

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By **CHAIRMAN DUANE GRIMES**, on February 10, 1995,
at 3:00 p.m.

ROLL CALL

Members Present:

Rep. Duane Grimes, Chairman (R)
Rep. John C. Bohlinger, Vice Chairman (Majority) (R)
Rep. Carolyn M. Squires, Vice Chairman (Minority) (D)
Rep. Chris Ahner (R)
Rep. Ellen Bergman (R)
Rep. Bill Carey (D)
Rep. Dick Green (R)
Rep. Antoinette R. Hagener (D)
Rep. Deb Kottel (D)
Rep. Bonnie Martinez (R)
Rep. Brad Molnar (R)
Rep. Bruce T. Simon (R)
Rep. Liz Smith (R)
Rep. Susan L. Smith (R)
Rep. Loren L. Soft (R)
Rep. Kenneth Wennemar (D)

Members Excused: None

Members Absent: None

Staff Present: David Niss, Legislative Council
Jacki Sherman, Committee Secretary

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

Committee Business Summary:

Hearing:	HB 442	
Executive Action:	HB 406	TABLED
	HB 328	TABLED
	HB 236	TABLED
	HB 436	DO PASS AS AMENDED
	HB 435	TABLED
	HB 442	DO PASS

{Tape: 1; Side: A; Approx. Counter: 000; Comments: n/a.}

HEARING ON HB 442

Opening Statement by Sponsor:

REP. SUSAN SMITH, HD 84, Kalispell, stated that HB 442 would clarify that only a physician could perform an abortion. She felt that physician assistants were not qualified enough to perform the complicated procedure. She described the levels of medical care that a physician assistant is allowed to perform. EXHIBITS 1 and 2

Proponents' Testimony:

Tim Whalen, Montana Right to Life, EXHIBITS 3 and 4

Nancy Vigel, Montana Right to Life, gave personal testimony about when she had an abortion at age 15 and how badly she was treated physically and emotionally by the physician assistant.

{Tape: 1; Side: A; Approx. Counter: 715; Comments: NA.}

Arlette Randash, Eagle Forum, quoted the Montana Code Annotated 50-20-109 which states that in order to protect the well-being of the mother, no abortion will be performed in the state except by a licensed physician. She felt the state has lacked the will to uphold the law which would aim to guarantee the quality of medical care.

Sharon Hoff, Montana Catholic Conference, felt that the safety of women are at risk, with a 2% rate of uterus perforation nationwide with about 63 occurrences in Montana in 1993.

Laurie Koutnik, Executive Director of Montana Christian Coalition, said the abortion procedure should be reserved for those who are professionally trained. She read testimony from a woman who had an abortion and was physically and emotionally abused by a physician's assistant. EXHIBIT 5

{Tape: 1; Side: B; Approx. Counter: 00; Comments: NA.}

Charles Lorentzen, Kalispell, stated that there are controls on asbestos, water and air quality and airlines for health and safety reasons. He said that because abortion would not affect many people in the committee room the safety issue has been looked over. If abortion was more real in their own lives they would worry more about the safety. Other professionals in other areas are required to be qualified for the work they do and abortionists should be too.

{Tape: 1; Side: B; Approx. Counter: 287; Comments: NA.}

Opponents' Testimony:

Scott Crichton, Executive Director of the American Civil Liberties Union (ACLU) of Montana. EXHIBIT 6

Janet Crepps, attorney for the Center for Reproductive Law and Policy, Colorado, represented abortion providers in Montana in the challenge to the committees of the Abortion Control Act that require abortions to be performed before the first trimester in a hospital. She felt that if HB 442 was passed and enacted it would be subject to challenge and be found unconstitutional under both the state and federal constitutions. The Montana Constitution contains an explicit right of privacy which will be protected in the area of abortions. She stated that there was no medical evidence that showed more complications from abortions performed by physician assistants than by physicians.

{Tape: 1; Side: B; Approx. Counter: 633; Comments: NA.}

Testimony was read on behalf of **Jennifer Krueger, President of the Montana Academy of Physician Assistants,** by a woman named Lee whose last name was not audible on the tape. **EXHIBIT 7**

Sarah Holmes read testimony on behalf of **Mindy Oppen, Physician Assistant-Certified, Missoula. EXHIBIT 8**

{Tape: 1; Side: B; Approx. Counter: 860; Comments: NA.}

Eliza Frazer, Executive Director of the Montana Affiliate of the National Abortion and Reproductive Rights Action League, stated that there was no medical basis for HB 442 and that the bill was political, not medical. She quoted and explained statistics from the American Journal of Public Health. **EXHIBIT 9**

Kate Cholewa, Montana Women's Lobby, stated her concern that women have access to safe reproductive care. She opposed the bill because it did not seem to be based on any evidence of malpractice.

{Tape: 2; Side: A; Approx. Counter: 00; Comments: NA.}

She stated that the entire profession should not be attacked on the basis of a few bad experiences.

Vickie Amundson, Montana Business and Professional Women, felt that since there was not any medical reason why physician assistants could not perform abortions, HB 442 would just be another obstacle to affordable health care for women.

REP. CAROLYN SQUIRES read testimony on behalf of the **American Academy of Physician Assistants, Virginia. EXHIBIT 10**

James S. Bonnet, M.D., President-Elect, Montana Board of Medical Examiners, submitted a letter opposing HB 442. **EXHIBIT 11**

Informational Testimony: None

{Tape: 1; Side: A; Approx. Counter: 124; Comments: NA.}

Questions from Committee Members and Responses:

REP. BRAD MOLNAR asked if there would be any constitutional implications to the bill and Ms. Crepps replied that under the Undue Burden Standards established by the Supreme Court a bill will be invalid if it has any purpose or effect of placing a substantial obstacle in the path of women seeking an abortion based on the lack of medical evidence.

REP. MOLNAR asked for clarification on what other states allow. Ms. Crepps explained that are other states that have schemes that allow physician assistants to perform certain levels of service with a doctor present.

REP. MOLNAR stated that the legislature and not the boards has dictated who may provide certain services in the State of Montana. He said that currently the law says that only a physician may perform an abortion. Ms. Crepps replied that there was not evidence that physician assistants were incompetent to perform abortions.

REP. MOLNAR clarified the statistics that were presented by Ms. Frazer.

{Tape: 2; Side: A; Approx. Counter: 432; Comments: NA.}

REP. LIZ SMITH stated that after approval by the board physician assistants are allowed to practice under the supervision of a doctor and asked what level of education are physician assistants required to have. Marise K. Johnson, MD, Kalispell, answered that there are various programs with a variety of background training, but they all have to document procedures in order to get privileges through the Board of Medical Examiners.

REP. L. SMITH asked for clarification as to why only two states allow physician assistants to perform abortions. Ms. Crepps replied that the physician assistant scheme has not been set up to allow them to do that level of medical procedure.

{Tape: 2; Side: A; Approx. Counter: 668; Comments: NA.}

REP. SQUIRES said that the doctor has the duty to delegate responsibilities to physician assistants that they were qualified to do and would supervise them, getting rid of one if he did not meet up to standards.

REP. SQUIRES asked Susan Russell, Board of Medical Examiners, if the procedures that are involved in performing abortions are within the scope and practice for a physician assistant. Ms. Russell stated that she had a copy of the Standard Physician

Assistant Utilization plan and that plan was established between the physician and physician assistant and is examined by the Board of Examiners to ensure they are in compliance.

REP. SQUIRES asked if Dr. Armstrong and Ms. Cahill were under such a plan and if there was a problem with that plan or any complaints filed. **Ms. Russell** replied that they were under a plan and there were no problems and no disciplinary charges brought against either individual.

