

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 54th LEGISLATURE - REGULAR SESSION

JOINT SUBCOMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By CHAIRMAN JOHN COBB, on January 16, 1995, at
8:00 a.m.

ROLL CALL

Members Present:

Rep. John Cobb, Chairman (R)
Sen. Charles "Chuck" Swysgood, Vice Chairman (R)
Rep. Beverly Barnhart (D)
Sen. James H. "Jim" Burnett (R)
Rep. Betty Lou Kasten (R)

Members Excused: None.

Members Absent: Sen. John "J.D." Lynch (D) (at beginning of
meeting - arrived late)

Staff Present: Mark Lee, Legislative Fiscal Analyst
Connie Huckins, Office of Budget & Program
Planning
Ann Boden, Committee Secretary

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

Committee Business Summary:

Hearing: Department of Health & Environmental
Sciences - Overview of Issues
Executive Action: None

{Comments: This meeting was recorded on two 90-minute cassette tapes; however, the tape recorder or microphone malfunctioned and both tapes are blank. Consequently, they are not included as part of the record. These minutes were begun by the secretary, Ann Boden, and finished by Mark Lee, Legislative Fiscal Analyst, using Ms. Boden's notes.}

HEARING ON DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES Director's Office

Executive Present Law Review

Bob Robinson, Director, Department of Health and Environmental Sciences (DHES), began by stating they are asking for no additional FTE in the Director's Office. He addressed two

issues: the appropriation of money for their budget and the administration of environmental impact statements as required under the Montana Environmental Policy Act.

BUDGET ITEM: Environmental Impact Statements (EIS)

Mr. Robinson said the proposed appropriation of \$300,000 by the Executive would be more than ample to pay for environmental impact statements (EIS). He said only \$50,000 was spent in the past biennium.

CHAIRMAN COBB asked if DHES planned to spend \$300,000 in the next biennium. **Mr. Robinson** replied that he only anticipated the Department would spend \$50,000, unless Lone Mountain Water Company at Big Sky would increase that amount. He requested the subcommittee approve the proposed amount plus line item authority to spend the EIS funding.

BUDGET ITEM: Equipment

Mr. Robinson felt the Director's Office had been very conservative in the past. Three years have gone by without replacement of any equipment. He anticipated that after three years, maintenance and replacement expenditures will be necessary in the next biennium.

Executive New Proposals Review

BUDGET ITEM: Personal Services Reductions

Mr. Robinson said there is a \$23,019, or six percent, reduction in vacancy savings, which is funded by indirect charges. He said there has not been a vacant position in the Director's Office in eight years.

CHAIRMAN COBB asked how the Director's Office would make the vacancy savings adjustment if there is not a vacant position now. **Mr. Robinson** replied that he was not sure where the vacancy savings would be taken.

CHAIRMAN COBB asked for a brief explanation of the department's indirect charges. **Mr. Robinson** replied that it has to make assessments of federal funds, state earmarked funds and the general fund, and any fund that supports line operations of the department. He then referred the subcommittee to the last page of the Indirect Costs Overview marked **EXHIBIT 1** for further clarification.

Centralized Services Division

Charles Stohl, Acting Administrator, Centralized Services Division, presented written testimony to the subcommittee.
EXHIBIT 2

CHAIRMAN COBB questioned what the Preventive Health and Maternal and Child Health block grant money is used for.

Doug Abbott, Bureau Chief, Public Health Lab Bureau, responded that the Maternal and Child Health block grant money is used as a follow-up on newborn screening and to maintain testing.

CHAIRMAN COBB asked what constituted the follow-up screening for newborns. **Mr. Abbott** replied that screening is conducted for Neo-Hypothyroidism and Cystic Fibrosis. This grant money insures that every newborn is tested and that physicians are immediately notified if there is a problem so proper treatment measures can be taken.

CHAIRMAN COBB asked how the money is actually spent, who pays for all costs, and do hospitals pay for any testing. **Mr. Abbott** indicated that it differentiates between testing and non-testing costs with the program. The MCH grant pays for the screening and follow-up, as well as administrative services.

Mr. Abbott said the Preventative Health Block Grant funding is used primarily for disease investigation programs for DHES, the Center for Disease Control and the Food and Drug Administration.

CHAIRMAN COBB asked what would be the lowest level the Department could request for block grant funding. **Mr. Abbott** replied that CSD has requested this level. **CHAIRMAN COBB** then asked for a cost breakdown of the grants.

SENATOR CHARLES SWYSGOOD asked which percent of indirect costs CSD has applied for. **Mr. Stohl** replied that CSD was asking for indirect costs of 21%.

Executive Present Law Review

BUDGET ITEM: Personal Services

The executive present law includes upgrades/downgrades of CSD employees, vacancy savings and annualization of the pay plan.

CHAIRMAN COBB asked if there are any vacant positions.

BUDGET ITEM: Inflation/Deflation

Connie Huckins, Office of Budget and Program Planning (OBPP), referred the subcommittee to the write-up of inflation adjustments in the Governor's Executive Budget, Summary, pages S31 and S32.

BUDGET ITEM: Fixed Costs

Ms. Huckins referred the subcommittee to the nine fixed cost items listed on the summary section, page S32, of the Governor's Executive Budget.

BUDGET ITEM: Computer Programming Services

The executive proposed an increase of \$52,174 for automating functions and maintaining existing systems in CSD.

REP. BEVERLY BARNHART asked if this is a new proposal, and if not, how is it different than that of equipment. **Ms. Huckins** indicated that it is activity needed to maintain services at the current level.

SEN. SWYSGOOD asked if this expenditure will continue to appear in the base. **Ms. Huckins** explained that the amount will be reflected in the base budget as an on-going expenditure.

SEN. SWYSGOOD asked how often the system is upgraded and questioned why the funding is needed after programming. **Mr. Stohl** replied that the system upgrade is a continual process, and the funding is needed because the division is in the process of implementing three new programs.

Mr. Stohl then provided the subcommittee with a handout entitled "Present Law Base Adjustment Justification," **EXHIBIT 3**, and cited page 2, paragraph 1, which outlines the increase for computer programming services.

BUDGET ITEM: Travel

The executive proposed increased travel expenditures of \$11,066 annually. **Mr. Stohl** informed the subcommittee that the requested increase for travel is for CSD's internal auditor to travel to ten counties per year.

CHAIRMAN COBB asked what the internal auditor would do in the ten counties. **Mr. Stohl** replied that the internal auditor would help with block grant accounting, as well as for training purposes.

CHAIRMAN COBB asked how CSD addresses these problems now. **Mr. Stohl** replied CSD now addresses counties' concerns via telephone or mail; however, he did not believe this method was very effective.

SEN. SWYSGOOD asked if CSD kept block grant funds for administration of programs. **Mr. Stohl** replied in the affirmative. **SENATOR SWYSGOOD** then questioned whether or not travel was included in the administrative fee. **Mr. Stohl** replied that travel is included in the fee, but not for the internal auditor. He said, however, that it could be.

