MINUTES

MONTANA HOUSE OF REPRESENTATIVES
52nd LEGISLATURE - REGULAR SESSION

SUBCOMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By Chair Dorothy Bradley, on January 12, 1991, at 9:00 a.m.

ROLL CALL

Members Present:

Dorothy Bradley, Chair (D)
Mignon Waterman, Vice Chair (D)
John Cobb (R)
John Johnson (D)
Tom Keating (R)
Dennis Nathe (R)

Staff Present: Taryn Purdy, (LFA), and Claudia Montagne, Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed. There is no tape for this meeting.

Announcements/Discussion:

HEARING ON FAMILY/MATERNAL AND CHILD HEALTH BUREAU

Informational Testimony:

Dave Thomas, Program Coordinator for the Special Supplemental Food Program for Women, Infants and Children, (WIC), presented testimony. **EXHIBIT 12**, 1/11/91.

Peggy Baraby, Program Supervisor for the Child Nutrition Program, testified on the Child Nutrition Program-Child and Adult Care Food Program. **EXHIBIT 12**, 1/11/91.

Jo Ann Dotson, Nurse Coordinator of the Montana Perinatal Program, testified on the Montana Perinatal Program. **EXHIBIT 12**, 1/11/91. She called attention to the Executive Summary of the Accomplishments and Recommendations of the MIAMI project. **EXHIBIT 12**, 1/11/91.

Elizabeth Roeth, Chair, Montana Children's Alliance, spoke in support of the Family Planning Program as an effective means of preventing unwanted births, and saving the state money in care and treatment of high risk pregnancies and low birthweight

births.

A discussion followed on the nature of the Maternal and Child Health (MCH) Block Grants and the allocations to counties. **Bob Johnson, Director, Lewis and Clark City/County Health Department**, explained how he utilized the block grants, stating that they recognized population size and potential MCH need. He described the formula which enables money to be granted to small counties, and said that it works well. He said the Lewis and Clark County uses MCH Block Grant money for services related to the Perinatal Program, and described their Case Management Services for the 50 most high risk pregnancies in the county. He mentioned that the county had a higher rate of low birthweight births and infant deaths than the state, and that the block grants enabled them to mount this team effort in his community.

Ms. Roeth submitted a letter from Dr. Donald Espelin into the record in support of the MIAMI project. **EXHIBIT 1**

Ms. Roeth submitted testimony in support of the MIAMI Project and its expansion. **EXHIBIT 2** She also submitted the Montana Children's Alliance Children's Agenda for 1991. **EXHIBIT 3**

Wilbur Rehmann, Labor Relations' Director for the Montana Nurses' Association, testified in support of the Family/Maternal and Child Health programs in general. He urged re-institution of the Nursing Bureau in the Department of Health and Environmental Sciences, stating that there was a need for nurses on the state level to function in a consultative capacity to rural counties especially. He then stressed the inadequacy of the current state employee pay plan to attract nurses to state government when Public Health nurses, required to have a Master's Degree, are paid $1 to $2 less than a beginning RN at St. Peter's Hospital in Helena. **EXHIBIT 4**

Paulette Kohman, Executive Director, Montana Council for Maternal and Child Health, testified in support of the DHES Maternal and Child Health Appropriations in general, and for increased appropriation for the MIAMI project and the Low Birthweight Clinics in particular. **EXHIBIT 5** She alerted the committee to the interaction between the appropriation in the MIAMI bill and the appropriation for SRS Medicaid.

Questions From Subcommittee Members:

SEN. NATHE asked how the reported cost of $250,000 for a low birthweight baby was determined. **Ms. Dotson** replied that the figure was based upon medical treatment costs of $600 to $2,000 per day. **SEN. NATHE** asked what poverty level would be for a family of 4, and **Ms. Dotson** replied that an income of approximately $14,000 would qualify a family of 4, including the newborn, for services. The bill suggests the eligibility requirement be 185% of poverty, which would then allow Medicaid

to cover 40% of the cost. She stated that SRS would have the personnel who could better answer eligibility questions. **Ms. Roeth** added that the services would be available at the revised eligibility level for the 10 months of the pregnancy and birth period.

