MINUTES

MONTANA HOUSE OF REPRESENTATIVES
54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By **CHAIRMAN DUANE GRIMES**, on February 13, 1995, at 3:00 p.m.

ROLL CALL

Members Present:

Rep. Duane Grimes, Chairman (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)

Members Excused:

Rep. John C. Bohlinger, Vice Chairman (R)
Rep. Kenneth Wennemar (D)

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 468, HB 481, HB 340, HB 461, HB 484	
Executive Action:	HB 340	DO PASS AS AMENDED
	HB 484	DO PASS AS AMENDED
	HB 385	ACTION POSTPONED
	HB 461	DO PASS AS AMENDED
	HB 481	TABLED
	HB 407	RECONSIDERED/DO PASS

{Tape: 1; Side: A; Approx. Counter: 000; Comments: This meeting was recorded on six 60-minute cassette tapes.}

HEARING ON HB 468

Opening Statement by Sponsor:

REP. BRUCE SIMON stated that the 1993 legislature appropriated $1 million to the facilities at Warm Springs with the intention of addressing health and safety issues on the campus and bringing the campus up to accreditation standards. It was later determined that the appropriation "was not in the best interests of the taxpayers" as the improvements would cost too much money and be too extensive. Instead, the Department of Corrections and Human Services (DHES) hired consultants and architects to study the problem and formed the Campus Redesign Committee, comprised of Warm Springs staff, members of the Department and **REP. LIZ SMITH** and **REP. RED MENAHAN.**

REP. SIMON said the Redesign Committee's report recommended that most buildings on campus be levelled, a new $18 million hospital be built, and all patients be moved into one facility. The committee also recommended that the forensic unit, one of the newer buildings on campus, be turned over to the prison. **REP. SIMON** said the way the mentally ill are treated in Montana has changed considerably in the 100 years since Warm Springs has been in existence, noting that only the "acute care" patients are housed at Warm Springs instead of in community-based programs. He added that there are plans for downsizing the number of patients that would be at the state hospital.

REP. SIMON stated that his bill addresses how to best serve the mental health needs of Montanans, including where to place a facility that would best meet those needs. He added that maybe it is time to start over with a new location for a state mental health facility. **REP. SIMON** stated that HB 468 sets up a system for making a site selection based on criteria that addresses the needs of Montana's critically mentally ill.

Proponents' Testimony:

Marty Onishuk, Vice President, Montana Alliance for the Mentally Ill. EXHIBIT 1

David Hemion, Mental Health Association of Montana. EXHIBIT 2

Patrick Pope, Executive Director, Meriwether Lewis Institute, stated he has a mental illness, as do all the voting members of the Institute. He added that he is also an ex-patient of the Montana State Hospital at Warm Springs. **Mr. Pope** stated that lines 22-25 of the bill clearly outline his organization's concerns about the proposed state hospital plan. He added that patients must come first and that if a new hospital is needed, then the development process should be opened to the entire mental health community. **Mr. Pope** believed that jobs in the Deer Lodge Valley came before the best interests of the patients in development of the current state hospital plan. He discussed a

letter written by the Meriwether Lewis Institute president expressing concern that no mental health consumer representative was on the campus redesign committee.

Mr. Pope added that the letter went unanswered and in subsequent meetings, concerned mental health consumers were told that there would be no negotiation on the siting of a facility. **Mr. Pope** concluded that Montana's state hospital "does not stand alone outside the mental health system," and that a redesign plan should not be rushed into without a process that allows all facts and alternatives to be examined.

Mary Gallagher, Interim Director, Montana Advocacy Program (MAP), said her organization supported HB 468 with the amendments proposed by **David Hemion**. She added that MAP was dismayed that no consumer advocate or "objective professional input" had been obtained by the Department. MAP believed that the specific needs of the mentally ill should be analyzed, keeping in mind the state law that urges treatment to be in the least restrictive setting appropriate for the individual.

VICE CHAIRMAN CAROLYN SQUIRES assumed the chair during a short absence by **CHAIRMAN DUANE GRIMES.**

Kelly Moorse, Director, Montana Board of Visitors. EXHIBIT 3

Opponents' Testimony:

REP. LIZ SMITH, HD 56, said that patients are still retained in one of the buildings on the Warm Springs campus that has been condemned for 20 years. She said that mental health advocates had known about the condition of the building, but were not resolving the problem. **REP. SMITH** said the redesign committee chose a consultant group that went into communities and asked what kind of services are currently available, and what future needs may be. She discussed open meetings that were held last May to address developing accreditation standards, adding that she believed the consultants were "objective outsiders."

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

She stressed the social rehab component for treatment of the mentally ill and the development of accreditation standards. She hoped the committee would consider all the needs of mental health patients.

She indicated that the new structure at Warm Springs is too small to meet the needs of the current patients and that the Forensic Center is more for criminals than the mentally ill. She believed that putting off the redesign of the facility for another two years would be a waste of money, and detrimental to the patients.

{Tape: 1; Side: B; Approx. Counter: 83; Comments: n/a.}

Terry Minow, Montana Federation of State Employees, representing many Montana State Hospital employees, stated their opposition to HB 468 and said that a new redesign plan would result in the reductions of staff, cost savings, and a design to efficiently meet the needs of mental health service consumers. They asked the committee to consider supporting the governor's plan on the rebuild project at Warm Springs.

Melissa Case, Montana Hotel Employees and Restaurant Employees Union (HERE), concurred with **Ms. Minow's** statements and asked the committee to oppose the bill.

{Tape: 1; Side: B; Approx. Counter: 110; Comments: n/a.}

Questions From Committee Members and Responses:

REP. SOFT asked **REP. SIMON** if passage of the bill would allow for use of the existing facilities or several different facilities. **REP. SIMON** said amendments are currently being prepared that would address that issue, adding that maybe several existing facilities in different geographical locations could better serve the needs of mental health patients. He said he did not want to preclude any ideas from the process.

REP. SOFT asked if a fiscal note had been prepared to complete the study. **REP. SIMON** said there is currently no fiscal note attached, but he assumed that it would have to go to Appropriations of it passed Second Reading.

REP. SOFT asked if passage of this bill would cause a delay in getting the HCFA (Health Care Finance Administration) waiver and the resulting managed care program in place. **REP. SIMON** said he hoped to delay the effective dates of HB 468, so that the managed care process can be completed first.

REP. SOFT asked **Dr. Joe Rich, Medical Director at Deaconess Medical Center,** for his thoughts on single site versus community hospitalization, and the under-utilization of hospital beds around the state. **Dr. Rich** said he did not testify, but that he did support the bill, adding that Deaconess Medical Center would be able to serve many of the patients that currently go to Warm Springs. He said other general hospital psychiatric facilities in Missoula, Great Falls, Kalispell, and Helena could also take in some of the patients currently at the state hospital, but there would be no way that these facilities could replace the state hospital. **Dr. Rich** said there would still be a core of patients who would need care at the state hospital in Warm Springs.

REP. SQUIRES asked **David Hemion** how HB 468 will facilitate patient access to the mental health service system. **Mr. Hemion** said there will have to be additional resources on the community level regardless of whether or not HB 468 passes. **Kathy McGowan, Mental Health Centers,** said she does not believe that there is a

formal waiting list for people coming out of the state hospital and into community-based programs. She said there have been delays in getting people into the community because there has not been sufficient housing. **Ms. McGowan** said that the hospital being proposed now will not be big enough unless the community programs are not dealt with. She added that crisis programs and housing are the two areas most lacking in community-based mental health programs.

REP. SUSAN SMITH asked if the state hospital would not be big enough under the current plan. **Ms. McGowan** stated that community-based programs (housing, crisis programs) are not adequately funded, the state hospital will not be big enough.

REP. SMITH asked **REP. SIMON** to comment on how the $1 million appropriated to fix the buildings had been spent. **REP. SIMON** stated that none of the money was spent to upgrade existing buildings. He said that the other things done with the money (consultants, planning) have been worthwhile. **REP. SIMON** said that building a new facility is probably in the best interests of the taxpayers since the existing buildings are too small and in such poor condition that retrofitting them is not really an option. **REP. SMITH** asked why the money was appropriated two years ago if retrofit was not possible for existing buildings. **REP. SIMON** said that the conference committee on HB 5 appropriated the $1 million two years ago without a public input or a public hearing. **REP. SMITH** asked if **REP. SIMON** has concluded that renovating existing buildings is not an option. **REP. SIMON** said many improvements that would have to be made are difficult and expensive to implement.

Closing by Sponsor:

REP. SIMON stressed that he is not attempting to denigrate the community of Warm Springs or the state employees who work there. He said his intent is to set up a process by which the problem can be solved. **REP. SIMON** said the bill calls for using the Mental Health Planning and Advisory Council, adding that this group should have been involved before August of last year, when the Council became aware of the mental health facility siting process. He said if a new hospital is built at Warm Springs, the capacity would be limited to 150 (down from the present 200), even with the ancillary structures. He added that the remaining 50 people will have to be dealt with, stating that most will be sent to other facilities or community-based programs. **REP. SIMON** said HB 468 will not change that; it will merely set up a process allowing people with an interest in mental health services to establish criteria for what is really needed to meet the need of mental health patients, adding that siting of a facility should not be part of that process. **REP. SIMON** said then communities could submit proposals showing how they could fit the criteria. He said Warm Springs and the Deer Lodge Valley already have a leg up on meeting the criteria, since there is already a pool of highly trained, competent people.

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

HEARING ON HB 481

Opening Statement by Sponsor:

REP. DEB KOTTEL said Montana is facing a shortfall of 89% of the number of child and adolescent psychiatrists that will be needed in 2010, and a 40% shortfall of adult psychiatrists within the same time frame. She said rigorous scientific investigation has concluded that there is a significantly improved treatment outcome when medication is appropriately used in combination with psychotherapy. **REP. KOTTEL** said that currently, state law defines the practice of psychology through the licensing of health professionals, adding that federal law does not prohibit psychologists from prescription authority. She said legal authority to prescribe must be explicitly assigned by state statute and regulation. **REP. KOTTEL** discussed the health care professionals who currently have prescription authority in Montana.

She said HB 481 will: 1) increase the public's access to comprehensive mental health care, especially in the underserved populations of Montana; 2) decrease the costs to the consumer, who has to seek full-service health care when medication is advisable; 3) utilize doctoral level psychologists with therapeutic and behavioral training; 4) assure continuity in quality of care; and 5) compensates for the 29% decline in psychiatric residencies over the last 5 years.

REP. KOTTEL said it is the obligation of government to set standards so that citizens are not injured by unqualified practitioners. She added that it is not the role of government to limit the marketplace, thereby interfering with consumer access to health care and increasing costs of health care. She said HB 481 would protects consumer by providing quality, non-fragmented health care while eliminating lack of access and high costs.

Proponents' Testimony:

Dr. F. Tom Peterson, Miles City psychologist, said the group of about 30 licensed psychologists in Montana, seeking this legislative change, is not affiliated with a group in Florida headed by Dr. Samuel Feldman. He said Feldman's organization is interested in selling curriculums to the regulatory agencies that allow for prescriptive authority. **Dr. Peterson** said prescriptive authority should be granted to licensed psychologists because it improves health care access, is cost-effective, allows for closer monitoring of the patient, and compensates for the decline in psychiatrists.

He read a statement by **Russ Newman, the American Psychological Association's Executive Director for Professional Practice.** The statement discussed the Practice Directorate's Medicare Amendment that was signed into law in November 1994. The amendment clarifies psychologists' independent provider status in hospitals. The statement reads that as a result of the amendment's passage, the Medicare Conditions of Participation for hospitals can no longer be used to prohibit psychologists from being in charge of their patients' care. He said Medicare patients can now have access to psychological services in a manner intended by Congress.

Dr. Peterson said if HB 481 passes, psychologists could become the primary care providers for their patients, adding that prescriptive authority would eliminate fragmented care. He discussed the delay that patients face in obtaining prescriptions when he recommends medication. **Dr. Peterson** reiterated **REP. KOTTEL'S** statement that a combination of medication and therapy is often more beneficial that one or the other alone. **Dr. Peterson** said it is reasonable that prescriptive authority be considered for an individual who has completed eight years of education and an internship, adding that the nature of a psychologist's work already requires knowledge of the effects of medication.

{Tape: 2; Side: A; Approx. Counter: 366; Comments: NA.}

Ellie Krise, Nurse, Miles City, said there is not a physician in Miles City who can deal with prescribing mental health medication. She recounted a story of a patient who ultimately died as a result of diabetes and manic depression that was not properly and quickly treated, stating that there is a definite need for somebody who understands psychotropic drugs.

Dr. Richard Recor, Licensed Psychologist, Billings, submitted written testimony. **EXHIBIT 4**

{Tape: 2; Side: A; Approx. Counter: 710; Comments: NA.}

Joe Roberts, Montana Psychologists Political Caucus, read excerpts from a statement by Dr. Kay Door who is a clinical psychologist in Glasgow, Montana. Dr. Door stated that it was quite a challenge to gain access to specialists in the spread out state of Montana. By allowing primary care providers in the mental health field to give care it would mean timely and cost-effective treatment of patients in their own community. **Mr. Roberts** added that it was a new idea that fits the needs of our state. It would stop the "referral run-around" that is expensive and time consuming. The bill is about better mental health care delivery in Montana.

