

MINUTES

MONTANA SENATE 54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By VICE CHAIRMAN STEVE BENEDICT, on January 23,
1995, at 1:05 PM

ROLL CALL

Members Present:

Sen. Steve Benedict, Vice Chairman (R)
Sen. Larry L. Baer (R)
Sen. Sharon Estrada (R)
Sen. Arnie A. Mohl (R)
Sen. Dorothy Eck (D)
Sen. Eve Franklin (D)
Sen. Terry Klampe (D)

Members Excused: Sen. James H. "Jim" Burnett, Chairman (R)
Sen. Mike Sprague (R)

Members Absent: None

Staff Present: Susan Fox, Legislative Council
Karolyn Simpson, Committee Secretary

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

Committee Business Summary:

Hearing: SB 95, SB 157
Executive Action: SB 50, SB 55

{Tape: 1; Side: 1}

HEARING ON SB 95

Opening Statement by Sponsor:

SENATOR AL BISHOP, SD 9, Billings, said SB 95 contains both housekeeping and substantive provisions dealing with hearing aids. Under current law, a hearing aid dispenser trainee must work under the direct supervision of a hearing aid dispenser for the first 90 days of the training period. After that, the trainee may work anywhere, open up a shop, and perform any of the services that the hearing aid dispenser could do. After taking the written and practical examinations, the trainee can perform all the services for one year and nine months. The first time a trainee fails the examination, they can, again, perform all the services for one year, until they can retake the examination. SB 95 will require the hearing aid trainee to work under the direct

supervision of a hearing aid dispenser until the full examination is passed. SB 95 will also strengthen the enforcement authority of the Board of Hearing Aid Examiners, addresses the admission requirements of licensees from other states, and reduces the continuing education requirements.

Proponents' Testimony:

Darrell Micken, Audiologist, from Bozeman, spoke in support of SB 95. He has been in private practice in audiology for 17 years and has a license to dispense hearing aids. He said the hearing aid industry has had a charlatan reputation and anything that can be done to improve the image of any health-related profession, will benefit the consumer. Over the past few years, the hearing aid industry has become increasingly technical. As the profession becomes more complex, competency in the profession is essential. SB 95 addresses the training and supervision necessary before someone can sell and fit hearing aids to the consuming public. He addressed three issues. **EXHIBIT 1.**

With the passage of SB 95, there will be several immediate changes. It will make sure that all hearing aids are fit by competent and licensed individuals, and no unsupervised trainee will be able to dispense hearing aids. It will encourage in-depth training, on the part of trainee, and encourage the trainer or sponsor to make sure that individual is trained so they can be licensed in six months. But, if they fail that examination, they will have another six months, under direct supervision, before the examination can be retaken. The mechanism will be provided so the system can be monitored and infractions can be documented easily. He read portions of testimony from **Fred Bahnson, M.D., in Bozeman.** **EXHIBIT 2.**

Ben Havdahl, a registered lobbyist for the Montana Motor Carrier's Association, but is representing himself in support of SB 95. He read his written testimony. **EXHIBIT 3.**

Pat Ingalls, an Audiologist in private practice in Butte, spoke briefly from her written testimony in support of SB 95. **EXHIBIT 4.**

Glenn Hladek, an Audiologist from Billings, spoke briefly from his written testimony in support of SB 95. **EXHIBIT 5.**

Rosemary Harrison, a Speech Pathologist and owner of a private practice in Missoula, said she employs an audiologist, who is a hearing aid dispenser. As an owner of a business serving many senior citizens, her main concern is to provide customers with the highest level of care available. Her business wants the customers to have a product they are satisfied with and end up with good care during the time they have the product.

She has observed the Audiologist, who works for her, in the practice of hearing aid dispensing and has been surprised at the complexity of the task. She supports SB 95.

Mona Jamison, Lobbyist representing the Montana Speech Association, spoke briefly in support of SB 95. She said the ability to hear properly is the ability to lead a productive life. The loss of hearing is an impairment equivalent to the loss of the ability to speak.

Opponents' Testimony:None

Questions From Committee Members and Responses:

SENATOR MOHL asked how often someone can take the test to become licensed.

SENATOR BISHOP deferred to **Pat Ingalls**, who said both the written and practical tests are given twice a year. The written test is necessary for a person to even become a trainee. The test, which is currently used, was written by the National Institute for Hearing Instrument Sciences, and covers the basics, in terms of acoustics, anatomy, etc. Once the test is passed, the training period begins.

SENATOR ECK asked how individuals study for the test.

Pat Ingalls said there are some hearing aid companies who put on a pre-license tutorial, which applicants may attend, and take home study materials. NIHIS also has a course of study. The course of study depends on the person in charge of the trainee.

SENATOR ECK asked someone from the Department of Commerce to comment on the amendments that **Pat Ingalls** proposed and whether the department would have any problems with the amendments.

Cheryl Smith, Board Administrator for the Board of Hearing Aid Dispensers, said she didn't think there would be a problem. She said the requirement of the jurisprudence exam would be good for anyone coming from out-of-state or an audiologist who doesn't go through the training, to verify their knowledge of state laws and rules. It would be agreeable to issue a probationary license for audiologists because they are well-trained and are serving their last term before licensure for audiology.

SENATOR BENEDICT asked **Mona Jamison** if she helped put SB 95 together. She replied that she had.

SENATOR BENEDICT asked about Section 8, line 21, giving boards authority to take things farther than they are at present.

Mona Jamison replied the board was going to have its own bill, but for various reasons, they decided not to. The Montana Speech Association agreed to incorporate some of the things the board wanted into their bill. Mr. Pettesch, Chief Counsel, Legislative Council was contacted and the guarantee of due-process was discussed, pursuant to the provisions of 37-1-136, which is the general provision relating to all the boards. Before they can

take any kind of license revocation action, they must allow due-process and the opportunity to be heard.

Closing by Sponsor:

SENATOR BISHOP clarified the educational requirements from his opening statements. He said hearing loss is not a joke and hearing aids are expensive. Hearing aids represent a considerable investment and are not covered by most insurance or medicare. In closing, he said that SB 95 addresses the problems and makes the consumer safer in Montana.

Hearing closed on SB 95

HEARING ON SB 157

Opening Statement by Sponsor:

SENATOR MIGNON WATERMAN, SD 26, Helena, presented SB 157, the bike helmet bill. She said there will be testimony from kids, parents, family members, and doctors, who will tell of the personal tragedy, pain, and needless suffering that could be avoided by mandating bike helmets be worn. There will also be testimony from the insurance industry, telling of the medical costs of head injuries.

She said she and REP. JOHN COBB, have worked with the administration and others, to find ways to trim Medicaid costs. If costs are not reduced, those costs are going to bankrupt the state. Why bike helmets? Five of the ten most costly Medicaid cases that the State of Montana had 2 years ago were head injuries, which cost an average \$250,000 each. Because the head injured tend to be young, the medical costs over a lifetime, and does not calculate the loss in quality of life or lost wages, tend to be in excess of \$4,000,000. Even the best insurance, an individual might have, is quickly used and the individual ends up on Medicaid, which the taxpayers pay. Taxpayers have no choice whether or not to pay the Medicaid costs for head injuries. One in seven children suffer head and bike-related injuries, and 75% of all cyclists deaths involve head injuries. Nearly 70% of all hospitalized cyclists are treated for head trauma. Bike helmets have been shown to reduce risk of head injury by 85% and risk of brain injury by almost 90%. Only one in five children wear bike helmets.

Proponents' Testimony:

Geoff Kehr read his written testimony in support of SB 157.
EXHIBIT 6.

Jim Hollenback, President, Superior Safety Corporation, said his company recently moved to Montana and they manufacture bicycle helmets. He said he got into the bike helmet manufacturing business because one of his brothers suffered a head injury, which made him aware of head injuries and motivated him to find a

way to prevent them. He said he brought the student board, who will be presenting some statistics.

Sydney Conrow, Ursula Kortuem, Wendy Downing, Amy Seemann, and Kris McLinden, from Superior and St. Regis High Schools, presented helmet safety statistics. **EXHIBIT 7.**

Carol Fitzsimmons, Injury Prevention Specialist, Superior Safety Corporation, said she lost her child due to a head injury. She said she has attended brain injury conferences in many states, has gone to trauma centers, governors' highway safety conventions, and has met with many people. These groups have compiled many facts and information regarding head injuries. There is proof that bike helmets will prevent head injuries in children. There's a lot of resistance from the public, both adults and children, to being told they must wear helmets. But, they do prevent death and serious injury to many children. There are approximately 500 deaths and 150,000 head injuries annually, one death from head injury every day, and there is one injury every four minutes. Research has shown that voluntary compliance for wearing helmets is less effective than changing behavior and implementing mandatory law. Head injury is the leading of death to children; 85% are serious head injuries and 88% brain injuries. Only about 5% of children wear helmets. She said parents are requesting a law be enacted to make their children wear helmets, because it won't be done if it's left up to individuals to voluntarily comply.

