

MINUTES

**MONTANA HOUSE OF REPRESENTATIVES
54th LEGISLATURE - REGULAR SESSION**

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By **CHAIRMAN DUANE GRIMES**, on March 8, 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. Chris Ahner (R)
Rep. Ellen Bergman (R)
Rep. Bill Carey (D)
Rep. Dick Green (R)
Rep. Antoinette R. Hagener (D)
Rep. Deb Kottel (D)
Rep. Bonnie Martinez (R)
Rep. Brad Molnar (R)
Rep. Bruce T. Simon (R)
Rep. Liz Smith (R)
Rep. Susan L. Smith (R)
Rep. Loren L. Soft (R)
Rep. Kenneth Wennemar (D)

Members Excused: None

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: SB 134, SB 401, SB 209
Executive Action: None

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

HEARING ON SB 134

Opening Statement by Sponsor:

SEN. TERRY KLAMPE, SD 31, Florence, stated that this bill
pertained to incremental health care reform that dealt with cost

containment. The first section works with the requiring of disclosure to a patient from a health care provider when he refers that patient for a service that he has a financial interest in. The second section deals with the fee for referral services. The referral service would be required to disclose that they are recommending physicians who are not necessarily more qualified than any others, but that they are the ones who have paid to be on the referral service. In 1990, 40% of the physicians reported an investment interest in health service businesses to which they referred patients. People who went to physicians who used referral services averaged 45% more appointments than those patients whose physicians did not use a referral service. The gross and net revenues per patient at the services that the doctors had a financial interest in were 30%-40% higher than in non-physician owned facilities. He walked the committee through a few amendments that would be proposed.

EXHIBIT 1**Proponents' Testimony:**

Scott Erler, Dentist, member of the Board of Dentistry, said that his main concern regarded the for-profit referral services. He described a telemarketing scam where the referral service would tell someone to go to the doctor who pays their fees. The doctors are not being screened, but the patients are being screened which is called "bait and switch" advertising.

Mary McCue, Montana Dental Association, stated that the association supported the bill and was interested in section three where the health care referral service would need to disclose that the physician had paid a fee for the referral service. She listed some other states that had passed similar legislation.

Mona Jamison, Montana Chapter of the American Physical Therapy Association, told the committee that the insurance industry says that this is not health care reform, but insurance reform and that making changes in the insurance industry does not give cost containment. Passing SB 134 would help with cost containment. She mentioned that using a referral service would not be prevented, but the disclosure would put a "chilling" effect on referrals that were made for purposes other than in the best interest of the patient. **EXHIBIT 18 (out of sequence in minutes)**

Doug Campbell, Montana Senior Citizens Association, Missoula, told the committee that any step that would help regain control of the ever-rising costs of health care is a good bill.

{Tape: 1; Side: A; Approx. Counter: 540; Comments: NA.}

Opponents' Testimony:

Ward Shanahan, lawyer, Past President of the State Bar of Montana, Futuredontics. **EXHIBITS 2, 3 and 4**

{Tape: 1; Side: B; Approx. Counter: 00; Comments: NA.}

Tom Ebzery, Attorney in Billings, representing the Montana Association of Physicians, described a service that maintained a 1-800 number for people to call in emergencies and they would be connected with members of that association. It is not a referral service but they would fall within the provisions.

Charles Walk, Executive Director of the Montana Newspaper Association, stated that he was in opposition of the bill, particularly section three, from the standpoint of the invasion of commercial speech by attempting to control and/or restrict advertising.

Jerry Loendorf, Montana Medical Association, explained that he did not agree to the proposed amendment that would take out the ability of one health care provider to refer a patient to another health care provider within a group practice.

Mike Voeller, Lee Newspapers of Montana, agreed with the testimony given by **Mr. Walk** and said that it was an unwarranted attack on free speech.

Informational Testimony: None

{Tape: 1; Side: B; Approx. Counter: 255; Comments: NA.}

Questions From Committee Members and Responses:

REP. BRUCE SIMON asked **Mr. Walk** if someone was required to be truthful when advertising. He replied that he hoped so, but it wasn't necessary and they weren't always truthful.

REP. SIMON asked if it would be false advertising if a person were to take out an ad that said that they were no more or no less qualified than another practitioner when, in fact, they might not hold the qualifications of other practitioners, and if so this bill might be requiring false advertising.

Mr. Walk replied that it could be an interpretation of the bill.

REP. SIMON inquired under what authority could the administrative penalties be administered to a person who is operating a referral service.

SEN. KLAMPE answered that each individual appropriate board would have that authority with the passage of SB 134.

REP. SIMON asked how the board would enforce the administrative penalties.

Mr. Erler answered that they would require that out-of-state and Montana referral services register and agree to the advertising rules.

REP. SIMON asked if a clinic that was joined with a hospital wanted to refer a patient, would they have to go through the disclosure process.

SEN. KLAMPE stated that it was not the intent of the bill to limit that interaction, but more to target the out-of-state institutions. He added that the emphasis was on a for-profit business that exists solely for a referral, not physicians services.

REP. LOREN SOFT asked for clarification as to what the problem was and what was the cost containment.

Mr. Erler said that a patient has a third party who is screening doctors for them but, in reality, the service is screening the patient and that is deceptive advertising. The costs would be lowered by reducing the over-prescribing of treatments that are unnecessary.

SEN. KLAMPE added that the first section of the bill dealt with cost containment and the fact that there are too many referrals and patients being seen too many times, which run up the cost of health care.

{Tape: 1; Side: B; Approx. Counter: 675; Comments: NA.}

REP. DEB KOTTEL explained that the Federal Trade Commission regulates commercial speech, which can be misleading and to protect the public interest.

Mr. Shanahan said that his amendment would state that these people were qualified to register with the service and they are licensed to practice where they reside. It is not giving them license to lie.

REP. KEN WENNEMAR asked if he felt it was the responsibility of the referral service to inform the public that they are a for-profit organization. **Mr. Shanahan** had no objection saying that the person paid a fee for the service but they also want to say they are qualified people.

REP. SIMON asked **Mr. Erler** if the Board of Dentistry would pursue action against the dentist who was displaying unprofessional conduct and was providing services that the patients did not need. **Mr. Erler** said that he did not think that it would be pursued because they did not have the time or the staff.

REP. SIMON asked the sponsor to clarify subsection (5) on page two.

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

SEN. KLAMPE explained that it was an amendment that came from the Montana Medical Association. They were concerned if someone

owned stock, if they would still have to disclose information about that financial interest and presently do not.

Closing by Sponsor:

SEN. KLAMPE stated that he was a proponent of incremental health care reform. The issue that is brought forth in SB 134 is not a big problem in Montana right now and what they are trying to do is look ahead to prevent the problem from escalating. The Board of Dentistry cannot control the advertisers, but they can control the dentists who advertise with them.

{Tape: 2; Side: A; Approx. Counter: 230; Comments: NA.}

HEARING ON SB 401

Opening Statement by Sponsor:

SEN. CHRIS CHRISTIAENS, SD 23, Great Falls, stated that this was a bill asking that mortuary personnel receive information regarding an infectious disease of a deceased person and may not disclose this information except for purposes related directly to the preparation and disposition of the dead body.

Proponents' Testimony:

Sue Weingartner, Montana Funeral Director's Association, said that this was a concern of the members and they support the bill.

Shawn Brooke, Retz Funeral Home, Helena, stated that SB 401 would help guard against the transmission of deadly diseases.

Tim Bergstrom, Montana Fireman's Association, explained that the other areas of medical professions have been covered and the coroners need protection too.

Opponents' Testimony: None

Informational Testimony: None

Questions From Committee Members and Responses:

REP. DEB KOTTEL asked what the penalty would be if the mortuary personnel should disclose information in violation of the statute.

SEN. CHRISTIAENS explained that the penalties are listed in 50-16-704 of the MCA. It is considered a misdemeanor and upon conviction shall be fined not less than \$500 or more than \$10,000; with prison time not less than three months or more than one year or both.

REP. KOTTEL questioned why a bill like this was necessary and how infectious disease could be spread when mortuary personnel were supposed to be using universal precautions on all bodies.

Mr. Brooke explained that the mortician's job was to remove the blood and body fluids and replace them with embalming fluid. He stated that if the personnel knew there was a body with an infectious disease they might take extra precautions rather than just the normal precautions with a regular body.

REP. KOTTEL asked if the information given would ever prompt the refusal of an infected body.

Mr. Brooke said that their home has never turned anyone down because of their illnesses and it is unethical. That situation would be dealt with professionally.

REP. LOREN SOFT inquired if there has been a law dealing with the notification of infectious diseases and has this come about because of the AIDS epidemic and hepatitis. Mr. Brooke said that Kentucky has such a law, which became effective in c.1989. The original idea may have been for the AIDS epidemic but many morticians are concerned about diseases that AIDS patients may harbor such as hepatitis B which is much more contagious and infectious than AIDS.

REP. CAROLYN SQUIRES asked if they did the injections to protect themselves against them.

Mr. Brooke replied that they did but there are some other strains that they do not have vaccines against.

Closing by Sponsor:

SEN. CHRISTIAENS mentioned that this bill was requested via a letter to the attorney general. There was a concern mainly about the hepatitis strains that can stay active for 15 days, even in dry blood.

{Tape: 2; Side: A; Approx. Counter: 680; Comments: NA.}

HEARING ON SB 209

Opening Statement by Sponsor:

SEN. CHUCK SWYSGOOD, SD 17, Dillon, opened by saying that SB 209 introduced Montana's welfare reform plan which is called Families Achieving Independence in Montana (FAIM). The federal welfare system has become inefficient and fails to foster fundamental American values relating to work, families, individual responsibilities, and self-sufficiency. The governor mandated that the director of Social and Rehabilitation Services (SRS) appoint a 23-member council that represents a bipartisan cross

section of Montanans interested in welfare reform and serves at the pleasure of the governor.

In April 1994, Montana submitted a proposal to resign the Aid to Families with Dependent Children (AFDC) program and replace it with FAIM. The focus would switch from a check-receiving program to one that focuses on achieving economic independence. Welfare is only a temporary solution to economic difficulties, and applicants of public assistance need to know that the purpose of the services is to promote self-sufficiency, not simply to provide welfare benefits. The most apparent deficiencies of the current system is its complexity that places a burden on agency staff and persons in need of service.

Currently, persons on AFDC receive full Medicaid coverage. Work needs to be more rewarding than welfare and a basic Medicaid package will now be offered through AFDC related adults. There are no changes proposed under the current welfare reform package in service coverage available for children, pregnant women, the elderly or the disabled. The welfare reform package cannot cost more than the current program. There are three components to the package.

{Tape: 2; Side: B; Approx. Counter: 00; Comments: NA.}

The first is the JOBS supplement program that is for families who have a job available to them. They would receive full medical assistance for children, basic medical assistance for the adults, food stamps and enhanced child support. It allows low income families the ability to maintain their jobs by providing the necessary supportive services. The second part of the plan is the Pathways plan, which is for families who need monthly income support while finding alternatives to public assistance. Participation is time-limited to two years for single parent households and 18 months for the two parent households. The third is the Monthly Cash Assistance program where the adults must perform community service in addition to completing the Family Investment Agreement.