Informational Testimony:

Dr. Evan Lewis, Board of Psychologists, Helena, submitted written testimony. **EXHIBIT 5**

{Tape: 2; Side: B; Approx. Counter: 60; Comments: Testimony began at the end of side A and continued onto side B.}

Opponents' Testimony:

Ginny Hill, Montana Psychiatric Association, stated that the proponents are posing the issue as deceptively simple but there are issues to consider like the effect of medication on a patient's entire body, not just the brain. She added that under current licensure, laws will only grant independent prescriptive authority to those with several years experience in biologically-grounded, medical modelled training through 120 hours of didactic work and one year of supervision. The association acknowledges that there are rural underserved populations but believes the solution lies in tele-conferencing, creating more psycho-social support, utilizing medically trained practitioners who already have various levels of prescriptive authority, training and education.

Don Harr, Montana Medical Association (past president and present legislative committee), state legislative representative for the Montana Psychiatric Association, Billings, submitted written testimony. **EXHIBIT 6**

Marty Onishuk, Vice President of the Montana Alliance for the Mentally Ill, stated the worries of the effects of possible medications on the body.

Steve Shapiro, Montana Nurses Association, stated that the advanced practice nurses are being used as an analogous base for the authority of psychologists to obtain prescriptive authority. He mentioned that other states have tried to pass this through before Montana tried. He said that advanced practice nurses have masters degrees who have studied the assessment and evaluation of the human body including physical reactions to various psychotherapy drugs that interact with the whole body. Doctoral level training alone is not sufficient.

Dr. Robert Caldwell, Psychiatrist at St. Peter's Community Hospital, informed the committee that all the other people who have prescriptive authority have medical training relating to the mental illnesses that require the prescription of psychotropic drugs. He listed several life-threatening illnesses that were being masqueraded as psychiatric illnesses and a few of them died because they did not receive the appropriate treatment.

Dr. Joseph Rich, President Elect of the Montana Psychiatric Association, submitted written testimony. **EXHIBIT 7**

Dr. Jeanne Garcia, Psychiatrist and Medical Director, Deaconess Medical Center, Great Falls, opposed HB 481.

John Tupper Jr., Psychiatrist at Shodair Hospital, Helena, opposed HB 481.

Jean McDonald, Public Policy Intern for the Mental Health Association of Montana, submitted written testimony. **EXHIBIT 8**

Beda J. Lovitt, Montana Medical Association, submitted written testimony. **EXHIBIT 9**

Dr. Steven C. Hayes, President, American Association of Applied and Preventive Psychology, press release stating opposition to psychologists being given prescription privileges. **EXHIBIT 10**

{Tape: 2; Side: B; Approx. Counter: 715; Comments: NA.}

Questions From Committee Members and Responses:

REP. BRAD MOLNAR asked **Dr. Recor** how often he would want to be able to prescribe medication. He answered that at least 50% of his patients are under the care of physicians and would have the most trouble in the rural areas. A lot of time could be saved that is spent with the primary care physicians coordinating the care and decisions that need to be made.

REP. MOLNAR asked if the primary care physician relied more on their knowledge or do they rely on the physician. **Dr. Recor** replied that the physicians rely primarily more in the diagnostic area of what type of problem needs to be treated.

REP. BRUCE SIMON inquired where in the definition of the practice of psychology was it indicated what level of training was required in regard to the human body. **Dr. Recor** referred to his submitted testimony where that information was included.

REP. SIMON asked how much training the psychologists had in the area of anatomy and physiology. **Dr. Recor** stated that they received related course work throughout their education and internships.

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

REP. SIMON clarified that the Board of Psychology was made up of three psychologists and two citizen members and asked if the decision brought down by the board to remain neutral was unanimous. **Dr. Lewis** stated that the decision came from the belief that the board is charged with protecting the public and it is not their role to take sides to determine what they should or shouldn't do, but rather if they can do their jobs appropriately. There are divided opinions on the board.

REP. SIMON asked **Dr. Recor** to discuss the issue of drug interactions. **Dr. Recor** mentioned that anti-psychotic and anti-depressant medications were discovered in the 1950s and there is a history of using a certain drugs to treat a physical illness and then finding out that they have benefits in treating psychiatric disorders. They also found out that some drugs cause mental illness symptoms such as depression and psychosis.

REP. LOREN SOFT asked if advanced nurse practitioners prescribe psychotropic medications and what parameters do they have. He asked for an overview of the training that an advanced nurse practitioner would go through.

Dr. Rich explained that nurse practitioners and physician assistants have that prescriptive authority. They are supervised by their supervising physicians. He said that a nurse practitioner would have a registered nurse degree and then takes two years to earn a masters degree.

REP. SOFT mentioned that if the core curriculum was as demanding for a nurse practitioner as the psychologist and were they to take that on top of their doctorate would it be easier to award them the prescriptive privileges. **Dr. Rich** answered that he would feel more comfortable if the psychologists enrolled in an accredited educational facility that offered a nurse practitioner or physician assistant course.

REP. ELLEN BERGMAN asked if he was familiar with the study that came out of Florida and how thorough it was. **Dr. Rich** answered that they had sent him some information regarding the training that would be offered and he did not approve of it.

REP. BERGMAN asked if he thought the training received by a nurse practitioner or physician assistant was adequate for the prescribing of medicines. **Dr. Rich** stated that he had concerns about the nurse practitioners, but the physician assistant has to function under supervision.

REP. BERGMAN then inquired how the family practice physicians measured up in their training in psychiatric areas. **Dr. Rich** said that family practice physicians who are board certified have a great deal of training and experience.

CHAIRMAN GRIMES asked if there was anyone who has this authority granted to them already and what his responses were to the issue of the whole body concept. **Dr. Peterson** replied there are some in the armed services. He reiterated that diagnosis will differentiate symptoms that may suggest mental or emotional issues from those which are physical, at which time a referral would be made.

CHAIRMAN GRIMES asked if there was a problem if a nurse disagreed with the prescribed medications. **Dr. Peterson** said that it was

not more of a problem than it currently is with physician assistants.

REP. SOFT asked if there was any information on the military qualifying psychologists to prescribe psychotropic drugs. **Dr. Rich** explained that no psychologists were allowed prescriptive authority in the military or the Veterans Administration.

{Tape: 3; Side: A; Approx. Counter: 440; Comments: NA.}

REP. CAROLYN SQUIRES asked how much time in education a family practice physician receives regarding psychiatry or psychotropic drugs. **Dr. Rich** mentioned that the training would depend on the continuing education he has pursued. The family practice resident would have received fours years of college, four years of medical school, two years of internship and then two years of residency in a family practice. Two to three months would have been spent working in clinical psychiatry under supervision.

REP. SQUIRES clarified that the individuals who would have the prescriptive authority are in doctorate levels. **Dr. Rich** stated that they were comparing apples and oranges because there are many doctorates in fields unrelated to medicine. A psychologist comes up through his education with a liberal arts education and the science is not nearly enough. There is not the focus on medical and biologic areas.

REP. SQUIRES inquired why a person with a doctorate would not have a better knowledge of the patient who has a mental problem versus the family practitioner who works with the psychologist. She asked how many psychotropic drugs were available.

Dr. Rich replied that psychotropic drugs affect the brain and could affect the patient mentally or behaviorally. A vast number of medications do fall under that category.

CHAIRMAN GRIMES asked **Dr. Garcia** if she wanted to comment in regard to the credentials of those qualified to prescribe. She said she had 12 years of training in order to be a psychiatrist. Psychiatrists are medical doctors and the psychologists just don't have the qualifications to diagnose severe mental disorders.

REP. BERGMAN asked if there have been new medications introduced since she went to school and if she could learn about them, couldn't a psychologist learn about them as well.

Dr. Garcia stated that every physician has to participate in continuing medical education but learning about what the drug companies put forth is only part of the specialty. There needs to be clinical experience to be able to choose and compare the best medications to what is coming out on the market.

{Tape: 3; Side: B; Approx. Counter: 20; Comments: NA.}

REP. BONNIE MARTINEZ asked how much more education would a psychologist need to be able to prescribe medications. **Dr. Garcia** mentioned that if they wanted to prescribe drugs they should become a psychiatrist and that would take three more years at least depending on the level of medical schooling they have received.

REP. BERGMAN asked **Dr. Peterson** how the study in Florida measures up to what the American Medical Association would expect for a psychiatrist. He replied that they are talking about an approved curriculum by a regulatory body. They want to bring about legislative change to allow that to happen. He didn't think the intelligence factor was any less.

Closing by Sponsor:

REP. KOTTEL mentioned that Montana would be the first state to allow psychologists to prescribe medicine. She would welcome an amendment to delay the effective date by a year to give the board the time to put the material together. The costs can be maintained by those psychologists who wish to have this type of qualified practice. Only 3% of those who suffer from a mental disorder receive treatment from a specialist. About 17% of the psychotropic drugs prescribed in 1991 came from psychiatrists and the rest were prescribed by general practitioners. She focused on the lack of training general physicians received in the way of mental disorders. She stated that physician assistants are allowed to prescribe medicine in a limited form but have limited training. If psychologists receive additional and continuing education and pass examinations they should be allowed to apply for the right to have limited prescriptive ability in the area of psychotropic medications.

{Tape: 3; Side: B; Approx. Counter: 300; Comments: NA.}

HEARING ON HB 340

Opening Statement by Sponsor:

REP. TOM NELSON, HD 11, Billings, explained that HB 340 is an attempt to close a loophole in the laws regarding adoption. He submitted written testimony that detailed the situation. **EXHIBIT 11**

Proponents' Testimony:

Sandee Kandas, Billings, told the committee her story regarding the situation which is preventing her husband from adopting her children. The ex-husband was convicted of sexual assault of two of her children and two neighborhood girls and is presently serving a 20 year sentence. The MCA 40-8-111 reads that consent for adoption by a natural parent is not necessary if that parent has been adjudged guilty of assault on the child. However, the

ex-husband was convicted under MCA 45-5-201 and that statute is not included in the adoption consent section and the Kandas' wish to have that criminal section added to the existing statute. Also, in the event of the mother's death, even though she has willed her children to Mike Kandas, her ex-husband may retain custody as the adoptive parent. She submitted written testimony from a psychotherapist in Billings who has been treating her children. **EXHIBIT 12**

Hank Hudson, Director of the Department of Family Services, stated that this issue has been overlooked and would work for the best interest of the children.

Sharon Bankerson, Majority Against Child Molestation (MACeM), stated that this bill would allow the innocent victims the chance for a normal family life and close the door on the fears they have to deal with to become whole again. **EXHIBIT 13**

Opponents' Testimony: None

Informational Testimony: None

Questions From Committee Members and Responses:

REP. DEB KOTTEL asked if any of **Mrs. Kandas'** children were her ex-husband's who is in prison. She said he is not the natural father of any of her children. **REP. KOTTEL** mentioned that throughout the bill it is always referred to as assault on the child and it should be changed to assault on a child.

REP. BRUCE SIMON wanted to clarify that when it is stated in the statute regarding the mother or father it could mean the adoptive parent.

David Niss, Legislative Council, said that when parents are referred to in the statute the definition includes the birth or adoptive mother and birth, adoptive or legal father.

Closing by Sponsor:

REP. NELSON asked for positive consideration of HB 340.

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

EXECUTIVE ACTION ON HB 340

Motion: **REP. SUSAN SMITH MOVED THAT HB 340 DO PASS.**

Motion: **REP. DEB KOTTEL MOVED TO AMEND HB 340.**

Discussion:

REP. KOTTEL explained that her amendment would change the wording in appropriate places in the bill from "the child" to "a child" to prevent a person convicted of sexual assault from adopting any child.

Vote: Voice vote was taken. The motion carried unanimously.

Motion/Vote: REP. CHRIS AHNER MOVED THAT HB 340 DO PASS AS AMENDED. The motion carried unanimously.

{Tape: 4; Side: A; Approx. Counter: 100; Comments: NA.}

HEARING ON HB 461

Opening Statement by Sponsor:

REP. BILL RYAN, HD 44, Great Falls, stated that two years ago the governor appointed a commission to look at emergency hazardous materials management. The purpose is to aid or supplement local response teams when they come across a potential hazardous materials spill. He walked the committee through the book that was handed out describing the plan. **EXHIBIT 14**

Proponents' Testimony:

Clark Johnson, MSU Fire Service Training School, State Emergency Response Commission (SERC), mentioned that the SERC wanted to help local volunteer responders by giving them someone to call to ask when they have a problem and when there is something they can not handle they need a high-tech person to take care of it until the remediation contractors can get in. It was mandated to utilize existing coordinating activities.

James Lofftus, President of the Montana Fire District Association, supported the bill.

