MINUTES OF THE MEETING
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE
MONTANA STATE SENATE

JANUARY 25, 2985

The meeting of the Public Health, Welfare and Safety Committee was called to order by Chairman Judy Jacobson on Friday, January 25, 1985 in Room 410 of the State Capitol at 1:00 p.m.

ROLL CALL: All members were present for the meeting, however, Senators Towe and Newman arrived late. Karen Renne, staff researcher, was also present.

There were visitors in attendance. See attachments.

CONSIDERATION OF HOUSE BILL 113: Representative Joan Miles of House District #45 of Helena, the chief sponsor of the bill gave a brief resume. This bill is an act to require all laboratories to report cancer data to the Department of Health and Environmental Sciences and providing an immediate rulemaking effective date.

Representative Miles stated that at the present time hospitals are doing the registering but not the independent clinical laboratories.

Carol Snyder, program supervisor for the Montana Central Tumor Registry, stood in support of the bill. She stated that since 1981, cancer has been a reportable disease by law. Only hospitals have been required to report. House Bill 113 would provide for cancer reporting from independent clinical laboratories in addition to hospitals. Currently, cancer reporting is done only for those cancer patients who are admitted to hospitals. This means that the Central Registry is missing reports for cancer patients diagnosed by clinical laboratories and treated elsewhere, such as a physicians' office or out of state facilities.

This bill would help the Central Registry to obtain more complete, reliable statistics for cancer in Montana and would further the objective of a valid population-based cancer registry for the state. Mrs. Snyder handed in written testimony to the Committee and also a computer summary from the registry files. See attachments.

With no further proponents, the chairman called on the opponents. Hearing none the meeting was opened to a question and answer period from the Committee.

Senator Stephens asked if there is a registry for heart and other diseases. "No", however, other diseases are recorded.

Senator Stephens asked why cancer is the only one with an Official Registry. Cancer is a life threatening disease that is curable is the reason for the registry. Alot in known about some of the other diseases at the present time.

Senator Towe asked if there are many clinical labs in the state doing cancer work. There are 6 or 7 labs in the state that do this kind of work and are not reporting at the present time.

Senator Himsl asked about the time span on the report which Mrs. Snyder handed in to the Committee. The report covers 1979 through 1982.

Senator Himsl asked if this data is sent into the National Registry in Salt Lake. This data is sent to the Rocky Mountain Data Reporting System in Salt Lake.

Representative Miles closed.

CONSIDERATION OF HOUSE BILL 119: Representative Joan Miles of House District #45, the chief sponsor of HB 119, gave a brief resume of the bill. This bill is an act to generally revise and update the laws relating to tuberculosis control; allowing enforcement of tuberculosis treatment outside of a hospital and providing an immediate effective date. This bill was requested by the Department of Health and Environmental Sciences.

Representative Miles stated that since 1953 there has been very effective treatment of tuberculosis and many times patients need not be hospitalized. There is about 40-45 cases of active tuberculosis in the state at the precent time. Local health care providers are doing this but it given them a little more recourse.

Dr. John Drynan, director of the Department of Health and Environmental Sciences, stood in support of the bill. He stated that the Department does not want to dictate to the medical doctors on how to treat their patients. Dr Drynan handed in some amendments for the Committee to consider. See attachments.

Jan Jamruszka-Wilson stood in support of the bill. She works for the Lewis and Clark County Health Department. She stated that this bill could add more clout.

Judith Gedrose, Montana State Department of Health and Environmental Sciences, stood in support of the bill. She stated that the Department requested HB 119 because of a recognized need to ensure public health safety by seeing those diseased with tuberculosis become and stay non-infectious. Tuberculosis control is a co-operative effort between physicians and other public health professionals. The Department supports the proposed amendments in order to make it perfectly clear physicians have the broadest possible treatment options in the care of tuberculosis patients. Mrs. Gedrose handed in written testimony for the Committee. See attachments.

Shirley Thennis, of the Montana Nurses Association, stood in support of the bill.

With no further proponents, the chairman called on the opponents. Hearing none, the meeting was opened to a question and answer period from the Committee.

Senator Norman asked if the Statment of Intent is acceptable with the amendments. The Statement of Inent will also have to be amended if the amendments are accepted.

Senator Norman what are accepted methods of treatment are acceptable for tuberculosis. The methods of treatment are set by the American Medical Association.

Senator Norman asked if chest x-rays are now needed for those people working with tuberculosis patients. Chest x-rays are not needed any longer as long as some type of test is used for diagnosis.

Senator Lynch asked Dr. Drynan about the reaction of the staff at Galen toward this bill. The staff of Galen supports this bill.

Senator Hager asked how many active cases of TB there are in the state at the present time. There are 40-45 active cases in the state now and it is growning at an alarming rate.

Senator Hager asked about a patient wanting to leave a hospital following treatment for tuberculosis. If the person's physician discharges him/her from the hospital they may leave, but only the physician of the patient may discharge the patient.

Senator Towe asked if a person is entitled to a second opinion regarding the diagnosis of tuberculosis. They are always entitled to a second opinion.

Representative Miles closed. She stated that this bill would update the laws and help stop tuberculosis.

CONSIDERATION OF HOUSE BILL 107: Representative Ron Miller of Great Falls, sponsor of HB 107, gave a brief resume of the bill. This bill is an act to revise the laws governing the practice of electrology; requiring electrology schools and teachers to be licensed; granting the Board of Cosmetologists authority to adopt rules regulating schools and licensees and to adopt sanitary standards and providing effective dates.

Representative Miller stated that there are now 25 electrologists in Montana at the present. time. This bill is supported by the Board of Cosmetology and the Department of Commerce.

Helen Arthur of Great Falls, herself an electrologist, stood in support of the bill. Mrs. Arthur stated that the Board of Cosmetology which is over the electrologists needs that authority to set standards for curriculum, sanitary standards and other requirements set forth in HB 107 which will help to ensure the high standards in the electrology profession that she feels will protect the public and also raise the standards of the profession. Mrs. Arthur handed in written testimony to the Committee and also handed in a book entitled "Electrolysis" for the record. See attachments.

With no further proponents, the chairman called on the opponents. Hearing none, the meeting was opened to a question and answer period from the Committee.

Senator Towe asked if there are any Electrology Schools in Montana. There are not any Electrology Schools in Montana at the present time. Mrs. Arthur stated that this bill just cleans up what should have been done 10 years ago.