NOTE: From here forward the secretary's notes were used by Mark Lee, Legislative Fiscal Analyst, to provide a synopsis of the remainder of the hearing.

The Department's method of charging indirect costs was discussed by **Mr. Stohl**.

BUDGET ITEM: LFA Issues - p. B-154

The LFA issue with replacement equipment in CSD is that it represents a huge increase over base year expenditures, and over the highest previous levels ever recorded in CSD. **Mr. Stohl** said the adjustment is for replacement of LAN equipment that is at an age where it is due to fail, and for equipment that will be used by other programs.

Mr. Stohl was asked if the department reduced computer equipment requests in those other programs. He responded that the only replacement computer equipment in the other programs was for work station replacements.

Connie Huckins, OBPP, said they are not proposing to double-replace equipment. She said CSD has delayed replacement of its computer equipment for a few years, causing a significant backlog of equipment that needs to be replaced.

BUDGET ITEM: Executive Budget New Proposals, p. B-154

Tripp Hammer, Chief, Information Services Bureau, said that the data processing staff have been playing catch up. There has been a microcomputer usage increase of 51.8% with little growth in support staff. A significant proportion of this growth has been in the Women, Infants and Children (WIC) program, where the department has been coordinating with and providing support for counties.

Because of the volume increase, 1.0 FTE was requested to help. The department is still in a DOS application and is trying to upgrade to Windows, increase computer memory, and replace work stations.

SEN. SWYSGOOD asked about the funding for the FTE. He asked if programs are assessed fees and if the fees charged to users are anticipated to increase. **Mr. Hammer** replied that the costs are included in the overall indirect charges to all programs.

CHAIRMAN COBB asked if there had been any EDP audits and what is the department doing about people not doing simple things such as signing off and changing passwords? **Mr. Hammer** explained that set policies are in effect. The computer system automatically requires the user to change the password every 90 days.

Mr. Robinson said the department also has procedures whereby the data processing unit is notified to cancel a password upon an employee terminating.

BUDGET ITEM: New Proposal #2 - LAN Expansion - p. B-154.

Mr. Hammer explained that field offices are using stand-alone computers, which require individual, rather than network, software licenses, and are more costly on a per user basis.

The second part of this new proposal is remote dial access, which the department wants to expand so field offices and counties can access the LAN for faster and more efficient transmission of data.

Mr. Hammer explained why the department needs 2.0 FTE. He said the 2.0 FTE will install and maintain the system.

BUDGET ITEM: New Proposal #3 - Dyed Fuel Program

John Hawthorne, Bureau Chief, Chemistry Lab Bureau, explained that diesel fuel comes in colors. Dyed fuels are illegal to use on roads because no taxes are paid on them. The tests they do also look for illegal disposal of hazardous waste. Certain kinds of hazardous waste are capable of being burned in a diesel engine. Test samples are taken at the pump, weigh stations, random stops, and at terminals.

CHAIRMAN COBB asked if there is abuse going on. **Mr. Hawthorne** responded that it is. Recent tests have shown that 40% of samples contained dyed fuel.

REP. BETTY LOU KASTEN asked how long after implementation of the program were these tests done. **Mr. Hawthorne** responded that samples taken since July 1994 have shown this result.

SEN. BURNETT asked if dye is present within only the state or also nationally. **Mr. Hawthorne** responded that it is a nationally-coordinated program.

SEN. SWYSGOOD asked of the 40%, what proportion is trucking vs. other uses. **Mr. Hawthorne** wasn't sure, but said he would provide the information later. **SEN. SWYSGOOD** asked if fuel additives could somehow alter the test results. **Mr. Hawthorne** said he would provide a definitive answer later.

Mr. Robinson said the Department of Transportation (DOT) approached DHES last spring and asked the department to provide lab testing. DOT has provided the department with equipment needed to perform the tests. Enforcement of regulations rests with DOT.

BUDGET ITEM: New Proposal #4 - Personal Services Reduction

The proposed personal services reduction was discussed. Approximately 50% of the proposed reduction would affect the labs, with the remaining CSD functions absorbing the rest.

Dale Taliaferro, Administrator, Health Services Division, provided a handout and explained that the main duties of the division are assessment of the overall health of the state's population and development of health policy. The division has five bureaus through which its duties are conducted. **EXHIBIT 4**

CHAIRMAN COBB inquired about Health Planning fees. **Mr. Taliaferro** said they represent fees paid by applicants for certificates of need. If certificate of need duties are transferred to the Health Care Authority, the division would generate no fees.

CHAIRMAN COBB asked what is being done with food and consumer safety fees. **Mitzi Schwab, Bureau Chief, Food and Consumer Safety**, replied that 85% is returned to counties for local inspections.

REP. BARNHART asked about food service inspection fees and if the fees are the same for all inspections. **Ms. Schwab** explained that the fees are the same for all inspections and that some counties believe the fees do not allow them sufficient resources to perform necessary duties for inspections. Counties can add some fees, but are thinking about dropping the inspections because of the expense.

CHAIRMAN COBB asked how many counties will drop the inspections. **Ms. Schwab** was not sure how many counties were considering this. **Mr. Robinson** said this is becoming an issue, especially with rural counties.

CHAIRMAN COBB asked how the department knows inspections are being conducted once the counties receive the grants. **Ms. Schwab** responded that the department reviews reports filed by the counties and uses other means to verify that inspections are being done.

REP. BARNHART asked if it's the law that they have to be inspected. **Mr. Robinson** said yes, the inspections are required by rule.

CHAIRMAN COBB said the rule ought to be changed or enforced. The use of risk assessments in determining which entities should be inspected, and how often they should be inspected, was discussed.

CHAIRMAN COBB asked if primary care is new. **Mr. Taliaferro** explained that it was added during the last session and gave a brief synopsis of what is being done through this federally-funded program.

BUDGET ITEM: Rural Physicians Residency

Mr. Robinson said the department requested the same funding for this residency program as was determined appropriate during the special session.

REP. KASTEN questioned the need to keep funding this item. Last session, Dr. Michaels stated that the funds were necessary for start-up, and that it could be supported with federal funds from then on.

REP. BARNHART asked about end stage renal disease (ESRD), and wondered if the legislature reduced funding for ESRD during the special session. Mr. Robinson indicated ESRD was reduced by \$25,000 during the special session. ESRD is being requested at the amounts set during the special session.

SEN. J.D. LYNCH asked if ESRD has some maximum income criteria. Mr. Robinson responded that there is no maximum income eligibility for these benefits.

CHAIRMAN COBB asked if the statute could be changed to require income criteria. Mr. Robinson indicated the change could be made, but the department does not have sufficient resources to enforce such criteria. Mr. Robinson also noted that almost everyone who contracts ESRD becomes Medicaid-eligible because of the high cost of treatment.

CHAIRMAN COBB asked how long these funds last. Mr. Robinson indicated that the funds are gone within 6-9 months.

SEN. LYNCH asked if the life expectancy of an ESRD patient was around three years. Mr. Robinson responded that it was.