REP. BONNIE MARTINEZ asked **Ms. Crepps** if there was anything in the law that says that the physician assistants can perform abortion services if that assistant informs the patient prior to the service.

{Tape: 2; Side: B; Approx. Counter: 00; Comments: NA.}

Ms. Crepps replied that she could answer how it goes for Dr. Armstrong's clinic, which may be different than the requirements of the law. Someone could request Dr. Armstrong if they choose or they could be treated by either one if they do not express a preference.

REP. MARTINEZ stated that she thought a patient should be informed of that information before they make a decision about who they want to see. **Ms. Crepps** said if that is an appropriate procedure then the committee should consider that as an amendment, but not to isolate abortion as one procedure not to be performed by the assistant because of that problem.

REP. LOREN SOFT asked according to Montana Code 50-20-109 who can perform abortions and what was the legislative intent when that law was put on the books. **Ms. Crepps** responded the abortions shall be performed by physicians. She thought the intent under section 109 was to ensure that incompetent non-physicians were prohibited from performing abortions and that when the Physician Assistant Statute was enacted the intent was to provide greater access to competent medical care.

REP. SOFT followed up by clarifying that as time changes so does the legislative intent and asked why the abortion control act was not enforced. **Ms. Crepps** responded that several provisions of the abortion control act are currently unenforceable because they are unconstitutional or there was an agreement not to enforce the provision.

REP. SOFT asked for examples of comparable levels of elective procedures. **Ms. Crepps** answered that the level of pain medication involved would be a consideration.

REP. SOFT asked **Mr. Whalen** his opinion on the abortion control act. He replied that the reason the act was not enforced was that the attorney general of Montana was in favor of abortion and it was a political decision.

REP. SOFT asked about the unconstitutionality of section 4 of the bill. **Mr. Whalen** said that the bill did not address the advertising issue.

REP. SOFT asked **Mr. Whalen** if he was aware of any other states that allowed physician assistants to perform abortions and he said no, not besides Vermont.

REP. L. SMITH asked for a copy of the utilization plan for physician assistants and **Ms. Russell** said she had a copy of the document and would answer questions from it.

Lance Melton, attorney for the Department of Commerce, listed and explained a few of the procedures that physician assistants were allowed to perform.

{Tape: 2; Side: B; Approx. Counter: 407; Comments: NA.}

REP. SQUIRES clarified that in the standardized plan abortion was being singled out from all the other services a physician assistant can perform to the uterus. **Mr. Melton** agreed.

REP. BRUCE SIMON asked **Mr. Crichton** how many other parts of the abortion control act he thought were unconstitutional. He responded that he was not prepared to answer to all the sections, but his concern involved opening up minor changes in the part of the law that was not enforced.

REP. SIMON stated that when an amendment was completed in a section of the law, the entire section is reprinted, and that the reason the state has chosen not to enforce all sections of the abortion control act was because they would be subject to constitutional challenge. **Mr. Crichton** agreed.

REP. SIMON stated that under the plan physician assistants were able to give treatment and basic procedures and asked how much was allowed regarding surgery. **Mr. Melton** explained that according to the statute 37-20-403 a physician assistant can act in the stead of a physician if supervised by a licensed physician, is licensed by the Board of Medical Examiners and has received Board approval of a physician assistant-certified utilization plan. A health care provider shall consider the instructions of the physician assistant-certified as being the instructions of the supervising physician as long as the instructions concern the duties delegated to the physician assistant-certified under the utilization plan.

Mr. Melton referred to the plan and explained that physician assistants can administer treatment that would involve minor surgical techniques, and those were listed in the plan under section 37-20-301 and subsection 3.

{Tape: 3; Side: A; Approx. Counter: 00; Comments: NA.}

REP. MARTINEZ asked if the patient was not informed of the choice of providers and received treatment from a physician assistant would the patient be charged for the physician's service. **Dr. Johnson** answered that physician assistants do not charge as much as a physician for the same services given and would prefer the patient be informed as to their choices of medical providers.

REP. SOFT again asked for an idea of an elective procedure similar to abortion and **Mr. Melton** referred him to page 16 of the utilization plan.

{Tape: 3; Side: A; Approx. Counter: 200; Comments: REP. MOLNAR made comments and asked questions that were not audible on the tape.}

REP. SQUIRES asked the Board's position on statutory authority. **Mr. Melton** replied that they do have authority and gave a few specific examples including section 37-20-202 and 37-20-301 which clarified the Board's authority.

REP. SQUIRES asked how long the utilization plan was and did some services overlap. **Mr. Melton** replied that the plan was 24 pages and is on record with the Board of Medical Examiners.

REP. MOLNAR asked what the intention of HB 422 was. **REP. S. SMITH** responded that the intent was to protect women who are seeking a legal abortion from possible complications and the way to ensure that was to provide the most qualified accessible medical care possible. Abortion is an elective procedure and not an emergency situation.

REP. MOLNAR asked if **REP. S. SMITH** would be willing to add an amendment (inaudible) and she said it would be a good idea.

REP. BILL CAREY asked the sponsor to look at the study from Vermont where the physician assistants outnumber the physicians and the care from the assistants is better than that from the physicians. He asked why the statements from the opponents were not taken into consideration. **REP. S. SMITH** went back to the utilization plan which limited the scope of the physician assistants and stated that they were not medically qualified to perform abortions.

REP. CAREY stated that patients were being denied access to medical care in their area and **REP. L. SMITH** said that rather than have someone in their area who is under-qualified do the procedure they would be referred to the nearest physician.

REP. L. SMITH asked **REP. S. SMITH** if she was aware of variances in other states as to the background training and qualifications for physician assistants. She replied that the qualifications varied from state to state, with some requiring a four-year degree and some only two years.

REP. L. SMITH asked if a registered nurse would be more qualified than a physician assistant. REP. S. SMITH explained that physician assistants were more trained in the area of diagnosis than in actual care as nurses are.

REP. L. SMITH made the observation that the reason the physician assistants in Vermont have a better record than physicians of medical care regarding abortions could be because the physician assistants provide care for the routine abortions and the physicians take care of the higher risk situations where more complications could occur and a greater level of expertise would be needed. REP. S. SMITH agreed.

REP. SOFT read portions of the Vermont study in the plan that stated that little is known about the complication rates of abortions performed by physician assistants. REP. S. SMITH stated that not a lot could be based on those statistics in that area.

{Tape: 3; Side: A; Approx. Counter: 882; Comments: NA.}

Closing by Sponsor:

REP. S. SMITH emphasized that HB 442 was a bill about women's health and safety, not an anti-abortion bill and not an access bill.

{Tape: 3; Side: B; Approx. Counter: 00; Comments: NA.}

She quoted President Clinton who stated that "abortion should be safe, legal and rare." She added that abortion was legal, may never be rare, but that abortion should be kept as safe as possible.

EXECUTIVE ACTION ON HB 406

Motion/Vote: A MOTION WAS MADE TO TABLE HB 406. The motion carried unanimously.

{Tape: 3; Side: B; Approx. Counter: 50; Comments: NA.}

EXECUTIVE ACTION ON HB 328

Motion: REP. BRAD MOLNAR MOVED THAT HB 328 DO PASS.

Motion: REP. BRAD MOLNAR MOVED TO AMEND HB 328.

Discussion:

REP. MOLNAR explained that the amendments clarified that advanced practice medical nurses and physicians need to be qualified and licensed in the state of Montana.

REP. BRUCE SIMON stated that by striking section 8 in its entirety the statute would be back in its original form. He described what designated an advanced practice medical nurse.