SEN. NATHE asked Mr. Johnson for an explanation of the flow of MCH money from the state to the counties. **Mr. Johnson** said that DHES signs a contract with local health organizations for specific services provided directly by that agency. He said that the money is not used for treatment costs or hospital bills, but for programs to prevent medical problems from occurring. He said the local organization is accountable and closely audited, with the state to local match ratio of approximately 3/7:4/7. He said the state used the county match to qualify for federal funding. **SEN. NATHE** asked why the MCH money would be given to hospitals, and **Mr. Johnson** replied that the hospital could run the same kind of preventative program, if there was not a local public health dept. to perform that function.

SEN. NATHE asked, since WIC money was run through 320 grocery stores, if there was any coordination between WIC and Food Stamps. **Mr. Thomas** replied that WIC was mandated to coordinate with Medicaid and Food Stamps. **SEN. NATHE** asked about the criteria for eligibility for WIC. **Mr. Thomas** replied that there were two tests, 185% of poverty ($23,495 for a family of 4), and a medical or nutritional need.

CHAIR BRADLEY noted that they had a caseload of 15,000 in the WIC program, and yet were reaching only 45% of those eligible. She asked what would have to be done to make the program more broad based. **Mr. Thomas** stated that the 45% figure is based only on the first test, and that to improve access there would have to be additional administrative costs for the purpose of additional screening for medical and nutritional need.

REP. BARDANOUVE commented on the overlap between the functions of SRS, DHES, and Family Services, and asked if there was any attempt on the part of smaller counties to consolidate for the purposes of contracting for services across county lines. **Mr. Johnson** replied that there were many examples of multi county agreements, citing Lewis and Clark, Broadwater and Jefferson Counties as an example. He said the practice was more common in eastern Montana. **Ray Hoffman, Administrator, DHES, Centralized Services Division**, responded to Rep. Bardanouve's first comment that the differences in the services and functions reflected the difference between health vs welfare issues. He stated that these programs were primarily focused on health. He added that it was up to the county commissioners to commingle funds from several counties for a consolidated program. **William Opitz, Deputy Director, DHES**, added to the discussion stating the DHES programs focussed on prevention, and that they worked closely together with the departments Rep. Bardanouve mentioned as well as Institutions and Labor.

CHAIR BRADLEY asked **Dale Taliaferro, Administrator , Health Services Division, DHES**, about the increased administrative costs needed to improve the 45% delivery figure. **Mr. Taliaferro** said that 45% was not a real figure without knowing those with health needs. **CHAIR BRADLEY** asked if WIC should be expected to meet the need cited in the Hunger Report. **Mr. Taliaferro** answered yes.

SEN. KEATING asked Ms. Dotson how she arrived at a projected $800,000 savings in the MIAMI/Perinatal Programs. **Ms. Dotson** referred the committee to page 4 of the MIAMI Project Executive Summary for the methodology for that figure. **SEN. KEATING** asked if the projections had been compared with real figures in the county with and without the program, and who would reap the benefit from the savings. **Ms. Dotson** replied that those who bear the costs, Medicaid, private insurance carriers, taxpayers, and hospitals would benefit from the savings.

SEN. WATERMAN stated that in the WIC program, if the county commissioners did not ask for it, it was not extended to that county. **Mr. Thomas** said that was correct. She asked if the additional $700,000 requested would enable them to extend the program statewide. **Mr. Thomas** said that they did have agreements to run satellite programs in outlying areas. He said that the 8 unserved counties could be served by a combination of these interlocal agreements. He added that another possibility would be to have a mobile unit that covered immunizations, well child needs and WIC as well.

SEN. WATERMAN asked about the presence of a nutritionist within DHES. **Ms. Baraby** replied that there was one in the Child Nutrition Program, and another in the WIC program. She said they worked with day care providers and Head Start doing menu planning and performing in a consultative capacity. **Mr. Thomas** stated that in the WIC program there were registered dieticians, providing technical assistance to the program participants in the form of current information on foods and continuing education. **Mr. Taliaferro** said that Licensing and Certification also had 2 nutritionists federally funded, and that the nutritionists in all programs were fully specialized to each program.

CHAIR BRADLEY asked for the language needed in order for Family Planning to get access to Title X funds. **Ms. Purdy** said she had prepared some language. **Suzanne Nybo, Director, Family Planning,** restated the problem. She said that the problem lay in HB 100, in that if the program received more Title X funds over the appropriated amount, general fund would revert by a corresponding amount. However, the Title X money is related to the number of users (poor women). Therefore, without a change in the language, a downward spiral could start if the program increased the number of users. The language referred to would remove this cap.

