MINUTES

MONTANA HOUSE OF REPRESENTATIVES
54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By **CHAIRMAN DUANE GRIMES**, on January 20, 1995, at 3:00 p.m.

ROLL CALL

Members Present:

Rep. Duane Grimes, Chairman (R)
Rep. John C. Bohlinger, Vice Chairman (Majority) (R)
Rep. Carolyn M. Squires, Vice Chairman (Minority) (D)
Rep. 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. Chris Ahner

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 184, HB 187, HB 190
Executive Action: None

HEARING ON HB 184

Opening Statement by Sponsor:

REP. ROGER DEBRUYCKER, HD 89, said this bill is for the licensure of psychologists.

Proponents' Testimony:

Pastor Jeff Olsgaard, Chairman, Montana Board of Psychologists, submitted written testimony. **EXHIBIT 1** He said he would support this bill with the proposed changes.

Gloria Hermanson, Montana Psychological Association, said they stand neither as an opponent nor a proponent for this piece of legislature. She wished to inform the committee that this piece of legislation has been reviewed by the Montana Psychological Association and they have no concerns.

Opponents' Testimony: None

Informational Testimony: None

Questions From Committee Members and Responses:

REP. DEB KOTTEL asked **Mr. Olsgaard,** if the new section 4 is needed if the words are changed instead of "Canadian" under 37-17-304 to or "foreign jurisdiction upon meeting criteria to an agreement established by the board." **Mr. Olsgaard** answered that Canada is the only foreign country presently using the same criteria that the United States does for licensure in terms of the written examination.

REP. KOTTEL then stated this section seemed to be showing a preference to the Canadians over other foreign countries.

Carol Grell, Legal Counsel, Board of Psychologists, explained the reason this bill is presented in this manner is that they are currently working with Canada and have reciprocity agreements with them. Their schools are equivalent and give the same exam. The reason for section 4 is because they do not have these assurances with other foreign countries. This new section will allow their credentials to be reviewed by agencies that do this work on a permanent basis.

REP. KOTTEL asked **Ms. Grell** if they then decide that they like the Netherlands credentials, does this mean they will be back in two years asking the legislature to change it again. **Ms. Grell** replied that is not a scenario that will be occurring.

REP. LOREN SOFT asked **Mr. Olsgaard** regarding new section 4, foreign-trained applicants, if he could explain the makeup of the agency who will be screening these applicants. **Mr. Olsgaard** explained that there are currently less than one dozen credentialing agencies in the country. They look at offerings from other countries. They translate not only the language, but also academic standards by specific credits for education. They can then compare them to a level of standards and know how to make equivalency evaluations.

REP. SOFT asked if he could be more specific who these agencies are.- He referred to his statement that they may have to translate languages and asked if that means these applicants aren't fluent in English. **Mr. Olsgaard** answered that they have three agencies that are being used by other states and other universities for candidates arriving. That may be the case in fluency. He said they haven't had the problem with the language barrier, but want to be prepared. There are standard tests available for English-speaking people. These tests need to be made available to the majority of the population at some level of efficiency.

REP. LIZ SMITH asked **Mr. Olsgaard** what the scope of the Canadian practice is. **Olsgaard** answered that the current standards for licensure in Canada are equivalent to the terms needed in the United States.

REP. L. SMITH asked **Ms. Grell** if out of the five applicants that they've had, where did they come from and how long did it take to hire them. She wondered if any of the applicants were from Canada. **Ms. Grell** answered that they don't have five candidates, but do have one candidate from the Netherlands. No applicants from Canada have applied for a Montana licensure at this time.

REP. BRUCE SIMON asked **Mr. Olsgaard** if all the people who are licensed in the state of Montana have taken the national exam. **Mr. Olsgaard** replied they have not. Some are under a grandfather clause; they were already licensed before the national exam was available. This is true in other states as well.

REP. SIMON asked **Ms. Grell** why do they need section 5 and referred to 37-17-304 where it states if someone is licensed in another state, they don't have to take a written exam if the requirements are essentially the same. He wanted to know why they would require these extra steps.

Ms. Grell answered that the difference is under 37-17-304. The licensees that come from another state are required to have taken the national written exam. They are a different group of people. Strict reciprocity arrangements have been made with other states. Written agreements have been made, where they agree to take their candidates if they are licensed. In contrast, the scenario that is set up in Montana statute is more of an endorsement whereby the Montana board would evaluate criteria and requirements from each of the other states. Currently all states require the national exam. If the individual was "grandfathered" then he would not be eligible in Montana because he did not meet the requirements. Our intention when adding new section 5 is to "open the door" instead of shutting these people out and to give them credit for the 20 years experience they have.

REP. KOTTEL asked **Ms. Grell** why new section 5 doesn't clearly define the practical clinical experience and perhaps it should say 10 out of the last 15 years practicing. She asked if someone

can get a degree, work for 10 years, then drive taxi for 20 years and come to Montana and be admitted because he passed the exam 30 years ago. **Ms. Grell** said that is a very good point and something which needs to be clarified.

CHAIRMAN DUANE GRIMES told **Mr. Olsgaard** that under new section 5, they do not have anyone apply for the senior psychologist license who would fit under this section. He said they are taking national language and putting it in statute just in case that happens. **Olsgaard** replied that is incorrect. In the past three years they had 48 candidates apply for licensure. Over 10% of those recognize that Montana statutes don't allow for them. More than 10% of those would fall under the new section.

CHAIRMAN GRIMES then asked **Mr. Olsgaard** what licenses are available. **Olsgaard** answered that this is not a new license of any sort.

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It simply recognizes and gives credit for licensure for experience they have had and licenses they have held.

REP. SIMON asked **Ms. Grell** if it is common for boards to look at requirements when the person was licensed, or do they look at current standards. **Ms. Grell** answered that they have 34 licensing boards and it varies for each board. Some boards do go back in time, some have reciprocity agreements, other boards hold endorsement language only.

Closing by Sponsor: The sponsor closed.

HEARING ON HB 187

Opening Statement by Sponsor:

REP. RED MENAHAN, HD 87, said this bill places the forensic facility at Warm Springs under the adult corrections component of the Department of Corrections and Human Services to be used as a sex offender treatment program. It is a very secure facility.