BUDGET ITEM: Present Law Adjustment #2 - Emergency Medical Services Consulting and Professional Services

Drew Dawson, Bureau Chief, EMS, noted that trauma studies indicate 20% of Montana's deaths are from trauma that is preventable. EXHIBIT 5

At 10:25 a.m., CHAIRMAN COBB and SEN. SWYSGOOD were excused to testify on other bills. REP. KASTEN assumed the Chair.

REP. KASTEN asked if this adjustment is supported with an ongoing funding source. Mr. Dawson replied no, it's a federal trauma grant that diverts highway construction money for safety programs, because Montana does not require motorcyclists to wear helmets. The EMS Bureau has been awarded \$300,000 in fiscal 1996, and \$200,000 in fiscal 1997.

REP. KASTEN asked about trouble the state is experiencing in keeping EMTs in rural areas and if the Bureau has done anything to make training more readily available in rural areas. Mr. Dawson agreed that decreased volunteerism is a problem. The EMS Bureau has been implementing interactive video training, using a mobile van to take training to individual areas, and trying very hard to improve delivery of training to volunteers in rural areas.

SEN. LYNCH asked if any general fund is used to support present law adjustment #5, EMS contracts with nonprofits. Mr. Dawson responded that federal highway traffic safety grants and EMT certification are used, with no general fund.

SEN. LYNCH asked how the program would be supported in the future given no assurances of ongoing federal funding. **Mr. Dawson** said a bill has been introduced to provide future funding.

Overviews were presented and general questions were answered about the remaining Health Services Division present law adjustments.

BUDGET ITEM: Executive New Proposals - p. B-173

New Proposal #1 - Health statistics was explained in general terms and a program budget justification was distributed to the subcommittee for more detail. **EXHIBIT 6** Several questions about the proposal were answered by **Mr. Taliaferro**.

New Proposal #2 - Tumor Registry

Mr. Taliaferro explained that the existing tumor registry has shortcomings that need to be addressed. For instance, the program used to access data does not produce all needed reports. Timeliness is also a problem, as is the inability to directly input some computer information.

New Proposal #3 - Housing and Urban Development (HUD) Funds, Lead Abatement

SEN. SWYSGOOD asked how this new proposal relates to other lead abatement proposals in the Air Quality Division and in the Family/MCH Bureau. **Mr. Taliaferro** explained that the proposal in the Air Quality Division was for an accreditation program for lead abatement workers and is subject to passage of a bill to establish the program. The accreditation program must be in place before the \$1 million of HUD funds would be available for lead abatement activities in residences. The proposal in the Family/MCH Bureau is a pass-through of federal funds to the Butte-Silver Bow Health Department for lead abatement.

REP. BARNHART asked if it is going on in other places in the state other than Butte, such as Yellowstone County, Missoula, or Great Falls. **Mr. Taliaferro** indicated that Butte-Silver Bow intends to contract some of the funds to smaller counties in the area and to Cascade and Missoula counties for lead abatement in these and surrounding counties.

New Proposal #4 - Licensing Administrative Support

Mr. Taliaferro indicated that the requested 1.0 FTE would provide clerical support for the Food and Consumer Safety Bureau. These support services are currently being performed through contracted temporary services.

SEN. SWYSGOOD asked for an explanation of the duties that would be assigned to the FTE. **Mr. Taliaferro** said the FTE would

maintain licensing records and communicate with counties on various licensing requirements.

SEN. SWYSGOOD asked if costs associated with the contracted temporary are included in the present law base. **Mark Lee, LFA**, indicated that his review showed that these costs were not removed and that if this FTE is added, the amount of the proposed increase should be significantly reduced to remove the temporary services costs. **Mr. Taliaferro** agreed that the temporary services costs were not removed from the base year.

New Proposal #5 - Inspect State Facilities

This new proposal would be used to meet federal/state requirements for inspections of private food manufacturers in the state that ship products across state lines.

New Proposal #6 - Personal Services Reduction

SEN. SWYSGOOD asked why the 1.0 FTE was proposed to be eliminated and what would be impacted by the reduction. **Ms. Schwab** explained the reduction would impact the Vector Control Program, which assists mosquito control districts, helps prevent pesticide poisoning, monitors and works to prevent vector borne diseases, and other related functions. The person who was in this position took early retirement recently.

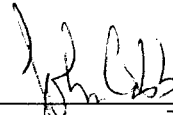
SEN. SWYSGOOD noted that the elimination saves more than \$51,000 each year and asked why the amount was so high. **Ms. Schwab** explained that the retired employee's level of training and years of service were the main factors. She briefly described the duties involved.

SEN. SWYSGOOD asked the department to provide a written description of the duties that were performed by the 1.0 FTE proposed for elimination.

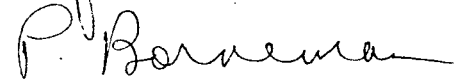
LFA issues concerning the certificate of need program were discussed.

ADJOURNMENT

Adjournment: 11:15 a.m.



JOHN COBB, Chairman



ANN BODEN, Secretary

for

Note: Mark Lee, Legislative Fiscal Analyst, wrote most of these minutes, starting on page 5.

JC/ab

HUMAN SERVICES AND AGING

Joint Appropriations Subcommittee

ROLL CALL

DATE 1-16-95

NAME	PRESENT	ABSENT	EXCUSED
Rep. John Cobb, Chairman	X		
Rep. Beverly Barnhart	X		
Rep. Betty Lou Kasten	X		
Sen. Chuck Swysgood, Vice Chairman	X		
* Sen. J.D. Lynch	X		
Sen. Jim Burnett	X		

* Came in @ 10:00 a.m.

INDIRECT COSTS OVERVIEW

The following are taken from OMB Circular A-87.

1. Indirect costs are those that have been incurred for common or joint purposes benefiting more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved.
2. Indirect costs include (a) the indirect costs originating in each grantee department or agency performing Federal awards and (b) the costs of central governmental services distributed through the central services cost allocation plan. (SWCAP)
3. Indirect costs are normally charged to awards by the use of an indirect cost rate.

Definitions:

1. Indirect cost rate proposal means the documentation prepared by a State government agency to substantiate its claim for reimbursement of indirect costs.
2. Indirect cost rate is a device for determining in a reasonable manner what proportion of indirect costs each program should bear. It is the ratio (expressed as a percentage) of the indirect costs to a direct cost base.
3. Indirect cost pool is the accumulated costs that jointly benefit two or more programs or other cost objectives.
4. Base means the accumulated direct costs (normally either total direct salaries and wages or total direct costs exclusive of any extraordinary or distorting expenditures) used to distribute indirect costs to individual Federal awards. The direct cost base selected should result in each program bearing a fair share of the indirect costs in reasonable relation to the benefits received from the costs.
5. Fixed rate means an indirect cost rate, applicable to a specified current or future period, usually the governmental unit's fiscal year. This rate allows for the carry forward of the difference between the estimated costs and the actual costs of the period covered by the rate as an adjustment to the rate computation of a subsequent period.
6. The distribution base may be total direct costs (excluding capital expenditures and other distorting items, such as flow-through funds, major subcontracts,

etc.), direct salaries and wages or other base which results in an equitable distribution.