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Drew Dawson, Chief of the Emergency Medical Services Bureau, Department of Health and Environmental Sciences, read his written testimony in support of SB 157. **EXHIBIT 8.**

Dennis McCarthy, a Pediatrician from Butte, read his written testimony in support of SB 157. **EXHIBIT 9.**

Bill Ware, Police Chief, City of Helena, said he supports SB 157. He said he thinks that protection for children is needed and SB 157 is a positive way to achieve that protection.

Lorie Wallace, representing the Montana Head Injury Association, spoke in support of SB 157. Nineteen years ago she had a head injury, even though she wasn't on a bicycle. She said she knows of the things someone with a head injury has to go through to survive. She supports SB 157 because children are our future, and they need to be protected.

Gail Gray, Assistant Superintendent, Office of Public Instruction, spoke briefly in support of SB 157. She said they are reluctant to support more legal mandates on Montanans, they feel the safety of children is too important to be left to voluntary compliance.

Jennie Nemec, R.N., Trauma Coordinator, St. Peters Community Hospital, said she has worked in emergency care in Montana since 1979. Holding parents and guardians of minor children legally responsible for helmeting, restraint seating, and the bicycle requirements contained in SB 157 will go a long way toward protecting Montana's children from severe and fatal injuries received while riding bicycles. Voluntary compliance has left too many children in Montana without helmets and separate restraining seats. They see too many children with too many injuries every day in emergency departments in the state of Montana. No helmet and no restraint seat will prevent all potentially fatal injuries, but she thinks that our children deserve the protection that SB 157 offers. She urged support of SB 157.

Ron Ashabraner, representing State Farm Insurance Companies, in Montana, spoke in support of SB 157. Montana State Farm has over 198,000 auto policies, over 81,000 home owner policies, and over 26,000 medical policies in force at the present time.

Tanya Ask, representing Blue Cross and Blue Shield of Montana, said that during the last 3-4 months, they had two head injury cases, a 13-year old and a 22-year old. One of these cases cost \$14,896 and the other \$22,313, in addition to the emotional cost.

Mary Alice Cook, representing the Advocates for Montana's Children, said they strongly support SB 157.

Leeann Larango, said she thinks this is a necessary bill because teenagers aren't going to wear helmets unless they are forced to do so. She said she has had to wear a helmet ever since she's had a bike, even though it wasn't the most fun thing to do, but she did it because she had to. She thinks it would be easier for her and her friends to ride bikes if wearing a helmet was a law.

Sharon Hoff, representing the Montana Catholic Conference, said they support SB 157.

Barbara Booher, Executive Director for the Montana Nurses Association, said they support SB 157. EXHIBIT 10.

Jennifer Parker, Superior Safety Corporation, said she supports SB 157.

Beda Lovitt, Lobbyist for the Montana Medical Association, said the over 1,000 members have had this issue brought to their attention and support the passage of SB 157. She read a letter from Dr. Paul L. Gorsich, Jr, a neurological surgeon in Great Falls. Every year he treats preventable head injuries in minors, and usually these injuries are of a horrific nature, subjecting the individual and family to a lifetime of unnecessary disability and self recriminations. The rippling effects are tremendous to families, the individual, and family finances, especially if an injured child requires 24-hour care. The divorce rate for sick or injured children is much higher than average, so the financial

burden often falls on one parent. Helmet use would reduce these injuries. A mandate for helmet use is long overdue, and is a chance to protect children. He urged support of SB 157.

Steve Yeakel, Council on Maternal and Child Health, said SB 157 is a priority bill and is important for Montana's children.

Kathy Seacat, representing Helena Middle School Parent Teacher Association, has a 12-year old son who was injured, but is OK. She said the bike helmet should be included in the purchase of a bicycle. She presented some documentation from the Montana PTSA, who support the passage of SB 157.

Opponents' Testimony:

Steve White, Bozeman, said he was not speaking as an opponent to helmets, but is concerned with this legislation because it will intrude on parental responsibility to make a decision for his children. His son, 13 years old, has fallen off his bike many times but always wears a helmet. He said adults, many of whom do not wear helmets, have to set an example for children to follow. This bill requires a law be passed, with attached penalty, for children and their families, if they are caught without a helmet. He said this decision should be the parents responsibility.

Rhonda Carpenter, a mother of two boys, from Great Falls, said she is concerned with the health and safety of her children, but the responsibility for parenting belongs to her and her husband, not state government. Her family wears bicycle helmets, but she is concerned with the requirements of SB 157. The parents would be charged with a misdemeanor if their 13-year old child was caught riding without a bicycle helmet. She said there are dangers to children, but all dangers cannot be legislated away. She said it's her responsibility, as a parent, to protect her child and teach him about safety.

Roger Gruber, owner of a bicycle store in Havre, spoke in opposition to SB 157. He is in favor of wearing a helmet when riding a bicycle, but is disturbed about government intervention into people's lives. He said, there were probably well-intentioned people who came up with this bill, but it's taking away personal responsibility for actions. Page 3, Section 4, states that it's unlawful to sell a bike to anyone under 18 years of age, unless proof is presented of protective helmet ownership, or the helmet is purchased with the sale of the bicycle. He wonders if the bicycle dealers are going to have to police people.

Questions From Committee Members and Responses:

SENATOR KLAMPE asked why this bill doesn't cover three or four-year olds, and if it covers riding mopeds.

SENATOR WATERMAN replied that she thought all persons under 18 years of age were covered.

SENATOR KLAMPE asked which state has 50% incidence of wearing bicycle helmets.

Dennis McCarthy, M.D., replied the state was Maryland. One county, in the Baltimore area, with legislation accomplished a 50% usage of bicycle helmets. Another county had education, without legislation, had a 20% usage up from less than 5%, which is about the national average.

Closing by Sponsor:

SENATOR WATERMAN said motorcyclists under the age of 18 are now required to wear helmets. Being a parent of a child who had an accident on a bicycle and was wearing a helmet, but the injuries were minor. She said, because of the medical costs that face the state, this issue needs to be addressed.

Hearing closed on SB 157.

EXECUTIVE ACTION ON SB 55

Motion: SENATOR FRANKLIN MOVED THE AMENDMENT TO SB 55 DO PASS.

Discussion: SENATOR ECK said the amendments assure the bill will address that part of the statute, which the Attorney General's opinion addressed. It assures the Department of Family Services pays administrative costs.

SENATOR MOHL asked if the counties that pay only 9 mills will have to raise their mills.

SENATOR BENEDICT said that the assumed counties don't have anything to do with this bill. All of the welfare, including DFS, of the assumed counties is taken.

Vote: THE DO PASS MOTION FOR THE AMENDMENTS TO SB 55 CARRIED WITH SENATORS BAER AND ESTRADA VOTING NO.

Motion: SENATOR FRANKLIN MOVED SB 55 DO PASS AS AMENDED.

Discussion: SENATOR KLAMPE asked if this raises or lowers any salaries or expenses.

SENATOR ECK said it substantially raises the appropriations to Department of Family Services.

SENATOR BAER asked if the \$370,000 for each fiscal year, 1996 and 1997, is currently not included in the Governor's budget and would have to be added to increase that budget if SB 55 is passed.

SENATOR BENEDICT replied, Appropriations will have to deal with that.

SENATOR ECK said it has been approved by the Governor, even though it's not in the budget.

SENATOR BENEDICT said he doesn't like to vote for spending measures and hopes Senate Finance and Claims decides they are not going to approve \$714,000 from the General Fund for this bill, and the Department of Family Services will make some adjustments in their own department to cover these expenses. He said this is an unfunded mandate that doesn't completely take care of the problems because the counties still have some cost-share in this, but it does take some of the responsibility away from the counties and put it back where it belongs, the Department of Family Services. He said he would vote for the bill, but doesn't like to vote for an appropriations bill, but also doesn't like passing costs along to the counties.

