NUTRITION

PROGRAM NEED: It is estimated that 90 percent of Americans are exposed to excess chronic disease risk from eating a diet high in fat and low in fiber with too few fruits and vegetables. For heart disease, cancer and stroke alone, an estimated 375,000 deaths and \$65 billion in related health care costs are associated with poor dietary practices.

BUDGET SFY93:

Source of funds	Amount/yr	% of Total
PHHS Block Grant	\$52,134	100%

XIII. PREVENTIVE HEALTH SERVICES BUREAU ADMINISTRATION

PROGRAM NEED: Preventive Health Services Bureau carries out the Department responsibility in the area of prevention, education, monitoring of health, health-related services and administration of public health services.

BUDGET:

Source of funds	Amount/yr	% of Total
Preventive Health Block	\$93,220	95%
<u>Maternal Child Block Grant</u>	<u>5,323</u>	<u>5%</u>
Total	\$98,543	100%

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XIV. MONTANA PUBLIC HEALTH LABORATORY

PROGRAM DESCRIPTION: The Public Health Laboratory provides scientific services in support of disease prevention and control programs.

BUDGET: The Public Health Laboratory receives funds from the State General Fund and special revenue accounts along with supplemental funding from PHB. The \$66,837 from PHB will provide additional funding for our objectives in the areas of communications, travel and special supplies and materials.

Source	Amount/yr	% of Total
State General Fund	\$191,192	19%
State Special Revenue	699,192	70%
PHHS Block Grant	66,837	6.5%
<u>Maternal Child Health Block Grant</u>	<u>47,039</u>	<u>4.5%</u>
Total	\$1,004,260	100%

XV. SEXUAL ASSAULT PREVENTION PROGRAM

PROGRAM NEED: This program is a statutory set-aside of block grant funds. These programs are distributed statewide, covering the larger cities, as well as a number of rural, multi-county areas.

PROGRAM DESCRIPTION: Requests for proposals for funding of local program activity with PHHSBG funds are distributed to local programs. Programs Approved for Funding During SFY 1993 Are:

Billings Rape Task Force, Billings	\$ 1,400
Hi-Line Help for Abused Spouses, Fort Benton	1,400
Lincoln County Women's Help Line, Libby	1,400
"SafeSpace" Butte Christian Community Center	1,400
"The Haven," Human Resources Development Council, Havre	1,400
Violence Free Crisis Line, Kalispell	1,400
Women's Place, Missoula	1,400
YWCA/Mercy Home, Great Falls	2,168
Mineral County Help Line, Superior	1,400
Family Crisis Center, Polson	1,400
<u>SAVES, Inc., Lewistown</u>	<u>1,400</u>
TOTAL	\$ 16,168

TARGET GROUPS: Women victims, male victims, female perpetrators, male perpetrators, children, adult incest victims. Human service providers, law enforcement, school teachers, students and administrators, clergy. Volunteers, general public, child and domestic abuse networks.

PROGRAM OBJECTIVE:

Reduce rape and attempted rape of women aged 12 and older to no more than 108 per 100,000.

EXHIBIT 5

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BUDGET SFY93:

HB _____

Source	Amount/yr	% of Total
PHHS Block Grant	\$16,168	100%

CRITERIA AND METHODS FOR DISTRIBUTION OF FUNDS:

Request for proposal method.

XVI. TUBERCULOSIS PREVENTION

PROGRAM NEED: Tuberculosis remains a public health problem in our nation and state. In Montana, the rate of tuberculosis among certain high risk populations exceeds national figures.

Preventive therapy is a critical element of efforts to control, prevent, and eventually eliminate tuberculosis. When taken as prescribed, isoniazid preventive therapy is highly effective in breaking cycles of disease transmission.

BUDGET SFY93:

Source of Funds for TB	Amount/yr	% of Total
Center for Disease Control Cooperative Agreement	\$31,000	70%
<u>PHHS Block Grant:</u>	<u>9,000</u>	<u>30%</u>
Total	\$30,000	100%

*view
2-18-93*

Department of Health and Environmental Sciences
Allocation of Preventive Health Block Grant (PHB)