Proponents' Testimony:

Dan Anderson, Administrator, Mental Health Division, Department of Corrections & Human Services, submitted written testimony. **EXHIBIT 2** He said they would like to consolidate the campus after remodeling and plan to use the eastern side of the campus. Forensics will be turned over to the Department of Corrections. This building was built in 1988 to serve criminally court-ordered patients for the state hospital and also non-criminal patients who have serious disruptive behaviors. It is the most secure facility at the state hospital. The building currently has 92 beds. In the behavior control area there are twelve beds, this

is where patients are sent for a period of time when their behavior is disruptive. At the time the new facility is constructed for the forensics patients, this building would become part of the correctional systems. There are a number of potential uses for this building. One which is to use it for a sexual offender treatment, also in part, for mentally ill inmates.

Mike Ferriter, Chief of Community Corrections Bureau, Department of Corrections and Human Services, stated that the idea of using the existing forensic unit for correctional purposes is a very positive idea. He envisioned the unit as possibly having a dual role. The first as serving as a central reception unit for all male offenders either committed to the Montana State Prison or the Department of Corrections and Human Services. As a central reception unit, the building would allow for a more independent assessment relative to appropriate placement of offenders. Some offenders do not need to penetrate the fence of the Montana State Prison at Deer Lodge. Hence, the offender could be better served in the community corrections program, or one of the proposed regional prisons. The second possible use is to provide a mental health facility for corrections clientele who are diagnosed as mentally ill. He envisioned a wing of the forensic unit being designated for these special need offenders. The location of the forensic unit would also allow for possible borrowing of trained mental health professionals from the Montana State Hospital. The bill would also allow for additional space for the severely overcrowded Montana State Prison, while better serving the needs of the offenders and the state of Montana.

David Hemion, Public Policy Coordinator, Mental Health Association, said the association supports meeting the mental health needs of offenders. HB 187 would accomplish that purpose. He recommended that the department utilize this unit to enhance its ability to treat mentally ill inmates, the purpose for which the building was constructed. He would be concerned, however, if this resulted in any unfavorable impact on patients who are currently being treated at Montana State Hospital.

Kelly Moorse, Board of Visitors, stated that they review the care and treatment of the patients at the Montana State Hospital. She suggested an amendment at the end of section 2, to add that all civil patients should be transferred off the forensic unit. This would reinforce the department's position that this is a penal facility, not a mental health facility. It would also avoid any constitutional problems where issues with Supreme Court decisions have been forthcoming.

Andree Larose, Staff Attorney, Montana Advocacy Program, remarked that the Montana Advocacy Program is a federally-funded, non-profit organization which represents people with disabilities. They support the idea of using the forensic unit to provide mental health services for prisoners who think there is a great need for that kind of service. They hope that the unit be used

for that purpose alone. They have heard there might be plans to double-bunk individuals in that unit. There currently are 96 beds in the unit, but they may have to serve as many as 192 patients. There are some concerns about this. They agree with the testimony of David Hemion and Kelly Moorse. They, too, agree there should be no mixing of the civilly-committed patients and the criminally-committed patients.

REP. LIZ SMITH, HD 56, speaking for the **Montana State Psychiatric Hospital,** commented that the staff and patients support this bill. The effective date is important. The patients themselves have a great concern and are anxious about the movement of any Montana State Prison inmates that are being transferred to the forensic unit. There are approximately 140 Montana State Prison inmates who have a dual-diagnosis. They are also mentally ill. Some of those are being moved to the forensic building.

John Thomas, Chairman of Board of Parole, stated their support of this bill.

Opponents' Testimony:

Marty Onishuk, Montana Alliance for Mentally Ill, said there are eight chapters in Montana. This bill still leaves the Montana State Corrections system and the Mental Health Division together. They would support turning the forensics building over to the prison system if the following were done. If the Department of Corrections were separated from mental illness, as is proposed. There are now 92 beds in the facility. There are now 140 people in the Montana State prison receiving medication for mental illness. They would like to turn the whole campus over to the prison system, because the prison is going to need to expand in the future. They would also like family members to be in a state hospital in the community. "There is no community in Warm Springs, it sits out there in the woods where it was established in 1877 when mental illnesses were thought to be caused by demons." They support treatment to prisoners with chronic and serious mental illnesses, but not as part of this unit.

REP. SUSAN SMITH, HD 84, stated that the hospital at Warm Springs was built six years ago. There was a study done at that time that indicated this facility would be needed. When visiting Warm Springs recently, it was learned that it is not being used to capacity. The doctor in charge felt the quarters were too close for the mentally ill. They would like to build a new facility for $19 million. In six years from now this facility may not be big enough.

Informational Testimony: None

Questions From Committee Members and Responses:

REP. JOHN BOHLINGER told **Dan Anderson** that he learned at a presentation at Billings Deaconess Hospital, that the people of

Billings felt the construction of this building was a waste of money. People who had been patients at Warm Springs testified that this hospital was a lonely and isolated place. They felt it was not a good place to get well. He inquired about the level of support for this project. **Mr. Anderson** replied that there was some opposition to this plan.

REP. BOHLINGER asked **Mr. Anderson** if there was support for the plan. **Mr. Anderson** replied that there was some support for the plan by current patients at Warm Springs.

REP. BOHLINGER inquired of **Mr. Anderson** if there seems to be a preference for community-based care. **Mr. Anderson** replied there was "absolutely."

REP. BOHLINGER asked **Mr. Anderson** why they should propose construction for a "mammoth" facility that would move them away from what seems to be a trend in mental health. **Mr. Anderson** responded that they are proposing construction of a state hospital with significantly fewer beds than currently exist. There continue to be people who are a danger to society and need to be in a safe, secure place to receive treatment. This can be provided at Warm Springs.

REP. SUSAN SMITH inquired of **Mr. Anderson** how many people are currently at the Warm Springs facility. **Mr. Anderson** replied that there are 195 patients.

REP. S. SMITH then asked **Mr. Anderson** when this new facility is approved and built, how many people it will serve. **Mr. Anderson** answered that their intention is to have a 166-bed facility, and anticipate in 4-5 years the average population will be 135 patients.

REP. S. SMITH asked if it was correct that the forensic facility has 92 beds and 12 beds for disruptive behavior. **Mr. Anderson** answered that was correct.

REP. S. SMITH asked **Mr. Anderson** if the current facility could not provide the same service that the new $19 million facility could. **Mr. Anderson** replied that there are considerable improvements that have been designed in terms of patient services and a variety of different areas for patients to receive services. They could put 92 mentally ill people in the existing building, but there would not be the same quality of life and the same quality of treatment. Also they wouldn't achieve the consolidation in the campus. By consolidating, we could save $2 million per year in basic operating costs.