REP. BARDANOUVE asked how much reverted last year, and **Ms. Nybo** said $1400. **Mr. Hoffman** suggested that one mechanism could be to have the general fund used for the project be line-itemed. **SEN.**

KEATING asked if Family Planning could receive private contributions, and if there was a match for the Title X money. **Ms. Nybo** said they could only receive patient contributions, and that there was no match.

SEN. KEATING asked how the numbers of unplanned pregnancies prevented could be determined. **Ms. Nybo** stated that Family Planning provided women with the means to insure that each pregnancy was a wanted one and referred to Exhibit 12, 1/11/91. Births averted can be determined, using the numbers of women using the services, and the types of contraception used. **SEN. KEATING** asked for the types of contraceptives used, and **Ms. Nybo** responded that they were all FDA approved, and 90% oral.

SEN. NATHE asked about the eligibility criteria for the MCH Block Grants. **Ms. Nybo** replied that for Family Planning, 100% poverty was the cutoff for free services; for Handicap Children's Services, 185% poverty; and for WIC, 185 %. **Mr. Opitz** added that there was no requirement that MCH be only for low income. **Mr. Johnson** added further that the majority of the programs in DHES placed more emphasis on health eligibility than on financial eligibility with the purpose being to prevent a medical problem from occurring.

CHAIR BRADLEY asked about the cost for an additional person in the Family Planning Program to reach young people. **Ms. Nybo** replied that the cost would be $82,000 for the biennium for 1 FTE (Health Educator) plus operating expenses. This person would deal primarily with teen pregnancies, and would work with local Health Departments, churches, schools and family planning programs. **CHAIR BRADLEY** asked what the trend is in teen pregnancies for the last five years. **Ms. Nybo** said the STD and teen pregnancy rate was below the national average, and would get a breakdown for her.

REP. COBB asked if any other agency had a vacant position that could provide this FTE on a coordinated basis. **Ms. Nybo** said she did not think there was one. It was suggested that the Department cooperate with OPI for this position.

REP. COBB asked a series of questions about the feasibility of consolidation of programs and "one stop shopping". **Ms. Roeth** said they were working on it. **REP. COBB** asked for an update on coordination of all these programs and specific gaps in the delivery of these programs.

HEARING ON PREVENTATIVE HEALTH SERVICES BUREAU

Informational Testimony:

Judith Gedrose, Chief of the Preventative Health Services Bureau (PHSB), presented a general overview of the bureau, and

introduced other speakers from the bureau for testimony on individual programs. **EXHIBIT 6** They were:

Robert W. Moon, Health Services Manager for the Chronic Disease Prevention and Health Promotion Program

Dick Paulsen, Manager of the Montana Immunization Program

Judith Gedrose, Program Manager for the Communicable Disease Control Program and State Epidemiologist

Judith Gedrose, for the Tuberculosis Control Program and the Rabies Prevention Program, the AIDS Program, and the Sexually Transmitted Disease (STD) Program and Sexual Assault Prevention

Gary Rose, End Stage Renal Disease Program (ESRD)

Proponents' Testimony: **Paulette Kohman, Executive Director, Montana Council for Maternal and Child Health**, testified for the Immunization Program. **EXHIBIT 7**

CHAIR BRADLEY announced that questions on the Preventative Health Bureau programs would be heard on Monday.

ADJOURNMENT

Adjournment: 11:55 a.m.

Dorothy Bradley
DOROTHY BRADLEY, Chair

Claudia Montagne
CLAUDIA MONTAGNE, Secretary

DB/cm

HOUSE OF REPRESENTATIVES

HUMAN SERVICES SUBCOMMITTEE

ROLL CALL DATE 1-12-91

NAME	PRESENT	ABSENT	EXCUSED
REP. JOHN COBB	✓		
SEN. TOM KEATING	✓		
REP. JOHN JOHNSON	✓		
SEN. DENNIS NATHE	✓		
SEN. MIGNON WATERMAN, VICE-CHAIR	✓		
REP. DOROTHY BRADLEY, CHAIR	✓		

HR:1991
CS10DLRLCALHUMS.MAN

EXHIBIT 1
DATE 1-12-91
HB DHES

January, 1991

TESTIMONY TO THE JOINT SUBCOMMITTEE ON HUMAN SERVICES

SUPPORT FOR THE "MIAMI" PROJECT

NAME: DONALD E. ESPELIN, M.D.