SENATOR BAER said he doesn't see anything wrong with the bill but can't handle the extra expenditure. That is why he is in opposition to the bill.

Vote: The DO PASS MOTION FOR SB 55 AS AMENDED CARRIED with **SENATORS BAER** and **ESTRADA** voting NO. **SENATORS BURNETT** and **SPRAGUE** submitted their YES votes later.

EXECUTIVE ACTION ON SB 50

Discussion: **SENATOR BENEDICT** said he worked with **SENATOR SWYSGOOD** and **SENATOR BECK** on some of their concerns with the bill and passed concerns to **SENATOR WELDON**. He said **SENATOR WELDON** accepts the amendments.

Susan Fox, Legislative Council, said the amendments are on the second reading copy. The first amendment puts in "that the Governor will appoint the members" instead of the director. The second amendment, page 2, line 14, subsection five through eight, 215-1-122 apply to the members, was stricken. The amendment brings back the subsections five, six, and eight, with eight being the quorum. Subsection five talks about the salaries and expenses, and six talks about electing a chairman and any other officers.

Motion: **SENATOR FRANKLIN** MOVED the AMENDMENTS TO SB 50 DO PASS.

Discussion: **SENATOR BENEDICT** clarified the amendments dealing with salaries, expenses, and the quorum. He said these amendments take care of the concerns that some of the senators had.

Vote: The DO PASS MOTION for the AMENDMENTS to SB 50 CARRIED UNANIMOUSLY.

Motion: **SENATOR FRANKLIN** moved SB 50 DO PASS AS AMENDED.

Discussion: SENATOR MOHL asked if there wasn't some concern about having another committee, and wanted to come directly under the DHES board, and not have an advisory committee.

SENATOR BENEDICT said when he asked SENATOR BECK and SENATOR SWYSGOOD about their concerns, they said these were their main concerns.

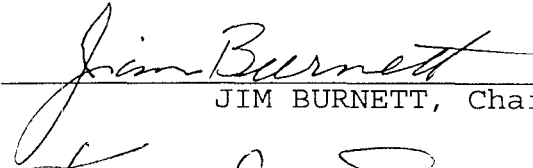
SENATOR ECK said this is a board that is a quasi-judicial board which is very different from an advisory committee.


SENATOR BENEDICT said this advisory council has no effect, other than public input, on law. It doesn't have any official functions and can't deny an air quality permit, but can only advise the department on issues.

Vote: The DO PASS MOTION for SB 50 AS AMENDED FAILED with SENATORS KLAMPE, ECK, FRANKLIN, and BENEDICT voting YES, SENATORS ESTRADA, BAER, MOHL, BURNETT, and SPRAGUE voting NO.

ADJOURNMENT

Adjournment: 2:45 PM


JIM BURNETT, Chairman


KAROLYN SIMPSON, Secretary

JB/ks

MONTANA SENATE
1995 LEGISLATURE
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

ROLL CALL

DATE _____

1/23/95

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SENATE STANDING COMMITTEE REPORT

Page 1 of 3
January 25, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB 55 (first reading copy -- white), respectfully report that SB 55 be amended as follows and as so amended do pass.

Signed: 
Senator Jim Burnett, Chair

That such amendments read:

1. Title, line 6.

Strike: "SECTION"

Insert: "SECTIONS"

Following: "52-1-110"

Insert: "AND 53-2-322"

2. Page 1, line 15.

Following: "commissioners"

Insert: "of counties that have not become state-assumed pursuant to 53-2-811"

3. Page 1, line 29.

Insert: "Section 2. Section 53-2-322, MCA, is amended to read:

"53-2-322. County to levy taxes, budget, and make expenditures for public assistance activities. (1) The board of county commissioners in each county shall levy 13.5 mills for the county poor fund as provided by law or so much of that amount as may be necessary. The board may levy up to an additional 12 mills if approved by the voters in the county. A county shall levy sufficient mills to reimburse the state for any administrative or operational costs in excess of the administrative and operational costs for the previous fiscal year. The department shall notify the counties of the number of mills required to be levied. Once an additional levy has been approved, the amount of the approved levy may continue to be levied without voter approval.

(2) The board shall budget and expend so much of the funds in the county poor fund for:

(a) public assistance and protective services purposes as necessary to reimburse the department and the department of family services for the county's proportionate share of the administrative costs and of all public assistance and costs;

(b) salaries, travel expenses, and indirect costs, as provided in 52-1-110, of protective services employees of the department of family services; and its

(c) the county's proportionate share of any other public assistance activity that may be carried on jointly by the state



Amd. Coord.

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and the county.

(3) The amounts set up in the budget for the reimbursements to the department and the department of family services must be sufficient to make all of these reimbursements in full. The budget must make separate provision for each ~~one of these~~ public assistance activity and for salaries, travel expenses, and indirect costs for protective services activities, and proper of the department of family services. Proper accounts must be established for the funds for all the activities.

(4) The department shall submit to the counties, no later than May 10, the most current county participation percentages that are necessary to establish preliminary county budgets. As soon as the county proposed budget provided for in 7-6-2315 has been agreed upon, a copy must be mailed to the department, and at any time before the final adoption of the budget, the department shall make recommendations with regard to changes in any part of the budget relating to the county poor fund as considered necessary in order to enable the county to discharge its obligations under the public assistance laws.

(5) The department shall promptly examine the county proposed budget in order to ascertain if the amounts provided for reimbursements to the department are likely to be sufficient and shall notify the county clerk of its findings. The board shall make changes in the amounts provided for reimbursements, if any are required, in order that the county will be able to make the reimbursements in full.

(6) The board of county commissioners may not make any transfer from the amounts budgeted for reimbursing the department without having first obtained a statement in writing from the department to the effect that the amount to be transferred will not be required during the fiscal year for the purposes for which the amounts were provided in the budget.

(7) The county poor fund, irrespective of the source of any part of the fund, may not be used directly or indirectly for the erection or improvement of any county building so long as the fund is needed for paying the county's proportionate share of public assistance and protective services, as described in 52-1-110, or its proportionate share of any other public assistance activity that may be carried on jointly by the state and the county. Expenditures for improvement of any county buildings used directly for care of the poor, except a county hospital or county nursing home, may be made out of money in the county poor fund, whether the money was produced by the mill levy provided for in subsection (1) or from any additional levy authorized by law. The expenditure may be authorized only when any county building used for the care of the poor must be improved in order to meet legal standards required for the building by the department of health and environmental sciences and when the expenditure has been

approved by the department of social and rehabilitation services and the department of family services.

(8) Money in the county poor fund may be used as matching funds for the receipt of federal money.""

Renumber: subsequent section

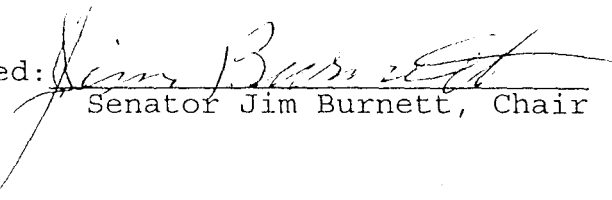
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SENATE STANDING COMMITTEE REPORT

Page 1 of 1
January 25, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB 50 (second reading copy -- yellow), respectfully report that SB 50 be amended as follows and as so amended do not pass.

Signed: 
Senator Jim Burnett, Chair

That such amendments read:

1. Page 1, line 29.

Following: "~~senate~~".

Strike: line 29 through "approval of the"

2. Page 1, line 30.

Strike: "as provided in 2-15-122(9), AND"

3. Page 2, line 13.

Strike: "director"

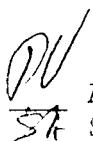
Insert: "governor"

4. Page 2, line 15.

Following: line 14

Insert: "(4) Subsections (5), (6), and (8) of 2-15-122 apply to the council and members."

-END-



Amd. Coord.

Sec. of Senate

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PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE
ROLL CALL VOTE

DATE 1/23/95 BILL NO. SB 55 NUMBER _____

MOTION: Do pass as Amended

[illegible]

We, the undersigned, strongly urge the passage of Senate Bill No. 95.

The above bill addresses a need to upgrade the Hearing Aid Consumer Protection Act. We realize that the first charge to the board is not to protect the professionals but rather to protect the consuming public and to guarantee them the best possible product and service delivered with competency and integrity.

Senate Bill 95 provides for three very necessary changes in the present law:

First, it reduces the training period from one year to 180 days. But in doing so, it also requires that "the final delivery and fitting of the hearing aid and related devices must be made by the trainee and the supervisor." (37-16-405: (2)(b)).