Proponents' Testimony:

Peter Blouke, Director of SRS, reiterated that the participation of a broad spectrum of people was involved in the process of developing this program and he supported the bill.

Bob Torres, Montana Chapter of the National Association of Social Workers, commended the work on the welfare reform program. He said that there are some individuals who are never going to be employable due to a handicap or disability or limitation that prevents them from being employable. This bill would provide for community service, which would be a positive thing for these individuals to contribute back to the community for the services they are receiving.

Laurie Koutnik, Executive Director of the Christian Coalition of Montana. EXHIBIT 5

Janice Lundeen, public assistance recipient, gave an account of her history of domestic violence and hardship that brought her family to the welfare system and then ultimately how with public assistance she was able to work and provide for her family and bring them up to a level where she can provide for her family's needs. She presented a graph of a survey she conducted in January of this year and explained who the graph was targeted to and what the data represented. **EXHIBIT 6**

Jean McDonald, Public Policy Intern, Mental Health Association of Montana, supports the concept of welfare reform but urged the consideration of proposals for procedural changes. Many AFDC recipients would be eligible for social security benefits because of mental illness. Eligibility should be determined during the initial stages of the intake process, not after a person has tried to succeed in the community service programs and failed.

{Tape: 2; Side: B; Approx. Counter: 570; Comments: NA.}

Donetta Klein, former welfare recipient, Supervisor of Case Management Services with Missoula JOBS Program. EXHIBIT 7

Helen Lindsey, welfare recipient, told the committee her story of leaving an abusive home and how she came to be on the welfare system. She emphasized that there was not enough time allowed to pursue the education needed to obtain a higher paying position.

Kate Cholewa, Montana Women's Lobby and the Human Services Foundation. EXHIBIT 8

{Tape: 3; Side: A; Approx. Counter: 35; Comments: Testimony started at the end of tape 2 and ran through to tape 3.}

Sharon Hoff, Montana Catholic Conference. EXHIBIT 9

Judy Smith, JOBS Operator, Governor's Task Force for Welfare Reform. EXHIBIT 10

David Hemion, Montana Association of Churches. EXHIBIT 11

{Tape: 3; Side: A; Approx. Counter: 400; Comments: NA.}

Shannon Parker, JOBS Program, Missoula, is in support of the incentive that SB 209 provides and recidivism it addresses. She was in favor of the waiver of the 100-hour per month rule as it will help self-sufficiency. The extended medical and child care benefits are good for people in transition from being unemployed to being employed when a safety net is needed. She opposed the time limits imposed on the recipients.

Marsha Gummer, General Project Director, Tri-County Advocacy Council, Governor's Welfare Advisory Council, Havre, voiced her concern regarding domestic abuse and the homeless population in Montana. She felt there were too many time limits placed on these people.

Crystal Laufer, Tri-County Advocacy Council, Havre, reiterated the concerns of **Ms. Gummer.**

Letia Myers, Tri-county Advocacy Council, Havre, also reiterated the need to extend the time limits for the homeless and the abused.

Opponents' Testimony:

Sami Valez, former welfare recipient, Missoula, stated the benefits and importance of pursuing a college degree. She listed wage averages between persons of varying educations. She opposed SB 209 because of the time limits.

Milissa Loucks, Project Uplift, Great Falls. EXHIBIT 12

{Tape: 3; Side: B; Approx. Counter: 30; Comments: Testimony started at the end of side A and ran through to side B.}

Tammie Huttinger, Project Uplift, Great Falls. EXHIBIT 13

Mary Alice Cook, Advocates for Montana's Children. EXHIBIT 14

Doug Rands, welfare recipient, Helena. EXHIBIT 15

Debbie Miner, Project Uplift, Great Falls. EXHIBIT 16

Kelly Miller submitted written testimony. EXHIBIT 17

Informational Testimony: None

{Tape: 3; Side: B; Approx. Counter: 380; Comments: NA.}

Questions From Committee Members and Responses:

REP. CAROLYN SQUIRES asked what would happen to the individual at the end of the program, and would the community service be meaningful.

Mr. Blouke stated that it was the intent not to make a "one size fits all" welfare package, but to allow flexibility to reflect the values of the community. Post-secondary education is an option and each community decides for itself what would be best for the recipients. The community service program is used to install the feeling of responsibility in the recipient to provide something in return for the benefits. There needed to be a safety net so that the costs aren't shifted to the local level.

REP. SQUIRES reiterated that continuing education was an option and that these recipients were in a transitional program. She asked when the child care would be provided to two-parent families.

Mr. Blouke replied that one of the key components of welfare reform is the development of the family investment agreement. It is determined then what the individual needs to move them off the system and what the responsibilities of the state are. It is at this time that the need of child care is determined on a case-by-case basis.

REP. SQUIRES voiced her concern when a chemical dependency or abusive problem would prohibit one of the parents from providing adequate child care.

Mr. Blouke reassured her that although some mistakes were inevitable, that they would try to make allowances in that kind of situation and involve the family in the decision-making process.

REP. SQUIRES asked for clarification as to who was responsible for what, regarding the community services program section on page five of the bill and what age is a child of very young age as described on page 16.

Penny Robbe, SRS, explained that in most cases it is the parent or the adult whose needs are included in the AFDC grant. SRS defines a child of very young age as being under the age of one.

REP. SQUIRES asked if these recipients who are being instructed are being covered under Worker's Compensation.

Mr. Blouke explained that it was an issue that was not quite worked out yet because they are not volunteers or contract workers but they are being paid. Most businesses would have coverage anyway.

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

It may be a cloudy issue right now but it would not be a critical issue before the legislature comes back in two years.

REP. TONI HAGENER wanted to know what kind or quality of child care is being referred to.

Ms. Robbe said that the state must ensure that people who are taking their vouchers are legally operating under the state rules and must be registered and meet the health and safety requirements.

REP. HAGENER asked for the specifics regarding community service.

Mr. Blouke said that the state will assume the responsibility to put the community service programs together in such a way that it won't create an unfunded mandate on the counties. There are still some issues that will need to be worked out.

REP. HAGENER expressed her concern about where jobs would be found in rural areas that may not have much to offer.

Mr. Blouke recognized that the resources of the state vary considerably and an exemption will be made if work cannot be found. It is the hope and expectation of the department that communities will develop appropriate and meaningful community services.

REP. HAGENER said that persons in continuing education were concerned about the two year limitation and are they going to be given credit for that training time and will they get an extension to be able to complete their work. She also asked what the responsibilities of the counties would be.

Mr. Blouke explained that they could be in the Pathways program for two years and after that they must perform community service. Education could be considered a community service obligation. He said that all the programs that are involved in human service will come together as a community and decide what is an appropriate community service.

REP. KEN WENNEMAR questioned the right of the department to make a ruling on the degree of kinship as described on page 13.

Ms. Robbe stated that SRS does not intend to redefine the federal regulation on degree of kinship. The section was put in so there would not be a misunderstanding in terms of the AFDC program being a demonstration project.

REP. LIZ SMITH asked about the pilot program that she had been hearing rumors about and what were they being trained for.

Mr. Blouke thought that it was a teen parent program that she was referring to and it is not welfare reform. That is a collective interagency program that focuses on teen parenting. The training of individuals in care taking could be considered a potential community service under certain circumstances.

REP. L. SMITH thought the recipients of benefits might share child care if given the appropriate training.

Mr. Blouke said that one of the most expensive components was the expansion of child care and the fiscal note reflects that. Cooperative child care was being given consideration where recipients who were obligated to perform community service would be trained in child care and then take care of the children so others could be trained. The federal government does not allow that so it is no longer an option.

REP. BONNIE MARTINEZ asked how the program would be different than World of Worth jobs other than the community service.

Mr. Blouke explained that FAIM is dealing with the welfare system as it is now with some clear time limits. Resources have been put at the front end to prevent people from getting on welfare in the first place. The system had to be simplified in many areas.

REP. MARTINEZ asked how much success has JOBS has and was the FAIM coordinator called in on the advisory committee.

Mr. Blouke answered that success in the sense of people moving on reported at 26%. He explained that the committee was comprised of many directors and workers in all areas. These people went back to their areas and solicited input from all the welfare offices in their region. There was feedback and compromises at every stage of the process from all fields.

REP. DEB KOTTEL asked if **Mr. Blouke** would object to an amendment that would add homelessness and victims of domestic violence to the exemptions list in the new section five. He said he wouldn't have a strong objection to it but it would be difficult to define the degree of abuse. **Ms. Robbe** stated that what SRS has agreed to is that those exemptions would be considered in the rules process because they are not sure what the appropriate time frame is right now.

REP. KOTTEL stated that she didn't see any difference between those two exemptions and the others that were listed in that section.

Mr. Blouke looked further at the wording in section five and decided that there would not be any real problem adding the two criterion in question.

REP. KOTTEL asked what the response would be to an amendment regarding equal weight for guaranteed child care for post-secondary training as for those who are on the JOBS.

Mr. Blouke stated that child care will be provided during the Pathways program. If the community decides that post secondary education is an appropriate community service then child care would also be provided. **Ms. Robbe** said that if SRS puts in post secondary education as an acceptable family investment agreement activity, they must and will guarantee the child care.

REP. KOTTEL asked if they would put it in the bill so it would read that making sufficient progress in a post-secondary program can be considered by a community as community service. **Mr. Blouke** stated that they would agree to that.

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

A two-parent family has a better chance of getting off welfare than a single parent family. The time limits given were the recommendation of the advisory committee.

REP. BILL CAREY mentioned that he thought SRS had a request for an appropriation to have a legal services corporation assist people through the administrative maze. **Mr. Blouke** replied that there was a budget to help AFDC clients get on Social Security Insurance. That is sometimes a long drawn out process.

REP. L. SMITH asked if Pathways was a graduated process and what was the incentive to move on.

Mr. Blouke said that there was a sliding scale. **Ms. Robbe** stated that there were a lot of incentives throughout the program to help keep people from failing and to offer them growth. If a recipient's income exceeded the eligibility guidelines, there would then be a year's worth of extended services.

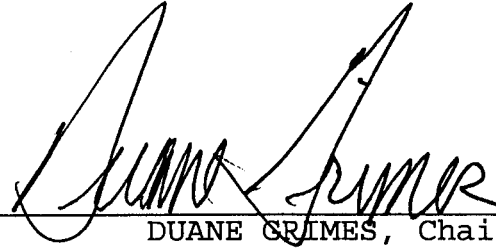
REP. LOREN SOFT brought up the concern of whether the system is on track with the timetable that was set up. **Mr. Blouke** said yes, they were on track.

Closing by Sponsor:

SEN. SWYSGOOD wanted to impress upon the committee the fragile nature of the whole program and the hard work that went into it by all parties. SB 209 encourages and not discourages people from becoming self sufficient. It would provide the department with the flexibility to address these issues and respond to them. He said he was opposed to amending the time limits and there were enough safety nets to protect the recipients.

ADJOURNMENT

Adjournment: 7:15 p.m.