REP. SIMON asked **Mr. Anderson** if they call out all the facilities in state law, that they use as part of the work of the Department of Corrections and Human Services. **Mr. Anderson** replied that each building wouldn't necessarily be named. The current law

does define what is part of the correctional system, but doesn't reference this particular facility.

REP. SIMON asked **Mr. Anderson** where in this list is the Swan River Boot Camp. **Mr. Anderson** replied it is not there.

REP. SIMON asked **Mr. Anderson** if the Swan River Boot Camp can be used for correctional purposes. If the forensic unit is used for correctional purposes, even though it isn't outlined in state law, wouldn't it be perfectly legal. **Mr. Anderson** answered he is not an attorney and can't answer that.

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REP. SIMON inquired if the plan is showing that the building won't be constructed in the next two years, what is the purpose of this bill. **Mr. Anderson** replied that there are two purposes for this bill. One is for planning purposes and the other is to begin doing some security renovation.

REP. S. SMITH asked **Mr. Anderson** if the building is given to the correctional department, would the facilities not be used for mentally ill patients. **Mr. Anderson** replied that they have planned to have appropriate areas in the new facility for the forensic mental health patients.

REP. S. SMITH inquired of **Mr. Anderson** if this facility wasn't approved, what would happen to these patients. **Mr. Anderson** replied that is the purpose of section 2 of the bill. This would only become effective if the new facility was constructed.

REP. LOREN SOFT asked **Mr. Anderson,** to respond to the statement made that there is little community involvement in the planning of the new building. **Mr. Anderson** replied that when they started planning the project last year, the planning group that was put together was predominately the hospital staff. The purpose for doing that was because they have expertise in designing the kind of facility needed for the patients they serve. One of the consultants working on the project met with directors of community health centers and other staff to ask the same sort of questions. An error was made in not involving more mental health centers. The meetings were open to the public from the beginning.

REP. SOFT then asked **Mr. Anderson** who was involved in the design and planning of the 1988 building which does not seem to serve the purpose anymore. **Mr. Anderson** stated that there was a rather broad-based group of people that involved some advocacy groups and also members of the community.

REP. L. SMITH asked **Mr. Anderson** if at the time the forensic building was built, were there about 350 patients. She asked if the committee was appointed for accreditation purposes. **Mr. Anderson** answered there were approximately 350 patients. As far

as the committee is concerned, the overriding task was to design a state hospital that was accredited as well as more efficient and consolidated.

REP. DICK GREEN inquired of **Mr. Anderson** if it takes $190,000 per patient to put together a usable, acceptable building. **Mr. Anderson** stated, the calculations haven't been made. The budget for construction and demolition of previous buildings is at the $20 million mark.

REP. GREEN asked **Mr. Anderson** at $190,000-$200,000 per patient, it wouldn't be surprising if it doesn't get built. **Mr. Anderson** replied the costs are standard costs of building and building hospital beds. The cost does not seem exorbitant.

REP. S. SMITH asked **Mr. Anderson** if this building were to be placed under the corrections department, would that take it out of the heading under Warm Springs and put it under the heading of the Corrections Department. **Mr. Anderson** stated that was correct.

REP. S. SMITH asked **Mr. Anderson** if this would be leveraged for the new building. **Mr. Anderson** replied that the transfer of authority to the correctional system wouldn't occur until and unless the new facilities in Warm Springs were built.

REP. S. SMITH asked **Mr. Anderson** if the new facility and building would need to be approved, before giving the old facility away. **Mr. Anderson** answered that is why the new section 2 is there.

REP. L. SMITH inquired of **Mr. Anderson** if it's not true, with the "busting of the walls" of the Montana State Prison (MSP), that there is a great need to place inmates. Does this not give a clear definition that criminals cannot be placed in the building while still being utilized by the mentally ill. **Mr. Anderson** replied that was true.

REP. L. SMITH then asked **Mr. Anderson** if the cost of the new campus would be about $135 per square foot and how many existing buildings on campus will serve the mentally ill. **Mr. Anderson** stated that four or five existing buildings will continue to be used.

REP. SIMON told **Mr. Anderson** that last year $1 million dollars was provided for health & safety to reach accreditation standards at the Warm Springs Campus. He asked how much money has been spent doing this in the last two years. **Mr. Anderson** answered none.

REP. SIMON asked **Mr. Anderson** if this bill is passed, what if the legislature chooses not to build at Warm Springs. You cannot use this if the facility is built anywhere else. **Mr. Anderson** answered that was correct.

REP. MOLNAR asked **Mr. Anderson** in reference to the $190,000 per bed concept, did he compare that cost to other places in the state and did he find a cheaper bed rate. **Mr. Anderson** answered that they did not make those kinds of comparisons. The cost was estimated at standard cost.

REP. MOLNAR inquired of **Mr. Anderson** the need for each patient to have 1,500 square feet of space. **Mr. Anderson** answered that they need a program area, medical records area, classrooms, a gym, and offices. This space footage includes accommodation for those activities.

REP. SOFT asked **Mr. Anderson** of the money that was designated to be spent on the study at Warm Springs, how much has been spent, and what was it spent on. **Mr. Anderson** answered that they didn't know how much money was spent, but paid for the planning and development of the renovation. The plans included bringing each building up to standards. It is not economically smart.

REP. SOFT asked **Mr. Hemion,** in terms of the need for community-based services, he was surprised to see the Mental Health Association supporting the idea of building on the campus of Warm Springs. **Mr. Hemion** replied that they want to use the forensics unit only.

REP. SOFT then asked **Mr. Hemion** what his views were on treatment for the mentally ill in this facility. **Mr. Hemion** stated that the facility was made for this purpose and would enhance the department's ability to treat the mentally ill within the prison system.

REP. BOHLINGER told **Mr. Anderson,** in reference to the concepts of treatment of the mentally ill, that great concern has been expressed about combining prisoners with the mentally ill. The mentally ill want the Department of Corrections and Human Services to address their concerns about having community-based care. **Mr. Anderson** replied that their department supports community-based treatment.

REP. LIZ SMITH asked **Mr. Anderson** if it is costly to treat the severely mentally ill. She said these people need to be treated somewhere, but they don't want to mix the severely ill with others in the prison system. She asked if the forensic center will be used for the specific group, and there will be no blending. **Mr. Anderson** replied that the cost is high to treat severely mentally ill patients. The forensic center will stay targeted for the severely mentally ill patients.