Vote: Voice vote was taken. The motion carried 14-2 with REPS. CAREY and KOTTEL voting no.

Motion: REP. BRAD MOLNAR MOVED THAT HB 328 DO PASS AS AMENDED.

{Tape: 3; Side: B; Approx. Counter: 237; Comments: NA.}

Discussion:

REP. CAROLYN SQUIRES stated that there was a problem with section 4 in that the statute would limit the fees that could be charged for services and was discriminatory in allowing payment with Medicare dollars, but not Medicaid funds or Workers' Compensation funds.

REP. DEB KOTTEL stated that she didn't know what the definition of a "rural area" was and if all of Montana was considered rural. She felt there were too many areas in the bill that went undefined and if something went wrong under the care of a physician in a rural area, the most that could be reimbursed to a patient would be the amount the was charged for the medical bill. She would like to see more doctors in rural areas in Montana, but not at the expense of the people who are forced to use the physicians and suffer great economic loss as a result of what happens to them.

REP. BILL CAREY liked the idea of attracting physicians to rural areas but felt the bill was fatally flawed in its lack of definitions.

REP. LOREN SOFT raised the question of the income and property tax redemption for the physicians and their retirement funds.

CHAIRMAN GRIMES stated that he had the proposed amendments on the Medicaid reimbursement.

REP. JOHN BOHLINGER added that the doctors would add to the economy as consumers.

REP. TONI HAGENER pointed out that a wealthy physician would probably not want to relocate to a small rural area.

REP. CHRIS AHNER said that people stay in the state because they like it, not for the small amount of money they might make.

REP. SIMON said that "this bill would put a pretty dress on an ugly girl." The fees may have been realistic but there were too many problems in the bill to deal with.

REP. MOLNAR said that there were 39 designated rural shortage areas and the majority of the counties in Montana have no doctor.

{Tape: 3; Side: B; Approx. Counter: 724; Comments: NA.}

REP. AHNER asked if someone could explain the WAMI (Washington, Alaska, Montana and Idaho) program.

REP. BOHLINGER explained that currently the state of Montana provides for 20 Montanans a year to be educated at a medical school in Washington at the cost of approximately \$2.5 million dollars a year. Of those students only 43% would return to Montana to practice.

REP. CAREY said that by extending the bill to include advanced practice registered nurses the tax breaks would be extended.

REP. MOLNAR replied that if the physicians charged too much they would not qualify.

REP. ELLEN BERGMAN mentioned that in her area of Miles City there were physician assistants in Broadus and Jordan that were overseen by doctors Miles City and the system was working well.

REP. MOLNAR responded that in some areas that does work, but in emergency situations it would be better to have a physician right there on hand.

REP. BERGMAN stated that she didn't really see the advantage because most people in her area that had something seriously wrong would go to Billings anyway.

{Tape: 4; Side: A; Approx. Counter: 00; Comments: NA.}

REP. SOFT was concerned that immunity would be granted for a physician assistant if a lawsuit should be pressed.

David Niss explained that immunity is granted quite often for private citizens and is usually held up if challenged.

Vote: The motion failed with REPS. GRIMES, SQUIRES, AHNER, BERGMAN, CAREY, HAGENER, KOTTEL, SIMON, L. SMITH, SOFT, and WENNEMAR voting no. YES VOTES!

Motion/Vote: A MOTION WAS MADE TO TABLE HB 328. The motion carried 11-5 with REPS. BOHLINGER, GREEN, MARTINEZ, MOLNAR and S. SMITH voting no.

EXECUTIVE ACTION ON HB 236

Motion: REP. BRAD MOLNAR MOVED THAT HB 236 DO NOT PASS.

Discussion:

REP. SUSAN SMITH agreed with the motion and mentioned that there was not enough money for every cause and there were other places those causes could turn to.

REP. JOHN BOHLINGER stated that giving these people more money was a good intention, but that some of the people in nursing homes don't need more money or even what that money could buy them.

REP. CHRIS AHNER asked if utility companies could give donations to nursing homes and REP. KOTTEL explained that those companies regulated by the Public Service Commission have provisions for that.

REP. BILL CAREY said that more flexibility is needed.

Motion/Vote: REP. BRUCE SIMON MADE A MOTION TO TABLE HB 236.
The motion carried 14-2 with REPS. SQUIRES and AHNER voting no.

{Tape: 4; Side: A; Approx. Counter: 204; Comments: NA.}

EXECUTIVE ACTION ON HB 436

Motion: REP. BILL CAREY MADE A MOTION THAT HB 436 DO PASS.

Discussion:

REP. DEB KOTTEL handed out amendments and explained that the amendments put the original language back in the bill and clarified the degree of education needed for certification and internship program.

Motion: REP. DEB KOTTEL MOVED TO AMEND HB 436.

Discussion:

REP. BRUCE SIMON stated that he didn't like the bill but the amendments made it a little better.

REP. JOHN BOHLINGER said that he thought the bill was quite self-explanatory and the requirements for education were satisfactory.

REP. LIZ SMITH also agreed with the amount of education required.

REP. DICK GREEN mentioned that he was opposed to the changes in the bill but now with the amendments added the bill would be good.

REP. LOREN SOFT referred to another bill that would be coming through that would be related to what the amendments offered.

REP. BONNIE MARTINEZ felt that people who were previously drug users and rehabilitated alcoholics should be allowed to become therapists and counselors.

REP. TONI HAGENER stated that she has been given information that the rules were tightly written when the association was new and now ready to be improved.

REP. KOTTEL said that SEN. KEATING'S bill dealt with licensed professional counselors who were at the master's level and was not a chemical dependency counselor bill.

REP. SIMON stated that the committee was striking too many things in the bill and replacing them with some loose language.

CHAIRMAN GRIMES felt that the intentions were right but that the bill was not put together very well and was unsure of possible implications.

REP. KOTTEL stated that the only change regarded the amount of supervised work hours needed for the program and the identification of work experience to include 12 core function areas.

Vote: The motion to adopt the amendments to HB 436 carried 15-1 with REP. SIMON voting no.

Motion/Vote: REP. CHRIS AHNER MOVED THAT HB 436 DO PASS AS AMENDED. The motion carried 12-4 with REPS. GRIMES, MARTINEZ, SIMON and SOFT voting no.

{Tape: 4; Side: A; Approx. Counter: 648; Comments: NA.};

EXECUTIVE ACTION ON HB 435

Motion: REP. BRAD MOLNAR MOVED THAT HB 435 DO NOT PASS.

Motion: REP. DEB KOTTEL MADE A SUBSTITUTE MOTION THAT HB 435 DO PASS.

Motion: REP. DEB KOTTEL MOVED TO AMEND HB 435.

Discussion:

REP. KOTTEL explained that the amendment would delete the reference that volunteers are part of the definition of employees, and add theft to a definition on page five.

REP. BRUCE SIMON redefined what the amendment offered.

Vote: The motion to adopt the amendments to HB 435 carried 13-3 with REPS. SQUIRES, SIMON and WENNEMAR voting no.

Motion: CHAIRMAN GRIMES MOVED THAT HB 435 DO PASS AS AMENDED.

Discussion:

REP. JOHN BOHLINGER asked and REP. KOTTEL clarified that the individual would pay for the fingerprinting with the possibility of getting reimbursed by the employer.

{Tape: 4; Side: B; Approx. Counter: 00; Comments: NA.}

Motion/Vote: REP. CAROLYN SQUIRES MOVED TO TABLE HB 435. The motion carried 10-6 with REPS. BOHLINGER, AHNER, CAREY, KOTTEL, S. SMITH and SOFT voting no.