Senator Towe asked Mrs. Shirley Miller from the Department of Commerce, who pays for the inspection costs. The inspections costs are paid by the license fees. Beauty shops and elctrology salons are inspected at the same time to save on costs. There are 16 electrology salons in Montana.

Representative Miller closed.

ACTION ON SENATE BILL 158: This bill is an act to exempt recipients of public assistance from the requirement of an indemnity bond for the purpose of receiving a duplicate state warrant.

A motion was made by Senator Towe that SB 158 receive a DO PASS recommendation from the Committee. Motion carried unanimously.

ACTION ON HOUSE BILL 113: This is the act to require all laboratories to report cancer data to the Department of HES; and providing an immediate rulemaking effective date.

A motion was made by Senator Himsl that HB 113 receive a BE CONCURRED IN recommendation from the Committee. Motion carried unanimously. Senator Himsl will carry this bill on the floor.

ACTION ON HOUSE BILL 119: This bill is an act to generally revise and update the laws relating to tuberculosis control.

A motion was made by Senator Towe to accept the amendments suggested by Dr. Drynan from the DHES. Motion carried.

A motion was made by Senator Lynch that HB 119 BE CONCURRED IN AS AMENDED. Motion carried.

A motion was made by Senator Lynch that the statement of intent be amended as recommended by Dr. Drynan. Motion carried.

A motion was made by Senator Lynch that the Statement of Intent be adopted as amended. Motion carried.

Senator Lynch will carry this bill on the floor of the Senate.

ACTION ON HOUSE BILL 107: This bill revises the laws governing the practice of elctrology and electrology schools.

A motion was made by SEnator Towe that HB 107 BE CONCURRED. Motion carried.

Senator Stephens will carry this bill on the floor of the Senate.

ANNOUNCEMENTS: The next meeting of the Public Health, Welfare and Safety Committee will meet on Monday, January 28, to consider SB 73 and SB 173.

ADJOURN: With no further business the meeting was adjourned.

Judy Jacobson

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CHAIRMAN, JUDY JACOBSON

STANDING COMMITTEE REPORT

JANUARY 25, 19 83

MR. PRESIDENT

We, your committee on PUBLIC HEALTH, WELFARE AND SAFETY

having had under consideration THE STATEMENT OF INTENT FOR HOUSE Bill No. 119

THIRD reading copy (BLUE color)

Respectfully report as follows: That THE STATEMENT OF INTENT FOR HB No. 119

be amended as follows:

1. Page 2, line 5.
Following: "tuberculosis"
Insert: "except for treatment prescribed by a physician in accordance with current acceptable medical standards;"

2. Page 2, line 6.
Following: "others"
Strike: ","
Insert: ";"

AND AS AMENDED,
BE ADOPTED

~~XXXXXXXXXX~~

~~XXXXXXXXXXXX~~

SENATOR JUDY JACOBSON
Chairman.

STANDING COMMITTEE REPORT

JANUARY 25, 19 85

MR. PRESIDENT

We, your committee on PUBLIC HEALTH, WELFARE AND SAFETY

having had under consideration HOUSE No. 119

THIRD reading copy (BLUE)
color

TB CONTROL REVISION

Respectfully report as follows: That HOUSE No. 119

be amended as follows:

1. Page 2, line 11.
Following: line 10
Insert: "(4) "Approved course of treatment" means a course of treatment for tuberculosis which includes medical treatment prescribed by a physician and consistent with accepted medical standards, as well as appropriate follow-up to assure public health and safety as set out in the rules of the department."

2. Page 3, line 19.
Following: "complete"
Strike: "a"
Insert: "an approved"

3. Page 3, line 20.
Following: "treatment"
Strike: "prescribed by the rules of the department"

4. Page 3, line 22.
Following: "follow"
Strike: "whatever"
Insert: "an approved"

XXXXXXXXXX

XXXXXXXXXX

CONTINUED

Chairman.

5. Page 3, lines 23 and 24.
Following: "hospital" on line 23
Strike: remainder of line 23 through "department" in line 24

6. Page 4, line 11.
Following: "complete"
Strike: "a"
Insert: "an approved"

7. Page 4, lines 12 and 13.
Following: "treatment" in line 12
Strike: remainder of line 12 through "department" in line 13

8. Page 4, line 22
Following: "follow"
Strike: "a"
Insert: "an approved"

9. Page 5, line 1.
Following: "complete"
Strike: "a"
Insert: "an approved"

10. Page 5, line 7.
Following: "complete"
Strike: "a"
Insert: "an approved"

11. Page 6, line 14.
Following: "completed"
Strike: "a"
Insert: "an approved"

12. Page 6, lines 14 and 15.
Following: "treatment"
Strike: remainder of line 14 through "department" in line 15

13. Page 6, line 19.
Following: "completed"
Strike: "a"
Insert: "an approved"

14. Page 6, line 20.
Following: line 19
Strike: "meeting department standards"

CONTINUED

15. Page 7, line 2.
Following: "submitted to"
Strike: "a"
Insert: "an approved"

16. Page 7, lines 2 and 3.
Following: "treatment"
Strike: remainder of line 2 through "department" in line 3

AND AS AMENDED, BE CONCURRED IN

SENATOR JUDY JACOBSON

STANDING COMMITTEE REPORT

JANUARY 25 1985

MR. PRESIDENT

We, your committee on PUBLIC HEALTH, WELFARE AND SAFETY

having had under consideration HOUSE BILL No. 107

THIRD reading copy (BLUE)
color

MILLER (STEPHENS)

Respectfully report as follows: That HOUSE BILL No. 107

BE CONCURRED IN

~~DO PASS~~

~~AMENDMENTS~~

SENATOR JUDY JACOBSON
Chairman.

STANDING COMMITTEE REPORT

JANUARY 25, 19 85

MR. PRESIDENT

We, your committee on PUBLIC HEALTH, WELFARE AND SAFETY

having had under consideration HOUSE BILL No. 113

THIRD reading copy (BLUE)
color

MILES (HPHSL)

Respectfully report as follows: That HOUSE BILL No. 113

HB CONCURRED IN

XXXPASSX

XXXRECONSIDERXXX

SENATOR JUDY JACKSON
Chairman.