Closing by Sponsor:

REP. MENAHAN, HD 87, said the population had changed since this facility was first designed. Many of the local psychiatrists and psychologists thought they could treat locally and charge the county for it. The county has been picking up the tab. The

mandates go back to the taxpayer rather than the state. That population no longer plays a major role in the facility. That is why some of the beds have been freed up in the secure area. Those people are now in the county jail. In the overall plan, because of the overcrowding at the prison, there is a mental health treatment wing. The young man who recently died in the hospital was in that wing at MSP. Treatment may not be available for all 140 patients in this facility. If some of these patients get treatment, then they may be able to adjust and go back to the prison, function there and then maybe go to a pre-release center. There is no need for all 140 patients to be in the facility under treatment at one time. There will be different stages of treatment also. It is not the location that will cost the money, it is the type of facility that is being built.

HEARING ON HB 190

Opening Statement by Sponsor:

REP. MATT DENNY, HD 63, Missoula, said this is a bill establishing the policy of the state to prevent the deaths of minors; encourage child mortality review through the creation of voluntary child mortality review teams; and providing access to information necessary to the work of a child mortality review team.

Proponents' Testimony:

Charles McCarthy, Bureau Chief, Department of Family Services (DFS), submitted written testimony. **EXHIBIT 3**

Christina Litchfield, R.N. Missoula City-County Health Department, said that in the state of Montana, a baby under one year of age dies every three days. Many of these deaths come from illness, accidents, or poor supervision. Many of these deaths could have been prevented. **EXHIBIT 4**

Gene Kiser, Director, Montana Board of Crime Control, submitted written testimony. **EXHIBIT 5**

Steve Shapiro, Montana Nurses Association, offered an amendment. **EXHIBIT 6** He said there are 1,400 R.N. members and they support HB 190. A nurse practitioner is an advanced practice registered nurse. These are nurses who have Masters degrees and are out in cities and towns in an independent health care practice. Another advanced practice registered nurse is the certified nurse midwife. These nurses have a great deal of personal contact with families in their practice and are significant in the lives of these families, especially in pre-natal care and delivery of the infant. This is why they offered an amendment.

Dale Taliaferro, Department of Health & Environmental Sciences, said this is an efficient way to meet the needs of agencies on a

state and local level and be less intrusive. Eventually the information can just be taken from databases rather than from individual records.

Jim Ahrens, President, Montana Hospital Association, stated there are children who die every day in hospitals. Many of them are very young. He asked if they need a community investigation for a five-year-old child who dies of leukemia, when "everyone" knows he died of leukemia. Or an accident victim, or a teenager who dies after having cancer for years. The death is obvious. How would they deal with those types of situations. MHA is not opposing this bill. These are just questions to be asked. Open meeting are available to public information. Therefore, the deaths wouldn't be private information. The proponents may want to address these issues.

Opponents' Testimony: None

Informational Testimony: None

{Tape: 3; Side: A; Approx. Counter: 000; Comments: n/a.}

Questions From Committee Members and Responses:

REP. ELLEN BERGMAN asked **Ms. Litchfield** about her statement that some women are ignorant about the fact that the baby moves inside the womb. She wondered how that leads to the death of the baby. **Ms. Litchfield** explained that what can happen when a fetus is experiencing stress within the womb, is that the baby may show signs by moving less or not moving at all because the baby is dying. What practitioners teach is to be aware of how the baby moves and how often, so they can be aware if their baby is under stress and at a risk for loss of oxygen. Loss of fetal movement or no fetal movement can be quite a dangerous sign. If a mother know this and tells her doctor they can intervene and save the baby.

REP. BERGMAN then asked **Ms. Litchfield** why it is necessary to investigate these deaths. She asked, "Aren't they dying normal deaths?" **Ms. Litchfield** answered no, they are not. Most of these deaths can be prevented. More children than we know die of injuries related to abuse and neglect.

REP. BOHLINGER asked **Ms. Litchfield** if predictable diseases would be reviewed. **Ms. Litchfield** replied no, there would be a screening mechanism by the coroner.

REP. SOFT asked **John Melcher, Jr., Attorney, Department of Family Services** what the current reporting system is now for deaths under 18 years of age. **Mr. Melcher** answered in existing Montana law, the coroner has responsibilities in connection with all children's deaths that are due to communicable diseases and accidental causes resulting from the actions from anyone who may have criminal intent. The only situation where the coroner is

not expected to have some involvement, either in the signed death certificate or in regard to a referral by the local register, is a situation when a child dies from a terminal illness that is not a communicable disease.

REP. SOFT then asked **Mr. Melcher** if Montana law required a death certificate be filled out for every death, and if so, who signs the death certificate. **Mr. Melcher** replied that it is, and either the coroner or the attending physician will sign it. If there is no coroner or attending physician there at the time of death, then the person who is present with the child, or closely connected to the child at the time of death, may go to the register and explain the circumstances of the death, and at that time the register may file the death certificate. Statutes allow that if there is any reason to question what has been told, it will be referred to the coroner.

REP. SOFT asked **Mr. Melcher** how they screen deaths, since death certificates are not always accurate in reflecting the cause of death. **Mr. Melcher** stated that the coroner, especially in cases of Sudden Infant Death Syndrome (SIDS) are aware of the problems. The physicians are aware of this also. SIDS cannot be diagnosed without an autopsy, yet physicians were signing death certificates without autopsies being done.

REP. SOFT asked **Mr. Melcher** about the issue of confidentiality. If a community screening team has access to that information, how does confidentiality stay protected. **Mr. Melcher** answered the team members themselves will not incur a great deal of liability as their role is limited. The privacy interests of the parents is not addressed in this bill. The team would review deaths only in the context of non-identifying information where appropriate.

REP. LIZ SMITH questioned **Ms. Litchfield** and asked how often would these screening teams would meet. **Ms. Litchfield** stated in Missoula there are about 30 deaths per year. This includes fetal and infant death. The screening team there would meet every other month to review deaths.

REP. L. SMITH told **Mr. McCarthy** there is a grant given by the state to develop research committees and asked how the money is spent if this is volunteer work. **Mr. McCarthy** answered that grants have been arriving from the federal government for the Children's Justice Act for the last six years, at about $60,000 per year. Sometimes it's more, sometimes it's less, depending on how many other states in the U.S. are members of the Children's Justice Act that year. Most of the money is spent on training. Social workers, medical doctors, attorneys, pathologists, and others who are involved with child abuse and neglect are those receiving the training. There are also conferences being held where they discuss issues such as what data to collect, what information the reports should contain, and whether every county need a screening team.