Bob Robinson, Director of the Department of Health and Environmental Sciences (DHES), co-chairman of SERC, stated that the plan does not cost extra money but utilizes all the public and private resources available. **EXHIBIT 15**

Richard Grady, Fire Chief, Canyon Creek Fire District, described the amendment he offered on page five line 21 to keep in common terminology with the standards set by the National Fire Academy and other fire organizations.

Kathy McGowan, Montana Sheriffs and Police Officers Association, strongly endorsed the product of the process which is HB 461.

Bruce Suenram, State Fire Marshall, Department of Justice, supported the bill.

Dan Lieberg, administrative officer, Montana Disaster and Emergency Service, supported the bill.

Dave Herzberg, Missoula Rural Fire District, supported the bill.

Opponents' Testimony: None

Informational Testimony: None

Questions From Committee Members and Responses:

REP. LIZ SMITH asked if **Mr. Suenram** was a resource for local fire departments. He replied that his office is primarily in the fire prevention business and is involved in the inspections of facilities.

REP. L. SMITH stated that the Search and Rescue in Deer Lodge is the coordinator for the hazardous waste and asked if they were involved in training also.

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

Mr. Johnson replied that there are a lot of inputs from the coordinator.

REP. BRUCE SIMON relayed his concern that the response team was operating in an appropriate manner and that they were liable if they were negligent. He asked if the team would be held harmless if they violated standard operating procedures or were negligent.

David Niss, Legislative Council, replied that if they were not operating under appropriate standard operating procedures they would not fall under the definition and therefore would not be covered.

CHAIRMAN GRIMES asked who drafted the bill. **Mr. Robinson** replied that Clark Johnson spent a lot of time drafting it and the DHES, along with the Disaster and Emergency Services and governor's office, reviewed it.

CHAIRMAN GRIMES continued by inquiring if there was any other current commission that would have been able to fulfill the same duties that this commission fills and were the implications of creating the commission considered.

Mr. Robinson replied that this was the same commission that is currently in place by executive order and governor's direction.

REP. SIMON asked the sponsor if he was in favor of the amendments that were proposed. **REP. RYAN** stated that he was in favor of them.

Closing by Sponsor:

REP. RYAN said that the liability issue was like taking the good samaritan law and enlarging it up to fit the state. HB 461 is a good idea.

{Tape: 4; Side: B; Approx. Counter: 160; Comments: NA.}

HEARING ON HB 484

Opening Statement by Sponsor:

REP. ROGER DEBRUYCKER, HD 89, Floweree, said that the cost of Medicaid has skyrocketed and HEAL Montana approached him and they came up with the bill that will study how Medicaid can be changed to help the working poor and cover the private insurers.

Proponents' Testimony:

Susan Good, HEAL Montana, mentioned that welfare reform and the health care crisis (the working poor) is of great importance in the current legislature. HB 484 seeks to find the truth about the two issues. HEAL Montana is a non-profit educational organization dedicated to achieving health care reforms that will ensure high quality health care services while preserving individual freedom of choice within the free market system. When individuals spend their own money on health care, the costs go down but the individual's care does not suffer. Medical Savings Accounts (MSAs) provide for a person to pay for his own insurance premiums and other health care costs from an account whose fund accumulates tax free. The amendment that is being offered will require the Department of Social and Rehabilitation Services (SRS) to begin the waiver application process as soon as the study comes back with a positive report as to its cost effectiveness.

Opponents' Testimony: None

Informational Testimony: None

Questions From Committee Members and Responses:

REP. LIZ SMITH asked for elaboration on how the plan might work. **Ms. Good** said that cards are issued and a private health insurance plan will be purchased with regular state and federal matched dollars and the Medicaid recipients will have an MSA set up for them. A large deductible policy will be purchased for them ($1,000 that will be placed in the MSA) and if they don't spend all that deductible, they will be able to keep half of what they saved.

{Tape: 4; Side: B; Approx. Counter: 490; Comments: NA.}

REP. BRUCE SIMON added the person would be able to access their medical savings account with the card and the processing of claims could be eliminated and costs would be saved.

REP. TONI HAGENER clarified that HB 484 was a study paid for by SRS if it passes with HB 2. **Ms. Good** agreed and said that cost shifting would be avoided if more people have access to health insurance. Many people and organizations will be willing to back up the plan if the results of the study are favorable.

REP. S. SMITH asked about the cost savings and when would it start. **Ms. Good** said that there was such a cost saving that a company who administers MSAs has written to the governor saying that if they can have just two counties and whatever they were spending on Medicaid they will manage those at their risk. They are so certain the program will work that they are willing to take it on at their risk. The study would get going right away and if it is cost effective they will apply for a federal waiver.

CHAIRMAN GRIMES asked who will decide if the plan is cost effective, what application process they will choose and how will they implement the MSA. **Ms. Good** commented that the purpose of the bill is to say that they need to get going so the MSA probably does not need to be delineated how it is going to work. This would just let them apply for the waiver.

CHAIRMAN GRIMES clarified that the waiver will be applied for and then the legislature would have to come back and confirm whether they should have applied for the waiver and if the criteria was there. **Ms. Good** agreed and said that all the study does is gather the information and the amendment applies for the waiver.

Closing by Sponsor:

REP. DEBRUYCKER said that HEAL Montana has come up with a reform that is worth serious thought. Health insurance is too expensive and this is feasible for the subsidy for the working poor.

{Tape: 5; Side: A; Approx. Counter: 00; Comments: NA.}

EXECUTIVE ACTION ON HB 484

Motion: **REP. BRUCE SIMON MOVED THAT HB 484 DO PASS.**

Motion: **CHAIRMAN GRIMES MOVED TO AMEND HB 484.**

Discussion:

David Niss, Legislative Council, asked what would be implemented after the cost savings projection is made and compared.

Ms. Good said that the intent of the amendment is that only the waiver would be applied. The waiver does not impact purchasing insurance for the working poor only the Medicaid recipients.

Mr. Niss said that it wasn't just the use of MSAs. It is the use of MSAs in conjunction with the purchase of insurance for Medicaid recipients.

CHAIRMAN GRIMES asked if a waiver was needed to do that. **Ms. Good** replied that the study is the impetus for SRS to begin applying for the waiver when the results of the study come back reflecting the purchase of MSAs for purchasing health benefits is cost effective.

REP. BRUCE SIMON reiterated what the bill and amendment would do.

REP. CAROLYN SQUIRES asked how much the waiver would cost. **Ms. Good** stated that it is not known how much the waiver will cost and it all depends on who is asked.

CHAIRMAN GRIMES asked if the plan is only marginally beneficial. **Ms. Good** explained that their organization did not put a specific amount on the savings because there are many variables that will need to be decided. They are confident that multi-millions will be saved.

REP. SIMON said that it would be triggered to the budget office for making that decision and if the savings were only marginal they would not go for it and if it is substantial they would.

Vote: Voice vote was taken. The motion carried unanimously.

Motion/Vote: REP. BRUCE SIMON MOVED THAT HB 484 DO PASS AS AMENDED. The motion carried unanimously.

{Tape: 5; Side: A; Approx. Counter: 250; Comments: NA.}

EXECUTIVE ACTION ON HB 385

Motion: REP. BRUCE SIMON MOVED THAT HB 385 DO PASS.

Motion: REP. BRUCE SIMON MOVED TO AMEND HB 385.

Discussion:

David Niss, Legislative Council, explained that the amendment concerned the applicable statute of limitations for bringing the enforcement action. **EXHIBIT 16**

CHAIRMAN GRIMES inquired if this was the same language that was in a previous bill and was it coordination language with the other bill.

Mary Ann Wellbank, Administrator of the Child Support Enforcement Division (CSED), replied that it was not the same language but it does coordinate it with the same effects of the Uniform Interstate Family Support Act. She gave a brief synopsis of what the bill would do.

Vote: Voice vote was taken. The motion carried unanimously.

Motion: REP. CHRIS AHNER MOVED THAT HB 385 DO PASS AS AMENDED.

{Tape: 5; Side: A; Approx. Counter: 530; Comments: NA.}

Discussion:

REP. BRAD MOLNAR shared that he did not like the bill because neither the woman nor the agency receives the back child support until the state gets their cut and they are getting money without doing anything for it.

REP. CHRIS AHNER mentioned that the state had been supporting an individual in Montana but not someone from out of state.

REP. SIMON stated that it was a mechanism for the state to get back money that has been invested through public assistance for someone because they were not receiving their child support check.

REP. CAROLYN SQUIRES asked if the person on welfare can go to the CSED and negotiate a price for their child support. She asked if they would be made to pay back the whole welfare grant.

{Tape: 5; Side: A; Approx. Counter: 730; Comments: NA.}

Ms. Wellbank gave a brief overview of the CSED procedure. In regard to paying child support, she said that the state can negotiate for a lump sum payment, otherwise they can pay a monthly low hardship payment.

CHAIRMAN GRIMES asked if the collection agency has a right to a percentage of the funds that were obligated to the state.

Ms. Wellbank stated that they did not have the right to the money owed to the state.

CHAIRMAN GRIMES asked about the double damages in the statute. **Ms. Wellbank** replied that the CSED felt it was necessary to clarify the rights of the state with respect to the debt because many people are turning to collection agencies.

REP. SIMON asked what the potential for savings for the state over the next biennium would be.

{Tape: 5; Side: B; Approx. Counter: 00; Comments: NA.}

Ms. Wellbank replied that she could not put it into a number but it just tightens the law.

REP. MOLNAR said that the department was inefficient in the collection of funds and they take the proceeds of the collection agency's work and not let them keep any money.

REP. BILL CAREY thought that in the real world the collection agency would not do the work unless they thought they could get something back from it.

REP. MOLNAR stated that the person still owes the state and the state should hire the collection agency or go after the money themselves.

REP. SUSAN SMITH agreed with **REP. MOLNAR** that the collection agency should get what was owed them before the state got their share and asked if there was an amendment from **REP. JOHN COBB** for the bill.

Ms. Wellbank explained that **REP. COBB** was interested in giving the CSED the authority to sell the arrearages. He did not get it to the point of putting it into an amendment.

REP. DICK GREEN said that welfare has already paid out public assistance and the child support is owed to the state. The collection agency should be paid their fee and let the balance go to the state.

REP. LOREN SOFT clarified what the intention of the bill was.

Ms. Wellbank explained that the collection agency does not get the fee and the obligee has no right to the money as it is assigned to the state.

REP. LIZ SMITH inquired what the incentive was for the collection agency.

REP. CAREY said the collection agency would not work if there was not an incentive.

REP. ELLEN BERGMAN asked if the collection agency got paid for their work and the state should be doing the contracting. **Ms. Wellbank** replied that the money that the collection agency collects is separate from the money that is owed to them for doing the work.

Motion: **REP. SUSAN SMITH MOVED TO POSTPONE ACTION UNTIL 2/15/95. The motion carried unanimously.**

{Tape: 5; Side: B; Approx. Counter: 230; Comments: NA.}

EXECUTIVE ACTION ON HB 461

Motion: REP. KEN WENNEMAR MOVED THAT HB 461 DO PASS.

Motion/Vote: REP. KEN WENNEMAR MOVED TO AMEND HB 461. The motion carried unanimously.

Motion/Vote: REP. BRUCE MOVED THAT HB 461 DO PASS AS AMENDED. The motion carried unanimously.

EXECUTIVE ACTION ON HB 481

Motion: REP. BRAD MOLNAR MOVED THAT HB 481 DO PASS.

Discussion:

REP. SUSAN SMITH stated that the board should put together a proposal and bring it back to the 1997 Legislative Session.

REP. LOREN SOFT agreed with the previous statement and felt if the board had adopted a significant program instead of remaining neutral there would have been a more favorable response.

REP. DICK GREEN said that more time and information was needed.

REP. MOLNAR mentioned that some nurses have the prescriptive authority without having all the education and training that others are required. The psychologists should have the chance to try.

REP. BRUCE SIMON explained that all prescriptive authorities are within certain specialties but they are all medically trained and held under supervision.

REP. LIZ SMITH stated that the committee was moving too fast in granting prescriptive authorities.

REP. ELLEN BERGMAN said that this was just like any other turf war.

REP. WENNEMAR told the committee that the psychologists' lobbyist was willing to make an amendment to section 3 in relationship to how much time and what they have to do to be granted the prescriptive authority.

REP. LOREN SOFT said that if something is submitted the amendment needs to approximate what training the advanced practice nurse receives.

CHAIRMAN GRIMES voiced his concern about being able to recognize masked symptoms.

REP. CAROLYN SQUIRES said that there should not be a comparison between the masters degree and the doctorate and the nurse practitioner's six years of education.

REP. S. SMITH said that if they really wanted to serve the patient they could have a cooperative arrangement with a doctor down the hall.

REP. SOFT talked to his psychologist (who has a PhD) who said that unless they are medically trained he would not advise it.

REP. SQUIRES talked to a psychologist in Missoula who did not have a problem with it because he was a new graduate and had some experience in that area.

REP. TONI HAGENER reminded the committee that rural areas did not have the access to physicians as bigger communities do.

Motion/Vote: REP. BRUCE SIMON MOVED TO TABLE HB 481. The motion carried 9-6 with REPS. SQUIRES, BERGMAN, CAREY, KOTTEL, MOLNAR and WENNEMAR voting no and REPS. KOTTEL and MARTINEZ voting by proxy.