A handwritten signature in black ink, appearing to read "Duane Grimes", written over a horizontal line.

DUANE GRIMES, Chairman

A handwritten signature in black ink, appearing to read "Andrea Small", written over a horizontal line.

ANDREA SMALL, Recording Secretary

DG/as

HOUSE OF REPRESENTATIVES

Human Services and Aging

ROLL CALL

DATE 3-8-95

NAME	PRESENT	ABSENT	EXCUSED
Rep. Duane Grimes, Chairman	✓		
Rep. John Bohlinger, Vice Chairman, Majority	✓		<i>None</i>
Rep. Carolyn Squires, Vice Chair, Minority	✓		
Rep. Chris Ahner	✓		
Rep. Ellen Bergman	✓		
Rep. Bill Carey	✓		
Rep. Dick Green	✓		
Rep. Toni Hagener	✓		
Rep. Deb Kottel	✓		<i>None</i>
Rep. Bonnie Martinez	✓		
Rep. Brad Molnar	✓		
Rep. Bruce Simon	✓		
Rep. Liz Smith	✓		
Rep. Susan Smith	✓		
Rep. Loren Soft	✓		<i>None</i>
Rep. Ken Wennemar	✓		

EXHIBIT 1
DATE 3/8/95
SB 134

Amendments to Senate Bill No. 134
Third Reading Copy

Requested by Sen. Terry Klampe
For the Committee on Human Services and Aging

Prepared by Susan B. Fox
March 6, 1995

1. Page 1, line 22.
Strike: "SUBSECTIONS"
Insert: "subsection"
Strike: "AND (5)"

2. Page 2, lines 3 through 5.
Following: "(4)" on line 3
Strike: the remainder of line 3 through "(5)" on line 5

STATEMENT IN OPPOSITION TO SB 134

Introduced by Klampe

Room 104 3:00pm Wednesday March 8th

Mr. Chairman and members of the House Committee on Human Services and Aging:

My name is Ward Shanahan, I'm a lawyer who has been practicing in Helena for almost 37 years. I'm a Past President of the State Bar of Montana. I've told you these things because I want you to know that I have a special perspective on Senate Bill 134.

Today I'm representing Futuredontics Inc. a medical-dental referral service with offices in Santa Monica California. Futuredontics service will be adversely affected by SB 134. In fact the bill would make the service essentially useless to doctors and dentists to whom it would otherwise be a benefit. Not for what Futuredontics is doing, but for what the bill would require Montana doctors, dentists and other health care professionals to say about themselves.

Senate Bill 134 is a wolf in sheep's clothing. It's being represented to you as a bill necessary to protect the public health. In fact it's just a professional "protectionist" measure designed to reduce competition. Let me explain, by using an example from my own profession experience:

Traditionally, lawyers and their professional associations had "ethical" rules which prevented them from advertising their services except through certain formal means, like business cards and "lawyers lists" there were strict rules as to what could or could not be said. The justification for this was that it was "unseemly" for the exalted profession of the law to "stoop" to the kind of methods employed by common tradesmen and peddlers. There was also a concern about "misrepresentation and false advertising"

You'll see similar kinds of things in SB 134 starting with the STATEMENT OF INTENT ON PAGE 1 AT LINES 16 AND 17. PLEASE NOTE, THIS BILL WILL MAKE A NEW LAW IT ISN'T AN AMENDMENT OF ANY PREVIOUS LICENSING STATUTE. the "GUTS" of the bill appear on Page 2 in Section 3, where it says simply that any person who advertises in a "referral service" like Futuredontics must disclose that they paid a fee to be listed. Is anyone in doubt that people pay for advertising? Why should health care professionals be treated specially? Next, Section 3 says on line 30 that the advertising professional has to say that he or she "is no more or less qualified" than somebody who didn't use the service. What's the use of using a referral service if you have to claim that nobody should really seek you out? Why does a licensing board have to make rules

about this? Why is the public health adversely affected? All of the people listed by Futuredontics are licensed professional who have taken the proper tests and have the proper educational background. You can see from the handout that many of them are young people, just "starting out". (See Handout).

Several years ago, the legal profession was challenged in court for this same sort of tactic. It occurred in a case called Bates & O'Steen v. State Bar of Arizona 433 U.S. 350 (1977). Two young lawyers John Bates and Van O'Steen placed an AD in a local newspaper for their legal "clinic" for low income people. They stated that they were offering their services for "reasonable fees" and listed their fees for services like uncontested divorces, adoptions, simple bankruptcies, and changes of name. The Arizona Supreme Court rejected these young lawyers claims that the Bar Association Ethics Rule violated the Sherman Anti-trust Act by limiting competition and infringed on their rights of Free Speech under the First Amendment.

The case went to the Supreme Court of the United States which held that although there wasn't a clear violation of the Sherman Anti-trust Act by Bar Association Rules, "commercial speech" or (advertising) which serves societal interests in assuring informed and reliable decision making is entitled to First Amendment protection. The justifications advanced by the Bar Association were held to be inadequate to support suppression of all advertising by attorneys. The court noted the "protectionist" origins of these rules.

Now let's go back and look at SB 134 on Page 2 beginning on line 27 "...SHALL disclose to a prospective patient at the point of initial contact and in subsequent contacts by any means of communication, including advertising, that the licensed HEALTH CARE PROVIDER...etc.". Let's ask a question at this point, does the bill require the local doctor or dentist who doesn't advertise in a referral service to tell you that he or she has paid for an AD in the Yellow Pages? Or better yet do they have to tell you in the Yellow Pages that they are (as it says on Page 2 line 30 "no more or less qualified" than somebody who does advertise? Does this mean an Orthopedic Surgeon is no more qualified than a Family Practitioner? Where's the general protection for the public, if this "regulation of advertising" is so necessary to protect your health? Isn't Senate Bill 134 just a "gimmick" intended to protect the local "Old boys (and girls) Club?"

The U.S. Supreme Court in the Bates & O'Steen case dealt with this problem. It recalled a case called Virginia Board of Pharmacy v Virginia Consumer Council 425 U.S. 748, where it held that truthful advertising by a pharmacist about his services was "protected commercial speech". So in the Bates & O'Steen case, it

said "commercial speech serves to inform the public of the availability, nature and prices of products and services, and thus performs an indispensable role in the allocation of resources in a free enterprise system." In short said the court, "such speech serves individual and societal interests in assuring informed and reliable decisionmaking." The belief that lawyers are somehow "above" trades and other commerce was held to be an anachronism.

Is advertising your availability to render service as a HEALTH CARE PROFESSIONAL in a referral service, inherently misleading, so as to require "control" of advertising by a bureaucracy? What's so different about it? If the advertising is a routine listing of your location, telephone number and specialty rating just like the ones in the Yellow Pages, it's simply not misleading. Please look at some local examples from the Helena phone book (See Handouts). Why is a referral service to be treated differently? Why should a legitimate business be branded as "suspect" and its business destroyed by disclaimers?

PLEASE "DO NOT CONCUR IN" SENATE BILL 134.

Ward Shanahan
Attorney
33 South Last Chance Gulch
P.O. Box 1715
Helena, Montana 59624
Tel: 406 442 8560

Helena Foot Specialists

**Advanced Surgical Training
Through The
Yale Medical System**

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900 N. Montana Av.

**Medicare, Medicaid, Blue Cross/Blue Shield
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Fractures & Injuries • Inguinal Nails • Fungal Nails
Bunions & Hammertoes • Non-surgical Treatment of Heel Pain
Endoscopic Surgery of Chronic Heel Pain
Warts, Corns & Callouses • Quality Affordable Orthotics
Conservative & Surgical Care
of Painful Foot Conditions



Anthony J. Quebedeaux, D.P.M.
Staff, St. Peter's Hospital

EXHIBIT 3 .OGY
DATE 3/8/95 1-3610
SB 134 1-3610

FAMILY PRACTICE
DIPLOMATE, AMERICAN BOARD OF FAMILY
PRACTICE
ASSOCIATE OF FAMILY PRACTICE CENTER
OF HELENA, HAWKINS-LINDSTROM CLINIC PC
405 Saddle Dr 442-0120
Res 443-1131
24 Hour Ans Serv 442-0120

BEHLMER STEPHEN D MD
Dermatology-Diseases & Surgery Of Skin
Board Certified In Dermatology 442-3534
50 S Last Chance Gulch
Res
Please See Advertisement Page 179

BURKHOLDER JAMES N
FAMILY & OBSTETRICS PRACTICE
BOARD CERTIFIED IN FAMILY PRACTICE
FAMILY HEALTH CLINIC OF HELENA
820 N Montana Av 442-3300

BUSWELL RICHARD S MD PC
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Internal Medicine 442-6989
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If No Answer Call
Capital Medical Anesthesia 443-1554
1 Medical Park Dr
CARPENTER KENNETH V
Orthopedic Surgery 442-4811
1 Medical Park Dr
Chamberlin Wayne MD PC
Anesthesiology 443-1554
1 Medical Park Dr

CHICHTON JAMES W MD
820 N Montana 442-357
Please See Ad on Opposite Page
CHILDREN'S CLINIC 330 11 Av 443-32
Please See Ad on Opposite Page

CLEVELAND JOSEPH C
554 W Broadway Missoula 728-45
Curtis Nanci-Ames MD Psychiatry
50 S Last Chance Gulch Suite 5 Helena 444-22
Or Call 1-800-717-68

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FAMILY PRACTICE

DIPLOMATE, AMERICAN BOARD OF FAMILY
PRACTICE
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PHYSICIANS

ASSOCIATE OF FAMILY PRACTICE CENTER OF
HELENA, HAWKINS-LINDSTROM CLINIC PC

405 Saddle Dr 442-01
Res 443-78
24 Hour Ans Serv 442-01

(Continued Next Page)

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• ORTHOTICS/ARCH SUPPORTS • WARTS • SPORTS INJURIES
• CALLOUSES • DIABETIC FOOT CARE • BONE SPURS
• SPORTS ORTHOTICS • HEEL PAIN • INGROWN NAILS • CORNS

WE PARTICIPATE IN
BLUE CROSS/BLUE SHIELD
& MEDICARE/MEDICAID

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1800 11th Avenue • Helena

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Diplomate, American Board Of Podiatric Surgery
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**Emergency Care Orthotic Supports
Surgery of the Foot**

- Broken Bones / Sprains / Torn Ligaments • Gait Correction
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- Arch & Instep • Skin Problems • Diabetic & General Foot Care

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Physicians & Surgeons, D.D. Referral

See Physicians' & Surgeons' Referral &
Information

Physicians & Surgeons, D.P.M. (Podiatric)

HELENA

CAPITAL FOOT CLINIC
2225 11th Ave Suite 22 Helena 443-3100
Please See Advertisement This Page

Family Foot Clinic 1800 11 Av 449-7323
Please See Advertisement This Page

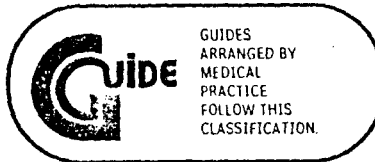
FREUND PETER A 2225 11 Av 443-3100
Hamill Maurice P 24 E 16 St 442-4902

HELENA (Cont'd)
HELENA FOOT CLINIC 24 E 16 St 442-4902
Please See Advertisement This Page

HELENA FOOT SPECIALISTS
900 N Montana Av 442-8111
Please See Advertisement This Page
Smith Cleveland C 1800 11 Av 449-7323

Physicians & Surgeons, D.P.M. Referral

See Physicians' & Surgeons' Referral &
Information



Physicians & Surgeons, M.D. (Medical)

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301 S Elder Boulder 225-4201
24 Hour Number 225-4201

HELENA

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900 North Montana 449-2238
Please See Advertisement Page 178

ASSOCIATED DERMATOLOGY OF HELENA

Certified American Board of Dermatology
Skin Disease-Surgery-Pathology
Reconstructive Surgery-Skin Cancers
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50 S. Last Chance Gulch
Guardian Building

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442-4902

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- Corns/Callouses
- Orthotics
- Diabetics
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- Warts
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- Infertility
- Mature Woman Care
- Cancer Screening
- Vaginal Birth After C-Section

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NEWBORNS • INFANTS
CHILDREN • ADOLESCENTS

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FOR DIFFICULT CASES



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Health Care
Dedicated to Making You
Feel Like Family.