Madam Chairwoman:

Since I stood before you two years ago, Montana has lost 200 more babies before their first birthday. We have seen more than one thousand babies born under 5 1/2 pounds of weight. The tragedy here is that one-half of these could easily be prevented.

All is not sour. Low Birthweight Projects are successful. Please refer to the MIAMI Report from the Montana Perinatal Program of the Department of Health and Environmental Sciences. Last year the state average for low birthweight was 5.5%. Missoula County, the first Low Birthweight Project, had a rate of 3.8%.

The budget before you does not fully address the pressing issue of infant mortality. We need programs in 16 sites with adequate resources in the DHES, Montana Perinatal Program, to guide the counties for successful interventions.

All too frequently critics moralize as to this appropriateness of single, poor, uneducated and poorly supported women being pregnant. <u>That is not the issue here</u>. Once a woman becomes pregnant and elects to continue the pregnancy - we as a society have a moral and fiscal responsibility to assure the very best possible outcome.

The 51st Legislature had the wisdom to start this project. I pray the 52nd Legislature will build on this strong beginning.

Thank you for your consideration.

Donald E Espelin MD

EXHIBIT 2
DATE 1-12-91
HB DHES
Hum. Srv. Sub.

Miami Bill LC # 1428

Testimony by

D. Elizabeth Roeth
Chair
Montana Childrens's Alliance

ELEMENTS OF MIAMI BILL LC # 1428

Sponsor Rep. Diana Wyatt

1) Remove sunset

2) Advisory Council

   a) add Indian members
   b) add Consumer

3) Infant Mortality Review

   a) advance present sites from pilot to in place functions
   b) add 3 new sites each year of biennium to total of 9
   c) Expand Review process to include morbidity of LBW births

4) a) Fully fund existing projects
   b) expand to 16 sites as identified be DHES

5) Medicaid Changes

   a) Continue presumptive and continuous eligibility - mandate not as option
   b) Increase eligibility to 185% of poverty
   c) Implement targeted case management for high risk women in collaboration with SRS
   d) Increase reimbursement to OB physicians 90% of usual and customary fee

6) Public Education (Baby Your Baby)

   a) Fund with general fund money - $ 35,000 - for state to be one corporate sponsor
   (to be matched with medicaid funds-for total of $70,000)

EXHIBIT 2
DATE 1-12-91
HB OHES
Dem. Serv. Sub.

MIAMI PROJECT EXPANSION

FY 1991-92 Budget

Year	1	2	Total
Council			$ 4,500
Infant Mortality Review			
1 FTE (also responsible for LBWP)	$ 31,600	31,600	63,200
Operations	7,700	7,700	15,400
Indirect	7,100	7,100	14,200
9 sites @ 3,000			9,000
Printing/Analysis			6,000
		Total	$ 107,800
Low Birth Weight Project 16 Sites			
8 FTE's (local) @ $30,000/yr	$ 240,000	240,000	$ 480,000
8 .5 FTE's (local) @ 15,000/yr	120,000	120,000	$ 240,000
Operations			
8 sites @25,000	200,000	200,000	$ 400,000
8 sites @12,500	100,000	100,000	200,000
		Total	$ 1,320,000
Baby Your Baby (potential to be matched 50/50 medicaid)	$ 35,000		$ 35,000
			$ 1,467,300

1/10/1991

HEALTHY MOTHERS, HEALTHY BABIES
MONTANA COALITION

BABY YOUR BABY CAMPAIGN

** Major Funders

State of Montana

Department of Health and Environmental Sciences			
		Match	Total
Perinatal Program	$15,000	$15,000	$30,000
Wic Program	3,000	Fed	3,000
Immunization Program	2,300	Fed	2,300
Department of Social and Rehabilitation Services			
Child Support Enforcement	$ 4,999	Fed	4,999
Medicaid	10,000	Fed	10,000
Developmental Disabilities Division	10,000	Fed	10,000
Department of Family Services	5,000	Fed	5,000
Blue Cross Blue Shield	15,000	15,000	30,000
St. Peter's Hospital-Helena	10,000	10,000	20,000
Total	$ 75,299	$ 40,000	$115,299

EXHIBIT 2
DATE 1-11-91
HB DHES
Dem. Serv. Subs.

