MINUTES

MONTANA HOUSE OF REPRESENTATIVES
54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By **CHAIRMAN DUANE GRIMES**, on January 18, 1995, at 3:00 p.m.

ROLL CALL

Members Present:

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

Members Excused: Rep. Carolyn Squires

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 169, HB 134
Executive Action: HB 109 TABLED

HEARING ON HB 169

Opening Statement by Sponsor:

REP. SCOTT ORR, HD 82, Libby, said this bill would permit the dispensing of dangerous drugs upon a prescription of a physician or dentist licensed to practice in another state. If a patient is outside the Montana border and visits a doctor or dentist and

that doctor or dentist prescribes a scheduled drug, when the patient returns to Montana they currently cannot fill their prescription. Those patients who live in towns bordering other states often shop outside the state in which they live.

Proponents' Testimony:

Jerry Loendorf, Montana Medical Association, said this bill gives an opportunity to certain Montana pharmacies located near borders in this state to attract additional business in the state.

REP. DICK GREEN, said he had a serious tractor accident in 1985. After returning from the Mayo Clinic with his prescriptions, he was told that they could not be filled. This resulted in another office call which was an additional expense, and he had to go without this necessary medication for 12 to 14 hours.

Jim Siefert, Pharmacist, Troy, said the inability to fill out-of-state prescriptions in Montana has a considerably impact on Montanans. People treated at medical centers in Spokane, Washington, and Coeur d'Alene, Idaho, find that they cannot fill their prescriptions when they return to Montana.

Jim Smith, Executive Director for Montana State Pharmaceutical Association. EXHIBIT 1

Wayne Hedman, Pharmacist, Bitterroot Drug, said this law needs to be changed. He said that the credibility of doctors should be trusted.

Dan Severson, Valley Drug, Stevensville, agreed with **Jim Siefert** that the border towns are not the only ones that are having a problem. Every week in Stevensville there are several prescriptions that cannot be filled. Also "snowbirds" (Montanans who leave the state in the winter and return in the spring) have a difficult time getting their prescriptions filled. He said this law needs to be changed.

Opponents' Testimony: None.

Informational Testimony: None.

Questions From Committee Members and Responses:

REP. JOHN BOHLINGER asked **Jim Siefert** if the neighboring states (Washington, Idaho, North Dakota) allow out-of-state prescriptions to be filled. **Dr. Siefert** replied that they do and in Arizona they are required by law to fill out-of-state prescriptions.

REP. SUSAN SMITH asked **Dr. Siefert** how doctors can tell if a prescription is legitimate when they are written in another state. **Dr. Siefert** replied that they use their professional

judgment and can also telephone the doctor who wrote the prescription to verify its legitimacy.

REP. DEB KOTTEL asked **Dr. Siefert** if there is a secondary illegal market in the sale of controlled substances in the United States. "Do you believe this was the original legislative intent when the bill passed in 1974?" **Dr. Siefert** answered that there is an illegal drug market, but didn't think the legislative intent was related to this. He asked, "Why would someone go to an out-of-state doctor to sell secondary narcotics?"

REP. KOTTEL asked **Dr. Siefert** how a forged prescription is detected and if they utilize a multi-state data bank. **Dr. Siefert** answered that they try to know their clientele. They do not have a multi-state data bank.

REP. KOTTEL asked **Dr. Siefert** if physicians that prescribe controlled substances have an identification number. **Dr. Siefert** responded that federal law states for any scheduled drug that there must be a Drug Enforcement Agency (DEA) number and the numbers must run in sequence.

REP. KOTTEL asked **Wayne Hedman** what was legislative intent of this bill was. **Mr. Hedman** replied that the federal government created the Drug Enforcement Agency (DEA) in the 1970s. When a physician writes a prescription for a controlled substance, they must enter their BNDD (Bureau of Narcotics and Dangerous Drugs) number on the bottom of the prescription. This is the quickest way to look at a forged prescription. "Pharmacists are not as dumb as a rock." After working in the field for a number of years, it is very easy to spot a forged prescription. Most physicians are very careful not to contribute to illicit drug use.

REP. SOFT asked **Mr. Hedman** about the "prescription junkie" and would this enable them to receive drugs easier. **Mr. Hedman** replied that it could possibly contribute to it because it is hard to stop a prescription junkie. If they are on Medicaid, it is easier to stop. They have electronic detectors that can alert them if the prescription has met its limit for the time period.

REP. SIMON asked **Dr. Siefert** how he can tell if a substance is being abused. He said this is a concern because not all junkies look alike. **Dr. Siefert** answered that his concern is legitimate. The benefits to people who truly need their prescriptions will far outweigh any potential problems with substance abuse.

REP. SIMON asked **Carol Grell, Attorney for the Board of Pharmacists** if the community will ask that the Board of Pharmacists increase their vigilance for this bill. **Ms. Grell** replied that the board has not yet taken a position on this bill.

REP. L. SMITH told **Dr. Siefert** that people in small communities often travel to other communities for medical attention and asked

Dr. Siefert answered that they talk to other area physicians and if they don't feel comfortable filling a prescription, they don't.

REP. L. SMITH then asked **Dr. Siefert** if this bill was passed, would pharmacists become too relaxed about dispensing drugs. **Dr. Siefert** answered that the only way it would enable them to relax is to be able to fill the prescription for the patient who needs it.

REP. KOTTEL asked **Dr. Siefert** if people have a referring physician why would they travel across the country without getting their prescription filled first. **Dr. Siefert** replied that people either hate or love the doctor in their small town. People may have a referring physician. Their medical records are usually in the other state. Some people have family doctors in another state.

REP. JOHN BOHLINGER asked **Jim Smith** if the legislative intent could have been a concern about protecting Montana pharmacists and doctors and to keep revenue in the state. **Mr. Smith** replied that is a plausible explanation.

REP. ELLEN BERGMAN asked **Dr. Siefert** about people expecting to get prescription refills out of state. **Dr. Siefert** answered that most people are unaware that they can't get their out-of-state prescriptions filled in Montana.

Tape 1 - Side B

REP. SOFT asked **Ms. Grell** why the Board hasn't taken a position on this bill. **Ms. Grell** replied that the Board has not yet reviewed this bill.

REP. SOFT asked **Jim Smith** if the board is going to take a position on this. **Mr. Smith** replied, "I cannot imagine the Board of Pharmacy being against this legislation."

REP. S. SMITH asked **Dr. Siefert** how many years of education is required for someone to become a pharmacist and can they ever legislate against abusers. **Dr. Siefert** answered that it takes five years of college and nine months of an internship. He said it is very difficult to control abusers.

REP. CHRIS AHNER asked **Dr. Siefert** to explain the Passport Program. **Dr. Siefert** replied the Passport Program is a program where patients are assigned one doctor, and must go only to that doctor.