METHOD USED BY THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

The Department of Health and Environmental Sciences defines their indirect cost pool as:

- a) the Director and his Staff,
- b) the Administrator of the Centralized Services Division,
- c) the Support Services Bureau,
- d) the Information Services Bureau,
- e) the Contracting and Purchasing Unit,
- f) the Personnel Unit.

The indirect cost pool costs are made up of:

- a) the actual expenditures of the pool areas,
- b) depreciation,
- c) uncompensated absence amounts (unused vacation, sick leave, and comp. time),
- d) the Departments share of the Statewide Cost Allocation Plan,
- e) the positive or negative carry forward from a previous period.

The amount calculated by using the items in the previous paragraph is then divided by the actual personnel services of the rest of the Department to arrive at an indirect cost percentage to be used to claim indirect costs in the future period. (Fiscal year 1992 costs are used to calculate fiscal year 1994's rate, fiscal year 1993 costs are used to calculate fiscal year 1995's rate.)

The Department submits their proposal to the Division of Cost Allocation (DCA), Department of Health and Human Services for approval each year.

When the rate is approved by the DCA all federal agencies accept the rate.

The approved rate is assessed against all actual personnel services expenditures in the Department to provide the cash to fund the indirect cost pool services.

The use of this method with the carry forward amount assures the Federal government that the State is not making or losing money over a long period of time in the indirect cost pool.

INDIRECT COST ALLOCATION EXAMPLE

	YEAR 1	YEAR 1(A)	YEAR 2	YEAR 2(A)
PERSONAL SERVICES	1,000,000	1,000,000	1,000,000	1,000,000
OPERATING EXPENSE	100,000	100,000	100,000	100,000
ACCRUED VACATION, SICK LEAVE AND COMP. TIME	20,000	20,000	20,000	20,000
DEPRECIATION	30,000	30,000	30,000	30,000
STATEWIDE COST ALLOCATION	150,000	150,000	150,000	150,000
OVER/UNDER RECOVERY	0	0	0	433,400
TOTAL POOL COSTS	(A) 1,300,000	(A) 1,300,000	(A) 1,300,000	(A) 1,733,400
AGENCY PERSONAL SERVICES	(B) 8,666,000	(B) 8,666,000	(B) 8,666,000	(B) 8,666,000
INDIRECT COST RATE (A/B)	(C) 15.00%	(C) 10.00%	(C) 15.00%	(C) 20.00%
AMOUNT RECOVERED (B*C)	(D) 1,300,000	(D) 866,600	(D) 1,300,000	(D) 1,733,400
AMOUNT OVER/(UNDER) RECOVERED (D-A)	(E) 0	(E) (433,400)	(E) 0	(E) 0

YEAR 1 COLUMN SHOWS RATE ALLOCATION WITH NEGOTIATED RATE

YEAR 1(A) COLUMN SHOWS RATE ALLOCATION WITH RATE ADJUSTED BY LEGISLATURE

YEAR 2 COLUMN SHOWS RATE ALLOCATION WITH NEGOTIATED RATE

YEAR 2(A) COLUMN SHOWS RATE ALLOCATION WITH EFFECTS OF RATE IN YEAR 1(A) ADJUSTED BY LEGISLATURE

EXHIBIT

DATE

1-16-95

DHE9

Dept. of Health and Environmental Sciences

Centralized Services Division

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

EXHIBIT 2
DATE 1/16/95
HB DHES

Centralized Services Division
Acting Division Administrator
Charles F. Stohl
444-2442
57.50 FTE

Administrative Secretary
Jeanie Morris
1.00 FTE

Support Services Bureau
Judy Hanson
444-4258
14.00 FTE

- Accounting function
- Accounts payable
- Accounts receivable
- Cash receipts
- Budgets - Federal & State
- Grants
- Auditing

Chemical Laboratory Bureau
John Hawthorne
444-3444
7.00 FTE

- Analyze: Public water supplies, soil, wastewater, water and air samples.
- Clinical specimens for lead
- Clinical specimens for cholinesterase
- Certify laboratories
- Hazardous waste determination
- Provide consulting services

Public Health Lab Bureau
Doug Abbott
444-3444
20.00 FTE

- Newborn screening
- Drinking water testing
- Outbreak/investigational testing
- Disease surveillance testing
- Lab training for emerging diseases
- Water lab certification

Information Services Bureau
Howard H. Hammer
444-4498
6.00 FTE

- Data processing administration
- IT policies & procedures
- Hardware configurations
- Security and Access
- Software upgrade & installs
- Database administration
- Coord, applications development
- Help desk

Personnel Unit
Glenna McClure
444-4218
3.00 FTE

- Classification
- Payroll
- Personnel Actions

Contracts and Purchasing Unit
Forest Ferris
444-0201
5.50 FTE

- Policy/procedures
- Departmental Training
- Oversee/sign 1000 contracts/yr
- Assist in contract management
- Purchasing & receiving
- Approve purchase payments
- Assign inventory numbers
- Operate mail room

PRESENT LAW BASE ADJUSTMENT JUSTIFICATION - Support Services Bureau,
Contracting and Purchasing Unit and Personnel Unit

Additional contracted services have been requested in the FY96-97 budget for continuing automation in the following areas:

- A) completing the payroll system
- B) completing the purchasing (requisitions) process and payments system
- C) completing implementation of the equipment replacement system

We have requested an increased travel budget for our internal auditor to travel to a proposed 10 counties per year. We have also requested travel in our budget to Seattle/San Francisco for indirect cost rate negotiations. (\$3,103 in-state, \$2,994 out-of-state per year)

Equipment requested for the Support Services Bureau includes the replacement of 4 computers with keyboards and monitors in each fiscal year of the biennium and a laser printer in the second year of the biennium. According to the equipment replacement schedule approximately 15 computers and two printers would need to be replaced during the biennium. SSB's budget request for equipment for the biennium totals \$33,000 (\$14,000 FY96, \$19,000 FY97) whereas the replacement schedule for the biennium shows a total of \$75,800.

With heavy reliance on automation to handle the increased workload and the necessity to integrate with an automated SBAS and payroll (PPP) system, it is imperative that Bureau staff have updated functional workstations on which to work.

PRESENT LAW BASE ADJUSTMENTS JUSTIFICATION - Chemistry Laboratory
Bureau

A. Equipment

1. Ion Chromatograph - \$42,000

This instrument is used to measure the concentration of compounds such as nitrate, nitrite, sulfate, ammonia, phosphorus, and chloride in water. Not only would this one piece of equipment replace several older pieces of equipment, it would provide the capability to analyze drinking water for disinfection byproducts, (DBP's). DBP's are scheduled to be regulated by EPA in June of 1995.