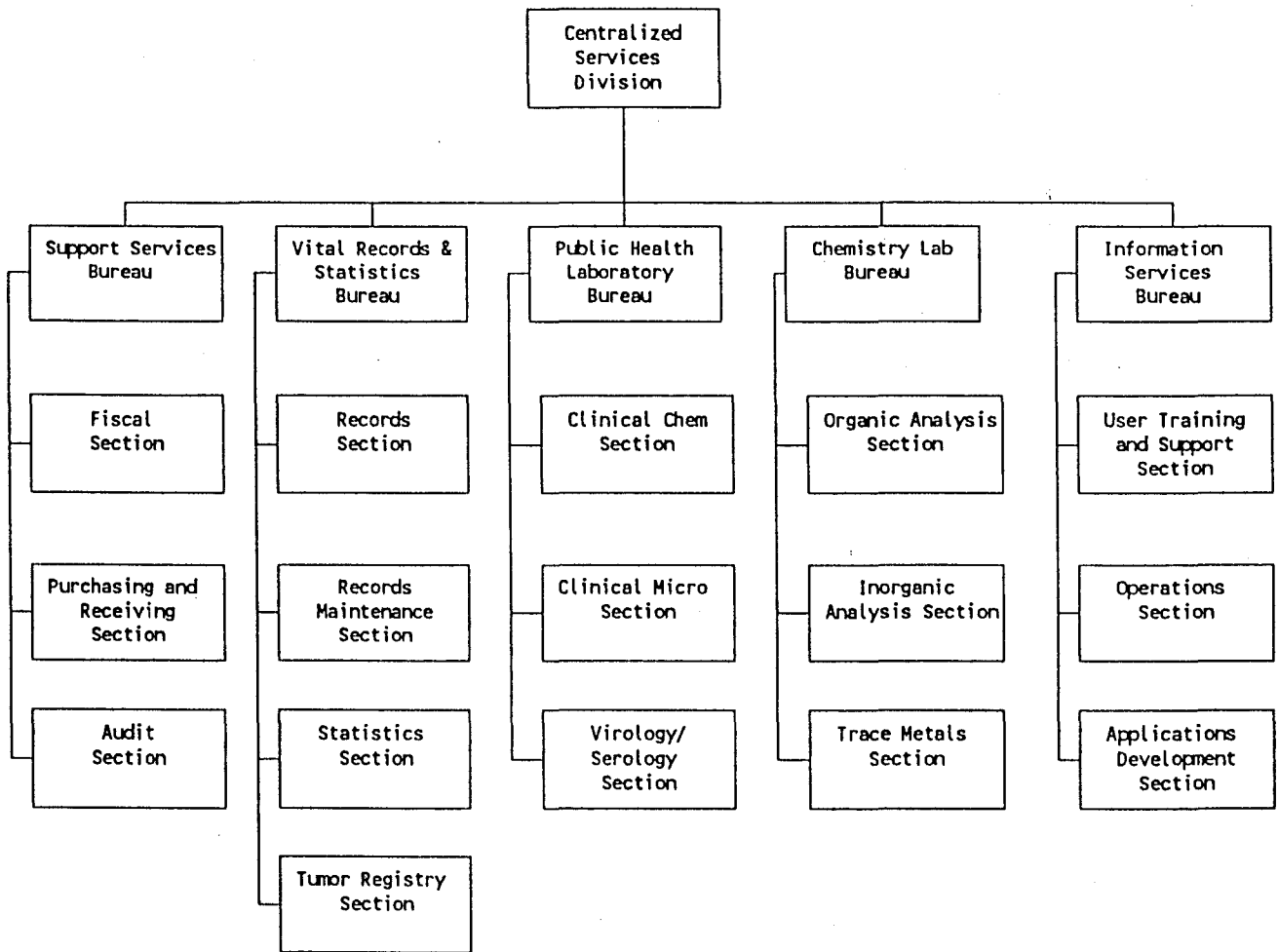
EXHIBIT 6
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Program	Control Variable	PHB (03030)		Exec FY95	LFA FY95
		Exec FY94	LFA FY94		
02	Public Health Lab Bureau	70,000	70,000	70,000	70,000
06	Division Administrator	18,238	15,830	18,307	16,625
06	Emergency Medical Services	205,691	90,523	207,308	93,377
07	Family Planning	205,000	214,521	205,000	220,830
08	Bureau Administration	100,175	92,988	100,595	96,829
08	Diseas Prev & Health Promo	50,000	48,492	50,000	50,081
08	AIDS	15,000	15,136	15,000	15,580
08	Rape Crisis	<u>17,218</u>	<u>11,968</u>	<u>17,907</u>	<u>11,968</u>
	TOTAL	<u>681,322</u>	<u>559,458</u>	<u>684,117</u>	<u>575,290</u>

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Centralized Services Division

Department of Health
and Environmental Sciences



**CENTRALIZED SERVICES DIVISION
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES**

OVERVIEW

The Centralized Services Division provides a wide variety of services, not only for the department but also for the general public. The division accounts for state and federal financial resources, provides testing of children for metabolic disorders, maintains the central repository for vital records, provides for microbiological and chemical testing of laboratory samples and maintains a centralized data processing bureau.

During the past five years, the agency has experienced tremendous growth, going from an annual expenditure base of approximately \$33 million in FY90 to a requested base of approximately \$60 million in FY95. The Centralized Services Division has been unable to keep pace with the ever-increasing demands for services. Our systems of internal control are being pushed to the limit and in some cases have been inadequate, as pointed out in recent state and federal audit reports. The department has requested expansion to its current level services in order to help resolve the audit problems and keep pace with the workload.

The division is also requesting the reinstatement of positions lost to the 5% reductions mandated by the special legislative session. To lose current level positions further erodes the ability of this agency to account for and report the expenditure of federal and state money.

As you proceed within the department's budget request, you will note a wide variety of programs and funding sources. For your information and to help you keep track of the multitude of differing programs and funding sources, a listing is enclosed showing the department's budget by subprogram for each fiscal year.

The agency receives more than 50 federal grants, cooperative agreements and contracts. Each of these awards have specific grant conditions and federal requirements about how the funds will be spent and accounted for. While it may seem attractive to use the federal financial participation (FFP) in areas other than they are currently used, federal regulations may preclude it. As an example: Women, Infant, and Children Supplemental Feeding Program (WIC) funds cannot be used to fund Child Care Food Programs (CCFP), nor can Water Quality funds be used to fund Air Quality programs.

**CENTRALIZED SERVICES DIVISION
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES**

PROGRAM DESCRIPTION

The Centralized Services Division (CSD) is organized into five bureaus and the division administration. The division's primary goal is to provide support services to the department in its efforts to protect, promote and enhance public health and environmental quality for the benefit of all Montana citizens.

The department receives more than 53 federal grants, cooperative agreements and contracts exceeding \$39 million per year, varying from a low of \$3,000 up to a maximum of \$15,942,148. No two agreements are identical, requiring varied and multi-faceted services from basic accounting to complex cost accounting, from purchasing basic supplies to ordering highly complex laboratory equipment. The following is a brief description of the bureaus and the services provided:

Division Administration

The division administration is responsible for overall division administration, establishing goals and objectives and reviewing and approving departmental grant requests to insure compliance with federal financial regulations. The administrator is also the chief financial officer for all grants and contracts.

Support Services Bureau

The Support Services Bureau provides agency-wide support services in the areas of accounting, purchasing, auditing, cash receipts, accounts receivable, accounts payable, financial accountability, grant reporting and maintains the Statewide Budget and Accounting System (SBAS).