<u>Closing by Sponsor</u>:

REP. ORR said the original intent of this bill is to allow pharmacists to fill prescriptions from doctors and dentists who are out of state.

Closing by Sponsor:

REP. ORR said the original intent of this bill is to allow pharmacists to fill prescriptions from doctors and dentists who are out of state.

HEARING ON HB 134

Opening Statement by Sponsor:

REP. MIKE KADAS, HD 66, Missoula, said this bill directs the Department of Health and Environmental Sciences to provide by rule for a medical or religious exemption from all immunizations required for attendance in day-care facilities. There are three types of day-care facilities according to Montana law: 1) Day-care centers that have 13+ children, medical and religious exemptions are allowed; 2) Group day-care homes with 7-12 children, medical exemptions are allowed; 3) Family day-care homes with 3-6 children, medical exemptions are allowed.

Current law states that children must be immunized before entering any day-care facility. Religious exemption should be allowed in all three facilities. Religious and medical exemptions are allowed for children who go to school. Children in day-care should also be allowed both exemptions. Immunization should be required, since the benefits are great to people and society, but there are risks and they can go either way. The risks are smaller when children are immunized. There is a point of parental responsibility. Current law gives parents three choices: Either the child gets immunized against the parents' will, the child doesn't attend day-care, or the parents lie. This bill was brought forth by a parent who did not want to lie. He said, "We need to allow an out for people who have strong beliefs and can show that."

Proponents' Testimony: None.

Opponents' Testimony:

Dale Taliaferro, Health Services Division Administrator, said that children are very vulnerable to communicable diseases. **EXHIBIT 2**

Becky Fleming-Siebenaler, Day Care Program Officer, Department of Family Services (DFS) EXHIBIT 3

Steve Shapiro, Montana Nurses Association, said the Montana Nurses Association encourages childhood immunization and supports the testimony of the other opponents. He submitted additional written testimony for **Shelly Meyer, RNC. EXHIBIT 4**

Mary Alice Cook, Advocates for Montana's Children said this bill will put children at risk.

Joan Miles, Director of the Lewis and Clark City/County Public Health Department, said that people have the right to practice religious freely, but this is not the direction that public health policy should be moving. She said they need to look for ways to increase the immunization of children and asked why day-care facilities not be allowed the same exemptions as public school facilities. Children are vulnerable, especially at a pre-school age. Children in day-care settings are even more at risk. They often bite each other, they "slobber" on toys, and then other children play with them. Preschool children sometimes share bottles. If there are such strong religious beliefs that immunization is not right, there are other options beside day-care. The more exemptions allowed the bigger the reservoir of unimmunized children. Children can also spread disease to adults. **Ms. Miles** said if they feel there must be some kind of uniform exemption, to look seriously at the amendments offered by the state health department which would give parents an option.

Boni Stout, RN, BSN, Kalispell. EXHIBIT 5

Informational Testimony: None

Questions From Committee Members and Responses:

REP. DEB KOTTEL asked **Beth Cottingham, DHES, Immunizations,** if it is correct there is a medical exemption and how many children presently use it, and how many children presently use the religious exemption. **Ms. Cottingham** answered that there is at the present time a medical exemption. They do not know how many children are using these exemptions for medical or religious reasons. She said they could contact each county and search their records to find that information. Day-care centers open and close quickly, so this information is not easy to gather.

REP. KOTTEL said that school is mandatory and day-care is not. She asked **Mr. Taliaferro** if the Welfare Reform Act is passed, would it require women on welfare to become employed in order to keep receiving benefits and would they not encompass a law which would require the child to go into day-care, thus making day-care mandatory. **Mr. Taliaferro** answered that it would require some kind of day-care provision.

REP. KOTTEL then asked **Mr. Taliaferro** where he came up with the $6,000 figure for rulemaking. Earlier testimony showed that they don't keep records. **Mr. Taliaferro** answered when they originally did the rules, the department had a much larger staff and more studies. They also had to hire an attorney to write the rules.

REP. ELLEN BERGMAN asked **Mr. Taliaferro** if children in kindergarten through grade 12 are immunized unless there are medical and religious exemptions. **Taliaferro** answered yes.

REP. BERGMAN asked **Ms. Cottingham** how she would know if someone had a medical exemption and what if they just didn't want their

child immunized. **Ms. Cottingham** answered that a medical exemption must be determined by a physician for the following reasons. The child could have an allergic reaction to the vaccine, the child has already had the disease, or the child is immuno-compromised from leukemia, cancer, or AIDS. There are certain instances where immunizations are contra-indicated medically and must be ascertained by a physician. Currently, if a parent doesn't want their child immunized, they have to lie and claim a religious exemption.

REP. JOHN BOHLINGER asked **REP. KADAS** if it is a shared concern about infringing upon someone's religious beliefs. It is also a concern when these religious beliefs put citizens at risk. **REP. KADAS** answered that it is not an easy decision and is an area for the public to be involved. "As a society, we feel immunizations are a positive thing. We need to provide flexibility. The standard is immunization. If you feel otherwise, you are allowed that option."

REP. LOREN SOFT asked **Ms. Fleming-Siebenaler** what kinds of options are available for parents who do not want their children immunized and how many day-care centers are in the state. **Ms. Fleming-Siebenaler** answered that there are 840 persons operating legal, registered daycare in Montana, and the turnover is quite high. They have 2,000 registered facilities, 200 of which are licensed centers. The remainder is family and group care.

REP. BILL CAREY asked **REP. KADAS** how viable it is to use the legal, unregistered facilities. **REP. KADAS** answered that finding day-care is a real challenge. There is more demand for day-care than what is available.

Tape 2 - Side A

REP. SOFT asked **REP. KADAS** if he would be opposed to the amendment that was suggested by the state. **Kadas** answered no and that they generally supported this amendment. Striking "facilities" and inserting "centers" may help.

REP. BRAD MOLNAR asked **Mr. Taliaferro** if a child has an exemption at a day-care and is unimmunized, will the other parents be notified of this unimmunized child. **Taliaferro** answered yes. **Ms. Cottingham** provided a more detailed answer and said there is value in a "herd" of immunized children. If a child is immuno-compromised that child has a better chance of staying healthy in a room full of immunized children.

REP. SIMON asked **Mr. Taliaferro** how they determine a religious exemption. **Mr. Taliaferro** answered that they would have to accept the person's word.

REP. SUSAN SMITH asked **REP. KADAS** if his child was immunized, would it bother him if his child was exposed to unimmunized children. **REP. KADAS** responded that his child is immunized and

said he would want to know how many kids were unimmunized and what their ages were.

REP. KOTTEL asked **Ms. Cottingham** what DPT means, if it is 100% safe and what type of reactions might occur. **Ms. Cottingham** replied that DPT stands for Diphtheria/Pertussis/Tetanus. It is not 100% safe. The reactions that could occur are seizures, death, or neurological damage.