STANDING COMMITTEE REPORT

JANUARY 25, 1985

MR. PRESIDENT

We, your committee on PUBLIC HEALTH, WELFARE AND SAFETY

having had under consideration SENATE BILL No. 158

FIRST reading copy (WHITE color)

EXEMPTION OF BOND FOR DUPLICATE STATE WARRANTS - PUBLIC ASSISTANCE RECIPIENT

Respectfully report as follows: That SENATE BILL No. 158

DO PASS

~~XXXXXXXXXXX~~

SENATOR JUDY JACOBSON
Chairman.

ROLL CALL

PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE

49th LEGISLATIVE SESSION -- 1985 Date 1-25-85

SENATE SEAT #	NAME	PRESENT	ABSENT	EXCUSED
6	SENATOR JUDY JACOBSON, CHAIRMAN	✓		
5	SENATOR J. D. LYNCH, V.CHAIRMAN	✓		
42	SENATOR TOM HAGER	✓		
30	SENATOR MATT HIMSL	✓		
17	SENATOR TED NEWMAN	late		
45	SENATOR BILL NORMAN	✓		
14	SENATOR STAN STEPHENS	✓		
26	SENATOR TOM TOWE	late		

Each day attach to minutes.

DATE _____

COMMITTEE ON _____

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One Support	Check One Oppose
Judith Gedrose	NSDHES	HB119	✓	
Carol Snyder	DHES	HB113	✓	
Rick Nelson	DHES	HB 119	✓	
Jan Jamruszka-Wilson	Lewis & Clark Co. Health Dept	HB 119	✓	
Shirley Thennis	Montana Nurses Assn	HB113 HB119	✓	

(Please leave prepared statement with Secretary)

(This sheet to be used by those testifying on a bill.)

NAME: Carol Snyder DATE: 1-25-85

ADDRESS: Dept of Health & Env. Sciences

PHONE: 444-4740

REPRESENTING WHOM? Montana Central Dumper Registry

APPEARING ON WHICH PROPOSAL: HB 113

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENT:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

TESTIMONY IN SUPPORT OF HOUSE BILL 113

JANUARY 25, 1985

Montana Central Tumor Registry
State Dept. of Health & Env. Sciences

Chairman Jacobson, Members of the Committee, my name is Carol Snyder. I am the program supervisor for the Montana Central Tumor Registry.

Since 1981, cancer has been a reportable disease by law. Only hospitals have been required to report. House Bill 113 would provide for cancer reporting from independent clinical laboratories in addition to hospitals.

Currently, cancer reporting is done only for those cancer patients who are admitted to hospitals. This means that the Central Registry is missing reports for cancer patients diagnosed by clinical laboratories and treated elsewhere, such as physicians' offices or out of state facilities.

This bill would help the Central Registry to obtain more complete, reliable statistics for cancer in Montana and would further the objective of a valid population-based cancer registry for the state.

HO TAL ALL

NUMBER OF ADMISSIONS TO THE REGISTRY BY SITE BOTH SEXES (ALL CASES & (+) FLAGGED SITES)

SITE	# OF CASES	300	600	900	1200
162- LUNG	1117	**********	**********	**********	**********
174- BREAST FEMALE	955	**********	**********	**********	**********
185- PROSTATE	930	**********	**********	**********	**********
153- COLON	679	**********	**********	**********	
188- BLADDER	414	**********	**********		
154- RECTUM	308	**********	**********		
182- CORPUS UTERI	300	**********	**********		
+180- CERVIX INSITU	287	**********	**********		
199- UNKNOWN PRIMARY	259	**********	**********		
157- PANCREAS	222	**********	**********		
191*2- BRAIN & CNS	190	**********	**********		
196- LYMPH. NON-HODGKIN	165	**********	**********		
183- OVARY-TUBE-LIGAMEN	162	**********	**********		
189D KIDNEY	140	**********	**********		
151- STOMACH	139	**********	**********		
161- LARYNX	116	**********	**********		
180- CERVIX UTERI	114	**********	**********		
172- MELANOMA SKIN	104	**********	**********		
193- THYROID	86	**********	**********		
169- ACUTE LEUKEMIA	79	**********	**********		
169- MULTIPLE MYELOMA	69	**********	**********		
150- ESOPHAGUS	63	**********	**********		
196- HODGKINS	63	**********	**********		
186- TESTIS	60	**********	**********		
140- TO 145- MOUTH	56	**********	**********		
169- CHRONIC LEUKEMIA	54	**********	**********		
140- TO 9- PHARYNX	50	**********	**********		
184- FEMALE GENITAL	50	**********	**********		
156- GALLBLADDER	42	**********	**********		
141- TONGUE	41	**********	**********		
169- OTHER HEMATOPOIETI	41	**********	**********		
173- SKIN REPORTABLE	40	**********	**********		
+BENIGN (EXCEPT BRAIN)	40	**********	**********		
170- CONNECTIVE TISSUE	39	**********	**********		
152- SMALL INTESTINE	37	**********	**********		
189- OTHER URINARY	34	**********	**********		
155- LIVER	30	**********	**********		
170- BONE	23	**********	**********		
ILL DEF. SITES	22	**********	**********		
190- EYE	20	**********	**********		
140- LIP	19	**********	**********		
142- SALIVARY GLAND	18	**********	**********		
160- NASAL CAVITY-SINUS	15	**********	**********		
187- MALE GENITAL	14	**********	**********		
154- ANUS	13	**********	**********		
164- MEDIASTINUM	13	**********	**********		
194- OTHER END. GL	13	**********	**********		
+173- SKIN NON-MELANOMA	13	**********	**********		
158- PERITONEUM	10	**********	**********		
175- BREAST MALE	5	**********	**********		
163- PLEURA	5	**********	**********		
181- PLACENTA	2	**********	**********		

* INDICATES A FLAGGED SITE AND IS NOT INCLUDED IN CERTAIN OTHER TOTAL FIGURES!

PROPOSED AMENDMENTS TO HOUSE BILL 119, THIRD READING COPY:

1. Page 2, following line 10.
Insert: "(4) "Approved course of treatment" means a course of treatment for tuberculosis which includes medical treatment prescribed by a physician and consistent with acceptable current medical standards, as well as appropriate followup to assure public health and safety as set out in the rules of the department."