REP. L. SMITH asked **Ms. Litchfield** what has been done to access statistics. **Ms. Litchfield** answered that the infant mortality review is not accessed without a signed consent from the parent. That is why it has been difficult to compile a complete picture of infant mortality in the state of Montana. They don't have access to all of the records. If the family moves, there is no way to get that information. Parents are usually very cooperative, because they hope that the death of their child may hold meaning for the prevention of the death of other children.

REP. L. SMITH then asked **Ms. Litchfield** if this bill would give the needed permission. **Ms. Litchfield** replied it would give them the ability to have access to information in medical records. That would not necessarily mean that the committee would have the child's medical records in front of them. Many other states and jurisdictions have a person from the medical records present as well as a nurse or physician who was aware of the baby or child's medical information. That information could not be provided without anybody being in medical records. They would be designing a tool to ask more questions. That way it would not necessitate having hands on all the records.

REP. SIMON inquired of **Ms. Litchfield** if these review teams are voluntary. **Ms. Litchfield** replied they are.

REP. SIMON then inquired of **Ms. Litchfield** if some counties would establish these review team and others would not. **Ms. Litchfield** answered that was true and part of their intent is to highlight that there is a need in the state of Montana to examine why infants and children die. This bill would serve as an invitation to communities to assume the responsibility to take a closer look in their community about why their children die.

REP. SIMON asked **Ms. Litchfield** if the people that she has specified in the review team could get together on a voluntary basis already to gather the needed information. If asked if they could do this on their own without putting something in statute. **Ms. Litchfield** answered no, that's not completely right. There was discussion in their first group meeting about the possibility that the legislation might not pass. Death could be discussed anecdotally. Legally the specific details of the deaths could not be discussed. There is an extreme necessity to protect the confidentiality and the rights of the community members and their families.

REP. SIMON told **Ms. Litchfield** that earlier there was discussion that the information provided would not be specific to the person that was involved, but rather be of more general nature. The nature of the death, in other words, could be discussed without providing the individual name of the person who had passed away. **Ms. Litchfield** answered that is currently how infant mortality review occurs. When these reports come before the review team the client has been completely "de-identified" and assigned a number.

She said they lose a lot of information as it's translated from the county to the state.

{Tape: 3; Side: B; Approx. Counter: 000; Comments: n/a.}

Ms. Litchfield said the members of their team have expressed a need to have all the information and details of the child's health, living situation, parents' knowledge of the dangers in the environment. She envisioned that people would come to the committee with their information--either from the county attorney, coroner, Department of Family Services--and this information would be shared among those concerned. No new records would be created. The only information they would be collecting is that needed to de-identify would be age, race, circumstances of death, so they could compile all the data. She said a lot of important information has been unavailable to those doing infant mortality studies.

REP. SIMON stated that this data is typically on file in various places, and thought the problem was when death certificates are not completely filled out or erroneous information is recorded. He asked if this information came to them for review, if they would have the same problem. **Ms. Litchfield** said they wouldn't, and said in her position with Missoula County, and work done with the Department of Health and Environmental Sciences, she has had the opportunity to look at death certificates and medical records; she stated that she has examined over 100 of them. She said there are number of inaccuracies for a number of reasons. For instance, when cardiac arrest is recorded, that is not useful information, because everyone dies of cardiac arrest. She said if they could review the child's death with the coroner, state crime lab pathologist, DFS worker, and public health nurse present, they would know exactly how the child died.

REP. SIMON reiterated the issue of the accuracy of records filed with the state and he asked if a group of professionals could voluntarily train people to fill out death certificates to ensure that the information is accurate and complete, and then the repository would contain all the pertinent information. He expected that not all counties would comply, so they'd end up with "spotty" statistics anyway. He wondered if it would be better to train the people processing the certificates. **Ms. Litchfield** said, in answer to his first question, there are efforts currently to train employees to correctly fill out the forms. She mentioned a county coroner training in Missoula by the state crime lab pathologist who addressed this topic "extremely thoroughly." In answer to the second question about problems with the counties volunteering to participate, she said that most large communities are interested in starting this process. In Missoula, they want to start a regional team, to offer services to smaller counties, such as Mineral County, who would not have the resources to implement such a program. She said other states have done just this.

REP. SIMON said that the legislation would require the participation of certain people, such as physicians, and he wondered how the teams could be formed if people from the various categories are not available.

John Melcher, Jr., Department of Family Services, explained that the teams, by nature of their work, would be "intrusive" and they felt it would be absolutely necessary to have a physician on the team.

REP. SIMON asked **Mr. Niss** about a request by **Mr. Shapiro** to add certified nurse-midwife in the list, under subsection (e), line 14. He thought 37-8-102, advanced practice registered nurse might be a more appropriate definition to include, because it covers them all. **Mr. Niss** said it depended upon the reason the inclusion of this definition was recommended.

Mr. Shapiro came to the podium to answer questions.

REP. HAGENER asked if the results of the committee review might lead to prosecution of the person incorrectly filling out a death certificate. **Mr. Shapiro** responded yes.

CHAIRMAN GRIMES requested **Mr. Ahrens** to answer a question. He wondered if the bill would require him to release confidential information and what other mechanisms do they have for currently releasing such information.

Mr. Ahrens wasn't sure and didn't think he could answer the question.

CHAIRMAN GRIMES asked **Hank Hudson, Director, Department of Family Services,** if the bill would require his agency to release confidential information and would the DFS require any information if the bill passed. **Mr. Hudson** said they currently have authority to share information with such a group of professionals.

Mr. Melcher said a bill being carried by **REP. MARTINEZ** provides a specific exception to child abuse and neglect confidentiality provisions for child fatality review teams. The reason it was not included in this bill is because it was drafted long before this one. He was planning to ask **Mr. Niss** if they needed a coordinating instruction with regard to the other bill.

CHAIRMAN GRIMES asked **Ms. Litchfield** to describe, in the context of the team meeting, where they would be reviewing confidential information from a variety of sources, if she was saying that this information would be what they normally have and would they be bringing it to the group to discuss with other members in a public setting. He also asked what they would do should highly confidential information come up at the meeting. Would they not deal with that statistic or would they close the meeting.