Closing by Sponsor:

REP. KADAS said that quality day-care is difficult to find. In a way, day-care is mandatory in this day and age. He said they have a responsibility to allow individuals their own beliefs.

EXECUTIVE ACTION ON HB 109

Motion: REP. JOHN BOHLINGER MOVED THAT HB 109 DO NOT PASS.

Discussion:

REP. SIMON said the certificate of need process is not working well and they need to find a solution.

REP. SUSAN SMITH said the alternatives are used up; what will they do in three years when the money is gone.

REP. ELLEN BERGMAN asked,"Isn't this all because Medicaid wants to cut back on funding to the nursing homes."

REP. SOFT replied that it is certainly part of it. The state's portion of Medicaid is one-third and they need to do something now.

REP. BERGMAN stated what will be done is a three-year moratorium will be put on the nursing home beds so Medicaid doesn't have to pay out any more money. If Medicaid money runs out, the funding should stop. She said they can't tell nursing homes not to build any more beds.

REP. SOFT agreed and said the need is out there to cover these people.

REP. GREEN said no matter how many beds there are, they will be able to be filled. Nursing homes are convenient for some families.

REP. SQUIRES said when talking about alternatives, home health care is one area that is not funded well. This care needs to be available in order for individuals to stay at home. Home health care has not been looked at enough.

REP. HAGENER said this moratorium is ill-advised. The elderly are not only already here, but more are coming. Some are new residents to Montana. In 10-20 years all of these people will be in some kind of health care facility. In-home health care may be a better solution to the problem. It is a new concept, and not very effective because of its scarcity. "Believe me, I have walked that path so I know exactly what I am talking about." There are such a great number of people in nursing homes that it is impossible for their families to care for them at home. That is where nursing homes or hospital nursing facilities are needed in order to care for these people. "Those people are real, and their needs are real, and we cannot ignore them."

REP. CAREY stated that this is bad public policy. The next step might be to ban new physicians from opening up new practices in the state of Montana. This would cut back on Medicaid.

REP. MOLNAR said they need to work on finding a solution and studies need to be done.

REP. L. SMITH said the trend is changing. People have been staying home longer. People on welfare are being trained as personal care attendants, so this may help the system.

CHAIRMAN GRIMES said there is a real problem with the certificate of need. He suggested they look at the options and possibly amend the bill.

REP. SIMON said home health care can be a great benefit to people in this state. It has been a real problem to obtain it in recent years.

Motion/Vote: A MOTION WAS MADE TO TABLE HB 109. The motion carried unanimously.

ADJOURNMENT

Adjournment: The meeting adjourned at 5:10pm.

DUANE GRIMES, Chairman

JACKI SHERMAN, Secretary

DG/js

HOUSE OF REPRESENTATIVES

Human Services and Aging

ROLL CALL DATE 1-18-95

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 OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 1-18-95 BILL NO. HB 109 NUMBER _____

MOTION: Bohlinger move "DO NOT PASS" Substitute Rep. Simon move to table the bill.

— TABLED —

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

The Big Sky Country

MONTANA HOUSE OF REPRESENTATIVES

1/18/95

I give my proxy on all votes and amendments on bills before the Health & Human Services Committee today 1/18/95

C Squires –

EXHIBIT 1
DATE 1-18-95
HB 169

MONTANA STATE PHARMACEUTICAL ASSOCIATION

PO Box 4718 • 34 West Sixth Avenue • Helena, MT 59604 • 406-449-3843 • Fax 406-443-1592

January 18, 1995

Testimony of The Montana State Pharmaceutical Association:

House Bill 169

by Jim Smith

Mr. Chairman and members of the House Human Services and Aging Committee: Good morning. My name is Jim Smith. I am the Executive Director of the Montana State Pharmaceutical Association. Our Association consists of 346 Pharmacists licensed by the State of Montana, and 130 Pharmacies licensed by the State of Montana. By and large, these are family owned, small town main street businesses located in nearly every Montana community.

They stay in business by being good neighbors, by taking care of their patients, by staying open nights and weekends, by having an emergency number, by delivering prescriptions, by being conscientious health care providers, and by complying with all relevant laws and regulations that govern their profession.

An entire body of law and regulation has developed around the profession of pharmacy in Montana during the first 100-plus years of statehood. Some of these laws are today somewhat obsolete, having been eclipsed by advances in communications and technology.

The Montana Board ogf Pharmacy is the licensing authority for the profession in this state; and this Board has the overall responsibility to regulate the profession in order to protect the health and welfare of the Montana public. The Board of Pharmacy has been consulted on this issue; and HB 169 arises directly out of the Board's interpretation of the current law and regulations.

HB 169 addresses a statutory requirement that our association believes has become obsolete; and corrects it in order to enable pharmacists to practice their profession legally in the 1990s. Current law makes it illegal for a licensed Montana Pharmacist to fill a prescription for a Schedule (Dangerous) Drug that was written by a physician or a dentist (or any other legitimate prescriber) that does not live and practice in Montana. These prescribers do not meet the definition of 'Practictioner' found at MCA 50-32-101.

HB 169 makes one substantive change to MCA Chapter 50-32-101: amending the definition of 'Practitioner' to include a <u>"Physician or a Dentist licensed to practice medicine or dentistry in another state.'</u> You can see this language addition on page 4, lines 6 and 7 of HB 169.

All other changes to the existing statute in HB 169 are deletions of gender specific terms, and replacement with gender neutral terms (i.e. the change of 'warehouseman' to 'warehouse operator' on page 1, line 18; and other similar changes throughout).

This issue was brought to the attention of our Association by Jim Siefert, R.Ph., who is the owner of Kootenai Drug in Troy, MT; and by other pharmacists in Montana who have patients and customers that receive medical care (physisican visits, hospitalization) in another state; and who then return to Montana with a prescription for a Schedule drug. Jim Siefert and a few other Montana pharmacists are here today to testify in support of HB 169. They will relate their first hand experiences, and the difficulty they have in trying to serve their patients and customers, while trying to comply with the current law.

I would like to briefly mention two other relevant considerations before I close my testimony. First, individual pharmacists ave attempted to solve this problem by means other than legislation. Jim Siefert began in 1992 by asking a physician in Idaho, who treats Montana residents, to write the Board of Pharmacy requesting modification of the current law or regulation. He next hired an attorney, who initiated correspondence with the Board of Pharmacy in an attempt to resolve this through rule or policy changes.

In one letter of response from the Board of Pharmacy (attached), the following statment is found:

> "Your letter requests the Montana Board of Pharmcy to reconsider its requirements. As stated above, the Board cannot change a statute, but must enforce those the Montana Legislature puts in place. If a change is desired, it must be brought before the Legislature by the persons so desiring the change, for appropriate consideration."