2. SMARTLAB software update - \$19,000

The challenge of handling a large increase in sample numbers was met because of the late 1992 installation of a Laboratory Information Management System, (LIMS). The system falls short of our needs, however. Many analyses, such as volatile organic compounds (VOC), result in reporting more than one component. One VOC test reports 60 different compounds. The

current version of LIMS software won't allow for such reporting. All VOC reports must be done manually with a word processor. A software upgrade is available to allow automatic reporting.

3. Muffle Furnace - \$4,500

This is needed to replace a broken and unrepairable unit. The furnace is used to decontaminate glassware and to ash samples prior to analysis.

4. GC/MS Software and Computer upgrade - \$47,500

This computer and software run the instruments and collect and report the data for most of the organic analyses we do. Even though only purchased six years ago, the manufacturer has stated it will not support the software any longer and third party support is non-existent. We have had problems with this software in the past. If the software dies, we have no method of analyzing samples for hundreds of organic compounds. New software and DOS-based computers to run it are essential to maintaining our organic analysis capability

PRESENT LAW BASE ADJUSTMENTS JUSTIFICATION - Public Health Laboratory Bureau

Equipment. The lab has requested four replacement computers for the next biennium. These will allow improved and faster data handling for specimen data systems and the billing system. Of particular importance is improving the ability of staff to respond to our customer's questions and requests through accessing our databases while the customer is on the phone. Since most of our customers are health care providers operating under very short time frames for decision making, prompt accurate assistance with questions and consultations without repeated call-backs is an important goal. (\$7,800 FY96, \$6,600 FY97)

The lab has also requested a new freezer for FY 1996 (\$1,200). The need to store specimens, particularly blood and serum for retrospective testing and comparison testing on patients over time is exceeding our freezer capacity.

PRESENT LAW BASE ADJUSTMENTS JUSTIFICATION - Information Services Bureau

The Information Services Bureau is requesting an increase of \$2,099 for in-state and \$2,837 for out-of-state travel in each year of the biennium to provide training and provide on-site service to the out of town locations and to attend out of state training classes to keep the staff informed on the use of the latest technology.

1. Replace Tricord Network Fileserver - FY97 - \$70,000

This file server is the main file server for DHES. This file server is classified as a super server and was placed in service in March of 1993. Estimated life span is 3 years. The original goal in the purchase of this machine was to

have a platform which would have enough speed and capacity to last five years. Since being placed in service the server has had two upgrades and is now at maximum capacity. The only possible option is to replace the disk array with larger drives. However this does not take into consideration the throughput degradation. There is considerable concern for its life expectancy. By transferring additional database functions to the database server we hope to make it last until July of 1996. If this were not replaced we will most likely see increased down time on the network. If the network were to be down for 8 to 10 hours, the same amount of lost human resources productivity would be incurred.

2. Replace test development server for Cogswell Bldg. - FY96 - \$20,000

The test development server is used to test systems as they are developed in an environment which does not affect the production environment. This server is also used to test design and configurations of the network. At one time this server also served as a backup in case of a failure on the main server. However because of its smaller capacity it can no longer serve in that function. This server is also used by ISB to store software configurations, patches, backup software installations and other resources. The estimated life span of this machine is 3 years. This computer was originally placed into service in November of 1992. If this is not replaced we would have to move the test development activity on to a production server. Based on past development activities, this would mean that we would most likely cause the network to be down a minimum of 4 to 5 hours per year based upon system testing crashes.

3. Replace file server at Front Street location - FY96 - \$24,000

This server is used to support users in the Front Street facility in Helena. The expected life span of this machine is 3 years. This machine is now over 5 years old and is failing. We anticipate complete failure within the next year. If not replaced we would have to take funds from other non-discretionary equipment to replace it to keep the users working. The amount of time that these users would be down could be one or two weeks which would be an additional loss in productivity equivalent to more than the cost of the new server.

4. Replace ISB Workstations - 3 in FY96 & 3 in FY97 - \$9,900 in FY96 & \$9,900 in FY97

The life expectancy of workstations in ISB is 2 to 3 three years. These machines received the largest workload of any machines in the department. It is necessary for ISB to have a comparable sample of the latest models of workstations that are being ordered within the department so that configuration and support issues may be tested and resolved. Once these machines serve

their useful life within ISB they are rotated to replace machines in other units where machines have expired or are in need of replacement. For example there are communications servers, remote dial-in access servers and others machines which are in need of replacement to which these machines are redirected.

5. Replace UPS for network devices. - 3 in FY96 & 3 in FY97 - \$3,300 in FY96 & \$3,300 in FY97.

The file servers, communications servers, print servers, remote dial-in access servers and other network devices are protected from power loss, voltage spikes, brown outs and other power abnormalities by several Uninterruptible Power Supplies (UPSs). The life expectancy of UPS's is three years. Generally these UPS's allow for approximately fifteen to thirty minutes of power loss. If the machines were not protected with UPS's we could expect to lose some to spikes and other power crashes. In the case of file servers, the normal start-up time is between 45 minutes and 1 hour and 15 minutes. By protecting them with a UPS, users are able to log back on to the servers immediately upon regaining power (if within the 20 to 30 minute time frame). If we do not replace these UPS's, we could suffer machine damages which could be far more costly in terms of both equipment replacement and loss productivity.

6. Replacement of Network Laser Printer - FY96 - \$5,000

This laser printer is located in the Information Services Bureau and receives one of the highest amounts of use in the department. It is used by several other units for primary printing also. The life expectancy of this printer in this environment is approximately three years based upon usage and warranty. It was placed into service in the spring of 1993. Based upon usage figures we expect the printer will last until the fall of 1996. If we do not replace it, print material would have to be redirected to other sources which would result in heavier usages and some loss in productivity in those areas.

7. Software Upgrades for network software - \$30,000 in FY96 & \$30,000 in FY97

There are several software packages owned by the department which must be upgraded on a periodic basis. The cost of upgrading these packages is significantly less than the cost of purchasing a new version of the same software. If a upgrade is skipped and a new version of software is desired at a later date, the costs would be three to four times more expensive. The amount requested covers only current software licenses and does not cover costs which would be incurred should the modification to a Windows-type environment be approved. However, these costs have been incorporated into the calculations related to the conversion.

8. Replacement network print servers 3 in FY96 for \$5,514 & 3 in FY97 for \$5,514.

Network print servers are computers which control the network print services for several networked printers. Presently there are 8 network printer servers in the department. These machines are used continuously. The life expectancy is about 3 years. If these machines are not replaced on a regular schedule it could mean up to 16 network printers per print server would have to be disabled.

9. Replacement Network Tape Backup Drives - 1 in FY96 for \$8,500 & 1 in FY97 for \$8,500

The tape backup drives are for replacement of existing drives on current file servers. Estimated life expectancy is 2 to 3 years or when the capacity of the server exceeds the tape backup's capacity. When replacing file servers it is generally necessary to replace tape backup devices. If not replaced with tape drives having the necessary capacity, additional tapes and human resources to manually change tapes will be necessary. The additional human resources would take up more time over the period than the value of the tape backup drive. Also if current tape drives fail we would not be able to recover from a disaster.