2. Page 3, line 19.
Following: "complete"
Strike: "a"
Insert: "an approved"

3. Page 3, line 20.
Following: "treatment"
Delete: "prescribed by the rules of the department"

4. Page 3, line 22.
Following: "follow"
Strike: "whatever"
Insert: "an approved"

5. Page 3, lines 23 and 24.
Following: "hospital" on line 23
Strike: "is prescribed by the rules of the department"

6. Page 4, line 11.
Following: "complete"
Strike: "a"
Insert: "an approved"

7. Page 4, lines 12 and 13.
Following: "treatment" on line 12
Strike: "prescribed by the rules of the department"

8. Page 4, line 22.
Following: "follow"
Strike: "a"
Insert: "an approved"

9. Page 5, line 1.
Following: "complete"
Strike: "a"
Insert: "an approved"

10. Page 5, line 7.
Following: "complete"
Strike: "a"
Insert: "an approved"

11. Page 6, line 14.
Following: "completed"
Strike: "a"
Insert: "an approved"

12. Page 6, lines 14 and 15.
Following: "treatment"
Strike: "meeting the standards set by rules of the department"

13. Page 6, line 19.
Following: "completed"
Strike: "a"
Insert: "an approved"

14. Page 6, line 20.
Strike: "meeting department standards"

15. Page 7, line 2.
Following: "submitted to"
Strike: "a"
Insert: "an approved"

16. Page 7, lines 2 and 3.
Following: "treatment"
Strike: "meeting the standards set in the rules of the departme

PROPOSED AMENDMENT TO STATEMENT OF INTENT FOR HOUSE BILL 119:

1. Page 2, line 5.
Following: "tuberculosis"
Insert: "(with the exception of treatment prescribed by a physician in accordance with current acceptable medical standards)"

(This sheet to be used by those testifying on a bill.)

NAME: John J Duyvesen MD DATE: 1/25/85

ADDRESS: DHES

PHONE: 2544

REPRESENTING WHOM? DHES

APPEARING ON WHICH PROPOSAL: HB 113 & 119

DO YOU: SUPPORT? X AMEND? X-119 OPPOSE? _____

COMMENT:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

(This sheet to be used by those testifying on a bill.)

NAME: Jan Jamruszka-Wilson DATE: 1/25/85

ADDRESS: Box 1723 / 316 N. Park

PHONE: 443-1010

REPRESENTING WHOM? Lewis + Clark County Health Dept

APPEARING ON WHICH PROPOSAL: HB 119

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENT: Will testify in support to committee

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

(This sheet to be used by those testifying on a bill.)

NAME: Judith Gedrose DATE: 1/25/85

ADDRESS: Cogswell Bldg

PHONE: 444-5580

REPRESENTING WHOM? MSDHES

APPEARING ON WHICH PROPOSAL: HB119

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENT: written testimony to committee

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

HB 119

Testimony related to a bill for an act entitled: " An act to generally revise and update the laws relating to tuberculosis control; allowing enforcement of tuberculosis treatment outside of the hospital; and providing an immedidate effective date."

Chariman, Jacobson, members of the committee; I am Judith Gedrose, Montana State Department of Health and Environmental Sciences.

The Department proposed HB 119 because of a recognized need to ensure public health safety by seeing those diseased with tuberculosis become and stay non-infectious. Tuberculosis control is a cooperative effort between physicians and other public health professionals. The Department supports the proposed amendment in order to make it perfectly clear physicians have the broadest possible treatment options in the care of tuberculosis patients.

HB 119

Testimony related to a bill for an act entitled: "An act to generally revise and update the laws relating to tuberculosis control; allowing enforcement of tuberculosis treatment outside of the hospital; and providing an immediate effective date."

Chairman Keenan, members of the committee; I am Judith Gedrose, State Epidemiologist and coordinator for communicable disease control activities from Montana State Department of Health and Environmental Sciences.

The statute that now exists related to tuberculosis control appears to give precedence to in-hospital care for tuberculosis patients. The majority of tuberculosis care today is done on an outpatient basis. Laurance Farer, M.D., Director of Centers for Disease Control, Division of Tuberculosis Control has stated, "There is absolutely no reason a case should be hospitalized to receive medication for tuberculosis. To put someone in the hospital at $200 per day to take $1 worth of drugs is not cost effective."

Adequate tuberculosis treatment requires at least nine months of therapy with special medications. The change requested to eliminate the term "communicable state" is to clarify the need for health care providers to follow a patient for the whole course of treatment. A person can become non-communicable within two to three weeks of beginning treatment but if the treatment is not followed carefully or for the prescribed time period, the patient will not stay

non-infectious. To ensure the chain of infection is broken, each patient should be followed from diagnosis until completion of therapy. In Section 2 of the bill, the definition of "tuberculosis" is expanded. A person may not have "tuberculosis lesions" but still have the organism present in his respiratory tract and be capable of transmitting it to others. Those with lesions are probably more infectious than those without, but there is a potential for spread whenever a person has tuberculosis disease.

The change in Section 3 would be to expand the Department's powers and duties to adopt rules for control of tuberculosis. There is little value in setting forth rigid standards for diagnosis if there is not also provision for acceptable ways to treat the disease. Much research has gone into the most effective treatment for tuberculosis. If the treatment is done with less than effective methods, the patient will continue to be a potential spreader of the disease. The Centers for Disease Control and the American Academy of Chest Physicians standards are widely accepted and followed. These are the standards the Department now recommends and would be adopted in the rule making. Changes in Sections 5, 6, 7, and 9 relate to supporting the Department's rule making authority for setting treatment standards.

Tuberculosis certainly is not the dreaded disease of past years, yet the organism is present in persons infected in past years and will therefore be in the environment and able to cause new infections for some time to come. Tuberculosis is a disease that can be controlled with careful scrutiny. The changes being requested in the statute related to tuberculosis control will clarify the role of both the State and local health departments in providing

continued follow-up of persons infected and diseased to prevent transmission to persons not infected.

1/9/85

JG/kk/57-A

(This sheet to be used by those testifying on a bill.)

NAME: Helen D. Arthur DATE: 1-25-85

ADDRESS: 3608 1st Ave. S. Great Falls -

PHONE: 452-0886 H 727-5163

REPRESENTING WHOM? Montana Electrologists Association

APPEARING ON WHICH PROPOSAL: H.B. 107

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENT:

Statement will be left with the committee secretary.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

ON H.B. 107
TO WHOM IT MAY CONCERN:

Electrolysis is the practice of permanently removing hair by introducing high frequency or galvanic current, or a blend of both into the hair follicle by means of a tiny metal filament or probe, which cauterizes the hair root and prevents another hair from growing in that follicle.

Electrolysis was first practiced by an opthamologist who had a patient with an ingrown eyelash. The procedure was successful, and has been used by the medical profession, including dermatologists for over 100 years. It is the only method of hair removal that is recognized by the American Medical Association as being permanent, and also by the F.D.A.