PROVIDING

Women's Health Care Obstetrics
Adolescent Care Physical Exams

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Brian C. Weitz, M.D. • Jamie L. VanHorsen, FNP-C

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Ancies Only 9:00 am - Noon

If No Answer Call 442-7094



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 Obstetrics / Gynecology



As Physicians,
 We specialize in the care of women of all ages.

As Husband & Wife,
 We care about patients as individuals.

As Parents,
 We relate to the joy & anxiety of pregnancy & birth.

- Family Oriented Birth Experience
- Women's Exams / General Health Concerns
- Infertility & GYN Surgery
- Ultrasound / High Risk Obstetrics
- Incontinence Therapy • Family Planning
- Cancer Screening • Coloscopy & Office LEEP
- Laproscopy, Hysteroscopy & Laser Surgery

**Women's
 Health
 Care
 Center**

449-2238

900 North Montana Ave



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 (Medical) (Cont'd)**

HELENA (Cont'd)

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Robert L. Donnell M.D.

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- CANCER MEDICINE
- HEMATOLOGY -
- BLOOD DISEASES
- INTERNAL MEDICINE

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Internal Medicine & Gastroenterology

121 N Last Chance Gulch 442-1994

Eller Kent C MD Psychiatry

50 S Last Chance Gulch Suite 5 Helena 444-2233

Or Call 1-800-717-6887

Erickson Bruce L MD

Diseases & Surgery Of The Eye

900 N Montana Av In Helena Helena 443-0990

Family Health Clinic Of Helena

820 N Montana Av 442-3300

Please See Ad on Opposite Page

Your own gold mine — an ad in the
 U S WEST Direct Yellow Pages.

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Lindstrom Clinic PC 405 Saddle Dr 442-0120

Please See Ad on Opposite Page

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**DISEASES OF INFANTS
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John E. Galt

**GENERAL, THORACIC
 & VASCULAR SURGERY**

Certified American Board Of Surgery-Eligible
 Winnie & 400 Saddle Dr.

400 Saddle Dr 442-0099

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Dermatopathology-Diseases & Surgery Of Skin

Board Certified In Dermatology

50 S Last Chance Gulch 442-3534

GOODWIN REGINALD J O

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CLASS I, II & III FLIGHT PHYSICALS

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PRACTICE

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PHYSICIANS

ASSOCIATE OF FAMILY PRACTICE CENTER OF

HELENA, HAWKINS-LINDSTROM CLINIC PC

405 Saddle Dr 442-0120

Res 443-5455

24 Hour Ans Serv 442-0120

GUNDERSEN ELIZABETH P

CERTIFIED AMERICAN BOARD OF PEDIATRICS

DISEASES OF INFANTS

CHILDREN AND ADOLESCENTS

HELENA PEDIATRIC CLINIC

1122 North Montana Av 449-5563

If No Answer Call 442-7094

HANSON HARRIS D

Orthopedic Surgery

1 Medical Park Dr 442-4811

HARPER WILLIAM J

William J. Harper

**GENERAL, THORACIC
 & VASCULAR SURGERY**

Certified American Board Of Surgery
 Winnie & 400 Saddle Dr.

400 Saddle Dr 442-0099

If No Answer Call 442-7094

HARRISON V LEE

Internal Medicine & Geniatrics

121 N Last Chance Gulch 442-1994

HAY MICHAEL S MD 900 North Montana 449-2238

Please See Advertisement This Page

HEETDERKS DAVID B

Orthopedic Surgery

1 Medical Park Dr 442-4811

(Continued Next Page)

*Tell businesses you found their ad
 in the U S WEST Direct Yellow
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COSMETIC SURGERY

For 20 years, Dr. David A. Ross has helped men and women look and feel better. Using the latest techniques in plastic surgery, Dr Ross can help refine your facial and body appearance to reveal a more attractive you. He and his staff are dedicated to serving your needs and helping to bring out your very best.

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 LIPOSUCTION • ABDOMEN • FACIAL RECONSTRUCTION**

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1-800-241-8840

David A. Ross, M.D., F.A.C.S.

Plastic Surgeon • Cosmetic & Reconstructive



**Facial Plastic &
 Reconstructive
 Surgery**



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Board Certified American Board of
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HELENA (Cont'd)
Helena Family Physicians 442-3570
1122 North Montana Avenue
Please See Advertisement Page 177

HELENA OB/GYN ASSOCIATES
Medical Park Dr Suite A 442-1914
Please See Advertisement Page 177

HELENA ORTHOPEDIC CLINIC
Medical Park Dr 442-4811

HELENA PEDIATRIC CLINIC
Elizabeth P Gundersen
John A Reynolds
Jeffery H Strickler
John M Kaele
Blayne Fritz
1122 North Montana Av 449-5563
Please See Advertisement This Page

HELENA WOMAN'S CLINIC
1111 North Rodney 443-3332
Please See Advertisement Page 177

HIESTERMAN DWIGHT R MD
DWIGHT R. HIESTERMAN,
M.D.
• BOARD CERTIFIED INTERNAL MEDICINE
1930 9 Av 443-4003

Tell and sell in the U S WEST Direct
Yellow Pages.



Richard J. Hopkins, M.D., F.A.C.S., P.C.

Eye Physician and Surgeon

*Certified by the American Board
of Ophthalmology*

**Medical Arts Block
121 North Last Chance Gulch**

- ◆ Small Incision Cataract Surgery with Implant
- ◆ Radial Keratotomy
- ◆ Laser Surgery
- ◆ Full Examination of the Eye
- ◆ Treatment of Eye Diseases and Injuries

443-4040

HELENA (Cont'd)
HIRO STEPHEN P
554 W Broadway Missoula 728-4558

HIXON MICHAEL MD
MICHAEL D. HIXON, M.D.
BOARD CERTIFIED
INTERNAL MEDICINE
24 HOUR TELEPHONE NUMBER
65 Medical Park Dr 442-1231

HOPKINS RICHARD J
121 N Last Chance Gulch 443-4040
Please See Advertisement This Page
(Continued Next Page)

The U S WEST Direct Yellow Pages
opens doors to your business.

FOR YOUR EYES ONLY

LOREN E. McKERROW, M.D.

**BOARD CERTIFIED OPHTHALMOLOGIST
MEDICAL AND SURGICAL TREATMENT**

- GLAUCOMA
- CATARACT & LENS IMPLANTS
- LASER SURGERY
- EYELID SURGERY

**COMPREHENSIVE OCULAR EXAMS & CARE
FOR THE ENTIRE FAMILY**

CONTACT LENSES - (SOFT, TINTED & GAS PERMEABLE)

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SOUTH HILLS MEDICAL CENTER
AFTER HOURS CALL 442-2480**

442-1212

THE Family OF HELENA P.C. Health Clinic

**FAMILY PRACTICE
& OBSTETRICS**

Board Certified in Family Practice

442-3300

820 NORTH MONTANA AVENUE

Robert M. Shepard, M.D.

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HAWKINS - LINDSTROM CLINIC P.C.

**FAMILY PRACTICE AND OBSTETRICS
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CLINIC HOURS: MON. - FRI. 8:30 - 6:00 SAT. 9:00 - 1:00

**24 HOUR ANSWERING
442-0120
405 SADDLE DRIVE**

Providing Total Eye Care For the Entire Family

BRUCE D. BELLIN MD FACS

*Certified by The American Board
of Ophthalmology*

443-1910

121 N Last Chance Gulch, Medical Arts Block
Across from the Parrot On the Downtown Mall

- Complete Eye Examinations
- Contact Lens Fitting
- Medical & Surgical Treatment
- Cataract & Implant Surgery
- Small Incision Cataract Surgery
- Argon & YAG Laser Surgery

Examinations Performed by Physician
Saturday Appointments Available
Convenient Free Parking

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BLAYNE FRITZ, M.D. MARY HUTCHISON, P.N.P.

**DISEASES OF INFANTS, CHILDREN & ADOLESCENTS
CERTIFIED AMERICAN BOARD OF PEDIATRICS**

**CLINIC HOURS: MONDAY THROUGH THURSDAY 8 AM - 8 PM
FRIDAY 8 AM - 5 PM SATURDAY 9 AM - NOON**

449-5563

If No Answer, Call 442-7094

1122 North Montana Av., Helena

EXHIBIT 4
DATE 3/8/95
SB 134

PROPOSED AMENDMENT TO SENATE BILL 134

Amend Senate Bill 134 as follows:

Page 2 Line 28

Strike: "at the point of initial contact and in subsequent contacts
by any means of communication, including"

Insert: "in its advertising"

Page 2 Line 29

Strike: "has paid a fee for the referral and that"

Insert: "is licensed in the state of residence, and if"

Page 2 Line 30

Strike: "no more or less qualified than"

Insert: "a specialist, then name of the Board which certified the
specialty and the".

Page 3 Line 1

Strike: "."

Insert: "must make the same disclosures, either in person or in any
other advertising medium used by that person.

AND AS AMENDED, BE CONCURRED IN!

Shanahan

WAS102045was

Mr. Chairman, members of the committee:

For the record, my name is Laurie Koutnik, Executive Director of Christian Coalition of Montana, our state's largest family advocacy organization. Welfare reform is a concern to us, and I rise in favor of SB 209 that Senator Swysgood has introduced today on behalf of the Governor.

Our current welfare system penalizes work, discourages marriage, punishes the family, and consigns millions to hopeless, multi-generational poverty. It has enslaved the very people it promised to protect, and harmed those it had intended to help. Our current system is flawed because it fosters dependency rather than self-sufficiency.

Never before has America been greater or its financial resource larger, yet never before have our social pathologies been worse. Money is not the prescription here. There are limits to what the state can do and afford to do for its citizens.