CENTRALIZED SERVICES - TOTAL BREAKDOWN FOR OTHER EXPENDITURES

OBJECT OF EXPENDITURE	TOTAL	UNIT	AMOUNT	DOCUMENTATION
OTHER	39,247			
2102 CONTRACTS	595			
2102		PHB	596	CONSULTING SERVICES REQUIRED TO MAINTAIN LABORATORY LICENSING & OPERATION
2165 SECRETARIAL FEES	2,825			
2165		PHB	2,825	EXTRA TEMPORARY SECRETARIAL SERVICES REQUIRED FOR INCREASE SEASONAL WORKLOAD
2169 CONTRACTS WITH NON-PROFITS	12,828			
2169		CLB	3,158	ONE SUMMER INTERIN FROM CARROLL COLLEGE TO HELP WITH SUMMER WORKLOAD.
2169		ISB	9,670	STUDENT INTERNS FROM MONTANA COLLEGES TO ASSIST WITH INCREASED WORKLOAD AND TO PROVIDE THEM WITH ON-THE-JOB TRAINING
2181 DATA NETWORK SERV. NON-DOA	3,793			
2181		ISB	3,793	NETWORK CHARGES FOR SYSTEMS INSTALLED IN COUNTIES THE THE DEPARTMENT SUPPORTS
2215 VEHICULAR	500			
2215		ISB	500	TIRES, BATTERY, OIL CHANGES, ETC FOR ISB VEHICLE
2216 GASOLINE	500			
2216		ISB	500	GASOLINE FOR ISB VEHICLE
2245 DATA PROCESSING SUPPLIES	4,392			
2245		ISB	4,891	COMPUTER SUPPLIES, BACKUP TAPES, DISKETTES, SURGE PROTECTORS, ETC.
2370 TELEPHONE EQUIPMENT CHARGE	1,300			
2370		ISB	1,300	COST OF FIVE NEW PHONE LINES FOR COMMUNICATIONS WITH OTHER COMPUTERS, AND THE INSTALLATION OF VOICE MAIL

EXHIBIT 3
 DATE 1-16-95
DHES

OBJECT OF EXPENDITURE	TOTAL	UNIT	AMOUNT	DOCUMENTATION
2704 OFFICE EQUIP REPAIR	785			
2704		ISB	785	REPAIR AND MAINTENANCE ON TAPE BACKUP DEVICES, UPS DEVICES, AND OTHE OFFICE EQUIPMENT
2706 VEHICLE REPAIRS	500			
2743 MULTI-USER COMPUTER REPAIR	2,835			
2743		ISB	2,835	MAINTENANCE FOR COMPUTERS THAT ARE NO LONGER ON WARRANTY
2809 TRAINING COSTS	8,394			
2809		CSD	545	TWO TRAINING CLASSES PER YEAR FOR THE DIVISION ADMINISTRATOR AND HIS SECRETARY TO IMPROVE THIER SERVICE TO THE DEPARTMENT AND THE PUBLIC
2809		SSB	3,849	TRAINING CLASSES FOR SUPPORT SERVICES BUREAU, CONTRACTS AND PURCHASING UNIT, AND PERSONNEL UNIT TO KEEP CURRENT WITH FEDERAL AND STATE REQUIREMENTS AND TO PROVIDE BETTER SERVICE TO THE DEPARTMENT AND THE PUBLIC
2809		ISB	4,000	TRAINING FOR ISB STAFF TO KEEP UP WITH TECHNOLOGY.
TOTAL	39,247		39,247	

1-16-95
#4

Dept. of Health and Environmental Sciences

Health Services Division

Program 6:

Division Administration
Emergency Medical Services Bureau
Food & Consumer Safety Bureau
Vital Records & Health Statistics Bureau

Program 7:

Family/Maternal & Child Health Bureau

Program 8:

Preventive Health Services Bureau

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

EXHIBIT 4
DATE 1/16/95
HB _____

MONTANA TRAUMA SYSTEM

WHAT IS THE MONTANA TRAUMA SYSTEM?

A trauma system is an organized, preplanned response to the trauma patient - locally, regionally and state-wide to make sure the patient will receive the best possible care for their injuries. It assures the patient receives good care in the field and in the hospital and assures that the patient is transported quickly to the medical facility best capable of managing their injuries.

WHY DO WE NEED TO UPGRADE THE SYSTEM?

Trauma is a major killer in Montana - remaining the leading cause of death for Montanans between the ages of 1 and 44. An average of 10 people die from injuries each week in Montana. Injury deaths destroy more years of productive life than all other causes of death combined. Montana loses an average of 30 years of productivity and taxable earnings every time a Montanan dies from injury. It is estimated the lifetime cost of each injury death is about \$450,000.

According to research conducted in Montana, about 20% of these deaths could be prevented if there were an organized state-wide trauma system. During the past few years, and with the assistance of both Highway Traffic Safety funding and a federal trauma planning grant, the Montana Trauma System Task Force has developed a Montana Trauma Systems Plan.

WHAT IF WE DO NOT UPGRADE THE SYSTEM?

Montana will continue to have a very high injury death rate and a high preventable mortality rate. While some reductions can be made without funding, a total organized, state-wide system is dependent on state-wide system improvement.

HOW THE MONTANA SYSTEM WILL FUNCTION:

- ◆ there will be a rapid response to the traumatic event, via 9-1-1, by well-trained EMTs and First Responders. The prehospital personnel will recognize the major trauma patient, provide rapid treatment and early notification of their local hospital or medical assistance facility,
- ◆ prior to the ambulance's arrival, the medical facility will assemble, depending on their capability, a trauma team of physicians, nurses and others to provide prompt, excellent care to the patient,
- ◆ if the patient's medical needs exceed the capability of the local medical facility, the facility will activate, even prior to the patient's arrival, a pre-planned regional transport system to assure prompt delivery of the patient to

a higher level of care.

- ◆ the patient will receive "top-notch" care in the shortest time available by the medical facility best equipped to treat that specific patient as determined by trauma center designation
- ◆ as soon as practical and to assure their prompt return to a productive life, rehabilitation will be initiated as soon as possible
- ◆ continual improvements will be made in the local, regional and state-wide trauma care systems by collecting and reviewing data through a peer review process which, to assure honesty and candor, must be done without fear of legal discovery

HIGHLIGHTS OF THE PROPOSED TRAUMA SYSTEM

- ◆ Improved trauma education and training for First Responders, EMTs, physicians and nurses to assure they have up-to-date information about how to treat the major trauma patient
- ◆ An organized, preplanned response to the trauma patient-locally and regionally
- ◆ A Central Medical Resource system to coordinate all arrangements for prompt transfer of the patient from one facility to another with the best care possible,
- ◆ Trauma center designation to recognize the varying capabilities and resources of medical facilities to manage the trauma patient
- ◆ Technical assistance to emergency medical services and medical facilities to assist them in using their existing resources to provide the best care possible to the trauma patient
- ◆ Data collection through a hospital and state trauma register. This will facilitate system and peer review and provide the data for making improvements in the trauma system including injury prevention programs. Appropriate legal safeguards to protect peer review data are important.
- ◆ Regional and state trauma advisory committees to provide a structured method for planning, evaluating and modifying the trauma system with input of all affected persons
- ◆ A coordinated injury prevention program to help prevent the occurrence of injuries.