Second, I have attached a partial listing of Schedule Drugs (I through V) that are the subject of this legislation. This is from a Drug Enforcement Administration Application (DEA From 224).

Thank you for the opportunity to present this testimony to you today; and for your favorable consideration of Hb 169. I'll be happy to attempt to answer any questions you may have.

EXHIBIT 1
DATE 1-18-95
HB 169

D Harman 10-19-2

DEPARTMENT OF COMMERCE
PUBLIC SAFETY DIVISION

STAN STEPHENS, GOVERNOR

111 N. JACKSON

STATE OF MONTANA

HELENA, MONTANA 59620-0407

October 2, 1992

Dr. James R. Hill, M.D.
P.O. Box 1419
Bonners Ferry, ID 83805

RE: MONTANA BOARD OF PHARMACY CONTROLLED SUBSTANCE STATUTES

Dear Dr. Hill:

Your letter of September 21, 1992, to the Montana Board of Pharmacy has been referred to me, as legal counsel for the Board, for a response.

Your letter stated you believed the State of Montana is no longer honoring prescriptions from physicians not licensed in Montana. You further stated you felt this was an "onerous regulation," and that you did not wish to obtain a Montana license when you reside in Idaho, but treat patients from Montana.

The particular statutory sections which concern controlled substances for Montana are found at Title 50, Chapter 32, Montana Code Annotated (MCA). These statutes have been promulgated by the Montana Legislature, and have been in place since approximately 1974. No recent amendments or additions have caused a change in practice for Montana pharmacists, as you seem to believe.

Section 50-32-101 (23) MCA specifically states:

> "Practitioner" means:
> (a) a physician,...licensed, registered, or otherwise permitted to distribute, dispense or conduct research with respect to or to administer a dangerous drug in the course of professional practice or research in this state.

Section 50-32-208, MCA, goes on to state that no drugs specified in the statute may be dispensed without the prescription of a practitioner. Practitioner includes only those physicians and others licensed in Montana, as set forth above.

Since statutes are legislatively created, the Montana Board of Pharmacy has no authority to change them, nor to fail to enforce them as written.

The Board is not aware of any particular instances or complaints of Montana pharmacists filling prescriptions from physicians or other persons not licensed in Montana. If such a situation were to be brought to the Board's attention, it would merit review for possible disciplinary action, as it would be a violation of State law.

Your letter requests the Montana Board of Pharmacy to reconsider its requirements. As stated above, the Board cannot change a statute, but must enforce those the Montana Legislature puts in place. If a change is desired, it must be brought before the Legislature

by the persons so desiring the change, for appropriate consideration.

The Montana Board of Pharmacy has recently reminded all Montana pharmacist licensees of this statutory prohibition on filling controlled substance prescriptions from non-Montana licensed physicians. The Board is confident the licensees will comply, as disciplinary action may otherwise result.

Thank you for your input and participation with the Montana Board of Pharmacy. The Board hopes this information will sufficiently address your questions and concerns. Please feel free to contact the Board office if you have any further questions or comments.

Very truly yours,

Carol Grell

Carol Grell
Legal Counsel
Board of Pharmacy

CG/

cc: Warren Amole, R.Ph., Executive Director

APPLICATION FOR REGISTRATION
UNDER CONTROLLED SUBSTANCES ACT OF 1970

INSTRUCTIONS FOR COMPLETING FORM DEA-224 — *NOTE, this form is for new applicant only and not for renewal of registration.*

This application is for a 3 year registration period; application fee is ~~$ 60.00~~ $ 210. Checks drawn on foreign banks will not be accepted. Application fees are not refundable.

ADDRESS BLOCK - Information must be **TYPED or PRINTED.** Only 5 lines of address are allowed. The manner in which this information is placed on the application is the way your Certificate of Registration will read. Please use the street address of proposed business location **(DO NOT USE P.O. BOX).**

Practitioner: Line 1 - Last Name, First Name, Middle Initial, Medical Degree
Lines 2, 3, 4 and 5 - Street Address, City, State and ZIP Code

Retail Pharmacy - Hospital - Teaching Institution:

Line 1 - Name of Business or Institution
Lines 2, 3, 4 and 5 - Street Address, City, State and ZIP Code

Item 1. Business Activity - Check only one.

Retail Pharmacy: Name of pharmacy must appear in address block.

Hospital: Applicants applying for Hospital registration should chack with local State licensing authority to be sure they meet State requirements for that activity.

Practitioner: Please furnish medical degree in the space provided, next to practitioner business activity, e.g., DDS, DO, DVM, MD, etc.

Teaching Institution: Registration as a Teaching Institution authorizes purchase and possession of controlled substances for instructional purposes only. Practitioners, teaching institutions or individuals within teaching institutions desiring to conduct research with any Schedule I substance, must obtain a "Researcher" registration by submitting Form DEA-225 with applicable fee.

Item 2. Schedules - Check schedules of controlled substance you intend to handle (See Reverse side of this sheet).

Item 3. Order Forms - Check only if you intend to purchase or transfer Schedule II substances. The order form books will be issued to you upon issuance of your DEA registration number.

Item 4. State License and Signature — Federal Registration (DEA) is based upon the applicant being in compliance with applicable State and local laws. Applicants should contact the local State licensing authority prior to completing this application form. If your state requires a separate controlled substance license, please provide the number. If State licensing authority is not required, check N/A. If you have applied for State license and it has not been issued, check "Pending". Questions 4(a), (b) and (c) must be answered. If questions (b) or (c) are answered "Yes", include a statement setting forth the circumstances using the space provided on the Reverse of the application form.

Item 5. Exempt Official - Check only if your DEA registration will be affiliated with Federal, State or local government. The address on the application must be that of the affiliated Federal, State or local government. The application fee will not be required. The signature and title of your supervisor must appear on the application. You cannot exempt yourself from payment of the application fee.

MAIL ORIGINAL & 2ND COPY WITH $ 60.00 FEE TO:

Drug Enforcement Administration
Central Station
P.O. Box 28083
Washington, D.C. 20038 - 8083

NOTE: Once your DEA registration is issued a renewal application is automatically issued to you 45 days prior to your expiration date.

Title 21, United States Code, Section 827(g) requires all registrants to report any changes of professional or business address to the DEA. Notification of address changes must be made in writing to the DEA office which has jurisdiction for your registered location. (SEE REVERSE SIDE OF COPY 3 OF THE APPLICATION FORM FOR A LIST OF DEA OFFICES AND ADDRESSES).

● **RETAIN 3RD COPY FOR YOUR RECORDS** ●

EXHIBIT 1
DATE 1-18-95
HB 169

SCHEDULES OF CONTROLLED SUBSTANCES

The narcotic, depressant, stimulant and hallucinogenic drugs that are covered by the Controlled Substances Act are listed in one of five Schedules. Examples of substances in each are listed below by generic or common name and in some instances by a common trade name in parenthesis.