Vital Records and Statistics Bureau

The Bureau of Vital Records and Statistics operates Montana's vital statistics system. The bureau provides documentation and certification to the general public and to local, state and federal agencies concerning : births, deaths, marriages, divorces and adoptions. The bureau produces statistical tabulations and analyses based on vital records and other public health data. Statistical and consultative services are provided to department program staff and local health agencies. The bureau also houses the Montana central tumor registry which provides statewide cancer data for use in studying the occurrence, diagnosis and treatment of cancer patients.

Public Health Laboratory Bureau

The Public Health Laboratory provides scientific services in support of national and state disease prevention and control programs. The bureau provides these services through surveillance activities, outbreak investigations, consultation and training of local providers, and reference testing.

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Chemistry Laboratory Bureau

The Chemistry Laboratory provides analytical testing, consulting and training services to the public health and environmental programs of the department, and to other state, local and federal agencies. The laboratory also manages the laboratory certification program for local, state and commercial laboratories that analyze public water supplies.

Information Services Bureau

The Bureau of Information Services provides central coordination and support of data processing for the agency. The bureau's primary mission is to provide reliable computer operations support for the department's local area network (LANS) and coordinate mainframe use with the Department of Administration. The bureau also reviews computer hardware and software purchases to insure compatibility with existing systems.

GENERAL BUDGETARY INFORMATION

Current Level Budget

The division's current level budget consists of 64.50 FTE positions assigned to the following areas:

Division Administration	2.00
Support Services	17.50
Vital Records and Statistics	14.50
Public Health Laboratory	19.00
Chemistry Laboratory	8.00
Information Services	3.50

The division has an annual operating budget in excess of \$3.2 million funded from the following sources:

	<u>FY92</u>	<u>FY93</u>	<u>FY94</u>	<u>FY95</u>
General Fund	546,687	516,696	525,483	511,050
State Special	1,186,126	1,043,524	1,250,478	1,288,836
Federal Funds	219,370	221,431	265,000	265,000
Proprietary	942,396	949,527	1,230,407	1,191,878

Modified Level Budget

The division has submitted 11 requests to increase its current level budgets and to restore the 5% budget decreases mandated by the last special session of the legislature. Due to significant increases in FTE and funding in other areas of the agency, additional support staff and resources are required in the Centralized Services Division.

A recent draft audit report by the U.S. Environmental Protection Agency identified significant weaknesses within the agency's systems of internal control. The report is questioning contract compliance issues and the inability of the agency to follow established policies and procedures. In an effort to correct reoccurring audit problems and to insure conformance with state and federal regulations, additional resources have been requested.

CENTRALIZED SERVICES DIVISION
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Information Services Bureau

The Information Services Bureau provides a variety of data processing services for the department. These services are divided into four functional areas: Computer Operations, Applications Development, User Support and Training and Administrative.

The Computer Operations Section is responsible for the following:

- Daily operation and maintenance of the department's local area networks
- Maintaining network operating systems
- Reviewing and recommending hardware configurations based upon network design and traffic, application use, Department of Administration standards, and other factors
- Installing computer hardware and peripherals used in the department
- Diagnosing network operating system and computer hardware problems and providing solutions

The Application Development Section is responsible for the following:

- Installing and troubleshooting of software and applications
- Monitoring performance and acceptability of systems development contracts
- Maintaining mainframe and local area network security in accordance with department policy, Department of Administration policy and laws affecting computer security
- Planning, designing and coordinating the development of systems and applications
- Evaluating software and applications for use in the department

The User Support and Training Section is responsible for the following:

- Serving as first-line support to all users of the department's local area network regardless of the type of problem
- Providing assistance in the use of software and systems
- Providing classroom and individual training to users regarding network operation, software, systems use and hardware operation
- Assisting users with workload problems related to data processing
- Providing a central pool of specialized computer equipment for use in the department in the development of computer applications and presentations

The administrative functions include:

- Developing data processing policy development and compliance
- Coordinating department needs and requirements with the Department of Administration's Information Services Division
- Information systems planning
- Serving as department representative on committees and task forces related to data processing

Staffing

From FY90 to FY92, there were 3.00 FTE supporting data processing functions in the department. At the beginning of FY93, this was increased to 4.00 FTE when the word processing support functions were combined into the bureau. Beginning in FY94, the total FTE will be reduced to 3.50 as a result of H.B. 5 from the last special legislative session.

Agency Growth in Data Processing

The significant growth in data processing within the agency can be attributed to several factors. During the past 2-3 years, the department has expanded in the operational functions; no increase in data processing staff occurred. Several of the operational units of the department are now computerizing. New application development has focused on the local area network platform. Some conversion of mainframe applications to the LAN platform also is occurring. In accomplishing these functions, we support approximately 400+ users in various locations in the Helena area and statewide.

Budget Focus

The focus of the bureau's budget request has been to maintain current level services to the department users. The current level services budget request has been developed based on current operations and a reduced level of services. It includes basic funding for the current staff and to maintain or replace essential computer equipment. It does not address many of the requests for additions such as the introduction of imaging systems, GIS (geographic information systems) and others. Our principal focus has been in the delivery of quality information processing systems. It does minimally address our increasing data storage needs. Concurrently, the modified requests have not been directed toward expanded or new services.

Budget Issues

As a result of the rapid growth of the department and demands for information services, the Information Services Bureau is facing several problems.

Adequate Staffing - The bureau is severely understaffed to accomplish its goals and objectives. The original bureau request was for a total increase of 8.00 FTE during the biennium. Given the economic outlook and in an attempt to still accomplish our mission, this modification request (#92133) was reduced to 4.00 FTE (2.50 FTE in FY94 and an additional 1.50 FTE in FY95). Even if this staffing request is approved, we may lose further ground in accomplishing our mission. If we were staffed similar to other state agencies, it is estimated the central data processing support function would have approximately 18.00 to 20.00 FTE.