Ms. Litchfield said the meeting would be closed anyway because they would not be public meetings. They are closed meetings with the listed individuals in the bill, only those would be allowed. She said if they saw the need for an additional professional person to be part of the review, they would be included. She said confidential information would be discussed, but could not be shared with anyone unless it was within the duties of that person to perform their job, such as a county attorney.

CHAIRMAN GRIMES asked **Mr. Melcher** why the team meetings will be closed. **Mr. Melcher** said on Section 4, page 2, the bill covers that subject.

Closing by Sponsor:

REP. MATT DENNY thanked the committee for the good hearing. He pointed out, with regard to **CHAIRMAN GRIME'S** question about the requirement that the information be disclosed, in Section 7 where it amends to add disclosure by a health care provider, all that does is authorize the health care provider to give the information. It does not require. He said that is also true of the criminal justice information. He said it's not a mandate. He addressed the question relating to what they would do if they didn't have the mandatory members of the team. He said when they first started working on the bill, these mandatory members are there so they can establish that there is a bonafide team, so the information released to them is not just being released to a one-person team, so the team has sufficient breadth to be authorized to have that information. He urged them to pass the bill.

ADJOURNMENT

Adjournment: 5:55 p.m.

REP. DUANE GRIMES, Chairman

for JACKIE SHERMAN, Secretary

DG/js

HOUSE OF REPRESENTATIVES

Human Services and Aging

ROLL CALL DATE 1-20-95

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	✓		

EXHIBIT 1
DATE 1-20-95
HB 184

HOUSE BILL 184

TESTIMONY BY PASTOR JEFF OLSGAARD
CHAIRMAN, BOARD OF PSYCHOLOGISTS

Mr. Chairman and Members of the Committee, for the record my name is Pastor Jeff Olsgaard from Rudyard, MT. I am a public member and current Chair of the Board of Psychologists. I am here today to testify in support of House Bill 184 which the Board of Psychologists has requested. I will briefly go through the proposed changes.

Section 1 37-17-302 APPLICATION - QUALIFICATIONS

Changes on page 1, lines 16-19 are gender neutralization and grammar clarifications made to the statute performed by Legislative Council drafting personnel.

Page 1, lines 20-21 delete the residency requirement for licensure as it has been found unconstitutional by the US Supreme Court in unrelated challenges to residency requirements.

Page 1, lines 22-30 are grammar changes.

Page 2, lines 2-4 clarify that of the required postdoctoral year of supervised experience, no more than six months may be in teaching and/or research. A license as a psychologist is issued so that an individual may offer psychological services to the public. The Board felt that at least six months of the postdoctoral supervised experience should be in actual clinical practice.

Section 2 ADMISSION OF LICENSEES FROM OTHER STATES OR JURISDICTIONS

Page 2, lines 7-11 provide that licensees from other states or a Canadian jurisdiction may be licensed without a written exam if they meet the criteria established by the Board. This change will allow the Board to move away from requiring reciprocal agreements with other states and the need to perform equivalency evaluations of other states laws and rules.

Section 3 DEPARTMENT TO PUBLISH LIST OF LICENSEES

Page 2, lines 15-18 will clarify that a list of licensees will not need to be sent to the Secretary of State. Copies of the list will continue to be furnished to the public who meet the requirements listed in Section 2-6-109, MCA (attached). This change will resolve a conflict between these two statutes, one of which requires mailing lists and one which prohibits release of mailing lists.

Section 4 FOREIGN-TRAINED APPLICANTS

Page 2, lines 20-25 will grant authority for the licensure of foreign-trained psychologists who have their credentials evaluated by a Board-designated agency and who meet equivalent

educational standards as reviewed by the Board. Foreign-trained applicants will st l be required to take both the written and oral examinations and meet the supervision requirement. The Board currently has no statutory authority in this area and does h ve foreign-trained candidates seeking licensure. Also with the passage of the North Amer n Free Trade Agreement (NAFTA), it is desireable to have standards in place fo foreign-trained candidates.

Section 5 LICENSURE OF SENIOR PSYCHOLOGISTS

Page 2, lines 27-30 and page 3, lines 1-5 provide for licensure of individuals who hav a doctoral degree and great amount of practical experience but who may not have ta e the national examination as it was not in existence at their time of licensure. The requirements for licensure of these individuals, in addition to the doctoral deg e would be that they have been licensed as a psychologist in another jurisdiction for e least 20 years with no disciplinary action against their license and that they have 10 years of practical experience and pass the Montana oral examination. The Board has ed several such applicants who wanted to offer their services to the public in Montana b did not meet current requirements for licensure, such as passage of the national exam.

Mr. Chairman and Members of the Committee, I am available along with the Board's Le Counsel, administrative staff, and a Board member who is a psychologist to answer questions you may have concerning this bill. I would like to thank the Committee the time it has spent on this matter and urge you to pass House Bill 184.

EXHIBIT 1
DATE 1-20-95
HB 184

History: En. Sec. 1121, Pol. C. 1895; re-en. Sec. 428, Rev. C. 1907; re-en. Sec. 461, R.C.M. 1921; Cal. Pol. C. Sec. 1015; re-en. Sec. 461, R.C.M. 1935; R.C.M. 1947, 59-531; Sec. 2-6-305, MCA 1979; redes. 2-6-107 by Code Commissioner, 1979.

2-6-108. Attachment and warrant to enforce. The execution of the order and delivery of the books and papers may be enforced by attachment as for a witness and also, at the request of the plaintiff, by a warrant directed to the sheriff or a constable of the county, commanding him to search for such books and papers and to take and deliver them to the plaintiff.

History: En. Sec. 1122, Pol. C. 1895; re-en. Sec. 429, Rev. C. 1907; re-en. Sec. 462, R.C.M. 1921; Cal. Pol. C. Sec. 1016; re-en. Sec. 462, R.C.M. 1935; R.C.M. 1947, 59-532; Sec. 2-6-306, MCA 1979; redes. 2-6-108 by Code Commissioner, 1979.

2-6-109. Prohibition on distribution or sale of mailing lists — exceptions — penalty. (1) Except as provided in subsections (3) through (7), in order to protect the privacy of those who deal with state and local government:

(a) no agency may distribute or sell for use as a mailing list any list of persons without first securing the permission of those on the list; and

(b) no list of persons prepared by the agency may be used as a mailing list except by the agency or another agency without first securing the permission of those on the list.