37-16-405 (8) is critical to the implementation of the above (37-16-405: (2) (b)). It states, "direct supervision means the direct and regular observation and instruction of a trainee by a licensed hearing aid dispenser who is available at the same location for prompt consultation and treatment." Under the present regulations an unlicensed person may, after a ninety day period, deliver and fit hearing aids with no further supervision regarding the appropriateness and satisfaction of the fit. This section, (37-16-405: (2) (b)) insures that no hearing aid fittings will be made in Montana by an individual who is not fully licensed to provide that service.

More importantly, the above changes allow for easier monitoring and documentation of transgressions.

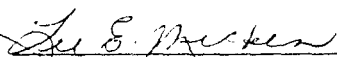
Third, reducing the opportunity to retake the practical examination from two to one renewal (37-16-405: (b)) still gives a potential professional one full year of directly supervised training; certainly an adequate amount of time to study and pass a relatively simple examination of one's necessary professional skills; (skills that should be in place prior to any final delivery and fitting to a consumer.)

Under the present law a person can provide all of the services given by a fully licensed professional, with only ninety days of "direct supervision" for a full year before their first attempt at passing the practical examination. If they fail, they can work another six months completely non-supervised. If they fail the first renewal (second attempt), they can work another six months before their final attempt (second renewal). *This means that an individual with a trainee license can potentially provide all of the services of a fully licensed professional for two full years, never being able to demonstrate that they are competent to do so.* This is not consumer protection.

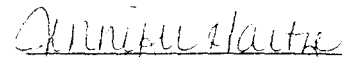
The above changes will encourage the rapid and thorough training of trainees to professional status and will allow for much easier monitoring and documentation.



Darrell Micken, M.A., CCC-A
Audiologist



Lee Micken, M.A., CCC-A
Audiologist



Jennifer Hartze, M.S., CCC-A
Audiologist

BOZEMAN ENT CLINIC
OTOLARYNGOLOGY
HEAD AND NECK SURGERY

SENATE HEALTH & WELFARE
EXHIBIT NO. 2
DATE 1/23/95
BILL NO. SB 95

FRED F. BAHNSON, M.D., F.A.C.S.

DIPLOMATE, AMERICAN BOARD OF OTOLARYNGOLOGY

William R. Carroll, M.D., F.A.C.S.

January 18, 1995

RE: Senate Bill # 95

To Whom It May Concern:

I am an ear, nose and throat specialist, and routinely see people with hearing problems.

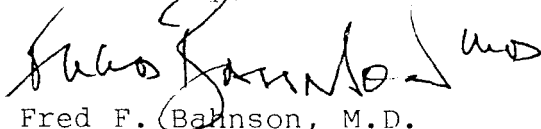
It is my concern for my patients that they be properly cared for when seeking to be fitted with hearing aids. In the name of consumer protection for my patients with hearing problems, I would like to see direct supervision for anyone in training at all times during fitting of hearing aids. I think anyone who fits a patient with hearing aids should be either fully licensed, or directly supervised. If a person seeking to be fully licensed in the fitting of hearing aids fails to pass the licensing examination, I feel it would be reasonable for them to have another period of time, directly supervised, to prepare for a retake of the examination.

Thus, it is only fair to patients with hearing problems that direct supervision be performed at all times over these candidates for licensure in dispensing hearing aids.

In closing, many of my patients who need hearing aids have already the disability of their hearing impairment to deal with. I do not feel that they should be subjected to unsupervised fitting of hearing aids by unqualified people.

I fully support Senate Bill # 95. Thank you for your consideration.

Yours truly,



Fred F. Bahnson, M.D.

FB:kl

Senate Committee on Public Health, Welfare and Safety
SB 95 - January 23, 1995
B. G. "Ben" Havdahl
Helena, MT

Mr. Chairman and members of the committee. For your record, my name is Ben Havdahl and I live in Helena.

I am a registered lobbyist in this session for the Montana Motor Carrier's Association, however I am appearing as a proponent on SB 95 representing myself and the interests of people in the State who are hard of hearing. I am also the Montana Coordinator for the national association of hard of hearing persons, called Self Help For Hard of Hearing People, Inc, with headquarters in Bethesda, Maryland.

As some of you may know, I am profoundly hard of hearing. I have served for the past five and half years as the consumer representative on the Board of Hearing Aid Dispensers.

I am speaking here today from my own personal experiences in being evaluated, fitted and purchasing hear aids and special listening devices as well as from experiences as a Board member dealing with complaints from aggrieved consumers and the testing and licensing of dispensers.

Over the past 15 years or more, I have been steadily losing my hearing due to the deterioration of nerves in the inner ear commonly referred to as nerve deafness. I have purchased six sets of hearing aids in that time specially designed and with special features to accommodate my progressive hearing loss.

Proper fitting and evaluation of hearing aids is a complex business and requires very special training and experience. Hearing aids are expensive costing anywhere from \$500 to \$2,500 each. They are not covered under health care plans and most people who purchase them are older retired citizens living on a fixed income.

Hearing loss is measured in decibels and normal hearing occurs at about 10 to 15 decibels. My decibel threshold is 90 in one ear and 92 in the other. To give you some idea what that means, the noise from a gasoline powered lawn mower going a full speed is about 100 decibels.

The cochlear nerve is about the size of pea and is embedded in the hardest bone in the body right up against the brain. It contains the nerves which transmit sound signals to the brain for interpretation and understanding as in the case of speech. A common cause of becoming hard of hearing stems from these nerves dying or deteriorating resulting in so called nerve deafness.

The problem is incurable and only two alternatives exist for those of us who are hard of hearing and want to continue living in a hearing world.

One alternative if, the hearing loss is bad enough and if a person qualifies, is to have surgery, called a cochlear implant, to insert a device containing a 22 channel electrode inside the cochlear nerve used with a complex listening and interpreting device. The surgery and rehabilitation costs \$35,000.

The second alternative is to use hearing aids inserted behind or in the ear. In some cases, as in my own, it becomes necessary to couple the aids with a special listening device which uses an FM radio or invisible infra light ray to better enable speech understanding. About 26 million Americans and according to estimates, some 56,000 Montanans suffer from some degree of hearing loss in both ears. Of that number 29,000 have a significant bilateral loss, so it is not an uncommon problem.

SB 95 deals with amendments to the law governing hearing aid dispensers.....the people who fit and sell hearing aids. It proposes changes to insure greater protection for hard of hearing people who purchase hearing aids and I strongly support the bill.

Speaking from experience as the consumer member of the Board of Hearing Aid Dispensers, it is my strong feeling that the passage of SB 95 is in the interest of consumers. It insures greater protection for the public against an untrained and loosely supervised trainee who has not and cannot pass the practical examination to qualify as a dispenser because he or she has not been directly supervised and adequately trained by the sponsoring dispenser.

The bill, among other things, removes the section of the law that now allows such a person to engage in all activities allowed a licensed hearing aid dispenser and continue doing so up to two years without qualifying for a license. No other Montana licensing board that I know of allows an unlicensed person to do that.

Many problems come before the Board as a result of trainees not knowing the basics of hearing aid dispensing. Most dispensers do a good job of training their trainees. Some do not. Time and time again trainees fail the exam because they do not know, for example, the different sizes of hearing aid batteries, or cannot read an audio gram or make a properly fitting ear mold impression.

The oversight requirement for "general supervision", which is being repealed under this bill, is being interpreted by some dispensers as requiring nothing more than submitting a written report on the trainee to the Board without observation and instruction.

Blank report forms are being signed by the trainee and falsified by the dispenser without the trainee actually receiving the benefit of needed training.

The removal of the loose general supervision provision in the statute would require "direct supervision" of the trainee for 180 days until he or she passes the practical examination. This requirement is in the best interest of the purchasing public who does lose and stands to lose a great deal as result of the failings of the present law. Thank you for your favorable consideration of this bill.



SENATE HEALTH & WELFARE

EXHIBIT NO. 4

DATE 1/23/95

BILL NO. SB 95

Pat Ingalls,
M.S. CCC-A

*Diagnostic Audiology
Electronystagmography
Hearing Aids
Industrial Audiology*

January 23, 1995

TO: Members of the Senate Business and Industry Committee
FROM: Pat Ingalls
RE: SB 95

I have served as a member of the Montana Board of Hearing Aid Dispensers for the past five and a half years. This has given me a unique insight into the status of the profession from many viewpoints. The following opinions are my own, and are not necessarily shared by other Board members.