SCHEDULE I

Schedule I substances have no accepted medical use in the United States and have a high abuse potential. Examples include fenethylline, heroin, LAAM, LSD, marihuana, MDMA, mescaline, methaqualone and peyote.

SCHEDULE II

Schedule II drugs have a high abuse potential with severe psychic or physical dependence liability and in general, are substances that have therapeutic utility. Schedule II narcotics include morphine, codeine, fentanyl (Innovar and Sublimaze), hydromorphone (Dilaudid), levorphanol (Levo-Dromoran), meperidine (Demerol), methadone (Dolophine), oxycodone (Percodan), oxymorphone (Numorphan), opium, anileridine (Leritine) and the veterinary products etorphine hydrochloride (M 99) and diprenorphine (M50-50). Schedule II non-narcotics include amphetamine (Dexedrine), methamphetamine (Desoxyn), methylphenidate (Ritalin), phenmetrazine (Preludin), amobarbital (Amytal), pentobarbital (Nembutal), secobarbital (Seconal), phencyclidine, dronabinol in sesame oil in gelatin capsules (Marinol) and nabilone (Cesamet).

SCHEDULE III

Schedule III drugs have an abuse potential less than those in Schedules I and II. Schedule III narcotics include nalorphine (Nalline) and mixtures of limited specified quantities of codeine, dihydrocodeine, hydrocodone, morphine or opium with non-controlled active ingredients. Non-narcotics include mixtures of amobarbital, pentobarbital or secobarbital with other non-controlled medicinal ingredients; barbiturates not listed in another schedule such as aprobarbital, butabarbital, butalbital, talbutal and thiopental; glutethimide (Doriden), methyprylon (Noludar), benzphetamine (Didrex), phendimetrazine (Plegine), and the tiletamine/zolazepam veterinary combination product (Telazol).

SCHEDULE IV

Schedule IV drugs have an abuse potential less than those listed in Schedule III. Dosage forms of the narcotic dextropropoxyphene are in Schedule IV as are all forms of pentazocine (Talwin), marketed benzodiazepines including alprazolam (Xanax), chlordiazepoxide (Librium), clonazepam (Klonopin), clorazepate (Tranxene diazepam (Valium), flurazepam (Dalmane), halazepam (Paxipam), lorazepam (Ativan), midazolam (Versed), oxazepam (Serax), prazepam (Centrax), quazepam (Dormali temazepam (Restoril) and triazolam (Halcion); long acti barbiturates barbital, mephobarbital and phenobarbital; the ultra-short barbiturate methohexital (Brevital); other depressants including chloral hydrate, ethchlorvy (Placidyl), ethinamate (Valmid), meprobamate (Miltown), and paraldehyde; an the appetite suppressants diethylpropion (Tenuate), fenfluramine (Pondimin), mazindol (Sanorex) and phentermine (Ionamin); and pemoline (Cylert).

SCHEDULE V

The drugs in this schedule have an abuse potential less than those listed in Schedule IV. Buprenorphine (Buprenex) is a Schedule V narcotic as are antidiarrheal and cough suppressant preparations which contain limited specified quantities of codeine, dihydrocodeine, diphenoxylate (Lomotil), ethylmorphine or opium.

A complete listing of drugs controlled under the CSA may be found in Title 21, Code of Federal Regulations, Part 1300 to END, Sections 1308.11 through 1308.15. This publication may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

EXHIBIT 2
DATE 1-18-95
HB 134

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

FOOD & CONSUMER SAFETY BUREAU

COGSWELL BUILDING
1400 BROADWAY

STATE OF MONTANA

(406) 444-2408 (OFFICE)
(406) 444-2606 (FAX)

PO BOX 200901
Helena, MT 59620-0901

TO: House Human Services & Aging Committee
FROM: Dale Taliaferro, Health Services Division Administrator
RE: Testimony in Opposition to House Bill 134

Mr. Chairman and members of the committee, the Department of Health & Environmental Sciences (DHES) opposes the language in 52-2-735 (1)(b), MCA on lines 19 and 20 in House Bill 134 which provides a religious exemption from immunization of children attending day care facilities. The scope of the proposed exemption includes all types of day care facilities by the change in 52-2-735 (1), MCA line 13 from the word "centers" to "facilities". The DHES opposition is based upon the following reasons. Children in group settings, particularly infants and children in facilities such as day care, are vulnerable for contracting and spreading communicable diseases. Recent outbreaks of vaccine preventable diseases have most frequently occurred in groups of unimmunized children. The numbers of Montana vaccine preventable disease cases has declined dramatically in the last 10 years due to public health children immunization priorities (Chart A).

Impinging upon a persons religious beliefs is not a position that the DHES takes lightly. DHES and local public health agencies have a responsibility to protect the majority of the population attending child care facilities from contracting or spreading communicable diseases. Because small children are vulnerable to contracting serious illnesses which can result in permanent physical impairment or even death, there is little room for compromise in the effort to do what will protect the majority of children most effectively. Enrolling children in day care facilities is not mandatory. Parents of children whose religious beliefs prohibit immunization have alternative child care options. An example is in-home care which is also subsidized by the federal Child Care Block Grant.

If the committee decides to accept the proposal to exempt children in day care facilities from immunization based upon religious beliefs, the DHES requests the committee to also adopt a proposed amendment (amendment attachment) which would require day care facility operators to notify parents of enrolled children of impending attendance of an unimmunized child(children). The DHES would further request the committee to adopt a proposed amendment (amendment attachment) which would protect day care facility operators from prosecution for discriminatory practices if they chose not to enroll an unimmunized child.