EXECUTIVE ACTION ON HB 407

Motion: REP. LIZ SMITH MOVED THAT HB 407 DO NOT PASS.

Discussion:

REP. BRUCE SIMON referred to SB 121 which dealt with delegating authority to nurses in appropriate settings. He stated that the legislative intent covered the rules and HB 407 would allow too much authority.

CHAIRMAN GRIMES mentioned that there were turf battles that needed to be resolved in that issue.

REP. L. SMITH felt that the issue had to do with competency and safety and more responsibility was on the shoulders of the supervisors.

REP. ELLEN BERGMAN said that in nursing homes many of the duties of the nurses could be delegated.

REP. LOREN SOFT stated that there were other places that already delegated authorities, but it needed to be clearly known what the particular staff is trained for.

REP. DICK GREEN reminded the committee that there was a provision in the bill for supervision by a licensed professional.

REP. CAROLYN SQUIRES stated that as a licensed practical nurse (LPN) she has many delegated duties from the nurses.

REP. TONI HAGENER said that home health care was relatively new and would require some delegation of services in the future.

CHAIRMAN GRIMES commented that there needed to be more compromise between the parties as the issue was one that would not readily be resolved.

REP. SOFT said that HB 435 would send a message to the Board of Nursing that the Legislative intent was that they were still going to make the regulations and not give up any authority.

REP. L. SMITH quoted the Administrative Rules of Montana regarding what were acceptable duties to delegate.

Motion/Vote: **REP. KEN WENNEMAR MADE A SUBSTITUTE MOTION TO TALLE** HB 435. The motion carried 9-7 with REPS. **AHNER, BERGMAN, GREEN, KOTTEL, MARTINEZ, MOLNAR,** and **SOFT** voting no.

{Tape: 4; Side: B; Approx. Counter: 715; Comments: NA.}

EXECUTIVE ACTION ON HB 442

Motion: **REP. KEN WENNEMAR MOVED THAT HB 442 DO PASS.**

Discussion:

REP. LOREN SOFT reiterated the importance of maintaining the safety of the mother in the abortion procedure.

Vote: The motion carried 10-6 with REPS. **SQUIRES, CAREY, HAGENER, KOTTEL, SIMON** and **WENNEMAR** voting no.

ADJOURNMENT

Adjournment: 7:00 p.m.


DUANE GRIMES, Chairman


ANDREA SMALL, Recording Secretary

DG/as

HOUSE OF REPRESENTATIVES

Human Services and Aging

ROLL CALL

DATE 2-10-95

NAME	PRESENT	ABSENT	EXCUSED
Rep. Duane Grimes, Chairman	✓		
Rep. John Bohlinger, Vice Chairman, Majority	✓		
Rep. Carolyn Squires, Vice Chair, Minority	✓		
Rep. Chris Ahner	✓		
Rep. Ellen Bergman	✓		
Rep. Bill Carey	✓		
Rep. Dick Green	✓		
Rep. Toni Hagener	✓		
Rep. Deb Kottel	✓		
Rep. Bonnie Martinez	✓		
Rep. Brad Molnar	✓		
Rep. Bruce Simon	✓		
Rep. Liz Smith	✓		
Rep. Susan Smith	✓		
Rep. Loren Soft	✓		
Rep. Ken Wennemar	✓		



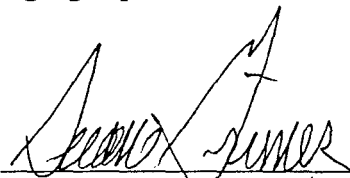
HOUSE STANDING COMMITTEE REPORT

February 13, 1995

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 442 (first reading copy -- white) do pass.

Signed: _____


Duane Grimes, Chair

Committee Vote:
Yes 10, No 6.

371239SC.Hdh



HOUSE STANDING COMMITTEE REPORT

February 13, 1995

Page 1 of 2

Mr. Speaker: We, the committee on **Human Services and Aging** report that **House Bill 436** (first reading copy -- white) **do pass as amended.**

Signed: _____

Duane Grimes
Duane Grimes, Chair

And, that such amendments read:

1. Page 1, line 30.

Following: "~~services~~"

Insert: "A person may apply for certification as a certified chemical dependency counselor if the person has:

(a)(i) received a baccalaureate or masters degree in alcohol and drug studies, psychology, sociology, social work, counseling, or a related field from an accredited college or university;

(ii) received an associate of arts degree in alcohol and drug studies, chemical dependency, or substance abuse from an accredited institution; or

(iii) successfully completed at least 1 year of formalized training in chemical dependency counseling in a program approved by the department or recognized under the laws of another state; and

(b) completed supervised work experience in a state-approved chemical dependency treatment program defined in rules under 53-24-204, in an internship approved by the department, or in a similar program recognized under the laws of another state.

(3) "

2. Page 1, line 30.

Strike: "may by rule"

Insert: "shall"

Committee Vote:

Yes 12, No 4.

371234SC.Hdh

3. Page 2, line 1.
Following: "examination"
Insert: "process"

4. Page 2, line 2.
Strike: "(3)"
Insert: "(4)"

-END-

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 2-10-95 BILL NO. HB 328 NUMBER _____

MOTION: Molnar "Do Pass as Amended"

—TABLED—

NAME	AYE	NO
Rep. Duane Grimes, Chairman		✓
Rep. John Bohlinger, Vice Chairman, Majority	✓	
Rep. Carolyn Squires, Vice Chairman, Minority		✓
Rep. Chris Ahner		✓
Rep. Ellen Bergman		✓
Rep. Bill Carey		✓
Rep. Dick Green	✓	
Rep. Toni Hagener		✓
Rep. Deb Kottel		✓
Rep. Bonnie Martinez	✓	
Rep. Brad Molnar	✓	
Rep. Bruce Simon		✓
Rep. Liz Smith		✓
Rep. Susan Smith	✓	
Rep. Loren Soft		✓
Rep. Ken Wennemar		✓

5

11

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 2-10-95 BILL NO. HB 236 NUMBER

MOTION: DO NOT PASS" Molnar
Substitute motion to Table - Simon
TABLED

NAME	AYE	NO
Rep. Duane Grimes, Chairman		
Rep. John Bohlinger, Vice Chairman, Majority		
Rep. Carolyn Squires, Vice Chairman, Minority		✓
Rep. Chris Ahner		✓
Rep. Ellen Bergman		
Rep. Bill Carey		
Rep. Dick Green		
Rep. Toni Hagener		
Rep. Deb Kottel		
Rep. Bonnie Martinez		
Rep. Brad Molnar		
Rep. Bruce Simon		
Rep. Liz Smith		
Rep. Susan Smith		
Rep. Loren Soft		
Rep. Ken Wennemar		

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 2-10-95 BILL NO. HB 436 NUMBER _____

MOTION: Do Pass as Amended Ahner.