(2) As used in this section, "agency" means any board, bureau, commission, department, division, authority, or officer of the state or a local government.

(3) Except as provided in 30-9-403, this section does not prevent an individual from compiling a mailing list by examination of original documents or applications which are otherwise open to public inspection.

(4) This section does not apply to the lists of registered electors and the new voter lists provided for in 13-2-115 and 13-38-103, to lists of the names of employees governed by Title 39, chapter 31, or to lists of persons holding driver's licenses provided for under 61-5-126.

(5) This section shall not prevent an agency from providing a list to persons providing prelicensing or continuing educational courses subject to Title 20, chapter 30, or specifically exempted therefrom as provided in 20-30-102.

(6) This section does not apply to the right of access either by Montana law enforcement agencies or, by purchase or otherwise, of public records dealing with motor vehicle registration.

(7) This section does not apply to a corporate information list developed by the secretary of state containing the name, address, registered agent, officers, and directors of business, nonprofit, religious, professional, and close corporations authorized to do business in this state.

(8) A person violating the provisions of subsection (1)(b) is guilty of a misdemeanor.

History: En. Sec. 1, Ch. 606, L. 1979; amd. Sec. 6, Ch. 683, L. 1985; amd. Sec. 1, Ch. 663, L. 1989; amd. Sec. 2, Ch. 289, L. 1991.

Cross-References

Misdemeanor — no penalty specified, 46-18-212.

EXHIBIT 2
DATE 1-20-95
HB 187

HB 187 Testimony by Dan Anderson, Administrator, Mental Health Division, Department of Corrections and Human Services.

The Forensic Building at Montana State Hospital was built in 1988. It was intended as a treatment facility for patients admitted to the State Hospital under a criminal commitment and for non-criminal patients with serious behavior problems. It is the most secure patient facility on the Warm Springs campus.

The building has 92 beds plus 12 beds in behavior control areas which are used to house disruptive patients for temporary periods of time.

In planning for a remodeled and consolidated campus for the State Hospital, the eastern part of the campus has been selected. The buildings most appropriate for continued use and the most suitable area for new construction are located some distance from the forensic building.

The Department proposes that, at the time the new State Hospital facilities are completed that the forensic building be turned over to the adult correctional

system for use.

The Department's proposal for a new State Hospital campus creates significant cost savings through consolidation and efficiencies which pay for the cost of the new facilities. An additional advantage to the plan is the opportunity to use this facility for the corrections system which badly needs space. Depending upon how the corrections system decides to use this facility, there will be some opportunities for some shared services with the State Hospital and additional efficiencies. For example, if a part of the building were used to house inmates with mental illnesses, the professional expertise of State Hospital professionals would be readily available.

I recommend that the committee support HB 187.

EXHIBIT 3
DATE 1-20-95
HB 190

DEPARTMENT OF FAMILY SERVICES

MARC RACICOT, GOVERNOR

(406) 444-5900
FAX (406) 444-5956

STATE OF MONTANA

HANK HUDSON, DIRECTOR

PO BOX 8005
HELENA, MONTANA 59604-8005

TESTIMONY OF CHARLES MCCARTHY 1/20/95
HB 190 - CHILD MORTALITY PREVENTION ACT

I am bureau chief of Intervention, Protection and Treatment Services in the Helena office of the Department of Family Services.

DFS has received approximately $60,000 annually from the Federal Crime Victims Act. The funds are provided to states to: a) improve the handling of child abuse cases in a manner which reduces trauma to child victims; b) improve the handling of cases of suspected abuse and neglect-related child fatalities; and c) improve investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation. Recommendations are made by the State Children's Justice Act Task Force (CJA) about how to best utilize these funds.

In FY 94, the CJA Task Force decided to improve the handling of child abuse and neglect-related fatality cases by establishing child fatality review teams. At that time, 39 other states had already established such teams. Unlike most other states, the Montana task force decided to coordinate efforts with the Fetal and Infant Mortality Review Teams (FIMR) in the Department of Health and Environmental Sciences (DHES). The FIMR teams have been reviewing cases of fetal and infant deaths up to age one for several years, but they have not had the mandate to review deaths of other children. Representatives are present from DHES who will talk about the FIMR teams and the DHES role with the child fatality review teams.

The DHES, DFS, State Maternal and Child Health Advisory Council, state FIMR team, CJA task force, and the Missoula City-County Health Department initiated a pilot project in Missoula County in FY 95. Through a contract for services with funds provided by DFS and DHES, the Missoula City-County Health Department assigned one staff person to expand the past work on fetal and infant mortality to include a review of child fatalities through age 17. The project coordinator, Christina Litchfield, is present and will talk about the project's progress.

When the first meetings were held in Missoula county, it became clear that the local child death review team lacked a legal mandate and legislative authority to share information. HB 190 responds to our first attempt to establish a local child mortality review team and establishes the definition, role and process for local or state level teams established in Montana.

EXHIBIT 4
DATE 1-20-95
HB 190

TESTIMONY OF CHRISTINA LITCHFIELD, R.N.
HB 190 - CHILD MORTALITY PREVENTION ACT

I am a public health nurse with the Missoula City-County Health Department. I have been the coordinator of the county's Fetal and Infant Mortality Review since 1991. I also serve on the State Fetal and Infant Mortality Review team. Currently it has been my privilege to begin organizing the first multi-disciplinary, professional, child mortality review team in Montana. I am testifying as a representative of the Missoula Health Department, in support of the Child Mortality Prevention Act.

Every year more than 40,000 American infants die before their first birthday. In Montana, a baby under one year of age dies every three days.[1] Because of the concern for infant mortality rates, the MIAMI legislation of 1989, mandatated infant mortality review as one of the components to help insure healthy pregnancy outcomes for women of Montana. Since that time, with 9 counties and the Billings Area Indian Health Services participating, we have gathered a great deal of information from families and health and social service records, that has helped identify conditions or practices, some not previously known, that contribute to the mortality of infants. With the valuable data that continues to emerge, we can begin changes in policies and practices that may help prevent future pregnancy loss, and infant deaths, while also aiding us in evaluating the services we provide to families.

The most striking information I have learned after participating in Fetal and Infant Mortality Review, is that many deaths of infants are preventable. This is especially true if the infant does not suffer from a congenital condition, or succumb to SIDS. While that is tragic to realize in retrospect, it is empowering to consider in terms of the present. National research has also shown that the majority of the deaths of children are also preventable. I believe that the families of Montana deserve us to be as committed and diligent in our efforts to discover why their children who are older than one year, die.