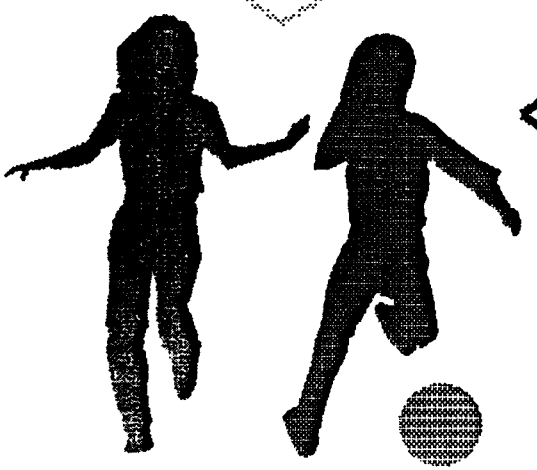
** Sponsors

	Donation/Grant	Match	Total
Children's Trust Fund	$ 2,500	$ 2,500	$ 5,000
Dr. Leonard Kaufman	1,000	$ 1,000	2,000
Kiwanis of Helena	2,000	2,000	4,000
March of Dimes, Montana Big Sky Chapter	1,500	1,500	3,000
Medical Genetics Program at Shodair Children's Hospital	2,500	2,500	5,000
Montana Area Health Education Center	4,000		4,000
Doctors' Company	4,000	4,000	8,000
Montana Power Company	2,500	2,500	5,000
	$ 20,000	$ 16,000	$36,000

Summary

Grants/donations/State and Fed funds	$ 95,299	$ 56,000	$151,299

Montana
A
Healthier Place
for
Children



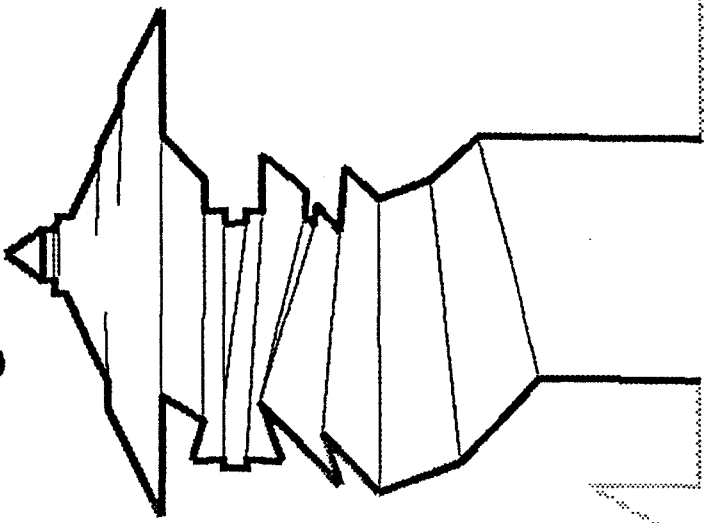


EXHIBIT 2
DATE 1-11-91
HB DHS
Hum. Res. Dev. Div.