At this time, one out of eight children is being raised on government welfare through Aid For Dependent Children (AFDC). Thirteen percent of all American children are on AFDC. Much of this can be directly attributed to the collapse of the family structure that was designed to meet the financial, emotional, physical, and spiritual needs of children. We can no longer ignore or continue to prop up a program whose remedies have reached their limits.

We applaud the efforts the Racicot administration has taken in pursuing welfare reform for Montana. Balancing needs, financial constraints, diverse opinions, and federal regulations is not an easy task. Obviously this proposal warrants our full consideration if the federal government has not found reason to deny this eight-year pilot program.

The Families Achieving Independence In Montana (FAIM) Project is an incentive program to encourage those needing assistance to become self-sufficient and responsible. By providing job training, child-care assistance, medical assistance and educational opportunities, the state allows for every need to be reasonably addressed.

We would encourage the committee if possible, to treat single parent homes in the same manner as double parent homes by allowing both a two-year time limit. This would discourage break up of a marriage for further time consideration. We would ask also that secondary education be addressed to allow a sincere individual the opportunity to complete educational requirements, while keeping in mind what constitutes a reasonable educational opportunity. Limitations must be set to deter those who abuse the system.

Although this measure has a substantial fiscal note, we view this as an investment in our future toward the elimination of future expenditures. Pay now or pay later.

It is our hope that one day, welfare will be a thing of the past as efforts from churches, communities, and civic organizations return to practical compassion in meeting the needs of those individuals in their midst. The clear goal should be to eliminate federal involvement in welfare and shift responsibility to private charities and the faith community. The people must assume

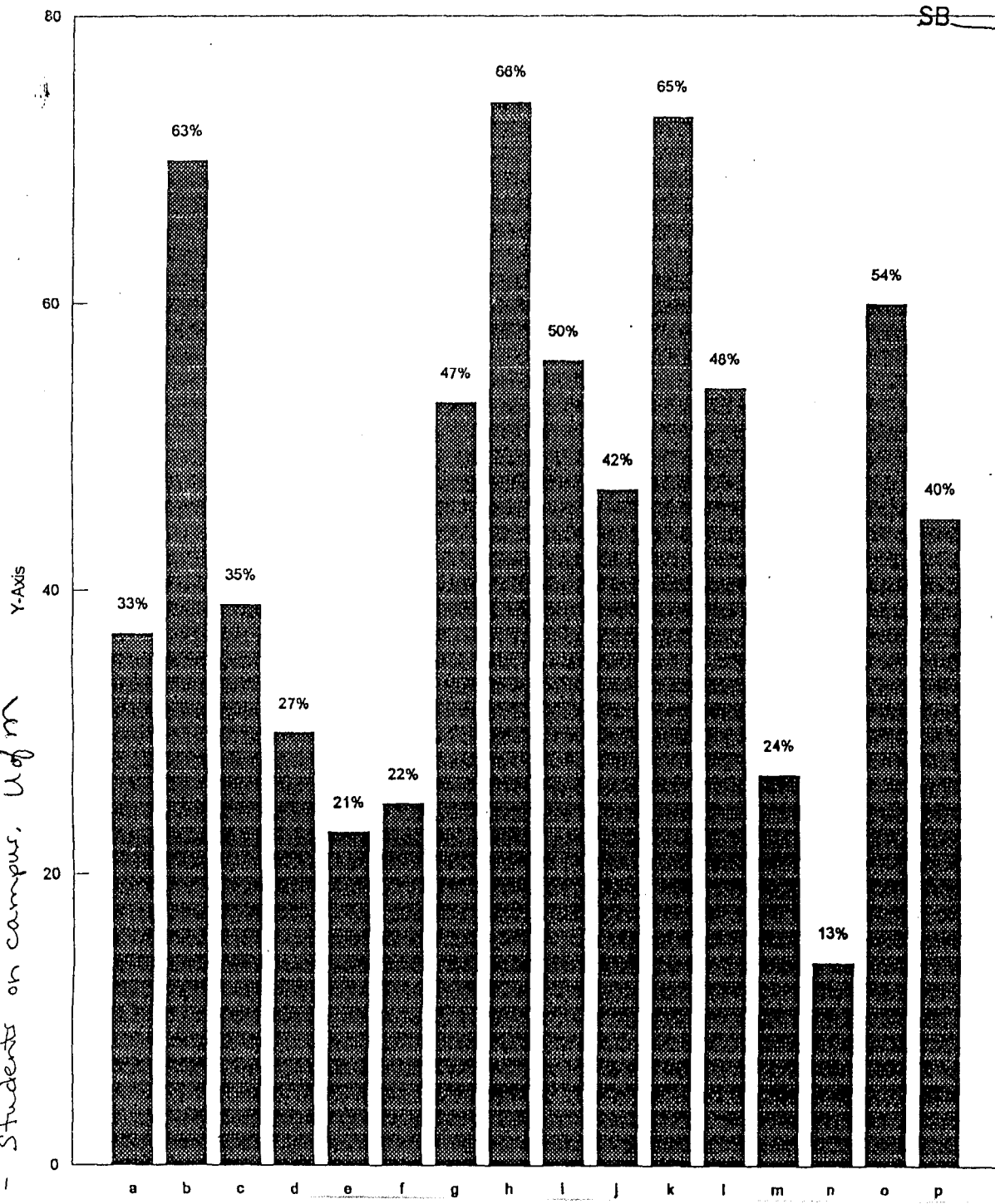
this obligation and responsibility, not their government. But until then, effort in encouraging self-sufficiency is necessary. Although this proposal may not be perfect, it is a start in program discovery as to what "will and won't" work. It is a step in the right direction and away from entitlement.

Christian Coalition of Montana urges a "do pass" on SB209. Thank you.

Submitted: 3/8/95
Laurie Koutnik

Reasons for Needing Assistance

LABOR 4
DATE 7/8/95
SB 209



ent if d rt id
- Refugee Assistance Corp. clients
- Students on campus, U of M

FACT SHEET

1. From 1977 to 1992, The poorest tenth of the population in the U.S. lost 20 % of its post-tax income. The top fifth gained 60 %, while the top one percent gained 135% (Cloward, 1994: 39*)
2. America's wealth as measured by the gross national product (GNP) reached an all-time high in 1990. Between 1979 and 1989, GNP grew by more than one-fourth but child poverty increased by 21 percent (Johnson, et. al., 1991).
3. The U.S. has one of the highest degrees of inequality in income distribution (Smeeding, 1990).
4. Children in poverty have poor parents who are less able than other parents to fulfill their responsibilities because they have few economic, personal and social resources. The problems of children in poverty will not be met without addressing the needs of poor families (HungerWeb).
5. A Federal study in 1988 estimated there were only enough low-skill job openings in the nation to employ one out of six AFDC recipients who might be expected to work under the Family Support Act of 1988 (HungerWeb).
6. One in five poor families with children cannot escape poverty even though the head of household works full-time throughout the year (Johnson, et. al. 1991).
7. Nearly two-thirds of all poor families with children spend more than half their income on housing (Johnson, et. al. 1991).
8. In Missoula, there is approximately a five-year waiting list for public housing. **In Missoula County, less than 25% of 1200 AFDC households receive housing assistance (WORD, 1994).**
9. 14 million children live in poverty in the U.S. Nearly 70% of AFDC recipients are children. These children are getting poorer as the dollar value of AFDC grants has dropped 40% in the last 20 years (Abramovitz, 1994: 21*).
10. Poor women face additional obstacles to escaping poverty: A woman needs a college education to even approach the earnings of a man who is a high school graduate. Women still earn only 70 cents for every dollar earned by a man (Amott, 1994 36; Brandwein, 1994, 72*).

WE STAND BY AS CHILDREN STARVE BY THE MILLIONS BECAUSE WE LACK THE WILL TO ELIMINATE HUNGER. YET WE HAVE FOUND THE WILL TO DEVELOP MISSILES CAPABLE OF FLYING OVER THE POLAR CAP AND LANDING WITHIN A FEW HUNDRED FEET OF THEIR TARGET. THIS IS NOT INNOVATION. IT IS A PROFOUND DISTORTION OF HUMANITY'S PURPOSE ON EARTH. Senator Mark Hatfield (R. Oregon).

* See Social Justice 21(1) 1994

OUR CHILDREN'S HEARTS ARE IN YOUR HANDS. STOP THE WAR ON THE POOR.

Janice



**OUR CHILDREN'S
HEARTS ARE IN
YOUR HANDS**

Examples of misguided welfare rules:

Actual Cases in MT

1. Household consist of:
- | | |
|-------------------|-------------------|
| Husband | Boy friend |
| Wife | Girl friend |
| 1 child in common | 1 child in common |
| her 3 children, | her 3 children |

Both men work for the same employer receiving \$2000 in wages plus free rent. Only shelter obligation is heat.

1st household is not eligible for AFDC as deemed income is over NMI for 4. 2nd household receives \$499 as Boyfriend signs a statement each month that he contributes no income.

2. Household consist of:
- Boyfriend
 - Girl friend
 - her 3 children.

HH has lived together for 8 years. He owns the home so client gets full shelter in AF. Her AF is \$549 per month. She also get food stamps of \$200+ as he signed separate HH form and a statement each month stating he does not contribute to the HH. She works part time and doesn't claim the kids on her income tax. He has claimed the kids for at least 5 years and gets earned income credit for them. How can he get EIC if he doesn't support them?

3. Unemployed parent HH with a 17 year old child who has his GED. He doesn't work or participate in JOBS. He will not be 18 for 11 months. His parents can collect AFDC for him until he is 18 and he isn't required to do anything. They reside in a county where the JOBS office can pick and choose who they want to work with. They have not chosen him. (A good candidate for OJT) The head of the household works self employment just under the required guideline of 100 hours per month so AFDC can remain open. JOBS orientated him but doesn't work with him due to the hours worked. They are not working with the wife. She is taking GED classes for 2 hours a couple of times a week and figures in about a year she should get her GED. This HH gets fuel assistance, EIC, subsidized rent, medical, and food stamps. They have no motivation to stop getting AFDC. The 17 year old is not learning any skills for job readiness. He doesn't want a job.

The rules for deemed income from married HH to contribution HH are so far apart. The above examples indicate the married couple are actually being punished where the boyfriend/girlfriend HH (even with a child in common) get away without cost of any kind to HH.

My name is Donetta Klein. I live in Stevensville and have lived in Montana for over twenty years. I am a former welfare recipient. I currently supervise case management services for the Missoula JOBS Program. During the past seven years I have worked directly with hundreds of welfare recipients and their families.