HEALTH STATISTICS PROGRAM BUDGET JUSTIFICATION

The answers to questions about bureau automation and program enhancement begin with the premises that guide the Health Services Division's approach to public health planning:

- Assessment of the health status of Montanans is crucial to any health planning effort. Assessment of health care delivery to Montanans is equally crucial -- and very different.
 - Public health assessment is result -- or outcome -- oriented.
 - Health care assessment is service delivery -- or process -- oriented.
 - The varieties and complexities of ill health and traumatic injury lead to more complexities in the assessment of health status than of health care.
- The Health Statistics Program's mission is to maintain a system for the ongoing assessment of the health status of Montanans.
 - Each area of public health, like each area of medicine, is specialized because it is highly complex. To try to combine all areas into one program would be to lose the specialization that each requires.
 - Our assessment of Montana's public health should be as unified as we can make it. To support health planning well, we should draw on a variety of sources to show as many aspects of the situation as possible.
 - Health *care* assessment may be done with one database system. The job of building and maintaining a single database for health *status* assessment could easily overshadow the assessment task.
 - We do not need a single database to record births, traumatic injuries, immunizations, deaths, maternal health, health problems of the aging, marriages, communicable diseases, abortions, cancer, the effects of poverty on child health, traffic accidents, teen pregnancy, behavioral risk factors, divorces, fetal and infant death, community public health needs, and so forth.
 - We do need to link health status data on those events from programs throughout state government to assess the health of Montanans. Public health issues involve more than one event.

Our solution is an approach to data management that relies on communication and coordination among databases rather than collection and compilation of data into a single database.

The components of that solution are:

- Identify public and individual health status information sources in a single inventory system.
- Use that system as the basis for linking existing databases and creating new ones.
- With current health database users working as a group, create standards and guidelines for data communication and use.
- Provide statistical analysis and computation in a single program to benefit and supplement other public health programs and to coordinate data communication, assessment and reporting.

While that solution requires the Health Statistics program to act as facilitator and developer, we must not do so at the expense of meeting current information needs.

CURRENT INFORMATION NEEDS

More than 700 copies of the Montana 1992 Vital Statistics report were distributed throughout Montana, the US and foreign countries. In addition to telephone calls where information could be provided during the conversation (about two to five calls every day), the program has responded to 1-3 requests per week for information in 1994. For about 20% of these requests, however, we did not have the resources to provide the specific information requested. Exhibit 1 shows the organizations and persons making requests for health statistics in 1994. Exhibit 2 summarizes the types of requests.

While the Division does not need to meet each request with all the detail requested, explaining why we can't also takes time. The faster, more efficient solution - that provides better service - is to streamline our health statistics system so we can meet 90% of requests or more without time-consuming programming or processing. Current technology -- and thoughtful planning -- will make this possible.

CURRENT RESOURCES

The Health Statistics Program has 1.5 FTEs for public health status assessment and reporting, 1.75 FTEs to run the tumor registry and respond to requests for cancer information, 1 FTE (three staff members) to maintain the data quality assurance system and .25 FTE to respond to requests for statistical information.

Systems that provide health statistics include:

- Trauma Registry
- Tumor Registry
- Vital Statistics
- Immunization Registry

WIC
Follow Me
Indian Health Service
Communicable Disease Log
Hospital Discharge Data
Medicare
Medicaid
Highway/Traffic Accident

Persons responsible for these systems frequently receive requests for information that require drawing information from more than one of these systems. The usual response to these requests is to provide only the information available in one system and refer the requestor to other sources of information. Most requestors are dissatisfied with this response.

CURRENT ASSESSMENT ACTIVITIES

The Health Care Authority is concerned with health care (part of the process), not health status (the outcome). The Health Care Authority is concerned with data collection concerning the process. The Health Statistics Program is concerned with data use concerning the outcomes. Our budget modification requests are not for data collection; they are for data use.

Wherever possible, we refer to local sources or other organizations.

Annual statistical reports have not been on time since the mid-1980's. It has been increasingly difficult to create the vital statistics report in the last 5 years.

It takes from two months to two years to respond to requests for health statistics. It takes up to six months to respond to requests for cancer information and the data are incomplete for some key areas. There are about 3500 cases missing from the cancer registry because of incomplete reporting. A significant number of these cases are cancers treated in Butte, a major Superfund site. Those missing cases make cancer cluster analyses for the Butte area prone to a high likelihood of error.

The quality assurance system is inefficient and is based on software that is not compatible with the state standard or network processing.

PROPOSED EXPANSION OF THE HEALTH STATISTICS PROGRAM

Funding for new staff is likely to come from federal and private grants and from fees charged for providing statistics and statistical consultation. E.g., year 2000 objectives assessment grants, federal grants to promote data linkages and registry information sharing, private grants to enhance health research and planning capability.

Fees charged - if OK with legislature, rulemaking can allow the Department to charge fees to private organizations and individuals for statistical information.

PROPOSED ENHANCEMENT OF THE MONTANA CENTRAL TUMOR REGISTRY

The cancer registry enhancement will:

- Eliminate the backlog in cancer reporting
- Automate local registries to reduce the labor-intensive nature of work and to speed up reporting to central registry (thus eliminating future backlogs)
- Automate transmission of data from local registries to central registry
- Link central registry data with cancer death data
- Link central registry data with the Geographic Information System for cancer cluster analyses (whether cancer cases in the same area might be related to a causative factor in that area)
- Increase data use through increased ability both in medical and epidemiological analysis and statistical analysis for public health assessment. This includes
 - Collecting more detailed data in some cases
 - Learning to use the data for cancer prevention and control
 - Participating in a nationwide cancer registry program so we can compare Montana to national experience

We need to upgrade the registry computer capability - the registry has one, borrowed computer on which to maintain the cancer data.

We need to contract with:

The database software company to continue to use that software, to provide it to the local registries and to make the changes needed to allow the planned enhancement

Cancer specialists to help us understand and use the data for cancer prevention and control

Quality assurance technicians to help clear up the backlog and automate local cancer registries so the backlog does not recur

We need a central cancer registry in Montana:

For public health:

To allow us to assess the severity of various types of cancer so we can tell which ones require special attention. For example, cervical cancer is easily detectable and curable at early stages. The survival rate should approach 100%. The incidence of diagnosis at late stages (when the cancer has spread and is difficult or impossible to cure) should be almost 0. That is not the case in Montana. Cervical cancer kills young, productive women.

For the medical community:

To allow doctors to see what outcomes are associated with which treatments so they can improve the cure rate and the quality of life for all cancer patients.