<u>Request</u>	<u>FY94 Cost</u>	<u>FY95 Cost</u>	<u>Source of \$</u>
4.00 FTE	\$110,075	\$148,310	Indirects

A budget modification request to restore the .50 FTE taken as a result of HB 5 of the last special session is also included. The position from which the .50 FTE is to be taken is the person who currently staffs the user support, training and word processing functions. If this .50 FTE were lost, we would eliminate the word processing function, thus transferring the workload back to the bureaus and divisions.

<u>Request</u>	<u>FY94 Cost</u>	<u>FY95 Cost</u>	<u>Source of \$</u>
.50 FTE	\$10,812	\$10,815	Indirects

Need to Improve Equipment - Most of the equipment used to support the department LANs is in need of significant improvement. File servers, print servers, some printers, communication servers, uninterruptible power supplies, network wiring and other peripherals are in great need of being updated. Our current level service request for equipment addresses the needs for update and replacement of this equipment.

Budget modification #92121 is for a database server for the department. During the past three years, the number of database applications in the department has dramatically increased (five to 60). They are fundamental to the department's functioning and loss or damage to data could be disastrous.

<u>Request</u>	<u>FY94 Cost</u>	<u>FY95 Cost</u>	<u>Source of \$</u>
Database server	\$23,300	\$4,150	Indirects

Need to Maintain Updated Software - The need to maintain current, updated versions of network operating software and application software is significant. As growth has occurred in the department, it has been necessary to obtain additional work station licenses for core software such as WordPerfect and Lotus. Some versions of this software were updated by the software companies two or three years ago, yet the department did not keep their licenses updated. The cost of adding additional licenses when additional work stations were added had not been budgeted. By skipping an update, the cost of the software significantly increases. It also jeopardizes the licensing agreements because you cannot combine licenses from different versions under the old software. We recently added work station licensing monitoring software to maximize our software investment. With a central program for updating core network packages, we believe a significant long-range savings will result. Resolution of this problem is addressed through the budget modification request (#92126) regarding network software upgrades.

<u>Request</u>	<u>FY94 Cost</u>	<u>FY95 Cost</u>	<u>Source of \$</u>
Network software upgrades	\$61,000	\$18,000	Indirects

Difference Between OBPP and LFA Budgets

There are two distinct differences in the proposed OBPP and LFA budgets for the Information Services Bureau.

The OBPP budget funds operating expenses and did not include the agency request for equipment funds. The LFA budget funds the agency request for equipment and does not include most of the operating expenses.

If the LFA proposed budget were adopted, it would be impossible to operate the bureau. The LFA budget does not include funds for paying Department of Administration network charges for the bureau, normal office supplies and materials, maintenance contract costs for file servers, training costs, or software maintenance contract costs. It would not allow us to maintain current programs used in the bureau or pay for contract programming costs.

The OBPP proposed budget provides for normal operating costs but does not consider the need to replace old, outdated or failing equipment. Should certain pieces of equipment fail, the potential exists for a major failure of the department's networks.

The Information Services Bureau is funded 100% with proprietary funds received from indirect cost collections.

CENTRALIZED SERVICES DIVISION
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

LABORATORIES OVERVIEW

Over the past several years, the nation's public health system has been severely stressed by increased demand for services in a time of reduced public resources. Nationwide and in Montana, State Public Health Laboratories have seen large increases in specimen load (see Figure 1).

At the same time the country's public health labs have had to absorb new programs and increased demands such as tuberculosis, Hepatitis B, and HIV testing, they have had to face increased federal regulations and costs besides the inflationary costs in medical diagnostic supplies. In order to meet the most pressing demands, our lab has had to reduce and phase out many traditional public health services. As examples, we no longer routinely save all significant clinical isolates for epidemiological typing. We no longer provide serological proficiency samples for the labs in the state. We have reduced food-borne outbreak investigations to handle only the most extreme cases. Surveillance testing for low-incidence diseases, particularly the vector-borne diseases, has been reduced.

Public Health Laboratory Bureau

The Public Health Laboratory provides scientific services in support of national and state disease prevention and control programs. We provide:

- statewide disease surveillance and health risk data for local, state and federal agencies through clinical, environmental and reference laboratory testing and consultative work
- epidemiological testing and outbreak investigations to control communicable diseases
- testing of every newborn child in the state for congenital metabolic diseases
- analysis of public and private drinking water supplies for bacterial contamination
- consultation and training programs and laboratory approval programs

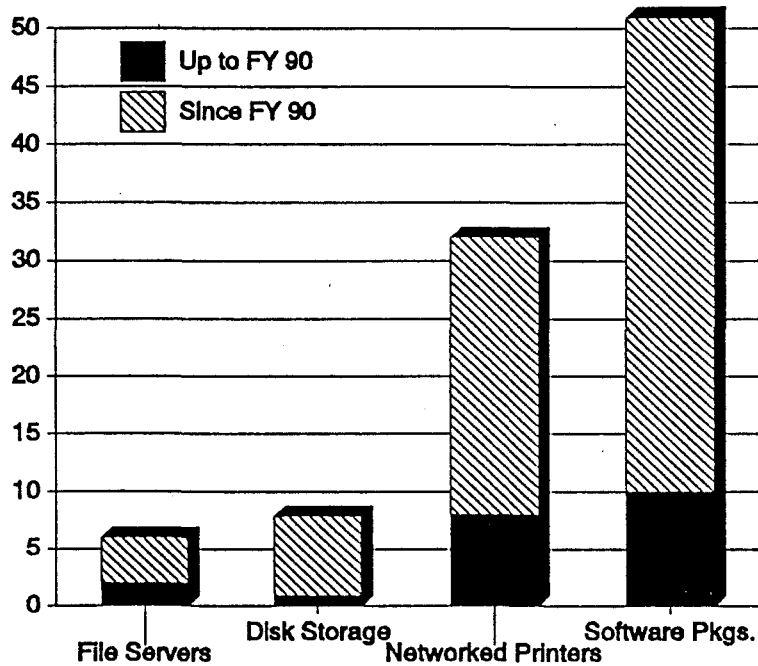
Budget Issues

We are requesting modifieds for a Laboratory Aide, a Medical Technologist and the continuation of the laboratory contingency fund.