I support the major changes to our dispensing law proposed by SB 95. I know many dispensers will feel this will hurt their business, but the purpose of the law is not to protect them.

1) Restricting the amount of time individuals can possess a trainee license will in effect prevent unlicensed trainees from working more than a twelve month period, quite a bit shorter than is now allowed. I've been told by too many ex-trainees that their supervisory period was ignored. They received a one day class in selling before being sent out to sell aids unsupervised. Since the Board's procedure is to send the complaint to the transgressing dispenser and ask for a response, they are afraid to file a complaint. These companies really never wanted their trainees to obtain their license. They want people to go out and sell hearing aids and enhance their bottom line. When the trainee runs out of time to obtain a license, they just hire new unsuspecting people. It makes sense to cut down on the amount of time these trainees have to sell aids without having passed the Board's tests.

2) I like the idea of 180 days direct supervision as well. This change should result in better trained dispensers. I'm sure there will be some firms that will ignore it, but the honest ones will try to comply.

I would like to see the following additions to SB 95:

1) Out-of-state dispensers asking for a license via reciprocity or audiologists exempt from the trainee period should be required to pass a test on Montana jurisprudence.

2) Allowing anyone holding either a probationary or full Montana license as an audiologist to be exempt from the supervised trainee period before being allowed to take all of the Dispensing Board's licensing tests.

Montana's only university training program in audiology was eliminated in 1990. Last year Dr. W. Higgs and Dr. K. Oehrtman, otolaryngologists from Kalispell, needed to hire a replacement audiologist. They had to recruit out-of-state, and

1369 Harrison Avenue
Butte, Montana - 59701

406-723-6600

Page 2
SB 95 Testimony
January 23, 1995

hired a highly qualified woman who had just completed her master's degree in audiology, but had not yet completed her clinical fellowship year (CFY). She was not considered a full fledged audiologist by the Montana Board of Speech Pathologists and Audiologists, and was granted only a probationary license in Audiology until she finished her CFY.

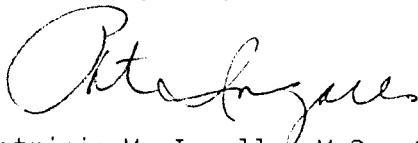
The Dispensing Board therefore considered her a trainee. She could not find a sponsor for her trainee period, and so by law was prohibited from working with many of the doctors patients who had or needed hearing aids. This situation prohibited the physicians from providing the care their patients needed. She was forced to quit her job and leave Montana. They had to recruit out-of-state all over again, this time for someone who was eligible for full Montana licensure as an audiologist.

This entire problem would have been eliminated if she or other CFY individuals were exempted from the 90 days direct supervision and 9 months of indirect supervision (or the proposed 180 days direct supervision), and allowed to take all exams at once. Such an individual has certainly undergone by far more training and education than any trainee program can offer.

An alternative solution of reopening a masters program in audiology in Montana is quite unlikely because of the costs involved. Some solution to this problem should be found, as similar scenarios will likely happen again. It's much easier to hire a CFY person than to find a fully licensed audiologist who needs a job.

Thank you for your consideration.

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'Patricia Ingalls'.

Patricia M. Ingalls, M.S., CCC-A
Audiologist

PMI/sk
ENC

TESTIMONY RE HEARING AID CONSUMER PROTECTION ACT

Good Afternoon. My name is Glenn A. Hladek. I am an audiologist providing services in the Billings area. Over the last 10 years the improvement in medical care for ear disease has been dramatic. We no longer have this great number of individuals who have significant hearing loss caused by chronic ear disease. It is now a fact that most persons who experience hearing loss, have a permanent sensorineural hearing loss that can not be remediated by medicine or surgery. The primary tool for rehabilitation is individual amplification, i.e. a hearing aid. This very valuable rehabilitation tool has gathered a great deal of negativity associated with it. One of those reasons is the ageing factor. Another, and I believe more prominent reason is that we have allowed hearing health care to be provided by poorly trained individuals. Hearing health care and the rehabilitation of hearing impaired individuals is rapidly becoming a more and more complex task. The purpose of this bill is to help assure the public that they will be receiving hearing health care from an individual who has received consistent monitoring and supervision from a licensed hearing aid dispenser. That presently does not exist. Presently an individual has 90 days of supervision, and then is allowed to practice his profession on the public for 9 months before he has to take the practical aspect of the exam. The second aspect of this bill has to do how long will we allow an individual to practice on the Montana public, before he can demonstrate that he has the skills to be practicing. Does it seem preposterous to you that we would allow an individual who is unable to pass the practical exam, that is make earmold, test hearing, counsel, earmold modifications, etc to allow that individual to travel to the communities of Montana selling hearing aids seems like a form of malpractice. We certainly do not allow individuals who deal with our animals to practice their profession without demonstrating proficiency. All this bill

will do is mandate that a person demonstrate the skills necessary BEFORE he is allowed to independently provide rehabilitation to the hearing impaired citizens of Montana. Thank you for your attention and your interest in this matter.

Glenn A. Hladek

803 Rimrock Rd.

Billings, MT. 59102

EXHIBIT NO. 6DATE 1/23/95BILL NO. SB 157

Mr. Chairman, Members of the committee, my name is Geoff Kehr, and I'm here today to tell you why I think it's important that you pass Senator Waterman's bicycle safety bill. They say a picture is worth a thousand words, so I'd like to show you 2 pictures of me. This is a picture of me 2 years ago when I was 10. My friend and I were being filmed in a music video on a sunny Sunday. On my way home from the mountains, I was going down a hill ^{in town} and lost control of my bicycle. I don't remember the accident, but some people found me and called my Mom, who took me to the hospital. Lucky for me, I had on my bicycle helmet. You already saw the picture of me before the accident, well, here's a picture of me 12 hours later. I had to stay in the Hospital and have an MRI, and the cost was over \$1700.00.

As you look at the second picture, I think you'll agree with everyone who saw me that if I hadn't had on my helmet, I might have been killed, or at least suffered ^{very serious} ~~bad head~~ injuries. It would have cost alot more money, maybe for the rest of my life. My Mom says the cost to our family couldn't have been measured if I had been killed.

The reason I had my helmet on was because I have a mean Mom and Dad who made me wear it. Now, I wear a helmet and like it because I know what can happen if you don't. Not every kid has parents as mean as mine, and not every kid in an accident will be as lucky as me, and learning the hard way may cause kids to get hurt or die. I know people don't like the government to tell them what to do,

but sometimes kids don't know what's best for them. It really is about educating people, but sometimes we have^{to} protect kids while we educate them. I think its like the child car seat law. I think most people are happy that law was passed, because now they know its better for kids to buckle them in.

I hope you will support this bill to keep kids safe.

Senate Hearing
Public Health, Welfare & Safety
Bicycle Helmet Law--LC0515
Room 410
1:00PM
January 23, 1995

Presenting:

Jim Hollenback

President

Superior Safety Corporation

Carol Fitzsimmons

Injury Prevention Specialist

Superior Safety Corporation

Jennifer Parker

Safety Consultant & Trainer

Superior Safety Corporation

Sydney Conrow

Student Director

Superior High School

Superior Safety Corporation

Ursula Kortuem

Student Director

St. Regis High School

Superior Safety Corporation

Wendy Downing

Student Director

St. Regis High School

Superior Safety Corporation

Amy Seemann
Superior High School

Student Director
Superior Safety Corporation

Kris McLinden
St. Regis High School

Student Director
Superior Safety Corporation

Introduction:

Jim Hollenback

Helmet Safety Statistics

Sydney Conrow
Ursula Kortuem
Wendy Downing
Amy Seemann
Kris McLinden

Overview of existing
Laws & Results

Carol Fitzsimmons

The Helmet Law
& Bicycle Safety
Education in Montana

Jennifer Parker

Bicycle Helmet
Demonstration

Jennifer Parker
& Students

Question & Answer

All

Helmet Safety Statistics

- **FACT---**Each year over 1,200 people die and thousands more are seriously injured in bicycle accidents. Four out of five deaths in children result from head injuries.
- **FACT---**More than 500,000 emergency room visits annually in the US are attributed to bicycle accidents.
- **FACT---**An estimated 200,000 children are hospitalized with head trauma each year.
- **FACT---**2% to 5% of these children will have severe life long disabilities.
- **FACT---**Most of these accidents occur on quiet residential streets. Most do not involve cars.
- **FACT---**Most serious bicycle injuries involve head injuries. In fact, 75% of all cyclists' deaths involve head injuries.
- **FACT---**Helmets reduce the risk of head injury by 85% and the risk of brain injury by 90%.
- **FACT---**Each year, approximately 400,000 children ages 14 and under are treated in emergency room for bicycle-related injuries.
- **FACT---**Few people realize that head injuries are cumulative, several seemingly "minor" bumps and bangs can result in serious problems.