{Tape: 5; Side: B; Approx. Counter: 870; Comments: NA.}

EXECUTIVE ACTION ON HB 407

Motion: REP. ELLEN BERGMAN MOVED TO RECONSIDER ACTION ON HB 407.

Discussion:

REP. BERGMAN explained that this was the issue of delegating the tasks of the registered nurses.

Vote: The motion carried 10-5 with REPS. GRIMES, SQUIRES, CAREY, SIMON and WENNEMAR voting no and REPS. KOTTEL and MARTINEZ voting by proxy.

{Tape: 6; Side: A; Approx. Counter: 00; Comments: NA.}

Motion: REP. ELLEN BERGMAN MOVED THAT HB 407 DO PASS. The motion carried 10-5 with REPS. GRIMES SQUIRES, CAREY, SIMON and WENNEMAR voting no and REPS. KOTTEL and MARTINEZ voting by proxy.

ADJOURNMENT

Adjournment: 8:15 p.m.

DUANE GRIMES, Chairman

ANDREA SMALL, Recording Secretary

DG/as

HOUSE OF REPRESENTATIVES

Human Services and Aging

ROLL CALL DATE 2-13-95

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 17, 1995

Mr. Speaker: We, the committee on **Human Services and Aging** report that **House Bill 340** (first reading copy -- white) **do pass as amended**.

Signed: _____
Duane Grimes, Chair

And, that such amendments read:

1. Title, line 4.
Strike: "THE"
Insert: "A"

2. Title, line 6.
Following: "CHILD;"
Insert: "REVISING THE LAW EXCUSING CONSENT FOR ADOPTION IN THE CASE OF A PARENT WHO HAS COMMITTED CERTAIN CRIMES AGAINST THE CHILD TO EXCUSE CONSENT FROM A PARENT WHO HAS COMMITTED CERTAIN CRIMES AGAINST ANY CHILD;"

3. Page 1, line 15.
Strike: "the"
Insert: "a"

4. Page 1, line 16.
Strike: "the"
Insert: "a"

5. Page 1, line 17.
Strike: "the" in two places
Insert: "a" in two places

-END-

Committee Vote:
Yes 16, No 0.

411619SC.Hbk

HOUSE STANDING COMMITTEE REPORT

February 16, 1995

Mr. Speaker: We, the committee on **Human Services and Aging** report that **House Bill 461** (first reading copy -- white) **do pass as amended.**

Signed: _____
Duane Grimes, Chair

And, that such amendments read:

1. Page 5, line 21.
Strike: "structure"
Insert: "system"
Strike: "provide"
Insert: "be the"
Strike: "command"
Insert: "commander"

-END-

DS

Committee Vote:
Yes 16, No 0.

401251SC.Hdh

HOUSE STANDING COMMITTEE REPORT

February 17, 1995

Mr. Speaker: We, the committee on **Human Services and Aging** report that **House Bill 484** (first reading copy -- white) **do pass as amended.**

Signed: _____
Duane Grimes, Chair

And, that such amendments read:

1. Title, line 10.
Following: "LEGISLATURE"
Insert: "AND THE OFFICE OF BUDGET AND PROGRAM PLANNING; REQUIRING THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES TO APPLY FOR A MEDICAID WAIVER UPON A DETERMINATION BY THE OFFICE OF BUDGET AND PROGRAM PLANNING"

2. Page 2, line 9.
Following: "legislature"
Insert: "and the office of budget and program planning"

3. Page 3, line 12.
Following: "legislature"
Insert: "and the office of budget and program planning"

4. Page 3.
Following: line 13
Insert: "NEW SECTION. **Section 3. Medical savings accounts -- review of report -- department to apply for waiver.** (1) Upon completion of the studies required by [sections 1 and 2], the department of social and rehabilitation services shall design a medical savings account for the purchase of liability insurance most useful and cost-effective for medicaid recipients.

(2) Upon receipt of the reports required under [sections 1 and 2], the office of budget and program

Committee Vote:
Yes 16, No 0.

planning shall determine whether the purchase of disability insurance for participants in the Montana medicaid program, combined with the use of medical savings accounts for those recipients, is more cost-effective than the Montana medicaid program in effect on [the effective date of this act]. If the office determines that the purchase of disability insurance and the use of medical savings accounts is more cost-effective, it shall inform the director of the department of social and rehabilitation services of that fact and the reasons for its determination.

(3) Upon receipt of the determination of the office of budget and program planning pursuant to subsection (2) or as soon thereafter as possible, the department of social and rehabilitation services shall apply to the United States health care financing administration for a waiver from the medicaid statutes or regulations, or both, to enable the department to implement the purchase of disability insurance for participants in the Montana medicaid program combined with use of a medical savings accounts for those participants. The department shall use as the basis for its waiver application the medical savings account designed pursuant to subsection (1).

Renumber: subsequent sections

-END-

HOUSE STANDING COMMITTEE REPORT

February 16, 1995

Mr. Speaker: We, the committee on **Human Services and Aging** report that **House Bill 407** (first reading copy -- white) **do pass.**

Signed: _____
Duane Grimes, Chair

Committee Vote:
Yes 10, No 5.

401255SC.Hdh

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 2-13-95 BILL NO. HB340 NUMBER _____

MOTION: S. Smith "Do Pass"

Do Pass amended Ahner unanimous.

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 2-13-95 BILL NO. HB 1484 NUMBER _____

MOTION: Grimes Do Pass amend

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 2-13-95 BILL NO HB385 NUMBER _____

MOTION: Simon Do Pass as Amended

Postponed until Wednesday

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	1 Proxy	
Rep. Bonnie Martinez	1 Proxy	
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 2-13-95 BILL NO. HB 461 NUMBER _____

MOTION: Wenneman Do Pass Amendment

Unanimous -

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 2-13-95 BILL NO. HB 481 NUMBER _____

MOTION: Molnar DO Pass
Simon more to Table
TABLED

NAME	AYE	NO
Rep. Duane Grimes, Chairman	✓	
Rep. John Bohlinger, Vice Chairman, Majority	– excused –	
Rep. Carolyn Squires, Vice Chairman, Minority		✓
Rep. Chris Ahner	✓	
Rep. Ellen Bergman		✓
Rep. Bill Carey		✓
Rep. Dick Green	✓	
Rep. Toni Hagener	✓	
Rep. Deb Kottel	~~✓~~	P ✓
Rep. Bonnie Martinez	RP	
Rep. Brad Molnar		✓
Rep. Bruce Simon	✓	
Rep. Liz Smith	✓	
Rep. Susan Smith	✓	
Rep. Loren Soft	✓	
Rep. Ken Wennemar		✓
	9	6

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 2-13-95 BILL NO. 407 NUMBER _____

MOTION: _____

Bergman reconsider off Table
(Passes) DO Pass

NAME	AYE	NO
Rep. Duane Grimes, Chairman		✓
Rep. John Bohlinger, Vice Chairman, Majority	excused	
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	5

HOUSE OF REPRESENTATIVES
COMMITTEE PROXY

DATE 2-13-95

I request to be excused from the Human Services & Aging Committee meeting this date because of other commitments. I desire to leave my proxy vote with Carolyn Symmes.

Indicate **Bill Number** and your vote **Aye** or **No**. If there are **amendments**, list them **by name and number** under the bill and indicate a **separate vote for each amendment.**

HOUSE BILL/AMENDMENT	*AYE*	*NO*
HB 481 + Amend		X
HB 468 + Amends		
HB 340 + Amends	X	
* HB 461 + Amends	X	
HB 407 To Take off Table	X	
HB 407 do pass amended	X	
H.B. 484 Conceptual amend	X	

9/16 Tabled

10/5

SENATE BILL/AMENDMENT	*AYE*	*NO*

Rep. [signature]
(Signature)

HR:1993
WP/PROXY

EXHIBIT 1
DATE 2/13/95
HB 468

Montana Alliance for the Mentally Ill

MonAMI

To support HB 468 Siting a New State Hospital

MonAMI is a family and consumer group advocating for services for family members who have serious mental illnesses--schizophrenia, bipolar disorder (manic-depression) and major depression as well as other neurobiological brain diseases. I'm Marty Onishuk, vice president. We have eight chapters in Montana.

Treatment in an accredited hospital is central to coping with neurobiolical brain diseases. This facility must care for those who do not respond to current medications and cannot live on their own in communities and those who have decompensated and need adjustments of their medications. For these reasons MonAMI is greatly concerned where the new state hospital is built.

We oppose the current plan to build a new hospital at Warm Springs for the following reasons:

1. By 1996 mental health services in Montana will be contracted out to a managed care corporation. The new system will offer a spectrum of care for the mentally ill. The state hospital will be an important part but only one part of the system, not standing alone in state funding and responsibility as under the present system. Until managed care is in place and operating, we will have no idea what size hospital facilities are needed. The hospital is scheduled for completion three years after managed care begins. It makes no sense to at start construction of a hospital at Warm Springs that may not be adequate when completed.

2. Eighty percent of state general fund money for mental illness services goes to the hospital at Warm Springs. This leaves little to fund community-based services that could eliminate the need for hospitalization at Warm Springs. Community services would include crisis intervention, safe houses,case management, local hospitalization, and so on. Building a new hospital at Warm Springs will freeze this inefficient spending pattern.

3. The Warm Springs facility is based on an 1877 notion of how to treat mental illness, namely an isolated "insane asylum." Current thinking is to provide treatment in a community setting using community resources. Warm Springs does not provide a community, only an institution.

4. At Warm Springs, forensic and civil patients are treated. We oppose mixing these populations together on the same campus. Montana is the only state with prisons and mental illness in the same department. (We recognize the need for treating prisoners at Deer Lodge and are pleased that at least 140 are being treated there. We also recognize that many are sent to Deerlodge because their mental illness is not treated promptly and this results in criminal behavior.)

5. The very name "Warm Springs" constitutes a stigma to the mentally ill. Moving the facility to a true community would do much to erase this handicap.

6. With fiscal conservatism in fashion, the new facility should be built where one can take advantage of existing infrastructure,namely, streets, sewers, lighting, and so on. This would focus available money on the hospital itself,not on infrastructure Moreover, the hospital could be put up for bid to various communities, just as was donefor the women's prison.

7. The needs of consumers should prevail in selecting a site for the hospital. Above all, consumers need a community where they can walk to stores, restaurants, banks, and housing, as part of their transition from hospital to society. The same facilities should be available to their families who come to visit or support them. The community should be socially and professionally attractive to the hospital staff. Warm Springs simply doesn't offer these kinds of facilities and amenities.

8. The Montana Constitution calls for citizen participation in governmental decisions. The decision to build the new hospital at Warm Springs was made without citizen consultation. They were merely asked to approve this decision after it had been made.

9. Ideally, the new hospital should be built in a community that houses part of the university system. This would help attract high-quality professional staff and facilitate advanced training of hospital personnel.

10. The facilities now in place at Warm Springs should be turned over to the prison system. This would allow for expanded but segregated treatment of prisoners and it would provide jobs for those who chose not to relocate to a new hospital site.

EXHIBIT 1
DATE 2-13-95
HB 468

We support HB 468 to pick the best site possible for a new state hospital. Please vote DO PASS.

February 2, 1995
5855 Pinewood Ln
Missoula, MT 59803

Mental Health Association of Montana

An Affiliate of the National Mental Health Association

State Headquarters • 555 Fuller Avenue • Helena, Montana 59601
(406) 442-4276 • Toll-Free 1-800-823-MHAM • Fax (406) 442-4986

EXHIBIT 2
DATE 2/13/95
HB 468

TESTIMONY OF DAVID HEMION
MENTAL HEALTH ASSOCIATION OF MONTANA
HB 468
FEBRUARY 13, 1995

1. THE MENTAL HEALTH ASSOCIATION OF MONTANA HAS LONG ADVOCATED FOR ACCREDITATION BY JCAHO FOR MONTANA STATE HOSPITAL

MHA supported legislation in the last session to provide $ one million funding for management and facility improvements to meet accreditation. We commend the Mental Health Division of DCHS for the improvements in patient care, treatment programs and quality assurance which have been implemented.

2. MHA CONCURS WITH DCHS ON THE NEED TO REPLACE MSH FACILITIES

Current life & safety code violations create an unsafe environment for treatment and housing of most patients and liability for the State. This will prevent MSH from achieving accreditation and certification for Medicaid eligibility.

Facilities are scattered over the campus, creating gross operating inefficiencies.

3. THE RE-DESIGN COMMITTEE AND DCHS WERE CORRECT IN SUGGESTING THAT A NEW FACILITY WAS WARRANTED

Cost of renovating and removing code violations in older buildings is uneconomic for life of investment. Facilities must meet code to allow Montana to receive the HCFA waiver to initiate managed mental health care. There are other waiver questions not related to the hospital's physical plant, making it only one of several issues. The waiver is not the only reason to re-construct MSH and should not be the driving factor.