Laboratory Aide: For the past 10 years, the laboratories have been able to meet much of the expanding program and public demand for services through the addition of professional and technical personnel. Increased regulations, accountability, fees, and the need for comprehensive laboratory data related to disease epidemiology (not just raw numbers) have demanded qualified data entry and data analysis personnel be used to generate needed information. This position would be responsible for processing serum and viral culture specimens, entering specimen and patient demographic data into the laboratories' data management systems, generating reports and data as needed and maintaining records and files.

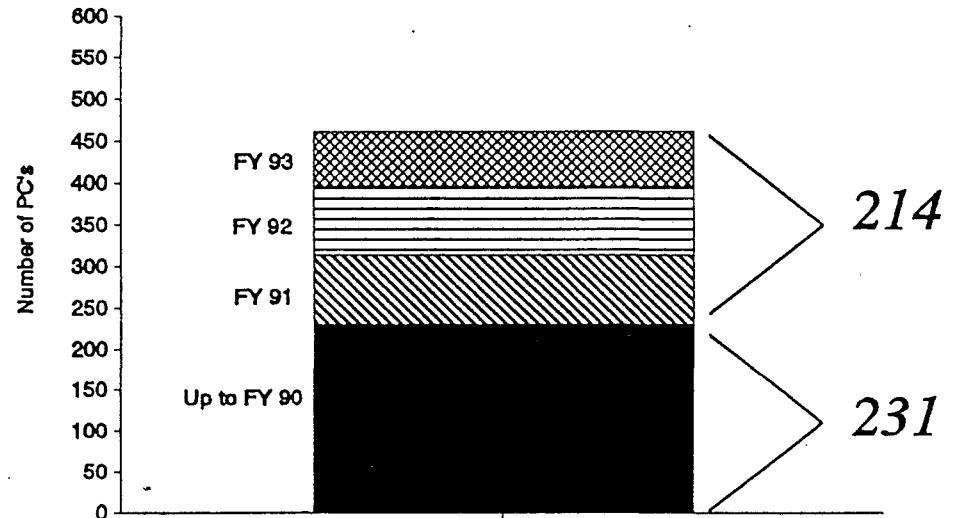
<u>Request</u>	<u>FY94 Cost</u>	<u>FY95 Cost</u>	<u>Source of \$</u>
1 FTE Laboratory Aide	\$21,000	\$21,000	Fee funds

Workload Increase



Volumes have increased while staff to support them has remained unchanged (3.00 FTE).

Number of Computers has increased while staff to support them has remained unchanged (3.00 FTE).



Medical Technologist: Tuberculosis case rates have increased in the past few ^{SB} years, mainly due to the impact of HIV-infected individuals becoming active cases of disease and to the emergence of multi-drug resistant tuberculosis. Increased screening of contacts to tuberculosis cases and use of updated rapid testing technology are required to prevent the spread of these more virulent strains of tuberculosis. The purpose of this modification is to reinstate a full-time Medical Technologist in the lab to perform testing for the diagnosis of tuberculosis and related mycobacterial disease. This position would be funded by increased fees from the increased testing load.

<u>Request</u>	<u>FY94 Cost</u>	<u>FY95 Cost</u>	<u>Source of \$</u>
1 FTE Medical Technologist	\$35,186	\$37,200	Fee funds

Laboratory Contingency Fund: The department also requests the Laboratory Contingency Fund be continued this biennium. This spending authority serves as a safety net for the Public Health Laboratory and the Chemistry Laboratory to handle public health emergencies such as unanticipated outbreaks of disease or environmental contamination problems and unanticipated price increases. The Contingency Fund is used to cover operating costs for these emergencies if the laboratories do not have sufficient spending authority to handle the increased costs and load.

The Contingency Fund is supported by fees charged for the services provided. The department is requesting the Contingency Fund authorization be set at \$100,000 for the biennium.

Difference Between LFA and OBPP Budgets

The LFA budget in essence maintains the laboratory at FY91 spending authority level. In particular, the projected increase in diagnostic supplies and materials is reduced from the executive budget by \$71,000 in FY94 and \$84,000 in FY95. This would result in significant reduction of our base level services. If we are not allowed to pay for our supplies we cannot do the work.

Along with this is the change in the funding sources for the lab. Traditionally, Montana has been unable to significantly fund health programs and has relied extensively on alternative funding. The Public Health Laboratory has been forced more and more to rely on fees charged for services. While a large percent of these fees is actually paid directly and indirectly by other programs in the department, our programs and their funding agencies are expressing concern at the lack of state support for the laboratory (Figure 2).

The LFA budget reduces the general fund by \$85,000 in FY94 and \$104,000 in FY95. The laboratory has been using fee money and federal grants to cover most of the actual laboratory analysis costs. General fund over the past few years has been allocated to the direct disease investigation and control work besides ensuring the laboratory maintains required quality assurance, regulatory compliance and methods development to maintain operations (Figure 3). The net effect of the federal funds and state general fund is to keep the fee costs low enough so that public health care providers such as local and state public health programs can afford to have the work done.

Chemistry Laboratory Bureau

The Chemistry Laboratory analyzes a wide variety of materials including water, air, soils, hazardous wastes, food stuffs and body fluids for an ever-widening variety of contaminants. These contaminants include metals such as lead and arsenic, minerals such as nitrate, fluoride and sulfate, and organic compounds such as insecticides, herbicides, solvents and preservatives. The demand for organic analyses, in particular, has skyrocketed. A few years ago, we were testing for less than a dozen organic compounds; today analysis is required for literally hundreds of compounds, at much lower levels of detection. To accomplish our analytical task, we rely heavily on modern instrumental techniques.