NAME	AYE	NO
Rep. Duane Grimes, Chairman		✓
Rep. John Bohlinger, Vice Chairman, Majority		
Rep. Carolyn Squires, Vice Chairman, Minority		
Rep. Chris Ahner		
Rep. Ellen Bergman		
Rep. Bill Carey		
Rep. Dick Green		
Rep. Toni Hagener		
Rep. Deb Kottel		
Rep. Bonnie Martinez		✓
Rep. Brad Molnar		
Rep. Bruce Simon		✓
Rep. Liz Smith		
Rep. Susan Smith		
Rep. Loren Soft		✓
Rep. Ken Wennemar		

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 2-10-95 BILL NO. HB435 NUMBER _____

MOTION: Molnar 'DO NOT Pass'

Kottel substitute moved amendments Do Pass

MOTION move to Table Carolyn

NAME	AYE	NO
Rep. Duane Grimes, Chairman	✓	
Rep. John Bohlinger, Vice Chairman, Majority		✓
Rep. Carolyn Squires, Vice Chairman, Minority	✓	
Rep. Chris Ahner		✓
Rep. Ellen Bergman	✓	
Rep. Bill Carey		✓
Rep. Dick Green	✓	
Rep. Toni Hagener	✓	
Rep. Deb Kottel		✓
Rep. Bonnie Martinez	✓	
Rep. Brad Molnar	✓	
Rep. Bruce Simon	✓	
Rep. Liz Smith	✓	
Rep. Susan Smith		✓
Rep. Loren Soft		✓
Rep. Ken Wennemar	✓	

10

6

amend
no ✓

amend
no ✓

amend
no ✓

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 2-10-95 BILL NO. HB 407 NUMBER _____

MOTION: Tabled

NAME	AYE	NO
Rep. Duane Grimes, Chairman	✓	
Rep. John Bohlinger, Vice Chairman, Majority	✓	
Rep. Carolyn Squires, Vice Chairman, Minority	✓	
Rep. Chris Ahner		✓
Rep. Ellen Bergman		✓
Rep. Bill Carey	✓	
Rep. Dick Green		✓
Rep. Toni Hagener	✓	
Rep. Deb Kottel		✓
Rep. Bonnie Martinez		✓
Rep. Brad Molnar		✓
Rep. Bruce Simon	✓	
Rep. Liz Smith	✓	
Rep. Susan Smith	✓	
Rep. Loren Soft		✓
Rep. Ken Wennemar	✓	

9

7

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 2-10-95 BILL NO. HB 442 NUMBER _____

MOTION: Wennemar DO PASS

NAME	AYE	NO
Rep. Duane Grimes, Chairman	✓	
Rep. John Bohlinger, Vice Chairman, Majority	✓	
Rep. Carolyn Squires, Vice Chairman, Minority		✓
Rep. Chris Ahner	✓	
Rep. Ellen Bergman	✓	
Rep. Bill Carey		✓
Rep. Dick Green	✓	
Rep. Toni Hagener		✓
Rep. Deb Kottel		✓
Rep. Bonnie Martinez	✓	
Rep. Brad Molnar	✓	
Rep. Bruce Simon		✓
Rep. Liz Smith	✓	
Rep. Susan Smith	✓	
Rep. Loren Soft	✓	
Rep. Ken Wennemar		✓

15

6

I want to be on record
as a no to
table HB. 236

Chris Ahner

Physician Assistant Utilization Plan
Standard Scope of Practice

- Level 2 Chemical
- Level 2 Cryo
- Level 2 Electrosurgical
- Level 2 4. Carry out uncomplicated deliveries

j. Perform minor surgical procedures

- 1. Institute appropriate aseptic techniques
- 2. Perform wound care
- 3. Remove sutures
- 4. Remove/insert packing in wounds, incisions, cavities
- 5. Remove/insert and adjust wound drains
- 6. Administer digital block anesthesia
- 7. Administer topical, local anesthesia
- 8. Biopsy/excise superficial skin lesions, tumors
- Level 2 9. Inject non-septic trigger points/joints/bursas with anesthetic/anti-inflammatory
- Level 3 10. Perform circumcision on infants

k. Perform minor surgical therapies

- 1. Suture lacerations (cutaneous and subcutaneous excluding ligaments, tendons)
- 2. Control bleeding/hemorrhage
- 3. Incise and drain subcutaneous abscesses
- 4. Remove subcutaneous foreign bodies
- 5. Apply dressings and wraps
- 6. Remove foreign bodies from nose, ear canal, external eye
- 7. Treat warts
- 8. Remove ingrown toenails
- 9. Apply burn dressings
- 10. Remove embedded ticks

2. Initiate management for emergency situations.

Emergency management for the following may be done independently until a physician is available. This list is not meant to be all inclusive.

- a. Severe drug reaction, anaphylaxis
- b. Shock (cardiogenic, hemorrhagic)
- c. Lacerations
- d. Fractures/dislocations
- e. Internal hemorrhage
- f. External hemorrhage
- g. Respiratory impairment/arrest
- h. Cardiac arrest/life threatening arrhythmias
- i. Acute myocardial infarction

- d. Perform pulmonary therapies
 - 1. Assist respiration using positive pressure devices
 - 2. Set up oxygen equipment
 - 3. Administer oxygen by venturi mask and nasal cannula
 - 4. Set up and regulate vaporizer and nebulizer
 - 5. Order appropriate pulmonary therapies
- e. Perform eye, ear, nose and throat therapies
 - 1. Clear ears of impacted wax using curette and/or irrigation
 - 2. Suction nose/mouth
 - 3. Suction deep posterior pharynx
 - 4. Suction trachea via tracheostomy or endotracheal tube
 - 5. Remove superficial corneal foreign bodies/irrigate eye
 - 6. Apply eye patch
 - 7. Control anterior nasal bleeding with cautery or anterior nasal packing
 - 8. Remove and clean inner cannula of tracheostomy
- f. Perform cardiovascular therapies
 - 1. Perform closed chest cardiac massage
 - 2. Perform artificial respiratory ventilation
 - 3. Measure central venous pressure
 - Level 2 4. Perform cardioversion
 - 5. Interventions based on ACLS Guidelines
- g. Perform gastrointestinal therapies
 - 1. Give enema
 - 2. Remove fecal impaction
 - 3. Perform gastric lavage
 - 4. Perform stomal care
 - 5. Irrigate gastrostomy
- h. Perform genitourinary therapies
 - 1. Give prostatic massage
 - 2. Give nephrostomy care
 - Level 2 3. Perform bladder irrigation
 - Level 2 4. Perform supra-pubic bladder aspiration
- i. Perform obstetrical/gynecological procedures
 - 1. Remove I.U.D.
 - Level 2 2. Insert I.U.D.
 - 3. Cauterize cervix



NORTH VALLEY
WOMEN'S HEALTH CENTER

EXHIBIT 2
DATE 2/10/95
HB 442

1. Infection--This can occur after any kind of surgery and is usually readily treated with antibiotics. Usually it does not produce any long-term complications, unless of course the infection is severe; in which case the patient may wind up with an infection in her fallopian tubes which could subsequently lead to either tubal pregnancies in the future or infertility.
2. When a termination is done under local anesthesia, usually lidocaine or a similar anesthetic is injected circumferentially into the cervix. The cervix is very rich in blood supply and it is not unusual that the anesthetic may inadvertently be injected into a blood vessel. If this occurs, convulsions may appear, leading rapidly to cardiovascular collapse and possibly death. This kind of situation obviously needs emergent medical care, usually beyond the realm of a nurse practitioner.
3. Forceably dilating the cervix may lead to a long-term complication called cervical incompetence. This occurs more frequently after multiple abortions. In this particular case, if the woman becomes pregnant with a baby she wishes to keep, she stands a higher risk of suffering a second-trimester pregnancy loss due to the weakening that occurs to the cervix secondary to repeat instrumentation at time of abortion. This problem does not present any kind of medical emergency, at least not at the time the termination is being performed.