4. THERE ARE POSSIBILITIES FOR INCREASING TREATMENT IN COMMUNITIES WHICH SHOULD BE FURTHER EXPLORED

The current MSH re-construction plan is to use the existing 56-bed geriatrics unit and build a 110-bed facility, providing a capacity of 166 beds. The Ernst & Young Study indicates the following (Attachments):

There are a total of 150 licensed mental health beds in hospitals in Billings, Butte (currently closed), Helena, Great Falls and Missoula. Utilization of these beds averaged only 62 patients daily (41 percent) in 1993. At the optimum, if reimbursement, facility and treatment program modifications were made, 88 additional patients could have been served at a community hospital level without adding new beds. This assumes that community hospitals could provide care and treatment for the types of admissions served at MSH. This qualification will reduce the capacity somewhat, but there is an opportunity here that appears to require more exploration. Hospitals should be encouraged and given incentives to develop local capacity (added security, reimbursement and appropriate treatment programs are current barriers) for all but the most difficult to serve patients..

Also consider that this would result in more patients being admitted and discharged to only one unit. The current practice creates a disruption: first being admitted for a short stay at the community level, then being discharged and admitted to MSH. This creates a dramatic interruption of the patients' treatment in adjustment to travel to MSH (often under restraint) new settings, people and program. Community hospitalization would be far better from the perspective of following patients after discharge, since they would also be able to continue less intense therapies with some of the same professionals. It would be more convenient for family members and friends of patients to maintain contact, which in some cases expedites treatment (especially when family therapy is needed to assist the patient).

Private hospitals have raised concerns about closure of the state hospital and their ability to treat the entire spectrum of patients now at the state hospital. We are not advocating closure of the hospital, only and additional round of planning with the goal of using more community facilities which are currently under-utilized. In our opinion the most chronic patients will need to be treated at a long-term state facility.

EXHIBIT 2
DATE 2-13-95
HB 468

5. NO CONSUMER, ADVOCACY, OR PROFESSIONAL ORGANIZATIONS SUPPORT THE DCHS PLAN AND MOST OPPOSE IT OUTRIGHT

These include Montana Mental Health Planning Advisory Council, Montana Advocacy Program, Meriwether Lewis Institute, Montana Alliance for the Mentally Ill, Mental Health Association of Montana.

6. THE PLAN WILL LOCK MONTANA INTO A MOST RESTRICTIVE, MORE EXPENSIVE TREATMENT MODEL

The State's Mental Health Division will feel pressured to assure that the new hospital be filled, in order to justify the decision to build it. Efforts at expanding funding for community commitments and services and commitment recommendations will be in conflict with the demand for patients to justify the hospital.

7. WHAT'S THE ALTERNATIVE?

A. Allow the managed care RFP to generate proposals on how to use MSH as a part of an integrated public-private mental health treatment system, one which emphasizes less restrictive, community-based treatment, as required by state law and which is also less expensive. This will better estimate the likely patient demand for MSH.

B. Passage and implementation of HB 468 with amendment. This requests that the Mental Health Planning Advisory Council, which was created by DCHS, be used to conduct planning and alternative site analysis for the State Hospital. The amendments provide for a ten-year plan to be completed which considers utilization of public and private treatment facilities "as can best be accomplished by community-centered services" (Sec. 53-21-202, MCA). The amendments also push the date for consideration of alternatives out by 11 months to allow for the additional planning program. .

C. Passage of bonding authority for construction up to $20 million, as proposed by the Executive Budget. The review of needs, alternative sites and bonding authority should be authorized by this Legislature.

Montana Mental Health Providers

Provider*	Licensed Mental Health Beds	Staffed Mental Health Beds 1993	Average Daily Census
Deaconess, Medical Center of Billings	60	58	34
St. James Community Hospital	18	10	1
VA Medical Center	5	5	4
Montana Deaconess Medical Center	27	27	14
St. Peters Community Hospital	14	14	7
St. Patrick's Hospital	26	26	15
Montana State Hospital	56	324	208
Total	206	464	270
PRIVATE BEDS	150	140	62

*Excludes child and adolescent facilities

150 140 62 120

EXHIBIT 3
DATE 2/13/95
HB 468

OFFICE OF THE GOVERNOR
MENTAL DISABILITIES BOARD OF VISITORS

MARC RACICOT, GOVERNOR

PO BOX 200804

STATE OF MONTANA

(406) 444-3955
TOLL FREE 1-(800) 332-2272

HELENA, MONTANA 59620-0804
FAX 406-444-3543

February 13, 1995

Representative Duane Grimes, Chairman
House Human Services Committee
State Capitol
Helena, MT 59601
Representative Grimes and Members of the Committee,

For the record, my name is Kelly Moorse and I am the Executive Director of the Board of Visitors. The Board reviews patient care and treatment at state institutions.

The Board of Visitors has not and will not be addressing the issue of a site for Montana State Hospital. We do however, support the methodology proposed by HB 468. We believe this proposal will help facilitate a planning process which ensures the coordination and development of services which are based on the treatment needs of patients within the private and public mental health systems. Moreover, the Mental Health Planning and Advisory Council includes families, consumers and professionals from through out the state.

We urge the committee's support of the amended version of House Bill 468.

Sincerely,

Kelly Moorse

Kelly Moorse
Executive Director

EXHIBIT 4
DATE 2/13/95
HB 481

MEMORANDUM

TO: Rep. Duane Grimes, Chair,
Committee on Human Services and Aging
FROM: Richard D. Recor, Ph.D., Licensed Psychologist
HD15, SD8 Billings, Montana
RE: HB 481 Psychologist Prescription Privileges
DATE: February 13, 1995

This testimony is for the purpose of supporting HB 481 Psychologist Prescription Privileges. As a psychologist with 17 years of experience, licensed in the State of Montana, operating a small business in Billings, an active professional member of the Billings' Chamber of Commerce, and as a current board member in local and state psychology associations, as well as state representative to the American Psychological Association, I firmly support Health Care Reform which will provide reasonable access to quality mental health services for all Montana residents.

As a professional committment, I participate on the Board of Directors for the Billings Mental Health Association and the Family Support Network . In addition, I am on the Small Business Committee of the Chamber of Commerce, co-chairing the widely attended 1994 Seminar on Health Care Reform. I was formerly on the Chamber PAC committee to actively endorse political candidates that would support quality health care. I am also an active professional staff member at Deaconess Hospital and St. Vincent Hospital & Health Care Center. I provide services to children, adults, and the elderly in a variety of settings, including hospital, youth detention, county jail, and foster care homes. I serve on the editorial board of The Rural Psychologist, an APA Journal for pyschologists providing services to rural patients.

My testimony today is as a private practice psychologist, and co-chair of the Montana Psychologists' Political Caucas Committee. This committee was formed by a representative group of licensed Montana Psychologists interested in pursuing the legal right for qualified psychologists to practice within their boundries of competence. Without this legal sanction, training programs specifically designed for psychologists will not be developed to meet the health care needs of Montana citizens. This bill would pave the way for continued innovative medical services in rural health care. As psychologists, not as physicians, we can reach special populations as part of ongoing care and treatment. The national association has supported psychotropic prescription training for military psychologists (having graduated several from an approved DoD program) and the state association, as do many state associations, has a standing psychopharmacology committee. Several national organizations are developing curriculum programs, to be prepared for what appears to be a reality, when the few remaining legal constraints are removed. This is a state issue which needs to be resolved now, or it will be the 21st century before Montana psychologists could provide this essential service, allowing for independent choice for constituents of properly trained mental health doctors.

I was the author of the "CON " statement against Prescription Privileges, published in the Montana Psychologist, as well as other articles advocating for "doing it right", and protecting the welfare of the consumer. I do not have the necessary training, nor do I have a great need for prescription privileges due to the wealth of physicians, especially highly qualified psychiatrists, in the Billings community. My primary concern in this legislation is to assure that a systematic program of study be included as a requirement subject to approval by the Board of Psychology, as the current areas of competency and specialization are approved, and that only licensed psychologists who meet the standards established by the Board of Psychology, will be able to practice using psychotropic prescription privileges.

Training programs and prescription authority for dentists, podiatrists, optometrists, advanced nurse practitioners, pharmacists, and physician assistants already exist. I would like to address the current education and training requirements necessary for state licensure that are relevant to prescription training.

Licensed doctoral level psychologists, as mental health doctors, have long been sanctioned by the State of Montana. It must be remembered that these requirements do not "prevent other professions such as physicians, social workers, lawyers, pastoral counselors, or educators, from doing work of a psychological nature consistent with their training if they do not hold themselves out to the public by a title or description incorporating the words ' psychology' or 'psychologist'" (37-17-104). In the same regard, legal requirements should not prohibit a psychologist from doing work of a medical nature, as other non-physician professionals are currently doing under Montana State Law, consistent with their training, if they do not hold themselves out to the public by a title or description incorporating the term "medical doctor " or M.D..

Minimal standards for licensure of a psychologist in the State of Montana include:

o two full calender years of face-to-face supervised experience (one year may be predoctoral after the masters degree; or as part of an internship in an approved training program for the Ph.D. , and one year must be post-doctoral) with a "licensed psychologist with training and experience equivalent to that required by the State of Montana for licensing, who is experienced and competent in the skills and knowledge in which the applicant is engaged"(8.52.606).

o a minimum of three academic years of full time graduate study with a curriculum that includes instruction in scientific and professional ethics and standards, research design and methodology, statistics and psychometrics... as well as a core curriculum that has a minimum of 3 or more graduate semester hours in **Biological bases of behavior: Physiological psychology, comparative psychology, neuropsychology, sensation and perception, and psychopharmacology**, as one of 4 substantive content areas (8.52.605A).

These four (4) to six (6) years of post-college training, equivalent to the number of years required for medical training, are minimal standards that allow a psychologist to begin to be an intelligent consumer of psychopharmacological research literature, evaluate treatment strategies, and to utilize this knowledge in diagnosis and assessment of psychopathology, and in eliminating symptomatic, maladaptive, or undesired behavior and improving interpersonal relations, work and life adjustment, personal effectiveness, and mental health. Only then, is a psychologist ready to sit for a national examination and an oral examination by the board or its duly constituted representative(s). (8.52.608) This minimal level of psychological training far exceeds any psychological training of other professions who are currently allowed to practice independent work of a psychological nature under Montana State Law.

In addition, the board requires continuing education for licensees and applicants to endeavor to advance themselves in professional competence and to participate with individuals and institutions in the development of programs designed to meet the need for professional advancement. In fact, the board policy is to periodically review new developments in research, training, and the practice of psychology. It is imperative that the board retain authority in making recommendations regarding programs and their implementation to the governor, state agencies, and others, in order to maintain consistency in practice, while maintaining safety for the public welfare.(8.52.612). It is recommended that the Board of Psychology continue to regulate the practice of psychology in Montana, with consultation as necessary, from professionals competent in the practice of prescribing psychopharmacological interventions. This process should require a start-up period of two-to-three years, before any psychologist is expected to be qualified to begin providing services. Assuming passage of legislation allowing psychologist prescription privileges within this legislative session, implementation would expect to occur in 1997-1998, at the earliest.

EXHIBIT 4
DATE 2-13-95
HB 481

Current hours of pharmacology training for professional groups average 75 credit hours for the following groups: Physicians (114), Dentists (83), Optometrists (95), Nurse Anesthetists (75), Podiatrists (one course; 6). Out of these groups, psychiatrists prescribed only 17.3% of all medications for mental disorders, with 60-70% of persons with mental disorders seeking help from primary care physicians. With the rapid developments in psychopharmacology, 32% of family physicians said they lacked adequate training in treating psychiatric disorders, and 71% did not have time to address patient's problems.(source: The Prescriber, Winter 1994). Psychologists spend a majority of their time addressing patient's problems and have the training in ethics and standards of care necessary to make referral when a patient's problems exceed the psychologist's boundries of competency. This has been, and will continue to be the heart of an integrated approach to quality health care.

Appropriate psychopharmacological training of psychologists, combined with removal of legal obstacles preventing prescription privileges is encouraged as a means of promoting quality mental health care for all Montanans.

A third concern of the Board is that "psychotropic drugs" in Section 2, page 3, line 16 & 17 be more precisely defined. Are controlled substances, which would require federal DEA registration, included? With the addition of prescriptive authority to the psychologist practice act, the amount of consumer complaints will increase and a precise definition of which drugs are in a psychologist's scope of practice will be necessary.

I thank the Committee for the time it has spent today on this issue and ask that the concerns discussed above be addressed. I am available along with Board Legal Counsel and staff to respond to questions.

EXHIBIT 5
DATE 2/13/95
HB 481

HOUSE BILL 481

TESTIMONY BY: DR. EVAN LEWIS, PH.D.
BOARD OF PSYCHOLOGISTS

Mr. Chairman and Members of the Committee, for the record my name is Dr. Evan Lewis. I am a psychologist at the VA Hospital here in Helena and a current member of the Board of Psychologists.

As most of you know, the purpose of the Board is to protect the public of Montana through 1) ensuring basic qualifications for entry into the profession of psychology and 2) ensuring continued competence through license disciplinary actions and required continuing education. We are not a business organization whose purpose is to further the interests of psychologists but a regulatory board given authority by the legislature in order to protect the public. I would like to base my comments to you today from that perspective.