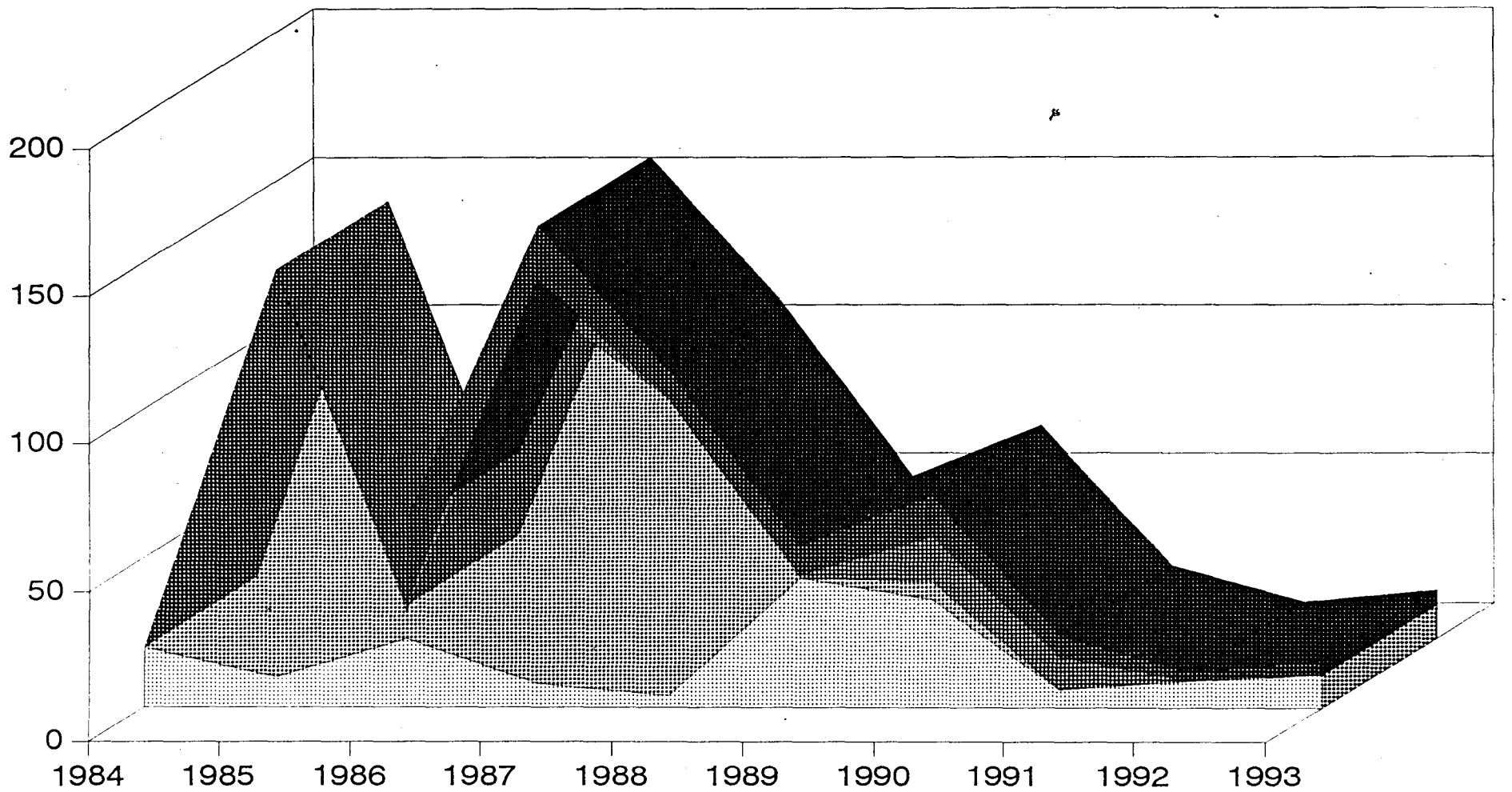
The proposed language change from "center" to "facilities" in 52-2-735 (1), MCA, would expand the DHES rulemaking authority from day care centers to all types of day care facilities which are not licensed, including legally unregistered, family homes, and group homes. Adopting rules to protect children from health hazards in these types of facilities may conflict with 76-2-412, MCA which prohibits any state agency from applying safety or sanitary regulation more stringent than general residential occupancies to day care facilities serving 12 or fewer children. The DHES opposes being required to adopt rules which conflict with other statutory authority. Adopting additional day care facility administrative rules will cost ~$6,000 without including professional staff time. Additionally, the DHES wishes the committee to know that local health agencies are only required to provide public health education/training or inspections to licensed day care centers. Adoption of additional day care facilities health rules is likely to increase operator demand for public health services. 52-2-733(5), MCA requires the DHES to inspect any day care facility and report the findings to the Department of Family Services (DFS) at their request. Any increased demand by DFS to the DHES for these services would currently be unfunded and not met.

Dept. of Health and Environmental Sciences

Health Services Division

REPORTED COMMUNICABLE DISEASES

Chart A



Pertus	20	10	23	8	4	43	36	6	9	11
Measl	0	137	9	128	99	0	6	0	0	0
Rubell	0	0	2	8	0	1	15	11	0	0
Hib	-	-	28	18	10	10	14	7	3	5

EXHIBIT 2
DATE 1-18-95
HB 134

HOUSE BILL NO. 134

INTRODUCED BY KADAS

A BILL FOR AN ACT ENTITLED: "AN ACT DIRECTING THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES TO ~~PROVIDE~~ ALLOW BY RULE FOR A MEDICAL OR RELIGIOUS EXEMPTION FROM ALL IMMUNIZATIONS REQUIRED FOR ATTENDANCE IN DAY-CARE ~~FACILITIES, INCLUDING DAY-CARE CENTERS, GROUP DAY CARE, AND FAMILY DAY CARE~~ CENTERS; ALLOWING AN OPERATOR OF A DAY-CARE CENTER TO EXCLUDE AN UNIMMUNIZED CHILD; REQUIRING NOTICE TO PARENTS OR GUARDIANS OF OTHER CHILDREN ADMITTED TO A CENTER THAT AN UNIMMUNIZED CHILD IS ALSO ADMITTED; AND AMENDING SECTION 52-2-735, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 52-2-735, MCA, is amended to read:

"52-2-735. Health protection -- certification required. (1) The department of health and environmental sciences shall adopt rules for the protection of children in day-care ~~centers~~ ~~facilities~~ CENTERS from the health hazards of inadequate food preparation, poor nutrition, and communicable diseases. Rules adopted by the department must include:

(a) rules requiring children under 5 years of age to be immunized against Haemophilus influenza type "b" before being admitted for care in the facility unless an exemption has been claimed as provided in 20-5-405~~.~~; and

(b) an exemption as provided in 20-5-405 from the requirement for immunization prior to attendance at a day-care ~~facility~~ CENTER.

(2) NOTHING IN (1) PREVENTS AN OPERATOR OF A DAY-CARE CENTER FROM EXCLUDING A CHILD FROM ATTENDANCE ON GROUNDS THAT THE CHILD HAS NOT BEEN IMMUNIZED.

(3) IF A CHILD FOR WHOM AN EXEMPTION FROM IMMUNIZATION HAS BEEN CLAIMED IS ADMITTED TO A DAY-CARE CENTER, THE CENTER MUST NOTIFY THE PARENTS OR GUARDIANS OF ALL OTHER CHILDREN ADMITTED TO THE CENTER THAT AN UNIMMUNIZED CHILD ATTENDS THE CENTER. THE NOTICE MAY NOT INCLUDE THE NAME OF THE UNIMMUNIZED CHILD OR ANY OTHER

INFORMATION THAT MAY IDENTIFY THAT CHILD.

~~(2)~~(4) Local public health authorities shall arrange to provide training to day-care center providers and employees regarding health hazards. Upon successful completion of the training the local public health authorities shall issue certificates to the providers and employees.