RICHARD M. NATELSON, M.D.
TEL: (406) 862-1238



1325 COLUMBIA AVENUE
WHITEFISH, MT 59937

NORTH VALLEY
WOMEN'S HEALTH CENTER

Representative Susan Smith

February 9, 1995
Page Two

4. Cervical laceration/subsequent bleeding: If cervical laceration occurs at the time of instrumentation of the cervix, profuse bleeding can occur due to the increased vascularity of the cervix. Suture repair of the cervix may indeed be in order and this is definitely not a job for someone who is not equipped to handle it.
5. As the uterus grows in size, the walls of the uterus become very soft. At time of suctioning or curetting (scraping) of the inside of the uterus to remove the fetus and placenta, it is very easy to perforate the uterus. If perforation occurs, various things can transpire. The practitioner may inadvertently suck bowel into the uterus if he is not aware of the perforation. Or, this perforation may lead to profuse bleeding from the uterus itself. If this does occur, it may very well be necessary to open the patient to proceed with repair of the perforation. I personally have seen cases where this has occurred and immediate intervention is necessary. Such repair is also well beyond the realm of any nurse practitioner or physician's assistant.

There are other complications not mentioned here that can occur, however those are rare or do not present a life-threatening situation. It can generally be said that as the size of the pregnancy increases so do the risks.

I feel that one should not be performing any surgical procedures if they are not properly trained to handle the life-threatening complications that may occur.

Sincerely,

Richard M. Natelson, M.D.

RMNjr

MONTANA RIGHT TO LIFE TESTIMONY ON H.B. 442
Before the House Human Services Committee
February 10, 1995

Mr. Chairman, Members of the Committee:

For the record my name is Tim Whalen. I represent ;the Montana Right to Life Association. Montana Right to Life is a state affiliate of the National Right to Life Committee, the oldest and largest such organization in America. We wish to go on record in strong support of Rep. Susan Smith's H.B. 442 which would make it mandatory that physicians only may perform abortions in Montana.

As a matter of some history, shortly after all of the State Abortion Laws were struck down by the Supreme Court in 1973, Montana passed the Abortion Control Act in 1974. The Act provided that only physicians could perform abortions. A couple of sessions ago the Montana Legislature passed legislation designed to help undeserved rural areas by allowing Physician Assistants to do things a doctor would normally do, so long as a utilization plan was filed and approved by the Board of Medical Examiners.

With no express intention on the part of the Montana Legislature that they be allowed to do so, physician assistants began performing abortions in Montana. Only one other state in the Union allows non-doctors to perform abortions and that is Vermont.

Because of the apparent conflict between the Abortion Control Act Provision providing that only doctors can perform abortions and the physicians assistant law just recited, a number of abortion providers filed suit asking that the Montana Abortion Control Provision be ruled unenforceable. The Attorney General's office instead entered into a stipulation with the abortion providers to the effect that the Abortion Control Act Provision would not be enforced. H.B. 442 clarifies the longstanding law in Montana that only physicians should be allowed to perform abortions in Montana.

When the U.S. Supreme Court legalized abortion on demand through all 9 months of pregnancy for any reason in their Roe & Doe Cases issued in 1973, they specifically found that the right to an abortion is not a right that the woman possesses individually, but only in concert with her physician. The right to an abortion arises out of the Right to Privacy inherent in the physician patient relationship. The court in Connecticut v. Menillo stated

"Jane Roe had sought to have an abortion
'performed by a competent, licensed physician,
under safe, clinical conditions,'.....and our
opinion recognized only her right to an abortion
under those circumstances.....As far as this
Court and the federal Constitution are concerned,
Connecticut's statute remains fully effective
against performance of abortions by non-physicians."

Furthermore, Montana's Constitutional Provision on privacy was drafted before the U.S. Supreme Court declared that the Abortion Right was encompassed under that provision. Consequently, it is highly unlikely that the practice of physician assistants performing abortions in this state could be sustained under either constitutional provision if challenged.

It must also be remembered that abortion is an elective procedure with the potential for a high complication rate, likely to occur if non-physicians are allowed to perform abortions. Although hard statistics are difficult to come by for a variety of reasons, the evidence suggests that a significant number of major complications occur as a result of elective abortions, including: infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury, and endotoxin shock.

In addition secondary sterility or the inability to conceive wanted children later in life is common as a result of the abortion procedure. The Center for Disease Control reports that the rate of ectopic pregnancies in the United States has increased 300% since the legalization of abortion in 1973. One of the biggest causes of death to women in pregnancy is due to rupture of the fallopian tube during an ectopic pregnancy. For every 100,000 ectopic pregnancies in the United States 300 women die.

In Japan, the country with the longest experience with legal abortion, 9% of women undergoing abortion are rendered sterile; 14% suffer from recurring miscarriages in late pregnancies; 17% experience menstrual irregularities; 20-30% report abdominal pain, dizziness, headaches, etc; and the rate of ectopic pregnancies went up by 400%.

In his book Aborted Women Silent No More, David Reardon states as follows:

"Because the abortionist operates blindly, by sense of feel only, the cutting/suction device is potentially deadly. Perforation of the uterus is one of the most common complications (this can occur during dilation or evacuation) which leads to severe hemorrhage and can occasionally result in damage to other internal organs. In a few recorded cases, abortionists have inadvertently sucked out several feet of intestines in a matter of only a few seconds."

H.B. 442 brings Montana back into line with what the legislature has always understood the law to be, and with what the law is in virtually every other state in the Union. H.B. 442 also insures that women seeking and obtaining abortions are given at least the level of care that a physician should be able to provide.

Please vote yes on H.B. 442.

EXHIBIT

4

DATE

2/10/95

HB

442

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T H R E E

The Physical Risks of Abortion

Abortion is a surgical procedure in which a woman's body is forcibly entered and her pregnancy is forcibly "terminated." Because it is intrusive, and because it disrupts a natural process (pregnancy), abortion poses both short-term and long-term risks to the health and well-being of the aborted woman. Abortion is never without risks.

A few abortion advocates continue to insist that abortion is so safe as to be virtually "risk free," but such claims are exaggerations resulting from some blind belief in the slogans and clichés fostered by the early abortion reformers.¹ In contrast to these few abortion zealots, most defenders of abortion, particularly those in the health fields, admit that there are inherent risks to abortion. Within the medical profession the intense debate is not over whether there are risks or not but over how often complications will occur. Some claim the risks are "acceptable," while others insist they are not.

Answering the question "How safe is abortion?" is crucial to any public policy on abortion; but it is even more crucial to the women facing the abortion decision. Unfortunately for hundreds of thousands of women, their "safe and easy" abortions proved to be neither safe nor easy. Even more outrageous is the fact that almost none of these women were given a realistic assessment of the risks of abortion.

March 25, 1994

EXHIBIT 5
DATE 2/10/95
HB 442

Flathead Pro Life
PO Box 2211
Kalispell MT 59903

Dear Sirs:

I received your newsletter by accident and I am glad I did.

I read page 5 "Abortion in Kalispell Part II." I was not surprised to read that Dr. Armstrong and Susan Cahill are violating people, causing complications from their performed abortions and violating laws.

I had an abortion in 1978 at Dr. Armstrong's office performed by Susan Cahill. I was abused emotionally and physically by Susan Cahill. She seemed to get pleasure from her belittling. Susan Cahill questioned me for half an hour on how I had gotten myself pregnant and why I wanted an abortion.

Susan Cahill then performed the abortion in which no anesthetic was used or very little because it was the most painful operation I have ever received. It seemed to last forever.

Susan Cahill would comment while performing the abortion. "See, you shouldn't have gotten yourself pregnant," as she would jab that sucking machine further up my uterus causing me to scream. I couldn't believe what was happening to me, I wanted to run.

After the abortion I dressed and was driven home. I was nauseous. I was bleeding all over the car and throwing up on Highway 93.

It took a couple of weeks to recover physically although I was sure that I would never be able to have children.