The Board of Psychologists met today and took a **position of neutrality** regarding HB481. However, the Board members did express strong concern regarding the following issues:
1) House Bill 481 charges the Board with the establishment of the training, testing, and licensure of psychologists to use psychotropic drugs. Montana would be the first state in which psychologists would have prescriptive authority. Research with organizations on a national level reveals no guidelines established in the areas of testing or appropriate training; neither for the course work nor the preceptorship required in this bill. The Montana Board of Psychologists would be the first entity to make these decisions concerning psychotropic drugs. This is no small task! In order to properly serve and protect the public, considerable groundwork will need to be completed before psychologists licensed by this bill can properly be evaluated. The board would need a longer time line than October 1, 1995.

A second concern of the Board of Psychologists is an increase in the financial demands the bill will create. It will be necessary to contract for consulting services to advise the Board in such issues as evaluating the adequacy of training and the completeness of an examination. In addition, it is anticipated that the number of complaints received by the Board would increase with prescription privileges, increasing the time needed to evaluate complaints. Perhaps adding a member to the Board with expertise in the prescriptive area will also be necessary. As a result of projected increased fiscal demands, a fiscal note has been requested by the Department of Commerce, Bureau of Professional and Occupational Licensing.

EXHIBIT 6
DATE 2/13/95
HB 481

H.B. 481

House Human Services + Aging Committee
Hearing Room 104 3:00 p.m. Monday, February 13, 1995

Duane Grimes, Chairman:
Ladies and gentlemen of the Committee:

The stated purpose of this bill as explained to me is commendable, to make circumstances more available and convenient for individuals in rural areas of Montana who might have need for psychotropic medications to acquire such through availability of prescriptions from psychologists. However, even the primary rule of First Aid is "Do no harm." The concern that we physicians have is that implementation of this bill would create an unnecessary seriously increased risk for patients due to at least two reasons.

The major concern is that psychotropic medication use requires medical understanding, both in the area of proper diagnostic determination and in the realm of desirable (beneficial) and of potential undesirable effects. Diagnosis does not only include decision regarding the mental/emotional condition which an individual has; it includes the determination if any or of which, when, type and how much medication to use as well as which medications to avoid. Psychotropic medications go into the general system of a person, and, therefore, other organs and systems of the body

may be affected to a greater or lesser degree. Not only the function of the brain is affected. The brain is part of the entire body, not an isolated entity. Both reversible and irreversible side effects can occur, including the potential of fatal reactions. The treatment of side effects can also have undesirable side effects. Even with the extensive education and training of physicians we are aware that such risks have to be considered. Treatment with psychotropic medications by either non psychiatrist or psychiatrist physicians is significantly safer for patients than would be such treatment supervised by anyone without complete medical training.

A second concern is that patients receiving medical treatment under direction of a physician have a much better opportunity to have other concomitant health problems recognized. These may be associated with the mental/emotional condition or may be present simultaneously but unrelated. Some patients consider the practitioner who prescribes psychotropic medications as their only physician and would go to a different needed physician only if they realize another problem exists and are referred to the proper place.

Regarding H.B. 481 itself, nurses can best explain any concerns about Section 1. (Section 37-8-102 MCA).

EXHIBIT 6
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HB 481

The impropriety of certain amendments that are recommended in Section 2. (Section 37-17-102 MCA) has been addressed.

In Section 3. (Section 37-17-103 MCA) the first glaring concern is that the standards for training, program or course of study, examination, supervised preceptorship and continuing education are to be administered, approved or required by the board of psychologists, comprised of professional individuals with similar background of education, training and experience as other psychologists. "120 hours of instruction in psychopharmacology, including side effects and drug interactions, and related sciences" is extremely different from the amount of time required of physicians to understand the function of the human body in relation to the function of medications.

Being semi-retired and being involved in locum tenens practice after almost forty years of practice here in Billings allows me to be reasonably objective regarding the safety of patients. I thank you for your serious consideration of this problem. If there are any questions I shall be pleased to attempt to answer them.

D. L. Harr

Donald L. Harr, M.D.
3010 Wendimere Lane
Billings, Mt. 59102
Tel. (406) 248-8091

EXHIBIT 7
DATE 2/13/95
HB 481

JOSEPH D. RICH, M.D.

DIPLOMATE, AMERICAN BOARD OF
PSYCHIATRY AND NEUROLOGY

DEACONESS PSYCHIATRIC CENTER
P.O. BOX 37000
BILLINGS, MT 59107
(406) 657-3990

February 13, 1995

TO: HOUSE HUMAN SERVICES & AGING COMMITTEE

FROM: JOSEPH D. RICH, M.D., PRESIDENT ELECT
MONTANA PSYCHIATRIC ASSOCIATION

RE: HOUSE BILL # 481

The practice of medicine is a very serious and complex endeavor, requiring a comprehensive understanding of human anatomy, physiology, pathology and pharmacology. To obtain this knowledge, a physician must complete college pre-medical studies in the basic sciences, four years in an accredited medical school, earning an M.D. degree, and one year internship, applying new medical knowledge under supervision in a clinical setting.

A psychiatrist is a physician who specializes in the diagnosis and treatment of mental disorders. This medical specialty requires another three years of "residency" training in psychiatry.

Board Certification in Psychiatry and Neurology is granted by the American Board of Psychiatry and Neurology to successful candidates who pass a written and oral examination. This Board is accredited by the American Board of Medical Specialties, the same board which accredits all medical specialties in the U.S.

Psychologists are trained to do psychotherapy and psychological testing. Their education has its foundation in liberal arts and not in the basic sciences. It is understandable that they are experiencing considerable frustration as they attempt to treat the many mental disorders discovered by medical research to be caused by very complex neurochemical abnormalities. Psychoactive medications, developed over the past thirty years have provided new life to millions of mental patients and frequently, the term "cure" can actually be used to describe the miracle worked in patients' lives.

Prescribing Psychologists Register is an organization based in North Miami Beach, Florida which has targeted Montana as an unsophisticated and uneducated place, ripe to become the first state to allow psychologists to practice medicine. Prescribing Psychologists Register and their co-sponsor, Metropolitan Consultation Associates already have a seven weekend course series available to teach interested psychologists how to prescribe psychiatric medications. According to their

literature, the courses will consist of "one home study self-test course and six weekend seminar workshop direct contact courses." It is apparent that the true driving force behind this current legislative proposal is the marketing and sales of educational seminars, which is highly lucrative. Obtaining the privilege for psychologists to prescribe medications, or providing quality care for patients with mental disorders in any particular state is of secondary importance, if that, to this Florida organization.

The Montana Psychiatric Association believes that prescribing any medication, psychiatric or otherwise is a very serious privilege, only to be granted to appropriately trained and experienced professionals. Education and training must be of the highest quality and not tainted by financial incentives. Accreditation by recognized accrediting authorities must occur to insure consistency and perpetuation of quality education.

You are being asked to ignore these time honored standards and create a shortcut whereby a psychologist can become a medical professional by legislative authority. Psychologists want another shortcut, by ignoring all other medications, and only focusing on psychiatric medications. Presumably, they do not believe it is important to study and learn about the rest of the body, only the brain. They do not seem to understand that all medications circulate in the same blood stream, perfuse every body organ, not just the brain, interact with every other medication a mental patient might be taking, and are excreted by the same kidneys and liver.

We acknowledge that some areas of Montana are under served by psychiatrists and some patients must travel many miles to consult with a specialist. These problems are being addressed and major improvements in access have already occurred. Tele-medicine, outreach clinics, education to primary care physicians and focused psychiatric recruitment have already changed the way psychiatric medicine is delivered in Montana. They hold even more promise for the future.

Montanans have come to appreciate and depend on the highest quality of medical care which is equal to the care delivered in any major medical center in the nation. Patients in under served areas should not have to accept second class medicine from "legislated professionals" who only want to learn about psychiatric medications and not about the total person.

Please do not allow Montana to become a laughing stock by being the nation's leader in such an ill conceived experiment. I urge you to reject House Bill 481 so we can get on with finding other solutions to the problems of Montanans with mental illness.

Mental Health Association of Montana

An Affiliate of the National Mental Health Association

State Headquarters • 555 Fuller Avenue • Helena, Montana 59601

(406) 442-4276 • Toll-Free 1-800-823-MHAM • Fax (406) 442-4986

EXHIBIT 8

DATE 2/13/95

HB 481

Mr. Chairman, Members of the Committee

My name is Jean McDonald. I am the public policy intern for the Mental Health Association of Montana. On behalf of the Association I am here to oppose House Bill 481.

The Association feels that the extent of training required by House Bill 481 in not adequate to safely prescribe medications.

The Association recognizes that one of the reasons this bill was proposed was to deal with the issue of inadequate treatment, specifically medication, for people with mental illnesses in the rural areas of Montana. To address this issue the Mental Health Association will work with other professional groups to seek alternate ways to increase rural access to treatment.

Thank you for your consideration Mr. Chairman and members of the committee.

EXHIBIT 9
DATE 2/13/95
HB 481

Testimony in opposition to HB 481
Montana Medical Association
Beda J. Lovitt

The Montana Medical Association is opposed to the extension of privileges to prescribe and administer psychotropic drugs to psychologists. This comes down to a central issue....should psychologists practice medicine?

Prescribing psychotropic medications is nothing more and nothing less than practicing medicine. Drugs prescribed to treat mental illness are among the most powerful in medicine's arsenal and, in the wrong hands, can lead to death or permanent disability.

Effective use of these psychotropic medications requires training in medicine with a thorough understanding of human anatomy physical diagnosis, drug interactions and medical problems that masquerade as mental disease.

For the physicians in Montana this is an issue of <u>patient safety</u>.

Psychologists are trained in providing therapy through talking with patients. They are not trained in medicine and do not have the educational background in a number of basic sciences including chemistry, physiology, and biology to qualify for such training. Psychologists lack adequate education to deal with the complexity of psychotropic and other drugs as well as systemic illnesses.

Treating patients with potent medications is the final step of an involved intellectual process that begins with recognizing a patient's psychiatric and physical symptoms, reflecting on the possible causes, grouping them into diagnostic categories and, only the, considering possible treatments.

The foundation of a psychiatrist's facility with such clinical skills is built long before writing the first prescription. At the base is the foundation in basic sciences including undergraduate physiology, organic chemistry and quantitative analysis, biology, mathematics, post-baccalaureate biochemistry, vertebrate and mammalian anatomy and physiology, microbiology, human pathology, psychopathology, neurophysiology, and physical diagnosis.

The field of psychopharmacology cannot be mastered without an understanding of hepatic and renal physiology, half-lives, first=-pass kinetics, neuronal electrical potentials, neuronal metabolism and anatomy, and neuropathology.

It would be virtually impossible for even the most comprehensive course in psychopharmacology to include these areas. And do the psychologist limit their study to the traditional

psychotropic drugs (antidepressants, minor and major tranquilizers), or shouldn't they be expected to also master the array available to the modern psychiatrist which now includes beta-blockers and others? Not to do so would place anyone for whom they prescribe at risk of not having benefit of the full range of current psychopharmacological treatment. And should these potential prescribers also be prepared to use medication that would abort a potential catastrophic reaction to the psychotropic they are prescribing?

Another side is the medical diagnostic competency. Psychotropic medication is not appropriate treatment for thyroid disease, metabolic disorders, intracranial infections or neurological lesions - all of which may present as psychiatric disorders. A prescriber must have the ability and experience to deal with those medical illnesses that masquerade as behavioral problems.

A third major area that is essential to qualify to practice medicine is a supervised intensive clinical experience. Internships and residencies are experiences unique to medical training. This is the period during which the future physician is exposed to potential life and death situations, and in a setting of being supervised by mentors and experienced physicians gains the skills and understanding of the power, both helpful and harmful, of medication.

All mental health disciplines have a role to play, and each is very important in the treatment of the mentally ill. But to diffuse and distort those roles is a disservice to patients.

A catch up course of 120 hours of instruction in psychopharmacology and related sciences to teach psychologists the fundamentals of prescribing medications is fraught with problems and is certainly not adequate to practice medicine. The continuing education requirement is vague at best and is questionable delegation of legislative authority.

The Montana Medical Association urges you in the interests of patient safety to vote a "Do Not Pass" on HB 481.

EXHIBIT 10
DATE 2/13/95
HB 481

AAAPP

American Association of Applied and Preventive Psychology

PRESS RELEASE

FOR IMMEDIATE RELEASE
JANUARY 11, 1995

1 ATTACHMENT

CONTACT: Dr. Steven C. Hayes, President
702-784-6828 (days)
702-784-1126 (FAX days)
702-746-3121 (eves)
702-746-2013 (FAX eves)

APPLIED PSYCHOLOGISTS OPPOSE PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS

The American Association of Applied and Preventive Psychology at its Board Meeting and at its National Conference on Scientific Standards of Psychological Practice, held in Reno January 5-8, voted to oppose the extension of prescription privileges to psychologists and other non-medical professionals. "As practicing psychologists we know more than most the extent to which we are not trained to prescribe drugs," explained Dr. Steven C. Hayes, President of the Association and Foundation Professor and Chair of Psychology at the University of Nevada, Reno. "We are proud of the work we do, and the positive influence of psychology in people's lives. We will continue to work with physicians when medication is needed. We don't want to see psychologists become just 'junior doctors.'"