The typical welfare recipient is a 29-year-old woman with two children. She has probably left an abusive relationship (70% of the women entering the Missoula JOBS program report a history of abuse), and she is probably not receiving child support. She probably does not receive subsidized housing assistance. And, she supports her family on \$416 in welfare cash assistance per month.(1)

Some people argue that welfare recipients lack a work ethic. That's simply not true. Most AFDC recipients want to work. In fact, 1/5 of them are working at such low-wage jobs that they continue to qualify for welfare. Half of all single mothers who spend any time on welfare during a two-year period also work during that period. Most of the remainder are in school or looking for employment.(2)

When they do work, they make on the average \$4.29 per hour; they often cannot find permanent, full-time work; they usually do not receive health benefits; and they cannot afford to pay child care. So the real problem for women heading households on welfare is they cannot afford to work, because the majority of jobs available to them do not pay enough to support their families. It's typical for the women heading these families to cycle on and off of welfare, using it as unemployment insurance between low-paying jobs.(3)

If the goal of welfare reform is to put the women who head these families to work, it must include the following:

1. Enough time for the head of the household to gain the training and education necessary to make her employable at a higher standard of living, and the day care assistance necessary to do so. That includes enough time to obtain a college education. Women with college degrees do not end up on welfare. Research shows that welfare recipients who obtain college degrees are far more likely to stay off of welfare permanently.(4)

Currently many welfare recipients are pursuing college degrees, either through the JOBS program or the Self-initiated Program. They need guaranteed child care in order to do so, and many of them need full-time child care. The FAIM team, which is responsible for implementing Montana's Welfare Reform plan, has recommended a maximum of 20 hours per week of child care under welfare reform, and SB209 explicitly states that child care for post-secondary education is not guaranteed under Montana's welfare reform.

It is also unclear whether recipients will be able to count school attendance as part of their activities under the community service

component of welfare reform.

It is important for the committee to ensure that post-secondary education will continue to be an option for Montana's welfare recipients under welfare reform by guaranteeing child care for this activity and by including it as part of community service.

2. Welfare reform should also provide enough short-term training options to meet the need. That kind of training is currently provided by the JOBS program, but funding allows JOBS to serve only 15% of Montana's welfare population. Many of Montana's rural communities do not have any short-term training available. Montana's welfare reform plan does not include increased funding for these kinds of training programs, and it should.

3. Welfare reform should include increases in child care assistance and medicaid, if we expect recipients to take low-paying jobs. While some of the changes in HB209 will increase the transition time from welfare to work, for most families the difference will only be a few months. Without substantial increases in subsidized child care and medicaid for the working poor, there is no guarantee that these families will not continue to cycle on and off welfare.

I recognize that most legislators support ^{SB}HB209 and that it is likely to pass. I think it is important for the committee to understand, however, that Montana's Welfare Reform plan is flawed. And, while this committee cannot fix everything that is wrong with Montana's plan, it can at the very least ensure that college will continue to be an option for Montana's welfare recipients when it is clearly one of the most viable paths off of welfare.

Notes

1. Missoula JOBS program statistics.
2. Institute for Women's Policy Research, Research in Brief.
3. Ibid.
4. From Welfare to Independence: The College Option, Howard Samuels State Management and Policy Center, The Graduate School and University Center of the City University of New York, March 1990.

MONTANA WOMEN'S LOBBY

P.O. BOX 1099 HELENA, MT 59624 406-449-7917

Kate Cholewa
EXHIBIT 8
DATE 7/8/95
SB 209

The Montana Women's Lobby rises in support of SB 209. The Welfare Reform plan that is SB 209 was developed from statewide input from a wide variety groups whom in many cases approach welfare and welfare reform quite differently. Yet from this varied group this plan has arisen geared specifically to Montana and Montana's welfare system. This plan takes into consideration the inter-connecting factors that lead to the success or failure of a welfare program that aids families in moving off of public assistance and onto self-sufficiency. We ask that this legislature respect the interconnectedness of these factors and respect the consideration of Montana's economy and geography that went into this plan. If one starts to unravel this plan, we could end of with problems where there could have been solutions.

There are some elements of this program that are hard to swallow, such as the financing of it by eliminating optional medicaid services for adults. But, fortunately, it is not tough just for rhetoric's sake. But some tough decisions were made to design a program that would be effective.

The plan requires that all participants be engaged in actively taking planned steps toward self-sufficiency for which they will be held accountable and with which they will be assisted. Is this tougher than the old way? Yes. Is it more effective? We think it can be if we properly implement the intensive case management. After two years, recipients will provide community service in return for their benefits until they secure employment. This works for Montana as the economy is at least as large a factor in whether or not one secures employment than one's personal responsibility.

The intent of welfare reform is to help individuals beat the streets for jobs, not live in them. I therefore ask you to not step on the "two years and you're off" bandwagon which while it plays well in media, doesn't work. It leaves families impoverished (they don't disappear when they stop receiving benefits) and it creates unfunded mandates to communities which will then have to feed, house, and clothe families.

Therefore, we support SB 209 with the following changes which will be discussed at greater length by others here today:

1. Guaranteed child care for post-secondary training
2. Exemptions to the time clock for homelessness and to stabilize after violent situations.

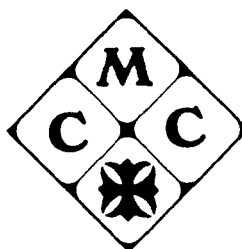


EXHIBIT 9
DATE 3/8/95
SB 209

Montana Catholic Conference

March 8, 1995

CHAIRMAN GRIMES AND MEMBERS OF THE COMMITTEE

For the record, I am Sharon Hoff, representing the Montana Catholic Conference. In this capacity, I serve as the liaison for Montana's two Roman Catholic Bishops on matters of public policy.

We strongly support genuine welfare reform which strengthens families, encourages productive work, and protects vulnerable children. We are not defenders of the welfare status quo which too often relies on bureaucratic approaches, discourages work, and breaks up families. While we generally support SB 209, we do have concerns.

We are concerned that the system to implement SB 209 is not in place. Transforming the culture of the welfare office will take considerable work and we wonder how the proposed reorganization involving the Departments of SRS, DFS, and Health might affect the implementation of this welfare reform package.

We are concerned that real jobs which will support families and help them reach self sufficiency are not available and that job training programs may not adequately provide the education

and skills needed to attain productive work with wages and benefits that permit a family to live in dignity.

We are concerned that sufficient dollars for child care needs are not available and believe that child care providers must be treated as small business owners and be reimbursed at rates that encourage the providers to care for low-income children.

We are concerned about proposed changes in federal welfare programs and how those changes will affect state programs. These unknowns could have a negative effect on Montana's welfare reform plan if funding is cut or altered federally. We are particularly concerned about the proposed federal changes to the many food and nutrition programs and request that should these dollars be block-granted to the state, that the Governor's Food and Nutrition Council and the Montana Hunger Coalition work with SRS to develop administrative rules for the food stamp program.

The requirement for cost neutrality is an additional concern. In the long run, real welfare reform will save money, but in the short run it will require new investments in a family tax credit, education, training, work, and child support. Other states have found that moving people off welfare is neither easy nor inexpensive.

We appreciate the hard work and dedication of the Department of SRS and the welfare reform task force. We are grateful that the plan puts in place transitional supports, expands efforts to

EXHIBIT 9
DATE 3-8-95
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insure parental support by increased child support collection,
and addresses training and education needs.

Our measure of welfare reform is whether it will enhance the lives and dignity of poor children and families. Reform should serve the human needs of poor children and their families, not just the political needs of public officials. Its goal ought to be to promote decent work and reduce dependency, not simply to cut budgets and programs. Its target ought to be poverty, not poor families. We believe our society will be measured by how "the least of these" are faring. Welfare reform will be a clear test of our state's values and our commitment to seek the common good.

Testimony on Senate Bill 209
Families Achieving Independence in Montana
3/8/95
To: House Human Services Committee
From: Judy Smith, Missoula, Montana

I was a member of the Governor's Taskforce on Welfare Reform that developed the FAIM Proposal and a JOBS operator in one urban and three rural western Montana counties. I support this bill with some reservations that I discuss below.

My interest in welfare reform began four years ago and is based on my experience as a JOBS operator. I realized after talking to many JOBS participants that the large majority of Montanans on AFDC did not want to be there. They wanted to work but couldn't afford to because of the types of jobs available and the structure of the current welfare system that wouldn't allow them to combine work and welfare.

If the welfare system is to assist families to move out of poverty the priority issues to address in welfare reform are:

- 1) The lack of affordable child care and health care that keeps many on AFDC. They can't afford to take minimum wage jobs because their pay will not cover their child care and the job does not provide health benefits.
- 2) The lack of experience and job skills that keeps many AFDC recipients from competing successfully for other than minimum wage jobs. Higher wage jobs that don't require advanced education and training are harder and harder to find in Montana.
- 3) The lack of child support actually paid to single parent families that keeps them more dependent on AFDC.
- 4) The barriers within the current welfare system itself that don't allow recipients to work off of welfare

The FAIM Program attempts to address these issues. The Job Supplementation component includes an extended child care and medicaid benefit. The Pathways component includes coordination with the JOBS Program and other education and training opportunities and on-going income disregards. Both components provide increased efforts at child support collection, and the whole eligibility system has been revised so that recipients can keep or build up resources that increase their self sufficiency.

We do not have a significant welfare dependency problem in Montana. The recent Montana AFDC Population Survey concludes that "Montanans do not lack the incentive to take care of themselves, just the resources." The Survey found very little intergenerational use of welfare. Montanans don't stay on AFDC for long periods of time; the majority are off in two years. However, those that are on

AFDC for longer periods often have greater barriers to self sufficiency or are pursuing education.

Based on my experience with the JOBS program, I am opposed to a rigid two year time limit for AFDC. It is unnecessary in most cases and creates significant administrative costs. More importantly, it doesn't allow for the realities of some of the families who receive AFDC.

Families often come on AFDC due to emergencies- domestic violence being a major causal factor. Families need temporary safety nets at different times. Rigid two year clocks take away safety nets. Jobs can be hard to find in an economy that is very uneven in job creation. Unemployment statistics don't reflect the experience of those on AFDC who have not recently been employed. Rigid two year clocks punish those in communities with few new jobs. Post secondary education is the single most effective way for AFDC recipients to gain higher waged employment, move their families out of poverty and permanently off welfare programs. These programs do not fit into rigid two year time clocks.

The inclusion of the community service component of FAIM allows me to support the package with reservations. It means children are not punished because their parents can't find a job in a time of recession. It means longer term barriers can be addressed without a family risking homelessness. It means recipients can successfully complete education programs. Without the community service component, FAIM would destabilize the most vulnerable families rather than encourage self sufficiency.

I request the Committee consider two changes:

1) allow exemptions to the Pathways time limit for documented episodes of homelessness and domestic violence that have been reported to the police as recommended by the FAIM regional advisory group. This would keep a safety net for the types of emergencies that destabilize any efforts at self sufficiency.

(Section 5, p.6)

2) provide the same guarantee of child care for those in Pathways pursuing post secondary education as those pursuing other activities. This would allow appropriate AFDC recipients to pursue the option most likely to move their families to self sufficiency.

(Section 8, p.7)

FAIM is the result of great effort by many people throughout the state of Montana. It reflects the diversity of those involved in its development. It will require large increases in child care and training resources and major changes in local OHS offices. I urge your support for it as a whole because it offers us an opportunity to build welfare reform on Montanans strengths-their true desire to be self sufficient- and maintain a safety net for Montana's children.