Budget Issues

There are no substantive changes to the current level budget requested for the next biennium. The differences between the operating expenses in the executive and LFA budgets are minor.

Two modifications are requested and are included in the executive budget. First, automated laboratory apparatus is needed to enable current staff to increase their output by allowing analytical instruments to operate unattended during off-work hours, by freeing the analyst from time-consuming manual procedures and by eliminating manual data transcription and data entry.

<u>This equipment includes the following:</u>	<u>Cost</u>	<u>Source of \$</u>
•Autosamplers for Gas Chromatographs	\$36,000	Fee funds
•Hardware and software upgrades for metals analysis	5,000	Fee funds
•Cyanide analysis	9,000	Fee funds
•Air quality analyses	3,500	Fee funds
<u>TOTAL</u>	<u>\$53,500</u>	

A biennial appropriation is requested.

Second, we need to replace the Inductively Coupled Plasma Emission Spectrophotometer (ICP), which was purchased in 1980. We can expect a new ICP, which analyzes metals at subparts per billion, to provide at least another 12 years of service.

<u>Request</u>	<u>Cost</u>	<u>Source of \$</u>
Inductively Coupled Plasma Emission Spectrophotometer	\$250,000	Fee funds

A biennial appropriation is requested.

Montana does not fund its laboratories the same way most other states do. We rely heavily on fee income to provide laboratory service (see Figures 4 and 3). As more states face fiscal problems, laboratories are increasingly fee funded. National public health leaders are alarmed by this trend and see it as an erosion of public health and environmental programs.

Difference Between LFA and OBPP Budgets

The LFA general fund contribution to the Chemistry Lab's budget is approximately \$97,000, or about \$6,000 more than the executive budget.