I moved out of Montana for many years but have never forgotten Susan Cahill and what she did to me. I finally get my revenge today. Susan Cahill is a disgrace to the medical profession and should not be allowed to practice abortion. She should be punished for her actions.

Please pass this along to KRH Ethics Committee, Jerome Cates, or whomever you feel appropriate.

Anonymous for now.



OF MONTANA

AMERICAN CIVIL LIBERTIES UNION

EXHIBIT

6

DATE

2/10/95

HB

442

P.O. BOX 3012 • BILLINGS, MONTANA 59103 • (406) 248-1086 • FAX (406) 248-7763

February 10, 1995

Mr. Chairman, Members of the Committee:

For the record, my name is Scott Crichton. I am here today as Executive Director of the American Civil Liberties Union of Montana, celebrating 75 years of defending traditional American values as represented in the Bill of Rights.

I am here to oppose HB 442. From a constitutional perspective, I would contend that Section 2, (4) that bans advertising is an infringement on first amendment rights. It appears that the sponsors of this bill are hostile to the right of abortion and look with disfavor at anyone who chooses to personally or professionally exercise that right. From that perspective this must seem like a reasonable prohibition. But consider for a moment what if you substituted a profession like accounting for what's being considered here for the abortion provider?

I think that reasonable people understand that professional people, like everyone, has a right to make a livelihood. While for a good number of years lawyers were prohibited from advertising, they took that to the courts and prevailed.

I believe this bill is just one more attempt to advance the agenda of the right to life. For those people who do not want abortions, the answer is simple. Don't have one. But please resist the temptation to further incumber the rights and choices of people who choose abortion as a legitimate and constitutionally protected option.

ACLU urges you to vote no on HB 442.



Montana Academy of Physician Assistants

7

EXHIBIT

DATE

2/10/95

HB

442

A Constituent Chapter of the American Academy of Physician Assistants

STATEMENT OF OPPOSITION TO HB 442

I am the president of the Montana Academy of Physician Assistants and a member of the PA Committee to the Montana Board of Medical Examiners. I am representing MAPA in opposition to HB 442. I am not here to debate the ethics of abortion nor am I stating that MAPA is either pro or anti-abortion. I am here representing over 100 members of MAPA to protest an attempt to illegally restrict our practice.

PA's provide quality medical care. We are trained by physicians. We have to graduate from a nationally accredited program, we have to successfully pass national medical boards, and we have to obtain licensure in our state of practice. Our utilization plans are established between the PA and the individual physician in accordance with Montana BOME rules and regulations.

No matter what the individual feelings, abortion is a legal medical procedure. PA's are legally allowed to perform this procedure. To restrict that right is unconstitutional and an issue of restraint of trade. To restrict that right puts our patients at risk and jeopardizes access to quality care.

I have had feedback from the PA representative on the Board of Medical Examiners and the Executive Committee of the Board of Medical Examiners. Their unanimous opinion is that HB 442 is inappropriate and lacks any scientific or medical merit. I have talked with numerous Montana PA's on both sides of the abortion debate. The feedback is unanimous that this bill is inappropriate. In fact, a member of MAPA's Board of Directors who is an anti-abortion advocate, planned on attending today and could not. He is also strongly opposed to HB 442 and has contacted his legislators to express that opinion.

There is no scientific, medical, or legal evidence to warrant removing PA privileges to perform this legal medical procedure. This is an attempt to exploit and use PA's in order to promote the agenda of a special interest group. I urge you to defeat HB 442 and continue to allow Montana citizens access to quality care. I appreciate your attention and the opportunity to speak today. Thank you for your time.

Jennifer A. Krueger, PA-C
President, MAPA

2/10/95

EXHIBIT

8

DATE

2/10/95

HB

442

Dear Committee Members,

My name is Mindy Oppen. I am a practicing Physician Assistant-Certified in Missoula. I am also an officer of the Mt. Academy of Physician Assistants. I am unable to be in Helena today because of bad driving conditions. I am asking you to vote no on HB442.

Access to abortion services in this state can sometimes involve a trip of many miles away from one's home or a wait so long to see a ~~pre~~ provider that the abortion cannot be performed. Allowing PAs to provide these services allows for more and easier access to this procedure. Though currently there is only one PA providing abortions in Mt., we must allow future Mt. PAs to include this as part of their practice, to allow more access for patients.

With regards to care, it has been researched and shown that there is no difference in quality of care between PAs and MDs. All PAs must undergo quality, extensive training and education and are in fact, taught by MDs. We would not be licensed to practice if our Board of Medical Examiners felt there would be a decrease in the quality of a patient's care.

This issue was ruled on as recently as last year and the outcome stated that as long as the supervising MD approved of abortion services as part of the PA's utilization plan and the B BOME approved this, it was legal for PAs to provide ~~abortion~~ abortions in Mt.

I believe this bill is an attempt to decrease access to abortions and is also an intrusion to try and control the Medical Practice Act under which we practice. The Mt. Abortion Control Act should be brought up to date to reflect these most recent rulings regarding PA practice with regards to abortion provision.

As fewer MDs are taught how to perform abortions, it makes sense to allow PAs to "fill the gap" and continue to provide access to this legal procedure.

I thank you for your time on this matter.

Sincerely,

Mindy Oppen PA-C

Mindy Oppen PA-C

Comparison of Complication Rates in First Trimester Abortions Performed by Physician Assistants and Physicians

MARY ANNE FREEDMAN, MA, DAVID A. JILLSON, PhD, ROBERTA R. COFFIN, MD,
AND LLOYD F. NOVICK, MD

ELIZA

Abstract: The outcomes of 2,458 first trimester abortions performed in a freestanding clinic in Vermont were studied. Procedures were performed by physician assistants and by physicians. Demographic information, medical history, and data relevant to the abortion were recorded. Both immediate and delayed (up to four weeks post-abortion) complications were noted. Direct follow-up four weeks after the procedure by clinic visit, letter, or telephone

contact was achieved for 96 per cent of all patients. An overall rate of 29.1 complications per 1,000 procedures was observed, with a rate of 27.4 for abortions performed by physician assistants and 30.8 for physicians. The incidence of immediate complications was 6.1 per 1,000 procedures; delayed complication incidence was 23.2 per 1,000 procedures. Overall complication rates varied according to operative procedure used. *Am J Public Health* 1986; 76:550-554.)

Introduction

Abortion is one of the most common surgical procedures performed on women. In 1980, there were 1.3 million legal abortions in the United States.¹ The majority were elective first trimester procedures performed in outpatient settings, such as clinics or physicians' offices.²

Issues pertaining to the safety of abortion procedures are important public health concerns. Several definitive studies have evaluated the rates and seriousness of complications resulting from abortions performed in an outpatient setting. Grimes, *et al*,³ determined that the risk of abortion-related death from procedures performed during the first trimester was identical for hospital and outpatient abortions (0.7 per 100,000 procedures) when the rates were adjusted for the presence of pre-existing medical conditions and for the concurrent performance of sterilizations. An overall complication rate of 15.4 per 1,000 procedures was observed by Wulff and Freiman⁴ in their study of first trimester outpatient abortions. One-third of these complications (4.8 per 1,000 procedures) were severe enough to require hospitalization. Bozorgi's study⁵ demonstrated an immediate complication rate of 6.9 per 1,000 procedures in a surgical center. He also detected a positive correlation between complications and gestational age and a significant inverse relationship between complication rates and provider experience.

These studies and others⁶ indicate that abortion in an outpatient setting is a safe procedure when performed by an experienced physician early in pregnancy. However, little is known about the complication rates of abortions performed by physician assistants. This issue is of particular interest in Vermont since physician assistants performed 50 per cent of the 3,500 abortions.