TESTIMONY OF DAVID HEMION
MONTANA ASSOCIATION OF CHURCHES
F.A.I.M. PROPOSAL/SB 209
MARCH 8, 1995

THE MONTANA ASSOCIATION OF CHURCHES UPHOLDS THE DIGNITY OF ALL PEOPLE IN BEING SELF-SUFFICIENT TO THE MAXIMUM EXTENT OF THEIR ABILITIES AND OPPORTUNITIES AND WE UPHOLD THE VALUE OF STRENGTHENING FAMILIES. THE MEMBERS OF THE ASSOCIATION OF CHURCHES DAILY CONFRONT THE UNMET NEEDS OF THOSE WHO HAVE FALLEN VICTIM TO POVERTY.

AS CHRISTIANS WE HAVE THE DUTY TO RESPOND TO THOSE IN NEED, PERSONALLY, THROUGH ORGANIZED PRIVATE EFFORTS AND THROUGH OUR GOVERNMENT. WE KNOW THAT THE LONG-TERM COSTS, ECONOMIC AND SOCIAL, OF NOT MEETING THOSE NEEDS, IS MUCH GREATER, ESPECIALLY WHEN THOSE DEPRIVED OF THESE BASIC CONCERNS OF LIFE ARE CHILDREN.

THE STATE OF MONTANA HAS CONCLUDED THAT ITS CURRENT SYSTEM OF PUBLIC ASSISTANCE FOR POOR FAMILIES DOES NOT LEAD ALL RECIPIENTS OUT OF LIVES OF POVERTY. LET'S REMEMBER THAT FOR MANY, A.F.D.C. IS A SHORT-TERM EXPERIENCE, ONE THAT PROVIDES ASSISTANCE WHILE LIVES ARE BEING RE-BUILT FOLLOWING DIVORCE OR DEATH OF A SPOUSE OR SOME OTHER FAMILY TRAGEDY. FOR SOME, THIS TRANSITION TAKES ONLY A SHORT TIME, FOR OTHERS LONGER, FOR SOME, LONGER STILL. CIRCUMSTANCES AND SITUATIONS VARY. OUR EXPECTATIONS SHOULD ALSO VARY.

WE COMMEND THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES AND THE WELFARE REFORM ADVISORY COUNCIL FOR THIS EFFORT TO SEEK A BETTER WAY AND EARNESTLY HOPE THAT THE F.A.I.M. PROPOSAL WILL RESULT IN A SYSTEM THAT REMOVES BARRIERS TO SELF-SUFFICIENCY. WE MUST RAISE CAUTIONS, HOWEVER, AND REMIND THE LEGISLATURE THAT THIS IS AN EXPERIMENT. LIKE ANY EXPERIMENT, THIS PROPOSAL HAS ATTEMPTED TO CONTROL SOME OF THE VARIABLES.

WE CAN AND SHOULD INCREASE EFFORTS TO ASSURE CHILD SUPPORT PAYMENTS ARE MADE.

WE CAN AND SHOULD INCREASE EFFORTS TO ASSIST AFDC RECIPIENTS WHO ARE UNABLE TO BE EMPLOYED BECAUSE OF DISABILITY TO BECOME QUALIFIED FOR OTHER ASSISTANCE PROGRAMS, SUCH AS SSI AND SSDI.

WE CAN AND SHOULD CREATE AND FUND A CHILD CARE SYSTEM THAT HAS THE CAPACITY AND QUALITY TO ALLOW THOSE ON AFDC TO KNOW THEIR CHILDREN WILL BE WELL CARED FOR WHILE THEY ARE PREPARING FOR WORK AND UNTIL THEY EARN ENOUGH TO BE SELF-SUFFICIENT.

WE CAN AND SHOULD REMOVE DISINCENTIVES TO SEEKING WORK CREATED BY INCOME AND ASSET PENALTIES.

WE CAN AND SHOULD PROVIDE TRAINING AND EDUCATION OPPORTUNITIES TO ENHANCE JOB SKILLS OF THOSE ON AFDC.

AND WE CAN AND SHOULD RE-FOCUS THE ADMINISTRATION OF ASSISTANCE PROGRAMS BY SIMPLIFYING RULES AND SETTING PARTICIPANT SELF-SUFFICIENCY AS A GOAL.

LET'S ALSO CONSIDER WHAT CAN'T BE CONTROLLED IN THIS EXPERIMENT. THE MAJOR FACTOR WHICH LEADS FROM POVERTY TO SELF-SUFFICIENCY IS A JOB THAT PAYS ENOUGH AND HAS ENOUGH BENEFITS TO SUPPORT A FAMILY. INCREASINGLY, FULL-TIME EMPLOYMENT IN MONTANA DOES NOT MEAN THE SAME THING AS SELF-SUFFICIENCY. EMPLOYMENT GROWTH IN THE STATE HAS BEEN LARGELY IN LOW-PAYING JOBS WITH FEW BENEFITS.

THE F.A.I.M. PROPOSAL CAN INCREASE THE ODDS THAT AFDC RECIPIENTS WILL BE EMPLOYED IN FAMILY-SUSTAINING JOBS, IF IT ALLOWS POST-SECONDARY EDUCATION TO COUNT IN PATHWAYS AND COMMUNITY SERVICE, ASSURES THAT COMMUNITY SERVICE POSITIONS WILL PROVIDE SKILL-BUILDING EXPERIENCES AND INCLUDES STATE OF MONTANA HIRING PREFERENCES FOR F.A.I.M PARTICIPANTS.

IT MUST ALSO ASSURE THAT THE MEDICAL NEEDS OF THE WORKING POOR ARE MET. PEOPLE CAN'T BE EMPLOYABLE IF THEY ARE ILL. THE PROPOSAL TO REMOVE ESSENTIAL HEALTH SERVICES (EYEGLASSES, HEARING AIDS, DENTAL SERVICES, ETC) SHOULD BE QUESTIONED CLOSELY BY THE LEGISLATURE AS TO THE EFFECT ON EMPLOYABILITY.

LASTLY, THE STATE MUST ASSURE THAT, REGARDLESS OF CIRCUMSTANCES, THE BURDEN OF POVERTY DOES NOT FALL ON CHILDREN. SANCTIONING PARENTS AND REMOVING THEIR BENEFITS WILL PUNISH THE ENTIRE FAMILY. GUARANTEES THAT BENEFITS WILL CONTINUE TO CHILDREN WON'T ASSURE THAT THEY WILL BE UNHARMED BY SANCTIONS.

February 3, 1995

Mr. Chairman, members of the committee, good afternoon and thank you for allowing me time to share my ideas with you. My name is Milissa Loucks and I am a member of Project Uplift. As a low-income single parent on Aid to Families With Dependent Children (AFDC), I know how hard it is to try to become self-sufficient. I also understand why a time limit is being considered.

I know that sometimes unforeseeable circumstances arise in all of our lives. I feel that in considering who should be exempted from time-limited benefits, the Department overlooked some very critical circumstances.

First, I believe that there should be an exemption for recipients who are in a college or career training program, including those working towards a GED. The best way to increase one's self-esteem, sense of responsibility and chances for self-sufficiency is through education. Most occupations which can sustain a family take a four year degree or experience gained from a Vocational school. Without an exemption from time-limited benefits, many people would be unable to finish school, thereby failing to become self-sufficient.

Second, I also think that it is absolutely necessary to exempt people from time-limits if they are homeless or leaving an abusive situation. If a parent suddenly loses their shelter because of an eviction, raise in rent or because of domestic abuse, their main consideration is finding a home for their children and a safe place to sleep at night. These are situations which completely consumes one's life. The last thing on their mind is the impending loss of

their benefits.

One of the existing exemptions in the FAIM proposal is a verifiable physical or mental impairment. I am suggesting that included under this exemption should be alcohol and substance dependency if the person is in inpatient or intensive outpatient treatment.

Finally, I propose that you consider exempting a client for a certain amount of months if the state fails in its responsibility to the client under the Family Investment Agreement. Under this agreement, a great deal of responsibility is placed on the client. If the client fails to fulfill his or her requirements, he or she will be sanctioned. If this is going to be a true agreement, then there needs to be a similar guarantee that the state will fulfill its requirements under the agreement.

I would like to see a fair and successful welfare reform package passed in Montana. For this to happen it is necessary to listen to the ideas of people on assistance. I ask on my behalf as a single mother on AFDC and on the behalf of all the families in Project Uplift that I represent, that you seriously consider adding the additional exemptions to time-limited benefits that I have proposed.

February 3, 1995

My name is Tammie Huttinger. I am a single mother of two young children and a recipient of Aid to Families With Dependent Children (AFDC) since 1988. I believe that the welfare system needs reform, but I do not believe this welfare reform package is the right reform needed. A true welfare reform package needs to encourage self-sufficiency and help the recipient find alternatives to welfare.

The present welfare system and the one proposed in Senate Bill 209 do not encourage self-sufficiency. The Department of Social and Rehabilitative Services states that their intention is to help people get off of the system, but they are not addressing the issues that keep people on welfare. Encouragement should be given through incentives and problem solving, not penalties. There are many integral issues that keep people like myself on assistance. Some of these are minimum wage jobs with no benefits, unaffordable child care, physical limitations and cuts in assistance when working.

I believe these issues can be addressed and overcome through problem solving not penalties.

Meaningful jobs with benefits that can support a family need to be created. Affordable and available quality child care needs to be established. Eyeglasses, hearing aids, dentures, therapies and medical equipment must be provided to ensure employability. "Fill the gap" budgeting is an essential incentive to getting a job a reaching at least poverty level of income.

I believe these barriers need to be removed before any welfare reform package can be successful.

TESTIMONY PRESENTED TO HOUSE HUMAN SERVICES & AGING COMMITTEE

SENATE BILL 209 WELFARE REFORM

By Advocates for Montana's Children

It is our belief that the need for Welfare Reform should not be to get those off welfare who are already on -- the emphasis should be on what brought them into the system.

National figures are showing more and more people sliding into the abyss of poverty. Some of the important factors are the disintegration of the family and then the multiple effects it has on the children. Our students are dropping out of high school or graduating from high school with minimum skills. In our high tech society today, these people do not have the skills to get jobs that would support themselves-- let alone a family. The deep societal problems of today cause poverty.

Yes, welfare reform is needed -- but it is the reform of the root causes of poverty that is needed. If we accept this reform bill, then we also need to budget for reform that addresses prevention of poverty.

Our specific objections to the Welfare Reform Bill 209 are:

1. Eliminate the 2-year limit. There will be some who will need this, but the depth of the problems may necessitate more time. The "time" factor needs to be more flexible.
2. Provide a minimum of 1 year of transitional child care for families leaving AFDC with a sliding fee scale for families above 133% of poverty.
3. Provide child care for recipients who choose to seek post-secondary education.
4. Guarantee 1 year of transitional Medicaid coverage for families leaving AFDC with a sliding fee scale for families above 133% of poverty.
5. When you sanction parents, you punish children.

TESTIMONY BY DOUG RANDS
IN OPPOSITION TO WELFARE REFORM
PO BOX 6542
HELENA, MT 59604

REPRESENTATIVE GRIMES AND MEMBERS OF THE COMMITTEE.

MY NAME IS DOUG RANDS. I AM FOR WELFARE REFORM BUT I AM IN OPPOSITION TO THE STATE'S WELFARE REFORM PLAN, SENATE BILL 209.