~~(3)~~(5) In lieu of training, local public health authorities may elect to inspect facilities and issue certificates of approval to ~~child-care~~ day-care center providers.

~~(4)~~(6) Each applicant for a license to operate a day-care center shall submit to the department a certificate issued pursuant to subsection (2) or (3) before the department ~~will~~ may issue a license.

~~(5)~~(7) The local public health authority may charge the applicant a reasonable fee, not to exceed $25, for any inspection necessary to issue a certificate of approval~~,~~ or a fee not to exceed the documented cost for training that it provides under this section."

-END-

EXHIBIT 2
DATE 1-18-95
HB 134

AMENDMENTS TO HOUSE BILL 134 (Introduced copy)

Requested by the Department of Health and Environmental Sciences

1. Title, line 5.
Following: "TO"
Strike: "PROVIDE"
Insert: "ALLOW

2. Title, lines 6 and 7.
Following: "DAY-CARE" on line 6
Strike: "FACILITIES, INCLUDING DAY-CARE CENTERS, GROUP DAY CARE, AND FAMILY DAY CARE"
Insert: "CENTERS; ALLOWING AN OPERATOR OF A DAY-CARE CENTER TO EXCLUDE AN UNIMMUNIZED CHILD; REQUIRING NOTICE TO PARENTS OR GUARDIANS OF OTHER CHILDREN ADMITTED TO A CENTER THAT AN UNIMMUNIZED CHILD IS ALSO ADMITTED"

3. Page 1, line 13.
Following: "~~centers~~"
Strike: "facilities"
Insert: "centers"

4. Page 1, line 20.
Following: "day-care"
Strike: "facility"
Insert: "center"

5. Page 1.
Following: line 20.
Insert: "(2) Nothing in (1) prevents an operator of a day-care center from excluding a child from attendance on grounds that the child has not been immunized.

(3) If a child for whom an exemption from immunization has been claimed is admitted to a day-care center, the center must notify the parents or guardians of all other children admitted to the center that an unimmunized child attends the center. The notice may not include the name of the unimmunized child or any other information that may identify that child."
Renumber: subsequent subsections

EXHIBIT 3
DATE 1-18-95
HB 134

TESTIMONY IN OPPOSITION TO HB 134

Submitted by Becky Fleming-Siebenaler
Day Care Program Officer
Department of Family Services

I am Becky Fleming-Siebenaler, Day Care Program Officer for the Department of Family Services. On behalf of the Department of Family Services, I am here today to voice our opposition to HB 134.

There are many issues of concern regarding this bill, but I will focus my comments on the central point(s) that the agency believes are causes for alarm if this bill were to pass.

The overriding concern of this agency with HB 134 is its failure to adequately protect the youngest and most vulnerable children attending day care from the potential effects that an unimmunized child unknowingly inflicts. Children in day care facilities are often in very close contact and these environments by nature are high risk areas for the transmission of contagious diseases.

Not only does an unimmunized child put others--especially infants who are not old enough to be immunized--at risk, but he/she is also placed in extreme risk. The dangers that result from these diseases are many. They range from lung damage, to mental retardation and death.

Despite the fact that vaccines are readily available, whooping cough, measles, mumps and rubella among other childhood diseases are still around, still causing serious and permanent damage to kids. Except for tetanus, the diseases are easily spread from person- to- person. No child--even an unimmunized child--should have to run the risk of contracting any disease which could seriously injure his or her health.

Allowing an unimmunized child into a day care facility can also impact staff as well as the public; in particular, women who are pregnant. Measles, whooping cough (pertussis), rubella and mumps, which are serious childhood diseases, can have permanent effects upon a pregnant woman's unborn child. Rubella, for example, when contracted in the first three months of a pregnancy, can cause miscarriage, still birth and multiple birth defects.

The Department of Family Services does not take the issue of protecting religious beliefs lightly. However, there are alternative child care options. In particular, the Child Care and Development Block Grant and other Federal day care programs mandate states to pay for and promote "Legally Operating" care. As such, DFS adopted rules permitting state payment to those families who preferred "Legally Unregistered" care. The rules allow the care to be provided in the home of the provider, or in the home of the child (referred to as "In-Home Care"). These new rules were based upon Montana's current day care law. This law allows a person to care for 2 or less children without having to be registered or licensed. Therefore, whether the parents are enrolled in a state paid day care program or are private paying, there are alternatives available.

While day care may seem necessary, it is not madatory and parents who insist on claiming religious exemption to immunization can use the above day care alternatives.

The Department of Family Services believes that all the children in day care facilities deserve to be protected and unless all the children are fully immunized, that cannot be achieved.

EXHIBIT 4
DATE 1-18-95
HB 134

TESTIMONY IN OPPOSITION TO HOUSE BILL #134 - to provide by rule for medical or religious exemption from all immunizations required for attendance in a daycare facility....

Both medical and religious exemptions are being sought for daycare as they are currently in place for public school attendance, presumably because to deny them is to discriminate on the basis of religion. However, daycare attendance is not mandatory, school attendance is mandatory. At a site the government does not require children to be at, no discrimination exists for requiring a more stringent policy regarding immunization.

DHES, through current changes in Daycare Rules, open to comment through January 19th, 1995, seeks to apply immunization requirements equally in all daycare facilities. Children attending daycare as well as all children of a daycare provider residing at a daycare site (most frequently a private home) and all members of the provider's family living there are required to have specified immunizations recommended by the Centers for Disease Control (CDC) in Atlanta. (I will not list all vaccines here as the list stands in the public record). Medical exemptions approved by a licensed or authorized health care provider have always been a provision of the law and this exemption is not in question. There should be no other exemptions granted for children under age five (5) who are attending daycare, for the following reasons:

Eight childhood diseases can be prevented by appropriate immunization. They are: Measles, Mumps, Rubella, Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza Type b. These diseases are still a serious threat to health because they are highly contagious (except for Tetanus), they may be spread by those who are infected but may not appear ill, most are transmitted by the respiratory route (such activities as talking, coughing, sneezing), and all have potentially disabling complications.

A recent survey in Montana showed that only 20% of 19 month old children are current with their immunizations, increasing to 48% current at age two (reflecting daycare requirements) and 99% are current at age 5 (reflecting mandatory requirements for school entry). Four facts emphasize the potential impact of these statistics:

1) The risk of contracting vaccine preventable illness is higher for both infants and toddlers in childcare.

2) Preschool age children currently have the highest age-specific incidence of measles, pertussis, rubella and HIB.

3) Younger children are at higher risk than older children for complications of their illnesses.