Because of the growing interest in permanent hair removal , and because there is controversy over what method constitutes permanent hair removal, we electrologists feel that in order to protect the public, certain high standards must be set and enforced in regard to the practice and teaching of electrology in Montana.

The technique of electrolysis requires skin to skin contact between patient and electrologist and the insertion of a filament into the poreof the skin and the introduction of heat into the hair follicle.

Because of these factors, we feel that high standards of sanitation must be practiced in order to prevent the spread of contagious diseases such as AIDS, Hepatitis, Herpes, etc. Also the proper technique must be learned in order to prevent burning or scarring, infection or in some cases simply a lack of success in achieving permanency.

For these reasons, we feel that the State Board of Cosmetology which we are under needs the authority to set standards for curriculum, sanitary standards and other requirements set forth in H.B. 107 which will help to ensure the high standards in our profession that we feel will protect the public and also raise the standards of our profession that we are are working towards on a national scale.

We would like to see this bill become law before someone decides to start a school in Montana which may not measure up to the standards we feel are important.

Our Montana Electrologists Association has worked very hard for the past four years along with the State Board of Cosmetology on these standards and our members are unanimous in support of this bill.

Helen Arthur

Helen D. Arthur, Pres.
Montana Electrologists Association

Testimony regarding HB 113 before the public health, welfare and safety committee

Date: January 25, 1985

Madam Chairman and members of the committee: I am Dr. Sidney Pratt, Chief, Clinical Services Bureau, Health Services and Medical Facilities Division, Department of Health and Environmental Sciences.

The Montana Central Tumor Registry Program is assigned administratively to my bureau.

I am here on behalf of the Tumor Registry Program, the Clinical Services Bureau, and the Department to be placed on record in support of HB 113.

SCP/kk/38-A

ELECTROLYSIS

Permanent Hair Removal

Dedicated to Continuing Advancement and Education in Electrology

Leading Authorities Recognize:

— "We recognize electrolysis as the only permanent method of hair removal."

— "The only permanent method of hair removal is electrolysis."

— "This is the only way to remove hair permanently . . . electrolysis."

EXPERT AND MEDICAL TESTIMONIES

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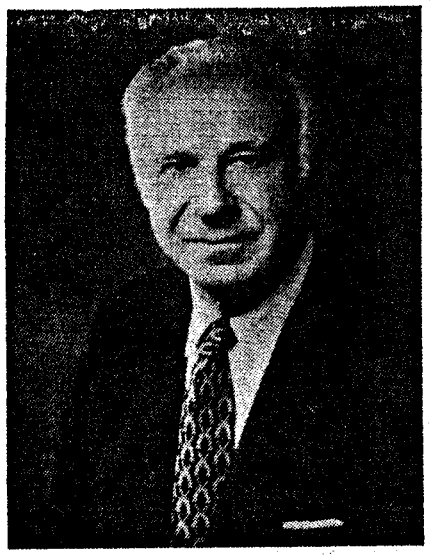


Robert B. Greenblatt, M.D.

PREFACE

Dr. Greenblatt is Professor Emeritus of the Medical College of Georgia. He is the author of several outstanding books, including The Hirsute Female. *As a leading medical authority on hair problems and electrolysis, it is an honor to have his contribution to this brochure.*

The removal of unwanted hair by electrolysis has reached a stage in development which makes the art a felicitous extension of the physician's regimen of treatment. Unwanted hair, especially facial, is a source of mental turmoil that often raises havoc with a women's physiologic processes and her emotional stability. By far the greatest number of cases are idiopathic in origin, i.e., the result of a genetic (heritable) sensitivity of the hair follicle apparatus to one's normal levels of endogenous androgens (testosterone, etc.) or to a slight increase in production of these so-called male sex hormones by the ovaries and/or adrenals. It should be kept in mind that all sexual hair (face, axillary, pubis, abdomen, chest, etc.) is maintained by the so-called male sex hormones, although women normally produce these but in much smaller quantities than the male. Women suspected of suffering from an endocrinopathy, i.e., amenorrhea and hirsutism or masculinizing symptoms such as voice changes, increase in muscle mass, enlargement of the clitoris, marked hairiness and receding hair line, require expert medical advice before undertaking electrolysis.

Much may be done to obtain a cosmetic result. (1) The administration of large doses of an estrogen along with cyclic courses of a progestin to attempt to suppress androgen production by the ovary and to increase the globulin in the blood that binds testosterone, thus lowering the availability of "free active testosterone" necessary for stimulation of the hair follicle apparatus. (2) Small doses of a corticoid such as prednisone or dexamethasone to partially suppress androgen secretion by the adrenals (for the severe cases). (3) Anti-androgen drugs such as spironolactone (Aldactone®) or cimetidine (Tagament®). (4) Most importantly, to administer the coup de grace to the follicle producing the unwanted hair, i.e., destroying the hair follicle producing the unwanted hair by someone properly trained in the art and science of electrolysis.

The medical approach reduces the rate of sexual hair growth, prolongs the dormant period and delays the cyclicity. The physician can change the "soil" favorable to hair growth, but the electrologist can eliminate the "weeds".

ELECTROLYSIS:

An Overview by

Rose Mineni, R.E., and Alice B. Berning, Ed.D.

An unattractive appearance and adverse psychological effects caused by unwanted hair has plagued people for generations. It was not until 1875 when Doctor Charles E. Michel, an ophthalmologist, of St. Louis, Missouri, developed a technique using electric current generated by a battery cell that controlled, permanent hair removal became possible. His work was done on inverted eyelashes (trichiasis). Later, his colleague Doctor William D. Hardaway, a dermatologist, applied this technique to women's faces. This marked the beginning of the only method of permanent hair removal, now known as electrolysis.

Electrolysis is performed by a specially trained person known as an electrologist. Using a highly sophisticated machine, the electrologist inserts a fine instrument into the hair follicle, a microscopic tubular depres-

sion in the skin. The natural follicular opening allows the delicate instrument to enter without any feeling by the client. A mild short wave current is released to destroy the dermal papilla in the connective tissue without harming the outer layer of the skin. The hair is then gently removed (epilated) with a forcep. Once the hair germ cell has been adequately cauterized (eliminated), the regrowth of that hair is impossible. The whole process must be performed under strict sterilizing and sanitizing regulations.