- **FACT---**In many cases the brain crashes against the skull can cause problems with touch, vision, memory, learning, paralysis, and death.
- **FACT---**The cost for lifetime care of a head injury patient is estimated to be between \$4.5 and \$7 million dollars.
- **FACT---**If 85% of all child bicyclists wore helmets in one year, the lifetime medical cost savings would total \$109 million to \$142 million.
- **FACT---**It's estimated that less than 10% of all bicyclists- and less than 5% of all children - wear helmets
- **FACT---**For children ages 4-15, it has been estimated that every dollar spent on bicycle helmets saves \$2 in health care costs.
- **FACT---**The lifetime cost of a brain injury survivor can exceed over \$4 million dollars.

Sources:

National Safe Kids
National Head Injury Foundation
Charlotte Brailey Kneeland, A.R.I.A. Certification Program
United States Department of Transportation
National Highway Traffic Safety Administration

Prepared by: Superior Safety Corporation • Superior, MT • 1-800-822-4876

ADDITIONAL BICYCLE INJURY FACTS

There are 67 million bike riders in the United States. Forty percent of these bicyclists are children ages 14 and under. This age group rides about 50 percent more than the average bicyclist. Cyclists ages 14 and under are at five times higher risk for injury than older cyclists. Head injury is the leading cause of death in bicycle crashes. While children ages 14 and under represent 40 percent of the bicycle of the bicycle-riding population, they account for 71 percent of bicycle-related injuries and 37 percent of bicycle-related deaths. Bicycles are associated with more childhood injuries than any other consumer product except the automobile.

DEATHS

- Each year, approximately 300 children ages 14 and under are killed in bicycle-related incidents.
- Of these 300 deaths, 90% are the result of collisions with motor vehicles.
- Bicycle-motor vehicle collisions account for only 10% of child bicycle-related injuries but for 90% of bicycle-related deaths.
- Bicycle-related death rates are highest in children ages 10-14.

INJURIES

- One of three bicycle-related injuries (for all ages) involves head injury.
- Children ages 5-14 have the highest injury rate per thousand bicyclists, an injury rate that is almost double the rate for all ages.

BICYCLE HELMETS

- Universal use of bike helmets by children ages 4-15 would prevent 135-155 deaths annually.
- In Howard County, Maryland, a mandatory bicycle helmet law combined with education helped increased bicycle helmet use among children ages 15 and under from four percent to 47%.
- In New Jersey, one year after a mandatory bicycle helmet law passed, fatalities for bicyclists under age 14 dropped 80% and helmet use rose from three percent to 68.6 percent.
- Only 15% of child bicyclists use bicycle helmets.

Sources:

Children's National Medical Center - Washington D. C.
National Safe Kid
Johnson & Johnson

THE NEED FOR BICYCLE HELMETS

(3)

Communicable diseases, which were the major killers of children earlier in this century, have been largely brought under control by public health measures such as immunization. The major "epidemic" that remains is trauma. Of all types of trauma, injury to the head is the most devastating and has the most long lasting repercussions. Unlike a broken leg, a "broken" brain doesn't heal.

EXHIBIT 7
DATE 1-23-95
SB 157

While there may be many causes of a bicycle "accident", most are not controllable. Protection the head with a helmet is under the control of a cyclist.

We already know bicycle helmets reduce the risk of serious head injury by 85% and brain injury by 88%, and that only approximately 5% of children wear helmets.

In Seattle, following a six-year concerted campaign, bicycle helmet use among children stands at 38 % -- the highest in a community with no mandatory law. Adult use is 56% -- again far exceeding the national average.

HOW CAN YOU HELP?

- Start an education program about the need for and importance of bike helmets in your community, school, and/or neighborhood.
- Order low-cost helmets through a bulk by program.

Support bicycle helmet legislation.

Source:

Harborview Hospital - Seattle, Washington



BICYCLE SAFETY

MESSAGE TO PARENTS, TEACHERS AND MOTORISTS

Many children are now riding bicycles back and forth to school. Parents, teachers and motorists should take special precautions to make sure these trips are safe. The National Highway Traffic Safety Administration (NHTSA) and the U.S. Consumer Product Safety Commission (CPSC) urge parents and teachers to teach proper bicycle riding skills and habits to children. Parents, teachers and other adults can act as role models by exhibiting proper riding behavior. The two agencies urge motorists to watch for children riding bicycles and to use extra caution during warm weather and during those hours when children are most likely to be travelling to and from school.

Each year, almost 900 bicyclists are killed in collisions between bicycles and motor vehicles on roadways. Another 300 bicyclists are killed in non-roadway collisions in locations such as parks, bike paths and driveways. More than one million bicycle injuries are treated annually. About one-third of the deaths and about two-thirds of the injuries involve children under the age of 15. Three out of four deaths are due to head injury, and about one-third of the injuries are to the head and face. The most severe injuries are those that cause permanent damage to the brain.

Many of these deaths and injuries can be prevented through proper education and training. Parents and teachers play a major role in educating children in proper behavior and techniques. Motorists can be alert to bicyclists and take particular precautions with children.

BICYCLE HELMETS

Studies have shown that using bicycle helmets can reduce head injuries by up to 85 percent. Parents must insist that children wear a bicycle helmet at all times while riding a bicycle. Parents should also wear helmets when riding to act as role models for the child, as well as for their own protection.

A bicycle helmet should have a snug, but comfortable fit. Parents should not purchase it as something the child will "grow into." Helmets are available with different thicknesses of internal padding to help in proper fit. The helmet must have a chin strap and buckles that will stay securely fastened. The helmet should fit snugly atop the head.

There are two nationally-recognized safety standards for bicycle helmets sold in the United States. Both of these standards contain requirements for the helmet features discussed above. Helmets meeting the Snell Memorial Foundation requirements or the American National Standards Institute (ANSI) requirements will have a label from that organization on the helmet. NHTSA recommends that bicyclists wear only those helmets that are labeled as conforming with one of these voluntary standards. These helmets have been tested and will likely provide better protection than other helmets. If the helmet is involved in a crash, replace it or have it



examined by the manufacturer before reuse. The CPSC is now evaluating bicycle helmet safety standards to determine if their effectiveness can be increased.

Helmets come in a variety of styles. The child should participate in the selection of the helmet to assure proper fit. Parents should make certain that the child uses it all the time while riding a bicycle.

CLOTHING

In addition to a helmet, riders should wear the proper clothing. Clothing should be of light color and, when riding at night, should be marked with reflective materials. Vests, jackets, tape, wrist bands and other items that make the rider visible to motorists are widely available.

Clothing should be close fitting to avoid getting caught in the moving parts of the bicycle. Headphones should never be worn, as they hinder the child's ability to hear traffic.

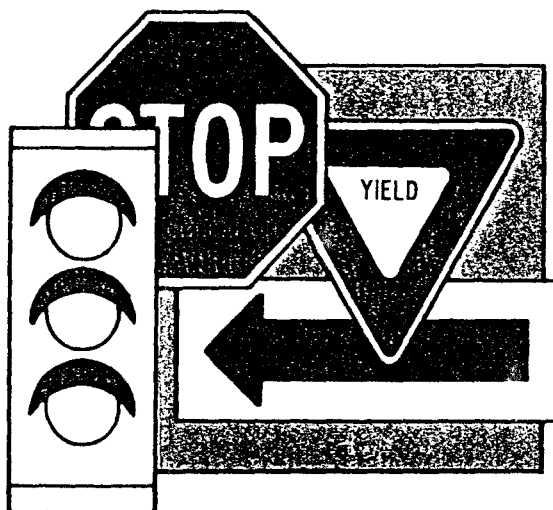
THE BICYCLE

Make certain that the child's bike is the correct size, is safely maintained and has reflectors. The CPSC's 1976 bicycle regulations require reflectors on the front and rear of the bicycle, on the pedals, and on the wheels. Wheel reflectors can be reflective tire sidewalls, reflective wheel rims or spoke-mounted reflectors. Front and rear lights on the bicycle improve nighttime visibility for the bicyclists and increase the recognizability of the bicycle for other road users and may be required by law in many jurisdictions. Make sure that books and other items are properly secured to the bike or are carried in a back pack on the child's back.