Post-it® Fax Note 7671	Date 1/15/95	# of pages ▶ 3
To Barb Bahar/Steve Shapiro	From Shelly Meyer, RNC	
Co./Dept. MNA	Co. MCCHD	
Phone # 800-769-0050	Phone # 523-4750	

4) Unimmunized children are a particularly dangerous threat to infants and young children because a mild case of any one of these illnesses with non-apparent symptoms can be contagious enough to cause serious infection in those young children who have not yet completed a primary series of immunizations.

Some people assume that because most children are immunized, that those who are not, are protected by this "herd immunity". This is strictly risky thinking because even if the immunity level of the general population is high, the possibility of outbreaks in unimmunized sub-populations continues, with resulting serious complications from disease. Also, levels of immunity previously thought to afford community protection are challenged in more crowded group settings and against some vaccine preventable illnesses. For Tetanus, which is not communicable in humans, there is no herd immunity. (100% immunization is necessary to assure protection.)

Surveillance of preventable disease through information such as immunization status cannot afford to be relaxed. CDC reported that their 1993 data indicates that the number of cases of Pertussis reached it's highest level in 26 years (since 1967). Pertussis cases occurred primarily in preschool children (65%), and reported Pertussis morbidity in this age group was almost 10-fold higher than that of any other childhood vaccine preventable disease. A part of my job includes reviewing immunization records with daycare providers to assist them in the ongoing updating of children's IZ status. In visits to 185 daycare providers in Missoula last year, I found 24% of IZ records to be incomplete. The possible consequence of this inadequate protection could imperil a child's life or increase their potential for permanent disability.

Finally, immunizations are among the most powerful and cost-effective tools we have for disease prevention. In the last decade alone, nine (9) new or improved vaccines have become available. In 1990, two (2) Hib vaccines were licensed for use in babies as young as two (2) months of age. By 1992, these vaccines had already reduced the incidence of Hib Meningitis in the U. S. tenfold. With widespread use, these vaccines have the potential to virtually eliminate Hib Meningitis in children. By immunizing every baby born in the U. S. in a given year against Hib, scientists estimate that the total direct and indirect cost savings would be greater than $430 million.

I urge you to oppose HB #134. The requirements of the law pertaining to immunization in a daycare setting do not impose a threat to the free practice of religion and do not discriminate on the basis of religious preference because they do not require universal attendance or specific attendance by any group.

EXHIBIT 4
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HB 134

Nor do they impose financial hardship on providers or parents, who may elect to participate in free immunization programs. Nor do they challenge a parent or provider's belief in/or election of alternative medical treatments or non-treatment. The existing law, with proposed revisions, upholds a child's right to a healthy future. Please do not choose any other.

Shelly Meyer, RNC
Public Health Nurse
Missoula City/County Health Dept
Child Health Consultant, Child Care Resources - Missoula

EXHIBIT 5
DATE 1-18-95
HB 134

January 16, 1995

HOUSE HUMAN SERVICES COMMITTEE
John Cobb-chairman
Ann Boden
Beverly Barnhart
Betty Lou Kasten
Chuck Swysgood-vice chairman
Jim Burnett
J.D. Lynch

RE: House Bill No. 134

Dear Committee Members,

I respectively submit this letter in strong opposition to HB 134. This bill calls for amending section 52-2-735 MCA and allowing a religious exemption for all immunizations in day cares.

The first sentence of 52-2-735 MCA calls for the adoption of rules to protect children in day care settings from the health hazards of inadequate food preparation, poor nutrition, and **communicable diseases.**

Immunizations are used for the prevention of vaccine-preventable **communicable diseases.** There is presently a measles outbreak in Denver and a recent pertussis (whooping cough) outbreak in Idaho. This pertussis outbreak started in a faction of the community that did not believe in immunizations. Three cases of pertussis in Montana have been linked to this Idaho outbreak.

I am the Community Health Director for Flathead City/County Health Department. I have worked through a measles epidemic-70 cases in 1988; counseled pregnant women exposed to Rubella (German measles); and provided grief counseling to a family who lost an unimmunized child to Hemophilus influenza type B (HIB), which carries a 1 in 20 death rate and a 1 in 4 chance of permanent brain damage.

I am apposed to this bill for a variety of reasons :

*Proposed bill does not carry any enforcement component.
*No justification for its necessity because enrollment in day care is voluntary.
*Restricts the rights of the parents who enroll their immunized children in day care because of increased risk of exposure to unprotected children.
*Immunizations are given in series because it takes time for them to reach the desired antibody protection level of 95%. Thus, a child who has received this first DPT has 33% protection, after the second dose 66%, and so on.
*These children need protection from unnecessary exposure until they are fully immunized.
*Due to the general population of the day care participants, the risk of the spread of communicable disease is greatly increased because of the increased saliva contact of toys and every thing else that goes in the mouth to see if it's worth playing with.

Your committee would do a greater service to the children of Montana by opposing this bill and correcting the oversight of allowing a religious exemption of HIB only in ARM 16.24.413 #12 in the proposed Day Care Center Rules.

President Clinton has strongly supported The Year 2000 Goals of increasing the number of 2 year olds who are fully immunized. As policy makers, every effort must be made to continue to protect our children from communicable disease.

Thank you for your consideration of these comments.

Sincerely,

Boni Stout

Boni Stout, RN, BSN
48 Lochness Ave.
Kalispell, MT. 59901

HOUSE OF REPRESENTATIVES

HUMAN SERVICES

WITNESS STATEMENT

PLEASE PRINT

NAME Jim Seifert BUDGET _____

ADDRESS Box 328 Troy MT DATE _____

WHOM DO YOU REPRESENT? Mt Pharmacists.

SUPPORT X 169 OPPOSE _____ AMEND _____

COMMENTS: _____

HR:1993
CS16

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging DATE 1-18-95

BILL NO. HB 134 SPONSOR(S) Orr / Kadas
HB 169

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
Becky Fleming-Siebarker	DFS		134 X
Dale Taliaferro	MDHES		X
DALE TALIAFERRO			
Scott Orr	HD 82	X 169	
Jim Seifert	Self	169	
Gene Havens	Gene's Pharmacy	169	
Mike Larson	Plains Drug	169	
DAN SKURKSON	VALLEY DRUG	X 169	
Wayne Hedman	Bitterroot Drug	169	
John Melcher Jr.	DFS	169	134 X
Shirley K. Brown	DFS		X 134
Frank Kowkowski	DFS		X 134
Jerome T Loendorf	Mt. Medical Ass	169	

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

HR:1993
wp:vissbcom.man
CS-14

Joan Miles LVC City/County Health 134 - Oppose

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services COMMITTEE DATE 1-18-95

BILL NO. HB 134 / HB 169 SPONSOR(S) Orr / Kadas

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
Steven Shapiro	MT Nurses Assn		X 134
Mary Alice Cook	Advocates for MT Children		
Beth Cottingham	DHES Immunization Program		X 134

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

HR:1993
wp:vissbcom.man
CS-14