Now, with the collaboration of the Department of Family Services and the Department of Health and Environmental Sciences, efforts to expand the fetal and infant mortality review to be inclusive of all deaths of Montana children under the age of 18 years, have been initiated.

---

[1]MONTANA PERINATAL PROGRAM 1991

As the coordinator of the pilot effort in Missoula, I invited key members of the community to come together and learn about child mortality review. Present at that first meeting in October were representatives of the police department, the coroner's office, the county attorney's office, both local hospitals, the department of family services, the health department, the mental health center, the Montana State crime lab, a pediatrician and an obstetrician.

With a five year average of 198 deaths to children under ~~one year~~ 18 in Montana, and 30 per year in Missoula (including fetal deaths), many stated concerns about deaths of children in our community and our state. All present agreed to participate in a volunteer work group, to explore how best to establish a child mortality review team in Missoula County.

The following are areas identified as necessary for consideration in this process:

1. **To accurately identify and document the cause of every child death.**

If the accuracy of child death determinations is to be improved, there must be a coordinated approach to investigation and documentation of the death from various agencies and a sharing of that information. The team should provide a forum for ensuring relevant information is shared and available to use in making a determination of why a child died.

2. **To collect uniform and accurate statistics on child deaths.**

The local team will have available current and complete information about why children die in the community. The pooling of information from the local team will provide complete and accurate information. This will allow local and state agencies the ability to properly assess the needs and to respond accordingly.

3. **To identify circumstances surrounding deaths that could be prevented in the future and initiate prevention efforts.**

Local teams will be able to use the data collected to identify and implement actions needed to reduce the number of preventable child deaths.

EXHIBIT 4
DATE 1-20-95
HB 190

4. **To coordinate efforts among the participating agencies.**

The team will provide the opportunity for local agencies and professionals to work together, facilitating coordination and cooperation.

5. **To improve criminal investigation and prosecution of child abuse homicides.**

As team members, police, medical examiners, physicians, child protective workers and others may exchange information which improves the quality of child death investigations. Discussions at a multi-agency team meeting may alert members to information and training needs related to child death investigations and autopsy techniques.

6. **To design and implement cooperative protocols for investigation of certain categories of child deaths.**

The team may recommend standardization in procedures related to infant and child death investigation.

7. **To identify and address public health issues.**

The review system will provide agencies within a community the opportunity to document patterns and trends of child deaths in their county. Identification of patterns and trends will provide the information necessary to implement local programs for public education, make recommendations for changes in protocols, and pool resources to address the need.

8. **To propose needed changes in legislation, policy and practices.**

Over time, the team may identify reoccurring issues in policy or practice, that may require change in policy at the local or state level. Recommendations may then be made by virtue of the information collected, and the experience of that committee.

In closing, I restate my support for HB 190, which will allow Montana communities the opportunity to choose to more completely and accurately explore the causes of death of their children, through the formation of voluntary, professional, multidiciplinary child mortality review teams.

EXHIBIT 5
DATE 1-20-95
HB 190

STATE OF MONTANA

DEPARTMENT OF JUSTICE

BOARD OF CRIME CONTROL

303 North Roberts - PO Box 201408 - Helena, MT 59620-1408

Joseph P. Mazurek
Attorney General

Phone (406) 444-3604
FAX (406) 444-4722

January 20, 1995

House Committee on Human Services and Aging
State Capitol Building
Room 104
Helena, MT 59620

RE: Support for House Bill 190

Dear Committee Members:

The Montana Board of Crime Control (MBCC) wishes to go on record in support of House Bill 190. MBCC strongly believes in a multi-disciplinary approach to solving community and state-wide problems. This bill, by encouraging the establishment of voluntary child mortality review teams, extends the resources available to local law enforcement. As a result, the effectiveness of local law enforcement is improved in several important ways. First, by working with law enforcment, these teams will help restore a sense of justice for young victims and their families. Second, investigations will be improved by a joint sharing of expertise and resources. Third, a team approach will improve upon child abuse prevention efforts by identifying common antecedent conditions and circumstances leading up to a child death. Finally, these teams will encourage community involvement in developing strategies to respond to, and prevent, these tragedies.

For these reasons, the MBCC is prepared to work with the Departments of Family Services and Health and Environmental Sciences and local teams to identify possible sources of funding and technical assistance for these teams. We urge this committee to support this legislation.

Sincerely,

Ellis E. "Gene" Kiser
Executive Director

EXHIBIT 6
DATE 1-20-95
HB 190

January 20, 1995

Steven Shapiro
Montana Nurses Association

Amendment offered to HB 190

Section 3 (2) (e):

Following "a nurse practitioner", insert "or certified nurse midwife;"

-END-

EXHIBIT 7
DATE 1-20-95
HB 190

Amendments to House Bill No. 190
First Reading Copy

For the Committee on Human Services

Prepared by Greg Petesch
January 20, 1995

1. Page 1, line 23.
Strike: "health and environmental sciences"
Insert: "justice"

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging DATE 1-20-95

BILL NO. HB 184, 187, 190 SPONSOR(S) Menahan, DeBruycker, Denny

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
Andrea Larose	Montana Advocacy Prog.	187	
Liz Smith	HD 56	187	
Ann Gilkey	DFS	190	
Mike Ferriter	DCHS	187	
Brook Zitek	Private Psychiatrist		184
Kelly Moore	Board of Visitors.	187	~~X~~
Susan Smith	Rep		187
DALE TALIAFERRO	MDHES	190	
Marty Onishuk	Mon AMI	187	Oppose

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

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging DATE 1-20-95

BILL NO. HB 184, 187, 190 SPONSOR(S) Menahan, DeBruycker, Denny

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
John Melcher Jr.	DFS	190	
Christina Stansfield	Missoula City-Co. Health Dept	190	
GENE DISER	MBCC	190	
John G Thomas	BOP	187	
Steven Shapiro	MT Nurses Assn	190	
Gloria Hermanson	MT Psych Assoc	184	
[illegible] Argaard	MT Board of Psych	184	
Cheryl Brandt	MT Bd of Psychologist	184 for info only	
Shirley Brown	DFS	190	
Pam Meyer	DFS	190	
Dan Andrus	DCHS	187	
Charles MacCarthy	DFS	190	
David Herman	Mental Health Assoc.	184	

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