Both men and women seek the services of an electrologist to have superfluous or unwanted hair removed. Hair removal is commonly done on the following areas: Hairline. Eye Brow. Top Nose. Lip. Chin. Shoulder. Back. Under Arm. Center Chest. Abdomen. Buttocks. Pubic or Bikini Line. Thighs. Widow Peak. Ear Lobe. Face. Neck. Breast. Arm. Hand. Legs. Toes.

The causes of excessive hair growth patterns are many and varied. Those which people are best acquainted include heredity, glandular disturbances, scar tissue, modern medicines, stress, pregnancy, puberty, menopause, senescence, and excessive sun exposure. While the causes cannot always be identified or eliminated, the unwanted hair can be eliminated through electrolysis.

Lack of knowledge about electrolysis keeps many people from considering it as a means of permanent hair removal. They have unfounded fears about the procedure, pain factor, and length of treatment. It is a simple matter to allay these fears when the potential client speaks with a properly educated and trained electrologist.

The electrolysis procedure should be performed by a graduate of a reputable electrolysis school, involving students in an intensive theoretical and practical program. Before being allowed to practice, an electrologist should have passed a state written and applied examination. Many states require licensing, which is another means of monitoring the qualifications of electrologists and protecting the consumer.

The pain factor is not only an individual matter and differs with each client, but is frequently unduly emphasized. Consequently, apprehension of pain far exceeds the realization. Most clients say they feel only a slight tingly, warm sensation.

The length of treatment required to satisfy a client's desire for hair removal is relative too. The area to be treated, the texture of hair, frequency of treatments, history of temporary measures to remove hair (waxing, tweezing, shaving, depilatories, etc.): these are some factors that will determine the length of treatment. It must be realized that electrolysis is not a "half hour then your hairs are gone" miracle. For the faithful client, however, the good news is that superfluous hair can be removed through electrolysis — the only method of permanent hair removal.

ELECTROLYSIS

The ONLY Permanent Hair Removal Method

People have sought ways to remove unwanted hair for centuries beyond count; abrasives for that purpose have been found in Egyptian tombs, and historic rumor has it that Queen Cleopatra herself, for all her beauty, fought superfluous hair. Until 1875 the only remedies available were temporary. That year, Dr. Charles Michel, an ophthalmologist, was working to relieve a patient suffering from an ingrown eyelash. His original method has been improved and modified a number of times, and today the electrologists use thermolysis, a short-wave, high frequency current, or radio frequency current.

How Electrolysis Works

The diagram shown here is the microscopic hair follicle, greatly magnified; examining it will help in understanding the process of electrolysis.

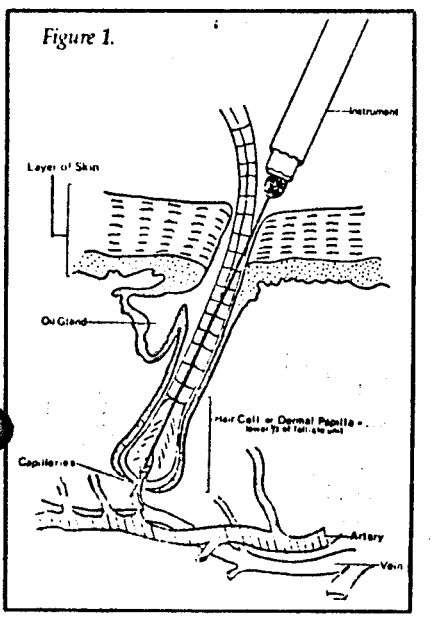


Figure 1.

At the lower 1/3 of the follicle is the hair bulb and the hair cell, or the dermal papilla. This is actually a part of the skin, and controls the development and growth of the hair. Even if the hair is pulled out, the dermal papilla is still left, since it is part of the skin.

A very fine instrument is gently inserted into the hair follicle, alongside the hair to the dermal papilla, and a short wave current referred to as thermolysis is sent through. This is the thermal heat action that will cauterize and render ineffective the papilla without destroying the outer layer of skin. The hair is then removed, or epilated, and will not grow again. Once the hair germ cell, the matrix, has been eliminated, there is no possible way for the hair to be reproduced.

The Complexities Of Electrolysis

The electrolysis process looks very simple on paper and in theory; in practicality, however, there are a number of factors that make the actual process a bit more complex. These factors can extend the actual time required for the permanent removal of hair, and/or lend the apprehension of regrowth where none in fact exists.

What are they?

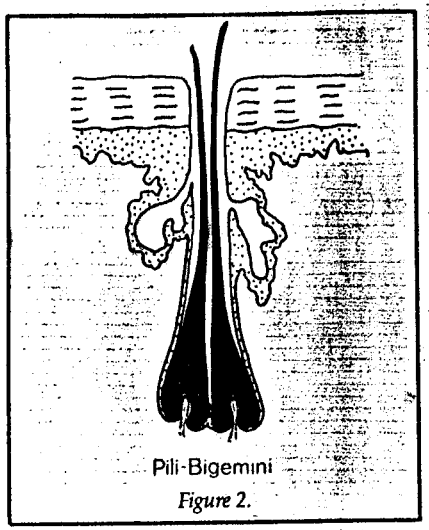


Figure 2.

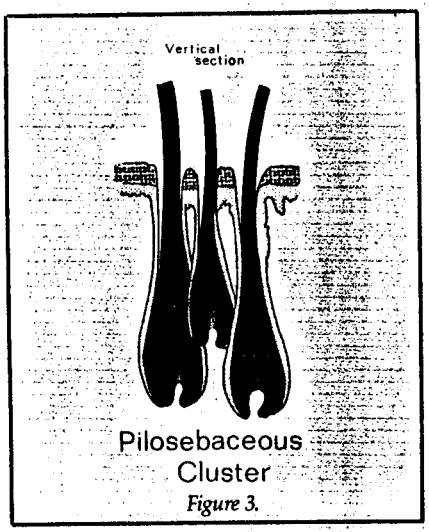


Figure 3.

As previously mentioned, permanent hair removal may *appear* to be a simple procedure, but when the complexities the practitioner must take into account are considered, it is obvious that the permanent removal of hair requires a great deal of anatomical knowledge, practical skill, and manual dexterity.

The electrologist must be intellectually prepared with a basic understanding of skin, including the texture, the moisture gradient (i.e., dry or moist), the vulnerability (hypo- or hyper-sensitivity) of the skin, and an understanding of the texture and nature of the hair, the age of the person being treated, the area to be treated, and a multitude of other constantly variable factors.