SPECIMEN VOLUME

MT PUBLIC HEALTH LAB

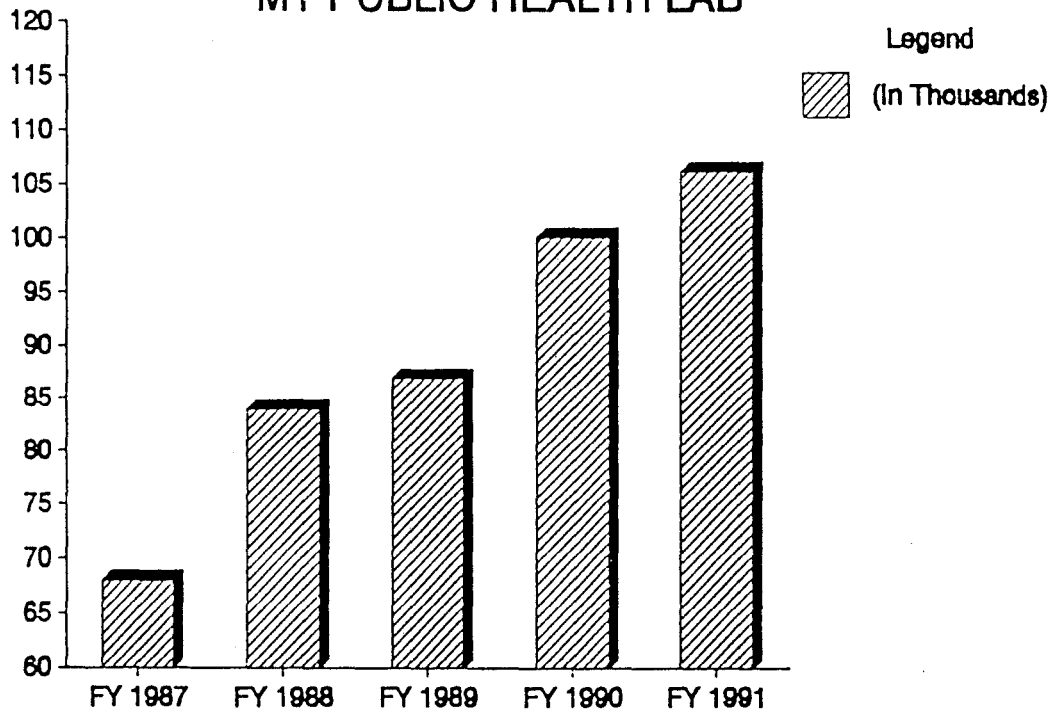


Figure 1

Public Health Lab Funding, By Source

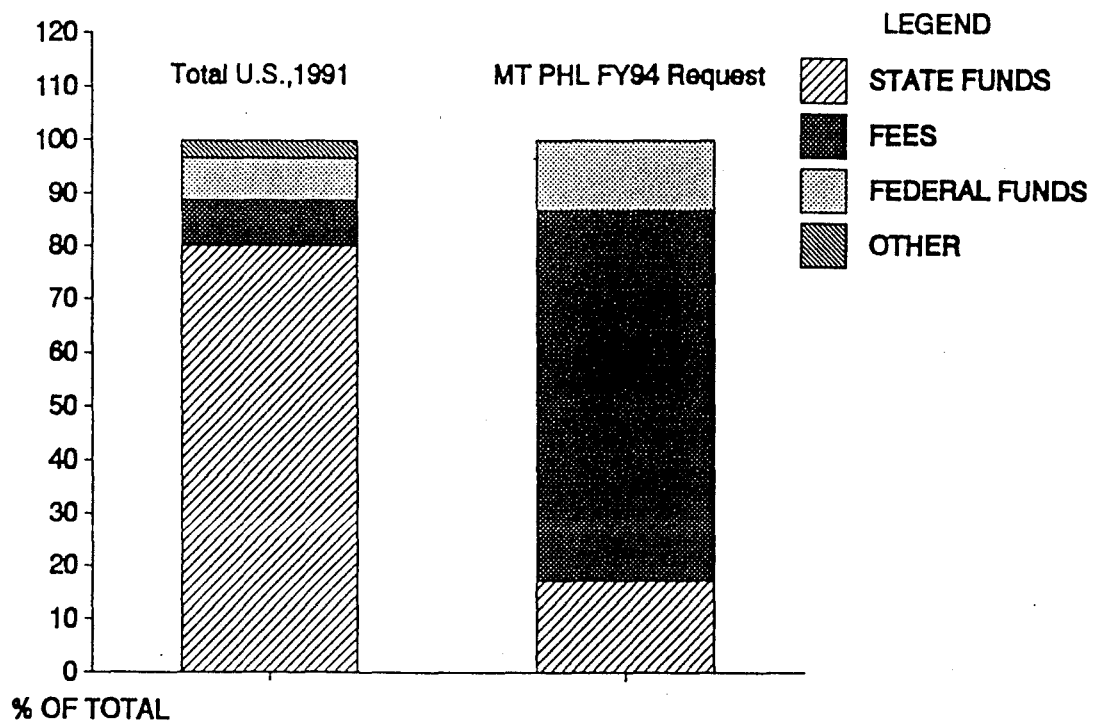


Figure 2

USE OF GENERAL FUND IN THE PUBLIC HEALTH LABORATORY

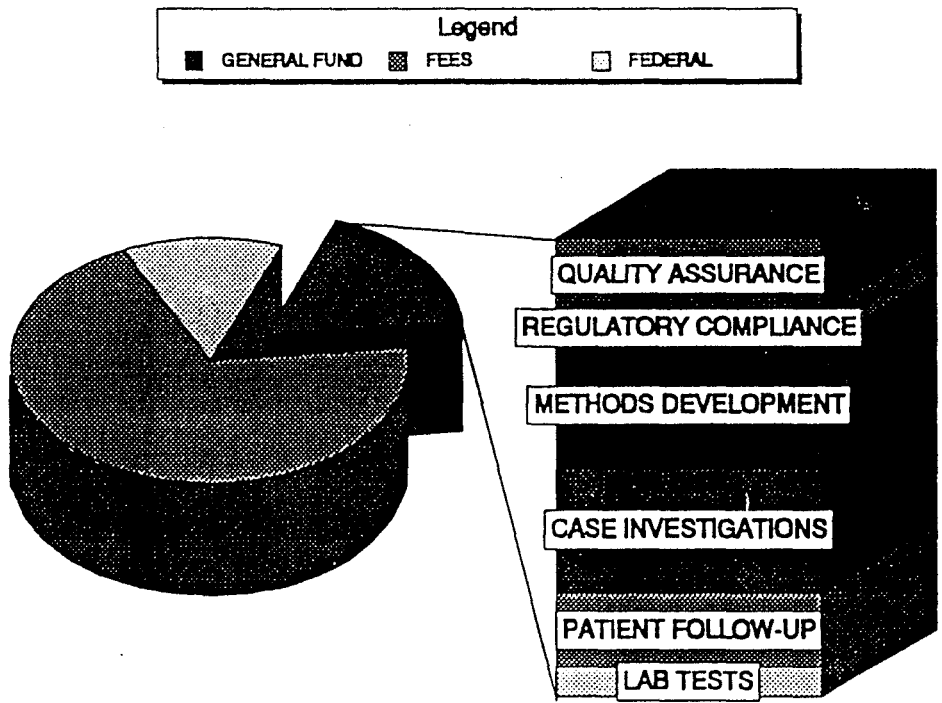


Figure 3

USE OF GENERAL FUND IN THE CHEMISTRY LABORATORY BUREAU

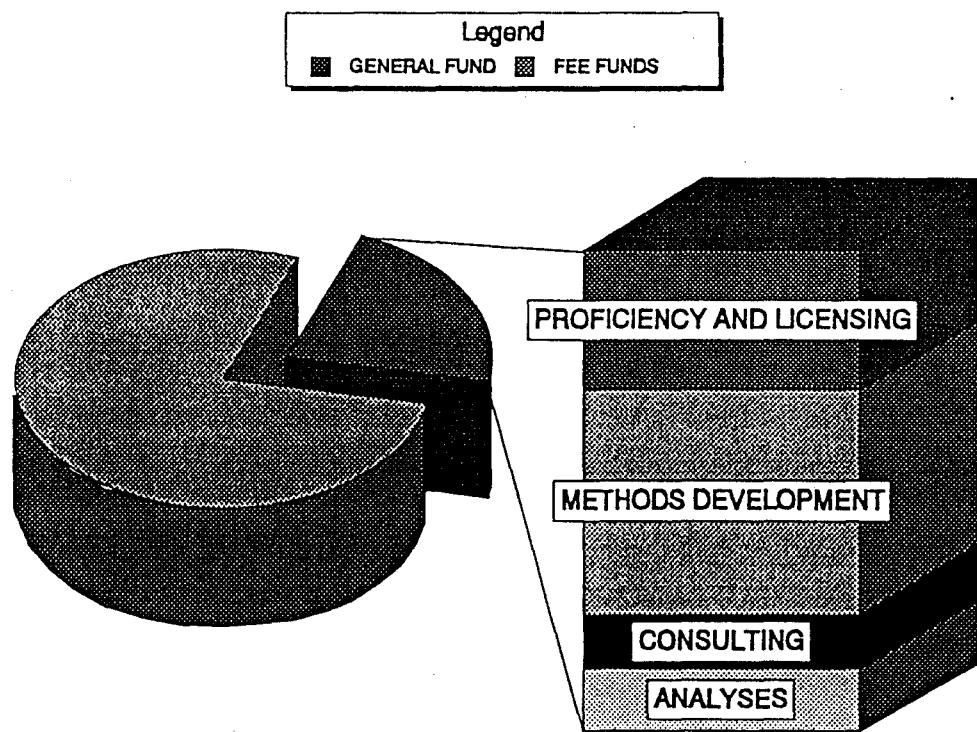


Figure 4

EXHIBIT 8
DATE 2-18-92
SB _____

Director's Office

Department of Health
and Environmental Sciences

OFFICE OF THE DIRECTOR

EXHIBIT 8
DATE 2-18-93
SB _____

The Office of the Director provides overall management, administration, program support and policy development for the department. The office includes the director, deputy director, a medical/dental advisor, an administrative officer, a contracts officer, two personnel staff, a payroll clerk, an administrative secretary, a hearings reporter and a legal services unit with two lawyers and two support staff.