The resolution passed called upon all psychologists and consumers of psychological services to resist changes in laws or regulations that would extend prescription privileges to psychologists. There has been a recent move toward allowing psychologists to prescribe the kinds of drugs often used for mental health problems.

Several reasons were cited for the resistance from this group. Chief among them were the change in the already lengthy training to become a psychologist and the need for consumer protection. The resolution stated that "providing less than fully adequate training in the use of psychoactive drugs is a threat to consumers, whether this occurs in psychology or medicine." A concern was also raised that prescription privileges would ultimately be extended to other non-medical professionals, and the impact would be an unwarranted increase in the use of prescription drugs for psychological problems.

"We are the first organized group of psychologists to take a stand against prescription privileges," said Hayes. "But we won't be the last. We are circulating our resolution to other societies, psychology departments, and interested individuals asking them to join us in this fight. We are getting major new supporters every day."

The American Association of Applied and Preventive Psychology , established in 1990, is made up of psychologists who apply basic scientific principles of psychology in areas as diverse as individual and group therapy, organizational consultation, program evaluation, and research in various aspects of human behavior. The association currently has 1,600 members nationwide.

EXHIBIT 10
DATE 2-13-95
HB 481

January 12, 1994

In January of this year, the Board of Directors of the American Association of Applied and Preventive Psychology approved a resolution opposing prescription privileges for psychologists. AAAPP is asking major University departments of psychology, applied training programs, psychological societies, and other concerned organizations to support this resolution. This resolution and supporting factual materials will be made available to psychologists all across the country fighting changes in laws or regulations that would lead to prescription privileges for psychologists.

As concerned leaders in academic and scientific psychology, we support this important resolution, and we ask that your institution formally support it as well.

Signed

Robyn M. Dawes	Carnegie-Mellon University
Steven C. Hayes	University of Nevada
Larry E. Beutler	University of California Santa Barbara
Henry E. Adams	University of Georgia
Richard M. McFall	Indiana University
Ursula Delworth	University of Iowa
John D. Cone	United States International University
Gerald C. Davison	University of Southern California
G. Terence Wilson	Rutgers University
David Rosenhan	Stanford University
Logan Wright	Central Oklahoma University
Kathleen E. Grady	Mass. Inst. of Beh. Med.
Susan Mineka	Northwestern University
Bruce Compas	University of Vermont
Gregory A. Miller	University of Illinois
Richard J. McNally	Harvard University
Alan R. Lang	Florida State University
Clyde A. Crego	CSU - Long Beach
Art Houts	University of Memphis
Antonette Zeiss	VA Medical Center, Palo Alto
Milton E. Strauss	Case Western Reserve University
Lewis R. Gollub	University of Maryland
Terence Patterson	University of San Francisco
Hayne W. Reese	West Virginia University
Rory Remer	University of Kentucky
Mark R. Shinn	University of Oregon
Thomas F. Oltmanns	University of Virginia
James C. Naylor	Ohio State University
Donald R. Atkinson	Univeristy of California Santa Barbara
Peter Harzem	Auburn University
Amy Holtzworth-Munroe	Indiana University
Michael C. Roberts	University of Kansas
Margaret Gatz	University of Southern California
C. R. Snyder	University of Kansas
Michael Dougher	University of New Mexico
Margaret Fong	University of Memphis

Carroll E. Izard	University of Delaware
Ira D. Welch	University of Northern Colorado
Irving I. Gottesman	University of Virginia
Gerald Rosen	University of Washington
Marshall Duke	Emory University
Lee Sechrest	University of Arizona
Ellen Kimmel	University of South Florida
Martin Heesacker	University of Florida
Robert A. Neimeyer	University of Memphis
William M. Grove	University of Minnesota
Robert C. Carson	Duke University
William S. Verplank	University of Tennessee at Knoxville
Laura Carstensen	Stanford University
Richard Bootzin	University of Arizona

EXHIBIT 10
DATE 2-13-95
HB 481

Resolution to Oppose Prescription Privileges for Psychologists

Whereas the practice of psychology should be based on scientific knowledge; and

Whereas scientific knowledge at the psychological level of analysis has contributed greatly to the understanding and amelioration of human suffering; and

Whereas adequate training in psychological science and its application requires many years of study, and while it can prepare psychologists to research drug effects, it does not provide competence for prescribing psychoactive drugs; and

Whereas providing fully adequate training for psychologists to prescribe drugs would be lengthy and costly, and would decrease trainees' attention to the already difficult task of understanding events at the psychological level of analysis; and

Whereas protecting consumers from inadequate psychological and inadequate medical practice is an established public policy; and

Whereas providing less than fully adequate training in the use of psychoactive drugs is a threat to consumers, whether this occurs in psychology or medicine; and

Whereas training psychologists to prescribe drugs will tend to medicalize psychology, and will fundamentally change the nature of the discipline and its practice; and

Whereas this change in the discipline and practice of psychology has not been sought in full cooperation with academic and scientific psychologists nor been consented to by them, but instead has been pursued by lobbying for changes in regulation and law; and

Whereas collaboration between well-trained psychologists and medical practitioners can provide responsible and effective combined treatments when medication is required; and

Whereas prescription privileges for psychologists would lead inevitably to similar privileges for other non-medical behavioral health professions, with a resulting unwarranted increase in the use of prescription drugs to treat human suffering;

Be it therefore resolved, on behalf of the American Association of Applied and Preventive Psychology and all subsequent co-signers to this resolution, that:

We oppose the extension of prescription privileges to psychologists or to other non-medical behavioral health professionals and we call upon all psychologists and consumers of psychological services to resist changes in laws or regulations that would extend prescription privileges to psychologists.

Adopted January 8, 1995

AAAPP Board of Directors
AAAPP National Conference on Scientific Standards of Psychological Practice

PSYCHIATRIC PHYSICIANS AND NON-PHYSICIAN PSYCHOLOGISTS

The significant differences in the didactic education rather than length of education, the sites of practical training, and the extent and characteristic of clinical experience between psychiatric physicians who have completed medical education and residency training and clinical psychologists is:

Differences in Curriculum

Psychiatrists

- Complete four years of specific pre-medical undergraduate studies, taking coursework in such basic sciences as biology, organic and inorganic chemistry, and physics.
- Four years of medical school with courses in the behavioral science, biochemistry, endocrinology, genetics, microbiology, anatomy, neurology, human physiology and pharmacology, gynecology and obstetrics, internal medicine, neurology, pediatrics, psychiatry and surgery.
- Four-year supervised residency program, learning how to diagnose, when to order and how to interpret adjunctive medical and psychological tests and consultations, what treatments are appropriate in what circumstances, what side effects may result from which treatments, and how to deal with such side effects.

Psychologists

- Complete four years of liberal arts undergraduate studies, majoring in psychology.
- Four to five years of study focusing on human behavior, not on medical science and human illness, with a substantial portion of a psychologist's training in the area of statistics, research methodology, and experimental psychology. This includes writing, over an extended time period, a dissertation not necessarily related to patient care and treatment for any mental illness or addictive disorder.

Difference in Practical Training and Clinical Practice

Psychiatrists

- The greater part of psychiatric training actually takes place in hospitals, where the psychiatric resident regularly serves as the "on-call" psychiatrist for an entire hospital and assuming front-line responsibiliy for the emergency room, where some of the sickest patients are first seen, and for he most severely ill, learning how to take medical,

Psychologists

- While the American Psychological Association's Accreditation Handbook refers to instruction in the biological bases of behavior, realistically a psychologist can receive a Ph.D. by taking only a single course in this area. Furthermore, professional orientation of clinical psychologists is as social scientists rather than as clinicians.

psychological, social, and family histories; how to conduct medical examinations; and when to order laboratory tests.

- The average psychiatrist sees almost ten times as many patients suffering from schizophrenia, major depression and mania and about eight times as many patients who are receiving psychotropic medications, and six times as many who have been hospitalized for mental illness.

- The numbers and types of patients seen by psychologists during their training are many times smaller and significantly less varied than those seen by psychiatric residents and at no point, moreover, does a clinical psychologist observe the treatment of patients with medical illness other than mental disorders.

- No state permits psychologists to prescribe psychotropic medications.

- Given the high incidence of comorbidity among Medicare enrollees, HCFA requires clinical psychologists to attest to the fact they consulted with the patient's primary or attending physician regarding the patient's medical condition in order to receive Medicare reimbursement for their psychological treatment.

(93)

EXHIBIT 11
DATE 2/13/95
HB 340

PETERSON and SCHOFIELD
ATTORNEYS AT LAW KENNETH D. PETERSON DANIE C. SCHOFIELD • KEITH A. CHRISTIE
2906 3RD AVENUE NORTH • PARK ONE COMPLEX • BILLINGS, MONTANA 59101 • PH: (406) 252-6679 • FAX: (406) 252-4919

4 January 1995

SENT VIA FAX MACHINE

Honorable Representative Tom Nelson
Helena, Montana

In Re: Change in Legislation

Dear Representative Nelson:

Our firm represents two of your constituents, Mike and Sandee Kandas. Mike indicated that he recently talked with you on the phone regarding proposing an amendment to existing statute to correct a loophole that he discovered the hard way. This has to do with the adoption laws and the requirements of consent for a natural parent who has been convicted of sexual assault on the children. The specific section is *MCA §40-8-111.* I am FAXing you a copy of that section for your information. The portion of the code which we are concerned about is contained in *(a)(i).* That particular paragraph indicates consent for adoption by a natural parent is not necessary if that parent has been adjudged guilty by a court of competent jurisdiction of assault on the child, as provided in *45-5-201*; endangering the welfare of children, concerning the child, as provided in *45-5-622*; or sexual abuse of children, toward the child, as provided in *45-5-625.* We wish to add another criminal section to the existing statute.

The natural father of Mike's step-children was convicted of sexual assault under *MCA §45-5-502,* which holds that a person who knowingly subjects another person to any sexual contact without consent commits the offense of sexual assault. Unfortunately, *45-5-502,* is not included within the subsections of *MCA §40-8-111.* It is very obvious that the crime that the natural father committed in this case was, in fact, worse than the crimes listed in *40-8-111,* but for whatever reason, that particular sexual assault section was not included. This created a loophole and the District Court Judge in Yellowstone County felt that his hands were tied. He indicated that since the legislature had specified which statutes did not require the consent of a natural father regarding sexual crimes against children, and because they had not specifically listed *45-5-502,* that the natural father's consent would have to be given to allow an adoption. The Court felt that this was a terrible position to be put in, but in the Judge's Order, he set forth that he did not view himself as a legislator and indicated that we should bring this to

someone's attention to close this loophole for the future. In this particular case, the natural father was charged by the County Attorney without any knowledge that the section that he was charging the father under would later affect an attempted adoption.

Both Mike and Sandee Kandas are willing to come to Helena and testify in support of this Bill if necessary. Likewise, I would be happy to send to you (with Mike and Sandee's permission) briefs that were written by both attorneys on this issue and a copy of the Court's Order.

If you have any questions, please give me a call. Thank you.

Very truly yours,

PETERSON and SCHOFIELD

Dane C. Schofield

Dane C. Schofield

DCS/ggg
cc: Mike and Sandee Kandas
e:ltr\kandas.nel

EXHIBIT 11
DATE 2-13-95
HB 340

(b) the investigation or home study required by 40-8-115 has been performed; and

(c) the parent has received counseling in accordance with 40-8-116.

(9) If the court finds that all requirements for adoptive placement have been met, the court may issue an order or schedule a hearing for the purpose of terminating parental rights and granting temporary custody to the prospective adoptive parents or it may issue a final decree if a petition for adoption has been filed under 40-8-121. The prospective adoptive parents shall file their petition to adopt within 30 days of the order.

(10) If the court finds that all requirements for the adoptive placement have not been met, the court may issue any order appropriate to protect the child, including granting temporary custody to the prospective adoptive parents or issuing a final decree if a petition for adoption has been filed under 40-8-121.

(11) The court shall send a copy of the final determination made by the court under this section to the central office of the department.

History: En. Sec. 11, Ch. 530, L. 1981; amd. Sec. 4, Ch. 1, Sp. L. 1981; amd. Sec. 1, Ch. 277, L. 1987; amd. Sec. 3, Ch. 18, L. 1989; amd. Sec. 1, Ch. 539, L. 1989; amd. Sec. 3, Ch. 683, L. 1991; amd. Sec. 1, Ch. 684, L. 1991.

40-8-110. Adoption services account. There is an adoption services account in the special revenue fund. The fees collected by the department of family services under 40-8-109 must be deposited into this account and may be used by the department for adoption service.

History: En. Sec. 2, Ch. 539, L. 1989.

Cross-References
State treasury fund structure, 17-2-102.