One can readily understand how all of the aforementioned would be important criteria for the electrologist to evaluate before beginning treatment - as well as throughout the treatment itself.

Other complicating factors that may be of concern to both the electrologist and the person having hair removed are the conditions of *pilimultigemini*, two or more hairs sharing one follicle (see Fig. 2), and *multifollicular* patterns, two or more follicles in close proximity to one another (see Fig. 3).

These conditions are not uncommon.

Distorted Hair Follicles

Electrolysis *would* be a simple, straightforward process if all hair follicles grew as straight and clean as the one shown in Fig. 1.

Unfortunately, they do not. The hair follicle unit is a tubelike depression of the skin which contains each hair. As can be seen from Fig. 4, the follicles may well be distorted, twisted, curved, spiraled, and even 'L' or 'U' shaped. Since the instrument itself is straight, these follicles have to be treated, and as a result, straightened somewhat, before the cauterization of the entire dermal papilla can take place. It may take two or more treatments on some follicles to accomplish this, and completely cauterize the hair matrix.

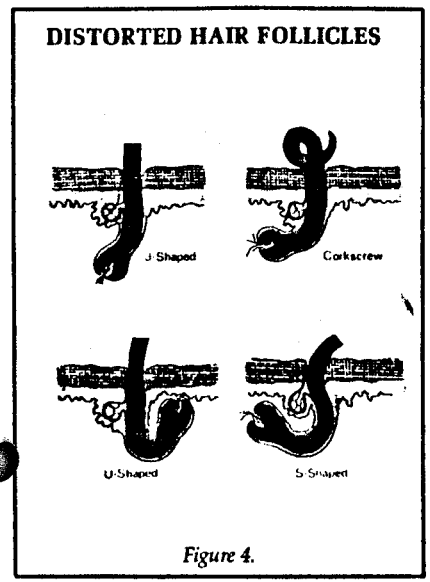


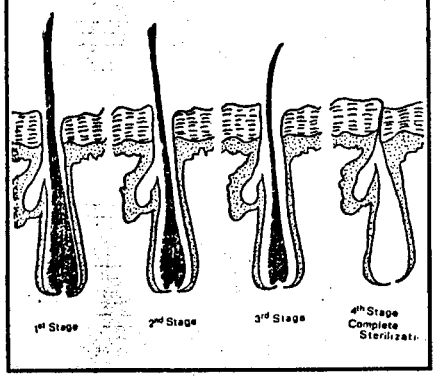
Figure 4.

Cauterizing Deep, Coarse Hairs

Deep, coarse hairs cannot always be cauterized or permanently eliminated in just one treatment; to attempt to do so would invite leaving a permanent pit or depression in the skin. Breaking down the hair germ cells in a series of treatments allows permanent hair removal gradually.

The first treatment may only partially destroy the hair matrix, although the hair itself will be removed. The hair cell will produce another hair, but it will be finer than the first, and will surface in about five to seven weeks after the first treatment. Sometimes the same hair might take as long as three to five months to reappear. The treatment is repeated when the second hair appears, and so on until the cells have been completely destroyed (see Fig. 5).

Figure 5.



The Normal Hair Growth Cycle

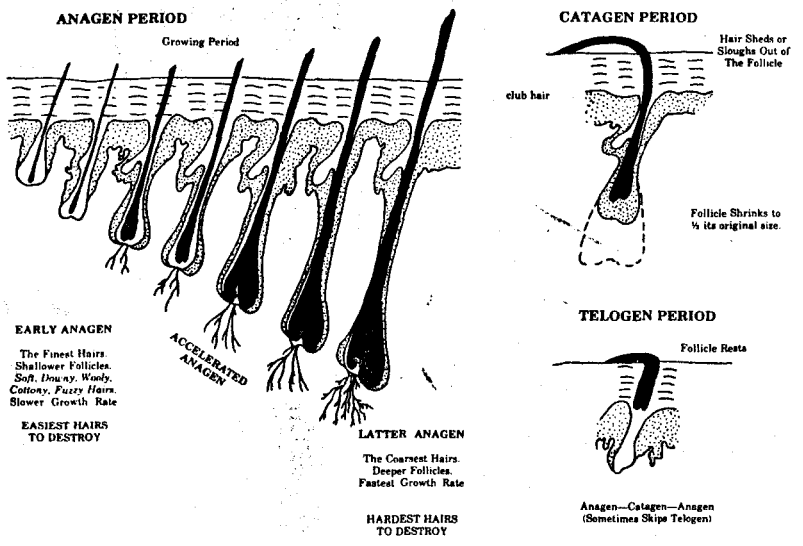
Hair on various parts of the body have different growth cycles. Eyebrows and eyelashes, as an example, grow for five to six months, and then are shed. The average human scalp hair grows for approximately two years before being sloughed. Once the hair is shed, the follicle lapses into a dormant state, lasting for several months. There will be no new hair produced during

this resting period, as the dermal papilla, or hair cell, rebuilds its strength for the next hair it will generate, which in turn will grow for its usual cycle, and then be shed. It is estimated that at least 20% of the body's hair follicles are dormant at any given time.

Since it is only possible to treat hairs that are visible, even if each visible hair in the treatment area is permanently removed during the first six months, there will still be a large proportion of the total hairs scattered through the area that had been dormant (see Fig. 6).

Although this proportion is sometimes mistaken for regrowth, it is actually hair emerging from dormancy and available for treatment for the first time. Electrolysis, therefore, takes from six to nine months to remove every hair cell for most people, and can take as much as one year, or even longer in difficult and extreme cases.

HAIR GROWTH, FALL, AND REPLACEMENT CYCLE



In the hair growth cycle, the hair follicle first grows deeper, then REGRESSES or reverts.
RETROGRADE, MORPHOGENIC GROWTH PROCESS
PROFOUNDLY METHODICAL AND ORDERLY HAIR FOLLICLE REGENERATION

Frequently Asked Questions

Q. What are the causes of excessive hair?

A. There are four generally accepted causes of hirsutism, which is how this condition is known in medical terminology:

1. **Heredity:** one can inherit patterns of hair growth that are excessive. For example, eyebrows that are thick and coarse and extend across the bridge of the nose could easily be inherited.

2. **Glandular disturbance:** endocrine imbalances or disturbances, such as Cushing's syndrome, for example, can generate abnormal, excessive hair.