The director and medical advisor are supported by general funds. The remainder of the office, including the legal unit, is funded with state allocations of indirect assessments.

Budget Issues

- 1. Five percent personal services reduction.

To respond to the five percent reduction mandate, two positions—the administrative officer and legal secretary positions—were identified for reduction. The administrative officer is essential to implement all department reorganization efforts, spearhead an overhaul of contracts and contract management processes, as well as developing methods to improve provision of direct disease prevention services.

Request reinstatement of administrative officer position:

<u>FY94 Cost</u>	<u>FY95 Cost</u>	<u>Source of \$</u>
\$56,000	\$56,000	Indirect Allocation Funds

- 2. Provide appropriate annual level of fluoride rinse and tooth brushes to schools and public health nurses. Base year expenditures are artificially low due to timing of FY92 purchases:

<u>FY94 Cost</u>	<u>FY95 Cost</u>	<u>Source of \$</u>
\$15,116	\$15,116	General Fund

- 3. Travel - Training.

LFA and OBPP recommendations are \$8,286 and \$8,342 apart in FY 94 and FY 95 respectively for director’s office travel and training. LFA provides less than \$1,900 annually for travel and \$450 for all training by director, deputy director, administrative officer and two legal staff. Training funds are not sufficient to even maintain legal staff accreditation. Travel recommendation would prevent director’s office staff from appropriately meeting with industry, local health officials and personally attending to issue areas affecting the department.

Request reinstatement of part of the difference:

<u>FY94 Cost</u>	<u>FY95 Cost</u>	<u>Source of \$</u>
\$5,988	\$5,988	Indirect Allocation Funds

4. County/Community Outreach.

A major emphasis of this department is to improve coordination and utilization of local health officers to provide mandated (state and federal) public and environmental health services and improve information dissemination concerning department activities. One FTE currently on staff will lead this effort.

Request appropriation:

<u>FY94 Cost</u>	<u>FY95 Cost</u>	<u>Source of \$</u>
\$38,932	\$38,932	Indirect Allocation Funds

Montana Board of Health and Environmental Sciences

The MBHES was established by the Executive Reorganization Act of 1971. The seven-member board serves as a quasi-judicial body that can accept or reject the issuance of certain licenses, permits, variances and exceptions to rules and regulations. The MBHES is also authorized to adopt rules, regulations and standards for relevant public health issues and is provided for in Section 2-15-2104, MCA.

The two primary duties of the board, as defined in Section 50-1-301, MCA, are to advise the department on public health matters and to hold hearings and take testimony on matters relating to the duties of the board.

The four subject areas that demand the greatest amount of board members' energy and time are: air pollution, water pollution, solid and hazardous waste and occupational health. The MBHES adopts rules, issues orders, holds hearings and takes official action on classifications, applications, standards and regulations in each of the subject areas. Also, the MBHES has general supervision over public waters, regulation of radioactive materials and the use of radiation.

In several chapters of Title 75, MCA, the MBHES is responsible for adopting, amending and repealing rules for the administration, implementation and enforcement of laws that deal with environmental protection and public health.

Budget Issues

The board has no regular legal counsel for advice and consultation related to permit decisions in which the department is a party to administrative or contested case hearings. The board generally relies upon department staff for most legal advice or contracts with the Department of Justice for legal advice when the department is a party. This leads to inconsistent advice because of the ad hoc nature of requests. The board requests \$12,000 per year to contract with independent counsel (as does the Board of Natural Resources).

<u>FY94 Cost</u>	<u>FY95 Cost</u>	<u>Source of \$</u>
\$12,000	\$12,000	General Fund

DATE 2-18-93

SENATE COMMITTEE ON _____

BILLS BEING HEARD TODAY: HUMAN SERVICES

Name	Representing	Bill No.	Check One	Support	Oppose
Verne Bertelsen	Legacy Legislature -	Physician Residency			
Frank Michels	Montana Family Practice Residency	Physician Residency			
Steve Pilch	DHES				
Jean Riley	Petroleum tank Release Compensation Board				
Maxine Bergman	DHES				
Judith Gedrose	DHES				
Kyle Hopstad	Francis Marion Deaconess Hosp. Glasgow Mt.	Family Practice		<input checked="" type="checkbox"/>	
Jerome Loendorf	mt med assn	Family Residency Practice		<input checked="" type="checkbox"/>	
Scott Anderson	DHES				
Judy Wright	DHES				
Mike Henderson	Lewis/Clark City County Health Dept				
Mike Cacciardi	HRHB - INVITATION				
Dale Tolapera	DHES				
Elizabeth Koeth	MC MCTH				
Charles F. Stohl	DHES	Support Services Bureau Chief		<input checked="" type="checkbox"/>	
Howard H. "Tripp" Hansen	DHES	Information Systems Bureau Chief		<input checked="" type="checkbox"/>	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

HOUSE OF REPRESENTATIVES
VISITOR REGISTER

HUMAN SERVICES SUB COMMITTEE BILL NO. _____

DATE 2-18-93 SPONSOR(S) _____

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
Sam H. Sperry	DHES Bureau Chief Vital Records and Statistics	✓	
D. O. Abbott	BUREAU CHIEF PUBLIC HEALTH LABORATORY		
JOHN D. HAWTHORNE	DHES - BUREAU CHIEF CHEMISTRY LABORATORY BUREAU		

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