To provide automatic, yearly follow-up reminders for all cancer patients

To provide the basis for cancer research

There is no nationwide cancer registry or program of registries, so we have no way to find out whether cancer deaths in Montana are unusual, average, or whatever. Knowing that there were three leukemia deaths in Butte in the 1990's does not help us know whether there is a problem in Butte that should be addressed (especially given the high error factor that missing Butte cases introduces). Knowing that a resident of Butte is twice as likely to die of leukemia than the average U.S. citizen -- if that were the case -- would tell us that there is a problem.

This information will not be available centrally - for all of Montana - without the Montana Central Tumor Registry. It will not be available for the U.S. without the National Program of Cancer Registries.

To move any health status data collection and analysis program to the Health Care Authority would not create one database. The Tumor Registry database is specialized to do a special job. So are the other health status registries. They should stay specialized. Moving a registry into a generic, broad database would limit its usefulness rather than enhance it.

ADVANTAGES TO THE PROPOSED MODIFICATION

The concept is to build an automated processing approach that is, in fact, a series of interlinked systems. Each system has its own engine and purpose, but they can be "mixed and matched" to run in concert, much the same way a railroad yard uses a variety of engines and methods to tackle the variety of transportation needs.

Expansion -- identifying what data are where and how to access -- will build capacity for linking systems to address current unmet assessment needs. We want to establish a base, like the Montana Department of Transportation is doing, so we have planning information.

Specifically we will develop integration system that will be ongoing.

We need staff to allow development of a centralized service to avoid individual program increases to meet "information highway needs.

This approach to health assessment is more effective because once the system is built,

pieces are easily modifiable

the whole can be operated together

it can change as technology changes

it can change as information needs change

people who need the information have access to it

people who do not need access to confidential information don't see it but there is no duplication of information

Massive database systems are costly to maintain and run and inefficient. Our approach preserves the responsibility in the hands of the user while providing necessary support and expertise.

Administration is more efficient, less costly and does not bring the whole system to its knees. Just as one administrative aide and word processing software for technical and professional staff is efficient and cost-effective, one system development and management concept and specialized software for specialized needs is efficient and cost-effective.

The Agency for Toxic Substance and Disease Registry (ATSDR) study of railroad refueling yards is an example of a team approach to a public health issue. The Vital Records and Health Statistics Bureau was the only source of cancer mortality and morbidity information and the only group able to answer the technical questions raised during the data collection phase of that project. Transfer to an area that does not have that technical expertise would require either costly retraining and capacity building or loss of capacity to do such studies.

We need to adopt an overall plan to streamline processing to improve the quality of the data and the speed with which certificates and data are available. Vital data drives two very different types of processes. In the past, these have been separate so

Errors creep in

There is duplication of effort

County-state

Statistics-records

EXHIBIT 1
ORGANIZATIONS AND PERSONS REQUESTING HEALTH STATISTICS IN 1994

Government

City and County

Applicants for Health Planning/Service Delivery Grants

Tribal Authorities & Health Care Providers

School District

Regional

State

Agencies

Legislators

Judicial System, Crime Control Board

Federal

Montana Legislators

National Center for Health Statistics

Bureau of the Census

Social Security Administration - cards, cost of medicare/medicaid

Indian Health Service

National Death Index - for public health research on causes of death

Public Health Service for Region 8

Other States

Vital Statistics Programs

Maternal and Child Health Offices

Cancer Registries

Other Country

Vital Statistics Organizations

Private Organizations

Health Care Providers

Hospitals

Health Care Clinics

Physicians

Midwives

Other Members of the Medical Profession

Applicants for Health Planning/Service Delivery Grants

Charitable Health Organizations

Heart Association

American Red Cross

Consultants and Planners

Government Planners

New Montana Business Developers

Marketers

Family Counseling Service

Community Planning Consultants

University Research Centers & Professors

Community/Public Health
Census and Economic Programs
Historians
Demographers
Political and Social Geographers
Sociologists
News Media
Foundations
Donated Organ Procurement Agencies
Women's Organizations
Child Abuse Prevention Services
Law Firms
Mortuaries
Private Citizens & Citizen Groups
Concerned Citizen Groups
Private Citizens
Independent Researchers
Students
Right to Life Groups, Pregnancy Counseling Centers
Church Organizations

EXHIBIT 2 TYPES OF HEALTH STATISTICS INFORMATION REQUESTS

Government Service Planning Needs

Public Health Issues Information and Education

Education of citizens - for example, a judge requested birth data for a speech on courts' dealings with families of unwed mothers

Health Service Delivery

Maternal-Child Health - for example, prenatal care data from birth records

Family Services - for example, births to unmarried mothers, teen pregnancies, and marriage and divorce statistics

Disease Prevention and Control

Chronic Diseases - examples are cancer deaths vs. cancer treatment outcomes, STD/AIDS surveillance, and analysis of deaths by age and cause

Compliance with Law - for example, SIDS surveillance by state medical examiner

Traumatic Injury Prevention and Control

Accidental injury - for example, deaths due to extremes of weather or accidental deaths by cause and age group

School Enrollment Planning - births to county residents

Applications for Health Planning/Service Delivery Grants

Research, Education and Information for Non-Government Entities

Public Health Information and Education, Health Service Delivery, Disease Prevention and Control, Traumatic Injury Prevention and Control, School

Enrollment, Grant Applications - private organizations request the same type of information required by public organizations, for much the same reasons

Health Research - for example, birth and death statistics aid in prevention of injury and death through investigation of the conditions surrounding those events

Social Science Research - demographers, geographers, sociologists, historians use vital data for a wide variety of research efforts

University Research Centers - request data on aging, deaths, births, the nature of state data collection, community health assessment, marriages & divorces

Members of the medical profession, concerned citizen groups, community planning consultants require birth, death and cancer incidence data by demographic characteristics such as age group, race or county of residence together with information on associated risk factors or conditions of medical/health interest; they also request information on what data the state collects and rules concerning confidentiality

Hospitals and Midwives request birth data by county and by type of attendant or birthing facility

News Media report on vital statistics, specific causes of death -- such as suicide, numbers of adoptions, and any indicators available on issues that are seen as public health or societal problems

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging

SUB-COMMITTEE

DATE *1-18-95*

BILL NO. _____ SPONSOR(S) _____

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
<i>Karen Sloan 4 Cypress Hill Ave Mt Pleasant</i>	<i>Mt Family Planning Council</i>		
<i>John Hawthorne</i>	<i>DHES</i>		
<i>Charles Rogers</i>	<i>DHES</i>		
<i>Judith Geddes</i>	<i>DHES</i>		
<i>SAM SPERRY</i>	<i>DHES</i>		
<i>Judy Hanson</i>	<i>DHES</i>		
<i>Walter Ferguson</i>	<i>DHES</i>		
<i>Drew Dawson</i>	<i>DHES</i>		
<i>TRIPP HANCOCK</i>	<i>DHES</i>		

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

HR:1993

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CS-14