3. **Normal systemic changes:** normal changes in hormone levels, such as occurs at puberty, menopause, senescence, or during pregnancy, for example, can signal the emergence of a new and disturbing crop of hair.

4. **Topical irritation:** such as can arise from the long incarceration in a cast, for example.

5. **Other causes:** scar tissue, modern medicines, stress, and excessive sun exposure.

Q. Why is electrolysis better than temporary methods of hair removal, such as shaving or plucking?

A. First of all, for the obvious reason: they *are* temporary and have to be repeated frequently.

Secondly, shaving, as an example, leaves a stubble within hours, which is not too effective. Tweezing or plucking over an extended period of time can cause irritations, eruptions, pits, and scars, and can also distort some hair follicles, which will make permanent hair removal later on more time consuming, costly, and uncomfortable.

Q. Is electrolysis painful?

A. The instrument is inserted gently into the hair follicle, a natural pocket in the skin from which the hair grows. There is a slight, brief sensation of heat. Some describe the sensation as a slight, tingling sensation; whether this is experienced as pain or not, and if so to what degree, is difficult to gauge since everyone has a different pain tolerance.

Q. Is the removal of hair by electrolysis dangerous?

A. No. The amount of current used is infinitely small.

Q. Does electrolysis scar the skin?

A. No, if the electrologist is skillful, the skin will be left smoother upon completion of treatments because the hair and all the matter surrounding the hair is removed from the follicle.

Q. Will the hairs that the electrologist remove ever come back again?

A. Not if the patron follows the instructions of the electrologist, taking the treatments needed in relation to the amount of tampering with her hairs which the patron did before starting to have them removed permanently by electrolysis.

Q. Can hair be removed from anywhere on the body?

A. The areas which may require treatment are the hairline, eyebrows, above lip, chin, neck, cheeks, underarms, breasts, abdomen, panty-line, buttocks and legs. Some of the areas on men are between the eyebrows, beard, cheekbones, back, collarline, and the tops of the ears and nose. The only areas that should not be treated are the inside of the nose and ears.

Q. Can hairs be removed from moles?

A. Only after the patron contacts her personal physician and obtains his approval that it is safe to do so.

Q. Should hair be removed from inside the nostrils?

A. Never.

Q. How many treatments will it take before all the hairs are gone permanently?

A. It is almost impossible to answer this question because several factors will determine the amount of time.

1. How great a problem the patron created by using tweezers, wax, depilatories, etc.
2. How well the patron cooperated in following her electrologists's instructions.
3. Frequency of treatments.
4. Tolerance of patron.
5. Hairs within the tissue, not visible to view.

Q. Does the frequency of treatment have a bearing on success?

A. Yes, definitely.

It is important for a client to participate in a planned program of electrolysis that is tailored to his or her individual needs. It is especially important in terms of hairs that require more than one treatment: for if the papilla is not cauterized as soon as the new hair becomes visible, the hair will build back to its original strength, negating the effectiveness of the first treatment.

Q. Should any precautions be taken following treatment?

A. Yes.

After Treatment:

1. Apply ice cube or ice pack to treated area.
2. Blot lightly with alcohol 70%, Sea Breeze or Witch Hazel.
3. Apply a medicated (greaseless) cream for burns.
4. The skin of sensitive individuals may display redness.
5. Any manifestation on the skin after treatment will be only the normal healing process, is temporary and with proper care will disappear after a short while.
6. Do not rub, scratch or squeeze treated area.
7. Please phone me if you are concerned. I am personally concerned about your cosmetological needs.

NOTE: To make a simple, inexpensive ice pack, put a 4"x4" piece of wet gauze or cheese cloth, folded several times, in a small plastic baggie and place in the freezer.

Place the frozen ice pack in the palms of the hand and hold over the treated area.

The ice pack may be re-used many times: simply rinse and replace in the freezer until needed.

Office Policies

_____ One Hour
_____ One-half Hour
_____ Fifteen Minutes

1. **FEE FOR SERVICES:**
   (Payable when appointment is scheduled)
2. Make appointments in person or by telephone during scheduled office hours.
3. All treatments are scheduled by appointment only.
4. Except in an emergency, all cancellations must be made at least 24 hours in advance.
5. The failure to keep, or cancel, an appointment will result in billing as usual.
6. Payments may be made by personal check or cash.
7. Credit is unfortunately not available.
8. Promptness is requested. Appointments begin and end on STRICT SCHEDULE. Be prompt even early, to avoid losing treatment time.

Thank you for your cooperation.
Your Professional Electrologist

Where Electrolysis Works

Hair Line ✽ Eye Brow
Top of Nose ✽ Lip ✽ Chin
Shoulder ✽ Back
Under Arm ✽ Center Chest
Abdomen ✽ Buttocks
Pubic Or Bikini Line
Thighs ✽ Widow's Peak
Ear Lobe ✽ Face ✽ Neck
Breast ✽ Arm ✽ Hand
Legs ✽ Toes

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Service

In Electrolysis

Peace of Mind Can Make All Women Lovely!

Women of the world today can be chic in costume and with cosmetics, but have a complex about the superfluous hairs of the face and body.

This can have an unhappy psychological effect on a very lovely person.

If you have such a problem, introduce yourself to an electrologist. A complimentary (no charge) and confidential consultation is available for you.

Electrolysis is not an overnight miracle process. It does require time and patience to overcome the problem that also did not develop miraculously overnight.

However, the improved physical appearance and emotional attitudes are so rewarding it is worth all the time and money spent.

Many women try to improve their appearance by bleaching, tweezing, shaving, waxing or any other temporary measures to help rid themselves of this unsightly and unwanted hair.

All of the above are temporary and as long as the hair continues to grow on your skin, it will be on your mind.

If superfluous hair is one of your problems, the registered electrologist will be happy to arrange for an appointment with you to explain how electrolysis can offer you permanent relief.

There is no charge for a complimentary consultation, and you may phone for an introductory appointment.

Sincerely,

The permanent hair removal of unsightly and unwanted hair offers many benefits.

Psychologically, the improved appearance is uplifting. One feels better.

Physiologically, proper medical attention to physiological disorders improves one's health.

The texture of the skin takes on a nicer appearance once the hairs and surrounding materials are removed. The skin actually becomes smoother.

Time is of essence these busy days and time is saved by eliminating all the temporary methods.

Removing the pubic hairs for the bikini lines, properly arched eyebrows, and improving hair lines all add to your total look.

The Electrolysis Clinic
727-5163

Helen Arthur