I AM MARRIED, I HAVE ONE CHILD AND I RECEIVE AFDC. FOR THE LAST 2 YEARS, I HAVE BEEN HAVING DIFFICULTY FINDING STEADY, PERMANENT EMPLOYMENT.

THE STATE NEEDS TO PROVIDE QUALITY JOB TRAINING FOR JOBS THAT WILL LEAD TO EMPLOYMENT WITH LIVEABLE WAGES. IT IS NECESSARY AND A MUST FOR SURVIVAL.

THE WELFARE REFORM PLAN IS UNREALISTIC. I FELT IT DOES NOT ADDRESS THIS IMPORTANT ISSUE.

THE STATE MUST FIND WAYS TO INVEST IN THIS PROGRAM FOR ITS PEOPLE.

I FEEL THAT IN ORDER FOR ME TO SUCCEED IN GETTING OFF WELFARE, QUALITY JOB TRAINING IS NECESSARY THAT LEADS TO A JOB WITH DECENT WAGES.

I SEE WELFARE REFORM FAILING THOSE WHO NEED HELP UPDATING THEIR SKILLS AND KNOWLEDGE IN ORDER TO COMPETE IN TODAY'S JOB MARKET.

THANK YOU FOR YOUR TIME.

Chairman , members of the Committee ,

Americans have suffered from unpredictable life events. Farmers had problems during the Dust Bowl. Businessman lost much when the stock market fell and individuals endured the Depression. Americans were in need. The country created steps to assist it's people.

Like these people I never imagined I would ever suffer and and be in need of assistance. I have been on Welfare three years.

My name is Debbie Miner. I was born and raised in Montana. In 1975 I married a fellow in the military. I thought we would have a happy marriage. Today we have two children.

From the beginning I encountered abuse.

While stationed in Holland I saved my Christmas and birthday money, collected aluminum cans (and I still do), and sold old clothes. I used this money to take my first class in psychology.

Later I worked jobs of minimum wage.

I attempted to be self-sufficient but the jobs I had were not enough to adequately care for me and my two children.

Some jobs I worked hard, had little sleep, and lost weight.

A little over three years ago I returned to Montana unmarried with my daughter and a suitcase with sparse clothing. We were homeless.

I entered the Mercy House (this is a shelter that assist in domestic abuse). This place helped me to begin the process of getting back on my feet and was a refuge of releif from years of endured abuse. It is during this time that I applied for welfare.

After applying I have continued my education. I am a work-study student, putting in 20 hrs a week, plus many hrs. of classroom time and homework.

My goal is to use my education and experience to help others. I am in my senior year and want to continue my education, gain work experience, and be licensed.

For me just a job is not the answer, but a career.

In the military soldiers are given education and on the job training. Steps are taken in their goal of employment and self-sufficiency.

I would not mind doing community service if it is geared toward my areas of interest, giving me experience. I like the idea of working toward a suitable employability plan. I would like on the job training and also possibly using ^{community} ~~service~~ work to pay off college loans and for tuition fees.

Currently I volunteer at New Directions, a mental health care facility. I am also trying to place myself at some other facility to gain hopefully field experience in the area of ~~psychology~~ psychology this term. I would be interested in experience that would lead to a job.

Being on Welfare is a daily struggle. Sometimes security and stability are little. Dollars have to be ^{stretched} ~~stretched~~. You do with out many things. What some people just go out and buy may take even longer for the poor to acquire. There is fear, anytime the rug may be pulled out from under your feet. What Welfare has done for me is to give me a place off the streets and to adequately raise my daughter. She takes ballet lessons, in return I help clean the building. My daughter is learning how to play the flute and piano. She also is part of a non-profit theatre group. Most importantly to me is that it has provided us a safe environment.

Due to a recent child support case. We may be going off of AFDC. But I do feel that I still need assistance with the adjustment to life without Welfare. We will still be under the poverty level. I was finally granted child support payments of \$273 and

a temporary maintenance fee. However one third of my income goes to housing. I am still an undergraduate and am concerned with balancing school, my daughters care , work-study , and now a job too.(hopefully in the social science field). The cost of school ^{is} increasing. I was informed I will not be eligible for medical, food stamps, or help from the JOBS program.

I feel I would still need assistance to find employment. I still feel I need medical unless I receive a job that has medical insurance. After I am employed I think that if I am going to be truly self-sufficient I need help getting by with basic cost I simply can not afford. Necessities such as gas and car repairs. ^{I don't have keys or the money and} (exhaust fumes come out from under my hood into the car); ~~also~~ needed quality care for my daughter while I work.

Each individual has their own time clock toward growth in self sufficiency. Some need more some need less. To me as long as we are moving forward toward our goal is what counts.

In conclusion I would like to say, like others on welfare, we don't want the rug pulled out from under our feet. We need an adequate adjustment period, assistance to help ourselves to be self-sufficient. A job is not always the answer. We need real jobs with a livable wage that will allow us to adequately care for ourselves and our families. We need careers that blend with who we are. Careers where we can also be there for and with our children. With adequate care it helps our children's futures as well and their well-being. It can also allows us to be more beneficial in society.

Thank you for your support.



EXHIBIT 16
DATE 3-8-95
FILE SB 209

my pastor shared this ^{poem in church} ~~sermon~~ and as he did
my wife

Imagined The Pit as Welfare..

Here's one from a book my wife is reading by Barbara Johnson:

A man fell into a pit and couldn't get himself out.

A subjective person came along and said "I feel for you down there".

An objective person came along and said "It's logical that someone would fall down there".

A pharisee said "only bad people fall into a pit".

A mathematician calculated how he fell into the pit.

A news reporter wanted an exclusive story on his pit.

A fundamentalist said "you deserve your pit".

An IRS man asked if he was paying taxes on the pit.

A self-pitying person said "you haven't seen anything until you've seen my pit".

A charismatic said "just confess that you're not in a pit".

An optimist said "things could be worse".

A pessimist said "things will get worse".

Jesus, seeing the man, took him by the hand and lifted him out of the pit!

13. The U.S. Military said "we can destroy that pit in 30 seconds F

February 3, 1995

My name is Kelly Miller and I am a single mother on AFDC. I am aware of the fact that under the SRS proposal to reform the welfare system, AFDC benefits would be limited to two years for single parents and eighteen months for married couples.

As a welfare recipient, I agree that the welfare system needs to be reformed. It has become a system that encourages dependency and provides little more than a life in poverty. Time limited benefits is one answer to the problem.

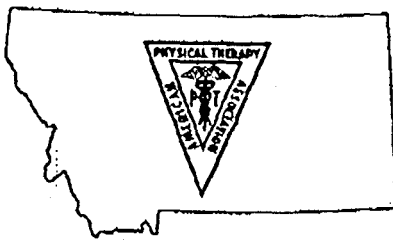
However, I do not agree with the proposal to distinguish between married and single parent families with regard to time limits. It is a misconception to believe that it is easier for a two-parent family to become self-sufficient than a single parent family.

The most critical thing to consider with this, is that it may ultimately force the break up of many family units in Montana. It will undoubtedly discourage people from getting married. For if they do so, they will lose six additional months of benefits. Conversely, it will also encourage divorce as a means of keeping benefits. Certainly you would not want to pass a welfare reform package that would end up in the destruction of families.

I think that if time-limited benefits are implemented, then it should be at the least, two years for everyone regardless of marital status. I know, as a woman on assistance, how necessary two years is to get on my feet. In that short time I will have to be working to gain training for a job that will be able to support myself and my three children. I will be working towards getting

child support, which is never an easy task. I will be attempting to find a home for myself and my children, as I am in the process of doing right now. I will be volunteering at Head Start and my children's school, like I do every week and have for years. And mainly, I will need that time to readjust to life without AFDC, which for many of us is an intimidating but necessary adjustment.

I would like to thank you for allowing me to speak about time-limited benefits today. I urge you to take my suggestions seriously, for if welfare reform is going to be successful then it needs to include the ideas of recipients as well as beauracrats. Thank you very much.



MONTANA CHAPTER
OF THE
AMERICAN PHYSICAL THERAPY ASSOCIATION

EXHIBIT 18
DATE 3/8/95
SB 134

March 8, 1995

To: Chairman Grimes

Members of House Human Services and Aging Committee

From: Gail Wheatley, P.T. - Great Falls *G. Wheatley PT*
President, MT Physical Therapy Association
622-3331

re: SB 134 - disclosure of financial interest by medical practitioners

On behalf of the Montana Physical Therapy Association, I write in support of Senator Klampe's bill, SB 134, to require disclosure to patients when a medical practitioner makes a referral to another medical service in which he/she has financial interest. We have had a written policy statement for five years in opposition to any arrangements wherein a referring practitioner can financially profit from that referral. The American Physical Therapy Association, representing 65,000 physical therapists, has also been active at the federal level to prohibit such arrangements. They are not allowed in pharmacies and at the very least open disclosure should be required for any such situations. We are very pleased to be able to support this bill and feel it goes a long way toward helping the public make informed decisions about their health care.

Referral arrangements have high potential for abuse and over-utilization of services. In addition, many patients do not realize that their medical practitioner is benefitting financially from such referrals. SB 134 is a strong step forward in health care cost containment, maintaining appropriate utilization of services, and allowing the public to make informed decisions about where to seek their health care. Physical therapy is specifically mentioned in this bill and we are heartened to see steps being taken to protect the consumer, require disclosure in referrals, and allow the public to seek providers that best meet their needs.

Thank you for the opportunity to comment. I would be happy to answer questions as would our lobbyist, Mona Jamison. Please support SB 134.

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services

DATE 3-8-95

BILL NO. SB 209

SPONSOR(S) Swysgood

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NAME AND ADDRESS	REPRESENTING	Support	Oppose
Crystal Laufer Oakwood D-13 Heuvelmont	TAC		
Leticia Myers 663 5th Ave N Trenton, MT 59501	TAC		
Mary Alice Cook	Adv. for MT's Children		✓
DEBBIE MINER	Project Uplift		✓
801-2nd Ave. SW #309 GREAT FALLS, MT 59404 Tammie Hutterger	Project Uplift		✓
Janice Lundeen 205 B Sisson Mts 59501	Self	✓	
Samir So Velez 1048 Greke Court, Missoula, MT	Self		✓
Milissa Loucks 422 5th Ave N	Project Uplift		✓
Judy Smith	to self	✓	
Shannon Parker	Self.	✓	
Jean McDonald	MHAM	✓	
Maria Cummer	Tri-County Advocacy Council TAC	✓	
Doug Rando	Self		✓

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

David Henrich

MT Assoc of Churches ✓

Kay Fox

MLIC ✓

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Donella Kern	WORLD, MS/a	X	
Mike Zensky	// //	X	
Laurie Kestrick	Christian Coalition of NC	X	
Dave Torgerson	concerned citizens		
Bob Turner	MT, Chap NASW	X	
Sharon Hays	MT Cath Cong	X	
Kate Cholewa	MT Women's Lobby Human Services Found	X	
Penny Robbe	SR5	X	

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HR:1993

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