RULES OF THE ROAD

If a bicyclist rides in the road, the cyclist must obey traffic laws that apply to motor vehicle operators (for example, driving with traffic). Instruct the child on the rules of the road. Young children should not ride at night. Children under

age nine should not ride in the roadway, as they do not have the skills to identify and avoid dangerous traffic situations. Bicyclists should ride single file and signal their intentions to other road users, including pedestrians. The child should be taught to look left-right-left when entering the road or crossing an intersection, as is done when crossing the street as a pedestrian.



EDUCATION AND TRAINING PROGRAMS

Parents and schools should work together to identify safe routes to school and to develop a bicycle safety education program. Police departments and State highway safety offices are good sources for booklets that explain bicycle safety rules. Enroll the child in a bike safety education program. If one is not available in the community, work to develop one using materials and information available from the National Highway Traffic Safety Administration. Local police departments are frequently interested in providing bicycle education programs to children.

For further information, contact the National Highway Traffic Safety Administration, Safety Countermeasures Division, NTS-23, 400 7th Street, SW, Washington, DC 20590 or the Consumer Product Safety Commission, Washington, DC 20207.

SENATE BILL 157**Testimony of Drew Dawson, Chief
Emergency Medical Services Bureau
Department of Health and Environmental Sciences**

Mr. Chairman and members of the committee. I am Drew Dawson, Chief of the Emergency Medical Services Bureau in the Department of Health and Environmental Sciences. As we continue to develop the Montana Trauma System, we know that prevention is the most effective method of reducing our high trauma death rate. Senator Waterman has asked me to provide information from our hospital trauma register concerning the incidence of bicycle injuries in Montana.

During the 1991-1992 period, our trauma register, which collects information from 15 participating hospitals, shows there were 46 serious injuries from bicycles in Montana including 3 deaths at the scene. About 50% of the serious injuries were persons 18 years of age or less. Because not all hospitals currently participate in the register, this is an underestimate of the bicycle injuries which actually occurred in Montana. Forty (40) of these patients were admitted to the hospital with an average hospital stay of 8.5 days. Of these, 17 were injured seriously enough to be admitted to the Intensive Care Unit and averaged 4.1 days in ICU. 55% (22) of those admitted to the hospital had serious head injuries. Only 4 of the 46 persons injured were known to be wearing helmets. We do know that bicycle helmets prevent bike-related deaths, head injuries and face injuries.

DATE 1/23/95BILL NO. SB 157

Chairperson, Fellow Committee Members:

Thank you for listening to my testimony this afternoon. My name is Dennis McCarthy. I am a pediatrician who has practiced in Butte for the past twenty years. I am also Vice President of the Montana Chapter of the American Academy of Pediatrics. I am here today to speak in support of "The Bicycle Safety Act."

In my era, one learned to ride a bike under the tutelage of a parent or relative jogging alongside, as you weaved down an empty street or school yard. (Training wheels were not in vogue then and as the jogging craze had not arrived, this was the extent of most adults exercise.) Passing this test one was unleashed unhelmeted to the sidewalks or streets of your neighborhood. Spills went with the territory, and most of us were lucky and just needed some merthiolate and TLC for our bruises.

And, relatively unscathed, I never considered the risk of cycling until many years later when a fellow pediatrician, who trained with me was killed cycling; until my Butte practice exposed me to the summer seasonal cycling injuries; and only after the death of one of them did I realize helmets make sense.

Only then did I consider the statistics, that if you have not heard already, you will hear today.

Nationwide:

600,000 emergency room visits for bicycle related injuries.

1000 deaths annually, 80 per cent which are primarily the result of head injuries.

And permanent disability in 70 per cent of the survivors of these head injuries.

So do helmets work? Yes studies have shown an 85 per cent reduction in head injuries by helmet use.

So why legislate? Why not just educate? National helmet use among children is 5 per cent (Montana statistics are most likely parallel, if not less) Massive education campaigns have increased this to at best 20 per cent and only legislation has produced a 50 per cent usage.

And the cost - approved helmets can now be purchased for as little as \$16.00.

One illustrative case - the dark circle on the xray is a result of a Butte boy's brain surgery, after his bike - motor vehicle accident. He fortunately recovered intact, accruing \$7,000.00 in medical bills or the equivalent of 438 bike helmets.

Today among U.S. children aged 5 to 18 years, those covered by this bill, more deaths and disability results from bicycle crashes than from all vaccine preventable diseases combined. Vaccines are effective in preventing infectious diseases; bicycle helmets have had similar efficacy as a "vaccine" against head injury.

It is with these facts in mind that I recommend your support of this legislation.



Montana Nurses' Association

P.O. Box 5718 • Helena, Montana 59604 • 442-6710

SENATE HEALTH & WELFARE

EXHIBIT NO. 10

DATE 1/23/95

BILL NO. SB 157

January 23, 1995

MONTANA NURSES' ASSOCIATION SUPPORTS BICYCLE SAFETY FOR MONTANA'S CHILDREN - SB 157.

Serious head injuries to children riding bicycles are a real problem in Montana, involving major consequences which are both emotional and financial.

For the years 1991 and 1992, the Montana Trauma Registry reported 46 incidents of serious injury involving bicycles. Included in these numbers are the deaths of three Montanans.

More than 54% of these incidents involved Montana children under the age of 19.

In only four of the 46 bicycle incidents was there proof that a bicycle helmet was in use.

The result of these incidents was 69 days of hospitalization for 17 patients, with an average stay per patient of 4 days. One can only begin to imagine the costs of these stays, in addition to the costs of recuperation, and the long term impacts of recovering from serious head injury.

The attached information provides national data which underscore the savings in lives, health and dollars which would be gained from having all children wear bicycle helmets while they ride.

National SAFE KIDS Campaign

111 Michigan Avenue, N.W.
Washington, D.C. 20010-2970
(202) 939-1993
(202) 939-4838 Fax

BICYCLE INJURY Fact Sheet

Bicycle riding is on the rise, and so are bike-related injuries. In 1988 there were almost 88 million cyclists in the United States.¹ Unfortunately, this increase in bicycle riding has been accompanied by a large number of deaths and injuries. In 1988, 910 bicyclists (of all ages) were killed.² Forty percent of all bike deaths involved children 14 and under.³ An estimated 514,738 bicyclists (of all ages) were injured in bike-related incidents in 1989.⁴ More children are killed and injured on cycles than on skateboards, roller skates, big wheels, and scooters combined.⁵

Deaths and Injuries

- In 1989 an estimated 351,566 children 14 and under were injured in bike-related incidents.⁶
- In 1988, 369 child cyclists 14 and under died in collisions with motor vehicles.⁷
- In 1988 an estimated 34,000 child cyclists were injured in collisions with motor vehicles.⁸

Severity

- One in seven children suffer head injuries in bike-related incidents.⁹
- Seventy-five percent of all cyclists deaths involve head injuries.¹⁰
- Nearly 70 percent of all hospitalized cyclists are treated for head trauma.¹¹

Bicycle Helmets

- Bike Helmets have been shown to reduce the risk of head injury by 85 percent and the risk of brain injury almost 90 percent.¹²
- Only five percent of child cyclists use bike helmets.¹³

When Injuries Occur

- More than half of fatalities and 60 percent of injuries occur between noon and 6 p.m.¹⁴
- More young cyclists are killed and injured on Fridays than on any other day of the week.¹⁵

Where Injuries Occur

- More than 50 percent of fatal injuries occur when a child rides out into the street from a sidewalk or driveway and collides with a motor vehicle.¹⁶
- Twenty-five percent of all bicycle collisions occur in urban settings.¹⁷

Costs

- The estimated annual costs of bike-related injuries and deaths (for all ages) is \$7.6 billion (CPSC b).¹

¹ Bicycle Institute of America—*The Bicycle Institute of America's Bicycling Reference Book*. Washington, D.C., 1989.

² FARS a—Fatal Accident Reporting System, National Highway Traffic Safety Administration, U.S. Department of Transportation, 1989.

³ NCHS—National Center for Health Statistics, 1985.

⁴ NEISS a—U.S. Consumer Product Safety Commission, National Electronic Injury Surveillance System, 1988.

⁵ NEISS b—U.S. Consumer Product Safety Commission, National Electronic Injury Surveillance System, 1987-1988.