Approximately half of the abortions performed at the Vermont Women's Health Center, an independent clinic located in Burlington, Vermont, are performed by physician assistants. This paper describes the results of a study conducted by the Vermont Women's Health Center, in

comparison of physician—versus physician assistant—performed abortions in an outpatient setting.

Methods

The study universe consisted of all women who obtained abortions from a physician or a physician assistant at the Vermont Women's Health Center during the two-year period from January 1, 1981 through December 31, 1982. Physician assistant trainees also participated in a number of procedures at this clinic under supervision of a physician. Those procedures were excluded from this study.

When a patient presented at the Women's Health Center she was seen by the next available provider. There were no differential allocations of patients between provider types. A patient could request a particular provider if she desired. Less than 5 per cent of clinic patients availed themselves of this option.

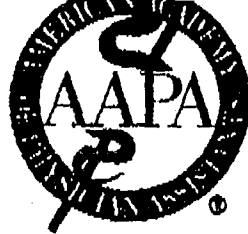
Two abortion methods were utilized at the facility: early uterine evacuation, and suction curettage. These procedures differ in that the contents of the uterus are evacuated using a hand syringe with early uterine evacuation, whereas in suction curettage a vacuum aspirator is utilized. The decision regarding the appropriate technique for a given patient was made by the provider. Clinic protocol required that early uterine evacuations not be performed later than eight weeks following the patient's last menstrual period provided that this measure of gestational age was consistent with uterine size as estimated by pelvic examination. Contraindications

included uterine sizing beyond 12-weeks gestation, hemoglobin less than 10 g/dl, and active pelvic infection. The study was voluntary. Upon informed consent, the study participant was instructed to contact her personal physician for a copy of her medical record and a questionnaire regarding delayed complications to present to her doctor. Patients whose physicians did not return the questionnaire were queried by telephone and/or mail.

Demographic information, medical history, and data relevant to the patient's abortion were recorded on an abstract form by the provider on the day of the procedure. Information regarding delayed complications was added to

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

From the Vermont Department of Health, Burlington. Address reprint requests to Mary Anne Freedman, MA, Director, Public Health Statistics, Vermont Department of Health, P.O. Box 70, Burlington, VT 05402. Dr. Novick, formerly with the Vermont Agency of Human Services, is currently with the Arizona Department of Health Services. This paper, submitted to the *Journal* March 11, 1985, was revised and accepted for publication September 11, 1985.



American Academy of Physician Assistants

950 North Washington Street, Alexandria, Virginia 22314

(703) 836-2272 FAX: (703) 684-1924

STATEMENT OF OPPOSITION TO HB 442

The American Academy of Physician Assistants (AAPA) is a professional organization of over twenty thousand physician assistants with members in fifty states, the District of Columbia, Guam, the armed forces and the Public Health Service. AAPA is dedicated to enhancing the role and utilization of physician assistants and to promoting the profession of physician assistant to the public. AAPA's mission is to promote quality, cost-effective and accessible health care by promoting the professional development and appropriate utilization of physician assistants.

The AAPA is committed to the principle that a physician assistant should be allowed to perform any medical task, including abortion, which is delegated by a physician under whose supervision the task will be performed. Studies have documented the technical ability of physician assistants to safely and competently perform abortions. The American College of Obstetricians and Gynecologists recommends that non-physicians such as physician assistants be utilized to provide abortion services in collaborative settings.

Restricting the ability of physician assistants practicing under appropriate supervision to perform a legal medical procedure impedes the public's access to health care. In the interest of promoting public health and protecting the right of its members to practice their profession, the AAPA joins the Montana Academy of Physician Assistants and members of the Montana Board of Medical Examiners in opposing HB 442

EXHIBIT 10
DATE 2/10/95
HB 442



MONTANA
DEPARTMENT OF COMMERCE

Professional and Occupational Licensing
Board of Medical Examiners
111 North Jackson PO Box 200513
Helena, MT 59620-0513

EXHIBIT 11
DATE 2/10/95
HB 442

Phone: (406) 444-4284
FAX: (406) 444-1667
TDD: (406) 444-2978

February 9, 1995

The Hon. Duane Grimes, Chairman
Human Services and Aging Committee
House of Representatives
State Capitol
Helena, MT

Re: House Bill 442

Dear Representative Grimes:

The Board of Medical Examiners is the entity which licenses and regulates the practice of physician assistants-certified in the State of Montana. Since the full Board will not be meeting until after your initial consideration of House Bill 442, this morning the past president of the Board and I discussed its impact on the provision of health care services in Montana and physician assistants-certified.

It is our considered opinion that, given appropriate education and training as evaluated by the Board of Medical Examiners, there is no medical reason for excluding physician assistants-certified from those persons authorized to perform abortions. We believe the scope of practice of a profession--here, physician assistants-certified--should be based on medical qualifications, and that a profession should not be singled out and limited for political, religious, moral or other reasons.

Further, we are concerned that these amendments would restrict the public's access to safe, timely health care. If physician assistants-certified are prohibited from performing abortions, then patients seeking the procedure will have to wait until a physician is available, or travel many miles. Delay can cause both physical and mental hardship. Many say that health care is not sufficiently available in Montana; these amendments would cause it to be even less available.

For these reasons, we would oppose the proposed amendments to Sections 37-20-103 and 50-20-109, MCA in House Bill No. 442,

Very truly yours,

A handwritten signature in dark ink, appearing to read "James S. Bonnet".

JAMES S. BONNET, M.D.
President-Elect
MONTANA BOARD OF MEDICAL EXAMINERS

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging

DATE 2-10-95

BILL NO. HB 442

SPONSOR(S) _____

HB 406

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
Marise K Johnson, MD 1204 1st Ave E Kalispell	Self		✓ 406
SHARON HOFF	MT CATHOLIC CONF	442 X	
Bob Olsen	MT. Hospital Assoc		406 X
Patti Olson 2475 Broadway Helena MT	St. Peters Comm. Hosp		406 ✓
Janet Cress 500 E. 8th Ave Ste. 100 Denver CO 80203	Center for Reproductive Law & Policy		X 442
Connie Berg 65 Med Park Dr Wn.	Dr Tolstedt Dr Mow		✓
Eleanor Furbush 553 Fee St.	Self		✓
Laure Kattnik	Christian Coalition of MT	✓	
Gloria HERMANSON	MT Psychological Assoc.	406	✓
John Gordon	MEDICAL GROUP MGMT.		✓
Charles J. Lutz	SELF	442	
Amy Elly	SRS		406
Tim Whalen	Montana Right to Life	442	

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NAME AND ADDRESS	REPRESENTING	Support	Oppose
<u>Elena Ayer</u>	<u>MT NARAL</u>		<u>442</u>
<u>Nancy Vigel</u>	<u>MRTL</u>	<u>442</u>	

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Dean Sands	self	442	
Shelly Meyer ^{2229 Briggs} Missoula	self	442	442
Jerome T Loendorf	mt. ml assn		406
Scott Crookston	ACLU	1	442
Arlitte Randash	Fragile Forum	442	✓
Walt Groppe	self	442	
Pick Swenson	self		
VICKIE AMUNDSON	MT BUSINESS & PROF WOMEN	442	442
Dawn Hartman	self		442
Ann Brooksley	self		442
Jandi Olsen	BPA		442
Beth McGalley	self		442
Kate Olsen	MT Women's Lobby		442

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NAME AND ADDRESS	REPRESENTING	Support	Oppose
SECRETARY			
Eleanor Furbush	Self		X
Rick Swensen	Self		

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