40-8-111. Consent required for adoption. (1) An adoption of a child may be decreed when there have been filed written consents to adoption executed by:

(a) both parents, if living, or the surviving parent of a child, provided that consent is not required from a father or mother:

(i) adjudged guilty by a court of competent jurisdiction of assault on the child, as provided in 45-5-201; endangering the welfare of children, concerning the child, as provided in 45-5-622; or sexual abuse of children, toward the child, as provided in 45-5-625;

(ii) who has been judicially deprived of the custody of the child on account of cruelty or neglect toward the child;

(iii) who has, in the state of Montana or in any other state of the United States, willfully abandoned the child, as defined in 41-3-102(8)(d);

(iv) who has caused the child to be maintained by any public or private children's institution, charitable agency, or any licensed adoption agency or the department of family services of the state of Montana for a period of 1 year without contributing to the support of the child during said period, if able;

(v) if it is proven to the satisfaction of the court that the father or mother, if able, has not contributed to the support of the child during a period of 1 year before the filing of a petition for adoption; or

(vi) whose parental rights have been judicially terminated;

(b) the legal guardian of the child if both parents are dead or if the rights of the parents have been terminated by judicial proceedings and such guar-

SANDI BURNS, M.A., M.C.
PSYCHOTHERAPIST
2912 Laredo Place
Billings, Montana 59102-0111
(406) 655-9722

EXHIBIT 17
DATE 2/13/95
HB 340

January 27, 1995

Re: McPherson-Kandas children
Adoption laws

To Whom it may concern:

I have seen two children for treatment who were adopted by John McPherson while married to the children's mother. Mr. McPherson is currently in Montana State Prison and charged with "sexual assault" of two of his children and several other neighbor children.

The children's mother is now remarried and wants to have her three children adopted by her current husband. However, due to the wording of the law, they are not able to do this. I understand the wording of the law states "sexual abuse" and Mr. McPherson was charged with "sexual assault."

Although I am not an attorney, I have been treating victims of sexual abuse since 1978, seeing well over 5000. If, a perpetrator was ever charged for the sexual abuse of children in the state of Montana, they were either charged with "Sexual Assault" or "Sexual Intercourse without consent." These have been the "criminal" charges or felonies. However, very few are charged in civil court with "sexual child abuse." Thus, it appears as a wording in the law, as I understand it from Mrs. Kandas.

I have seen all three of Mrs. Kandas children after the sexual abuses or "assaults" by Mr. John McPherson. The children are no longer involved with him and are saying they desire to be adopted by Mr. Kandas who they currently see as their father.

Sincerely,

Sandi Burns

Sandi Burns

EXHIBIT 13
DATE 2/13/95
HB 340

IMPORTANT NOTICE

MACeM - Majority Against Child Molestation is a non-profit organization and support group who meet each Monday to offer support to families and individuals affected by molestation. If you or a loved one has been a victim, we are here to listen, to help and to work toward positive change.

We hope to work within the system to improve the laws. If justice has been denied you or your children and if you feel the system only works against you, please join us. We need your stories and your support. The only way we can stop the madness is by joining together and coming out from the shadows to be heard.

We are compiling a record of true life accounts of what happened to the victim and their attacker. The only way we are going to stop molesters from continuing the abuse is by joining together and working for our rights. Please help us make a change.

WHEN: Every Monday at 7:00 p.m.
WHERE: Helena Housing Authority Office
812 Abbey Street
Helena, MT

If you have any questions, please call Sharon at 227-7043 or Connie at 458-4754 or write to MACeM, P.O. Box 1003, East Helena, MT 59635.

We will respect your right to privacy.

The real **MONSTERS** aren't under the bed

MACeM

MAJORITY AGAINST CHILD MOLESTATION
MESSAGE PHONE: 227-5173
Box 1003 • East Helena, MT 59635

HB340

CLUES TO POSSIBLE VICTIMIZATION

Sometimes children don't tell us they are in crisis, they show us. A change in a child's behavior could be due to the stress of being abused. These changes in behavior can alert adults to their problem.

Abuse and neglect can also sometimes leave physical marks on a child's body which adults can observe. Knowing both the physical and behavioral clues to abuse can help adults intervene on behalf of children.

Keep in mind that some clues can be normal behavior for a given child at a given time. Therefore it is important to be aware of new behaviors, extreme behaviors, or combinations of the following characteristics.

Abused children can not be identified by racial, ethnic, religious or socioeconomic class. Abuse crosses these lines.

Abused Children Are Often	• fearful of interpersonal relationships or overly compliant • withdrawn or aggressive, hyperactive • constantly irritable or listless, detached • affectionless or overly affectionate (misconstrued as seduction)
Physical Symptoms	• bruises, burns, scars, welts, broken bones, continuing or unexplainable injuries • urinary infections (particularly in young children) • sexually transmitted diseases • chronic ailments, stomachaches, vomiting, eating disorders, vaginal or anal soreness, bleeding, or itching
Activity and Habit Clues	• nightmares • inappropriate masturbation • a child afraid to go home or to some other location, running away • delinquency • fear of being with a particular person • lying • prostitution
Age Inappropriate Behavior	• an onset of thumb sucking • sexually active or aware • promiscuity • bed wetting • alcohol/substance abuse • older child assaulting younger children • child takes on adult responsibilities
Educational Concerns	• extreme curiosity, imagination • academic failure • sleeping in class • inability to concentrate
Emotional Indicators	• depression • phobias, fear of darkness, public restrooms, etc. • chronic ailments • self-inflicted injuries • injuring/killing animals • excessively fearful • lack of spontaneity, creativity

EXHIBIT 14
DATE 2/13/95
HB 461

HOUSE BILL 461

"AN ACT CREATING THE MONTANA EMERGENCY RESPONSE TO HAZARDOUS MATERIAL ACT"

EXHIBIT 15
DATE 2/13/95
HB 461

HOUSE BILL 461 "AN ACT CREATING THE MONTANA EMERGENCY RESPONSE TO HAZARDOUS MATERIALS INCIDENT ACT"

Executive Summary

- Legislation proposed by the State Emergency Response Commission which is comprised of state and local government agencies, local emergency responders, and private industry representatives.
- Legislation that promotes a public and private partnership to mitigate the potential expense and harm caused by hazardous material.
- Legislation that coordinates federal regulation and local capabilities without new or additional costs to citizens, industry, or local governments.
- A plan that coordinates local government and private industry helping other local governments and industry.
- A plan that fills an obvious missing piece of hazardous material incident management - the short term emergency response that stabilizes the incident.
- Legislation that allows the state and its citizens to respond to local requests for help without incurring liability.
- A plan that identifies and coordinates existing resources and citizen talent.
- Legislation and a plan that do not dictate government intervention but provide a greater level of support and government responsiveness.
- A plan consistent with the economic environment and infrastructure needed to attract new business to Montana.
- Legislation and a plan that do not place financial burden on the deep pockets of existing Montana industry.
- Legislation and a plan that is policed by both public and private sector representatives for the good of all.
- Legislation that encourages innovation and departure from old limits and from old antagonisms.

EXHIBIT 16
DATE 2/13/95
HB 484

The Working Poor

SPECIFICS-Working Poor

Section 3) The "Working Poor"

A. Those individuals with insurance premiums (for the BASIC Policy with a $1,000 deductible) exceeding a certain percentage of their adjusted gross income shall qualify for a state health system credit to purchase health insurance. Purchases shall occur only through a Medical Savings Account. A Basic Policy must be purchased.

B. The amount of maximum credit for each income bracket shall be progressive. The state shall establish a progressive table of "Recommended Liability" for each income bracket (minimum and maximum limits[2,3] are defined in Table 1 below). The Recommended Liability shall represent the percentage of adjusted gross income the state feels individuals/families in each income bracket can afford to pay towards their own health insurance through a Medical Savings Account.

C. The amount of the health care credit shall equal the "average" premium rates charged by the five insurers with the largest premium amount of individual plans of major medical insurance in force in the state with a $1,000 deductible minus the Recommended Liability plus the deductible. (The "average" is already computed for the state risk pool). If the individual/family does not use all of the deductible the state gets a 50% back and the individual/family has the remaining 50% deposited into their Medical Savings Account. Illustrative examples are listed in Table 2 below. [Flexibility in TABLE 1 is allowed to facilitate minimizing tcosts. Another obvious way to dramatically reduce the cost is for the state to not fully fund the deductible. This would DECREASE the health credits in TABLE 2 by say $500 if the state only funded half of the deductible].

Table 1

Adjusted Gross Income (Annual)	Maximum limit of liability as percent of Adjusted Gross Income		MINIMUM LIMIT	
	Individual	Family	Individual	Family
$0-$4,999	5%	5%	0.5%	0.5%
$5,000-$9,999	7%	7%	1.0%	1.0%
$10,000-$14,999	8%	8%	1.5%	1.5%
$15,000 or More	9%	10%	2.5%	2.5%

[2] Extrapolated in part from Rice, T. & Thorpe, K; Income-Related Cost Sharing in Health Insurance, Health Affairs, Spring 1993 p.21-39.

[3] Extrapolated in part from Ricardo Cambell, Rita; The Economics and Politics of Health, The University of North Carolina Press 1982, p. 192-193.

EXHIBIT 17
DATE 2/13/95
HB 385

Amendments to House Bill No. 385
First Reading Copy

Requested by Rep. Royal Johnson
For the Committee on Human Services and Aging

Prepared by David S. Niss
February 13, 1995

1. Title, line 7.
Following: "SECTIONS"
Insert: "27-2-201,"

2. Page 11.
Following: line 17
Insert: "**Section 7.** Section 27-2-201, MCA, is amended to read:

"**27-2-201. Actions upon judgments.** (1) Except as provided in ~~subsection~~ subsections (3) and (4), the period prescribed for the commencement of an action upon a judgment or decree of any court of record of the United States or of any state within the United States is within 10 years.

(2) The period prescribed for the commencement of an action upon a judgment or decree rendered in a court not of record is within 5 years. The cause of action is considered, in that case, to have accrued when final judgment was rendered.

(3) The period prescribed for the commencement of an action to collect past-due child support that has accrued after October 1, 1993, under an order entered by a court of record or administrative authority is within 10 years of the termination of support obligation.

(4) The period prescribed for the commencement of an action to collect past-due child support that has accrued under a support order issued in another state, in a foreign country, or in a tribal court is as provided in subsection (3) or as provided in the law of the issuing jurisdiction, whichever period is longer."

{*Internal References to 27-2-201: None.*}

Renumber: subsequent sections

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging DATE 2-13-95

BILL NO. HB 468 SPONSOR(S) Simon

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
Marty Onishuk	Mon AMI	HB468	
Mary Gallagher	MAP	HB 468	
Terry Minow	MFT		✓
Pat Pope	Meriwether Lewis Inst.	468 ✓	
David Hemion	Mental Health Assoc.	✓	
Melissa Case	HERE		✓

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

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wp:vissbcom.man
CS-14

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging DATE 2-13-95

BILL NO. HB 481 SPONSOR(S) Kottel/DeBruckyer
HB 484

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
Steven Shapiro Barbara Booher	MT Nurses Assn		481
Jean McDonald	MHAM		481
Joe Rich M.D.	Mont Psych Assn		481
Donald L. Harr, M.D.	Mt. Medical Association Mt. Psychiatric Association		481
Robert Caldwell MD			481
Beda Lovitt	Mt Med Assn		481
Marty Onishuk	Mon AMI		481
Ginny Hill	Montana Psychiatric Association		481
Evan Lewis	Board of Psychologists	neutral	
John Tupper Jr. M.D.	Mont. Psychiatric Assn		481
Dennis Malinak	Shodair Hospital		481
M Susan Good	Heal MT	484	
JOE ROBERTS	MT. Psych. Pol. Caucus	481	

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Jeanne Garcia MD	MPA, MMA		481
David Hemion	Mental Health Assoc.		481
Richard Recor, PhD ~~Melissa~~ ~~Case~~	Private Practice Psychologist ~~HEAL~~	481	~~484~~
M.K. Bo[illegible], Ph.D.	Psychologist	481	

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging DATE 2-13-95

BILL NO. HB 340 SPONSOR(S) Nelson

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
Sharon Batterson	MACeM	✓	
Mike Kandas - Billings	Self	✓	
Sandee Kandas - Billings	self	✓	

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

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HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging

DATE 2-13-95

BILL NO. HB 461 SPONSOR(S) Ryan

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
Stan Sternberg	MT. Dept. of TRANS		
Kurt Bosch	MDT		
Bruce Suenram	DOJ State Fire Marshal	—	
Bob Gilbert	MT. STATE VOLUNTEER FIREFIGHTERS ASSN	X	
JAMES D. LOFFTUS	MT FIRE DIST ASSN	✓	
Pat Keim	BURLINGTON NORTHERN RR	✓	
Bob Robinson	DNRC	✓	
Kathy McGowan	MSPOA	✓	
Richard Grady	Fire Chief Canyon Creek Fire District	X	
Bill Reed	Fire Chief Missoula Rural FD	X	
Dave Herzberg	" " "	X	
Pam Heberg	MT Disaster + Emerg. Service	X	

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

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