⁶ NEISS b.

⁷ FARS a.

⁸ NASS a—General Estimates System, National Accident Sampling System, National Highway Traffic Safety Administration, U.S. Department of Transportation, 1988.

⁹ NEISS b.

¹⁰ CPSC a—U.S. Consumer Product Safety Commission, 1987.

¹¹ NCHS.

¹² Thompson—"A Case Control Study of the Effectiveness of Bicycle Safety Helmets." *New England Journal of Medicine*. 320 (21) May 1989.

¹³ AAP—Committee on Accident and Poison Prevention, American Academy of Pediatrics "Bicycle Helmets," *Pediatrics*. 85 (2) February 1990.

¹⁴ FARS b—Fatal Accident Reporting System, National Highway Traffic Safety Administration, U.S. Department of Transportation, 1989.

¹⁵ FARS b.

¹⁶ FARS b.

¹⁷ NASS b—National Accident Sampling System, National Highway Traffic Safety Administration, U.S. Department of Transportation, 1984.

¹⁸ CPSC b—U.S. Consumer Product Safety Commission, 1990.

CHILDHOOD INJURY: Cost & Prevention Facts

EXHIBIT 10

DATE 1-23-95

SB 157

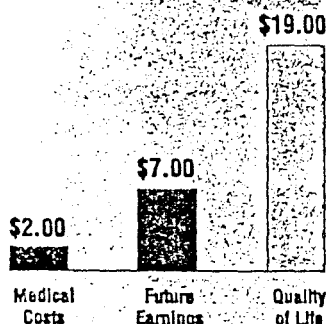
Bicycle Helmets Save Medical Costs for Children

In 1991, 258 children died from bicycle-related injuries. Approximately 400,000 additional children were treated in emergency rooms for bicycle-related injuries. Bicycle helmets prevent 52%-60% of bike-related head injury deaths (for all ages), as well as 74%-85% of nonfatal head and scalp injuries, and up to 50% of other face injuries. Thus, bicycle helmets significantly reduce the total medical costs for bike-related head injuries.

Costs Saved

- For children ages 4 to 15, every dollar spent on bicycle helmets* saves \$25 to \$31. This includes \$2 in medical costs, \$6 to \$7.50 in future earnings, and \$17 to \$21.50 by preventing pain, suffering and lost quality of life.
- If 85% of all child cyclists wore helmets in one year, the lifetime medical cost savings would total \$109 million to \$142 million.
- It is very expensive to treat a child with a bike-related head injury. These medical costs may sometimes last the child's lifetime. For example, in 1991, bicycle crashes to children ages 4 to 15 caused 52,000 nonfatal head injuries and 93,000 nonfatal face and scalp injuries. Lifetime medical payments for these injuries will approach \$200 million.

**Every \$1 Spent on Bike Helmets
for Kids (ages 4-15) at \$13 Saves \$28**



2,200 of the children who sustain these head injuries will suffer permanent disabilities that will affect their ability to work. Universal bicycle helmet use by children ages 4 to 15 would prevent 1,200 to 1,700 of these permanently disabling injuries.

- Every dollar spent on bicycle helmets saves health insurers \$2 and auto insurers 75 cents to 90 cents.
- These cost savings estimates may be conservative, as they ignore other significant benefits. Among them:
 - Parents will spend less time and money caring for injured children.
 - Lawyers will file fewer lawsuits seeking compensation for child cyclists injuries.

Lives Saved and Injuries Prevented

- Universal bike helmet use by children ages 4 to 15 would prevent 135 to 155 deaths annually.
- Universal bike helmet use by children ages 4 to 15 would prevent 39,000 to 45,000 head injuries and 18,000 to 55,000 scalp and face injuries annually.

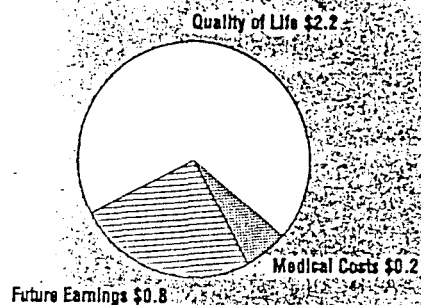
Bicycle Helmet Use

- Helmet use among children ages 14 and under is approximately 15% nationwide.
- Parents report that 85% of children who own bicycle helmets wear them. The usage rate does not vary by income.

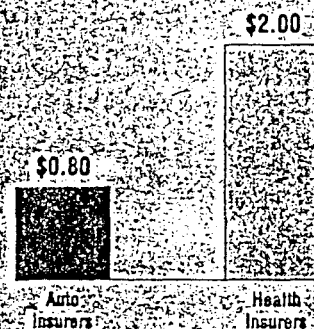
For further information, see Ted Miller, John Douglass, Maury Galbraith, Diane Lestina, and Nancy Pindus, "Costs of Head and Neck Injury and a Benefit-Cost Analysis of Bicycle Helmets," in *Head and Neck Injury*, P-276, Warrendale, PA: Society of Automotive Engineers, Sept. 1994.

** Although at retail, bicycle helmets typically range from \$15 to \$70, non-profit organizations can buy them in bulk for as little as \$9 and distribute them nearly at cost. This fact sheet assumed a \$13 cost.*

Costs of Child Bicycle-related Head Injuries: \$3.2 Billion/Year (in Billions of Dollars)



Insurer's Benefits Per \$1 Spent on Bike Helmets



Children's
Safety
Network

National
**SAFE
KIDS**
Campaign

MCIB

CSN Economics and Insurance Resource Center

National Public Services Research Institute
8201 Corporate Drive, Suite 220
Landover, MD 20785
☎ (301) 731-9891
fax (301) 731-6649

National SAFE KIDS Campaign
111 Michigan Avenue, NW
Washington, DC 20010-2970
☎ (202) 884-4993
fax (301) 650-8038

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Name	Representing	Bill No.	Support	Oppose
<i>[Signature]</i>	MSDA	95	✓	
Jennie Newiec, RN	St. Peter's Community Hosp	157	✓	
COLLEEN GRAMM	Dept Commerce	95	Info Only	
Cheryl Smith	Dept of Commerce	95	Info Only	
Ben G Hardson I	Self + SHAH	95	✓	
Steve Yeaker	MT COUNCIL FOR MATERNAL & CHILD HEALTH	157	✓	
<i>[Signature]</i>	PARENT	157		X
Albert Golsa	High. Tra P. Sclty	157	✓	
<i>[Signature]</i>	Self	95	✓	
<i>[Signature]</i>	MACOP City of Helena	157	✓	
Mary Alice Cook	Advocate for MT's Children	157	✓	
M.C. LARANGO	PARENT	157	✓	
Leeann Larango	Self Self	157	✓	
BONDA CARPENTER	PARENT	157		4

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Beda Lovitt	Mt. Med. Assn	157	✓	
Kris McInders	Superior Satter corporation	157	✓	
Wendy Downing	Superior Safety	157	X	
Mrs. J. Kortum	Superior Safety	157	X	
Jim Holman	"	157	X	
Jennifer Parker	Superior Safety	157	X	
Sydney Connor	Superior Safety	157	✓	
Ann Seemann	Superior Safety	157	X	
Carl Fitzsimmons	Superior Safety	157	X	
Mina Jansson	Speech-Hearing Assoc.	95	✓	
David M. McKim	" "	95	✓	
Kathy Seacat	Helena Middle School P.T.A. + Self	157	✓	
David E. Evans	Mt. Hearing Society	95		✓
Quinn S. McKim	MSHA	95	✓	

Sgt. J. J.

Sgt. J. J.

157

✓

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Steve Shapiro	MT Nurses Assn	SB157	X	
Ricky D. LINDFELTEN ^{4017th St} Bldg Eng	SELF	SB157		X
Roger Gruber	Self	SB157		X
Steve Neifus	Self	SB157		X
Globb Kehr	Self	SB157	X	
Steve Fulton	Self	SB157	X	
Row ASHABRANEN	State Farm Ins	SB157	X	
James Booken	MNA	SB157	X	
Elizabeth Gundersen	Self	SB157	X	
Dennis McCarthy	MT CHAPTER AARP	SB157	X	
Drew Dawson	DHES	SB157	X	
William J. Ware Chief of Police Helena, ^{Leg. Chair} MACOP		SB157	X	
Lorie C. Wallace	MNTA	SB157	X	
Tanya Ask	Blue Cross Blue Shield	SB157	X	

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