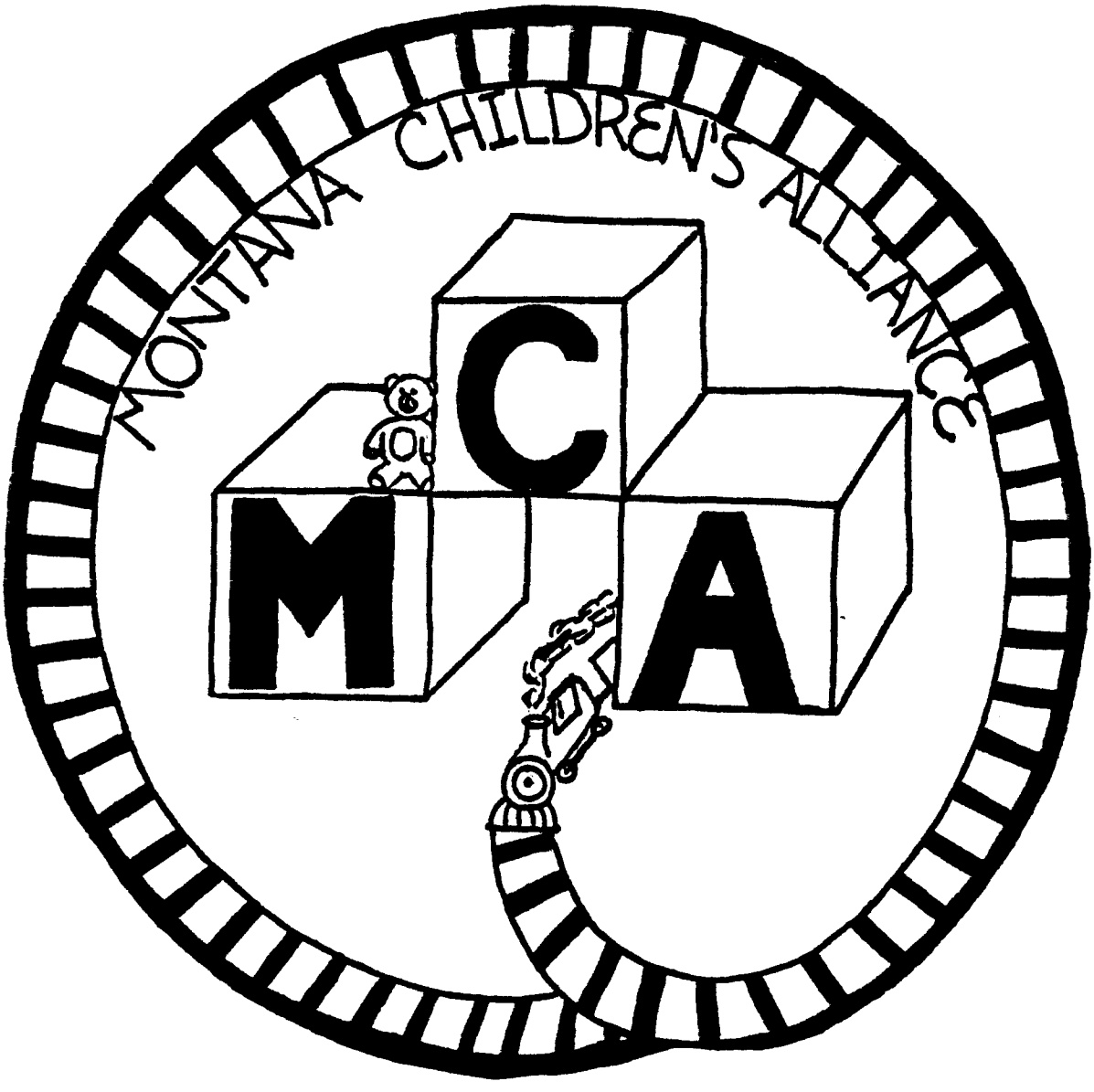
HEALTHY MOTHERS, HEALTHY BABIES
MONTANA COALITION

CONCEPTUAL MODEL FOR COMMUNITY INTERVENTION

MAXIMIZE THE POTENTIAL OF EVERY CHILD

Age Groups	Needs Assessment	Interventions	Responsibility	# Reached	Potential #	Cost	Evaluation
Preconception to Birth							
0 - 5 years							
K - 5th grade							
6 - 8th grade							
9 - 12th grade							

EXHIBIT 3
DATE 1-12-91
HB DHES
Hum. Serv. Sub.



1991

CHILDREN'S AGENDA

1991
CHILDREN'S AGENDA

ENDORSING ORGANIZATIONS

American Lung Association of Montana
American Association of University Women, Montana Division
Butte-Silver Bow Health Department
Department of Family Services Foundation Service Chapter of Montana Public Employees Association
Developmental Education Assistance Program (DEAP)
Family Outreach, Inc.
Family Support Services Advisory Council
Florence Crittenton Home
Foster Adoptive Circle Encouraging Teamwork (FACET)
Great Falls City-County Health Department
Healthy Mothers, Healthy Babies The Montana Coalition
Helena Ministerial Association
Hi-Line Home Programs
League of Women Voters of Montana
March of Dimes Birth Defects Foundation, Montana Big Sky Chapter
Montana Academy of General Dentistry
Montana Children's Trust Fund
Montana Perinatal Association
Montana Association of County Agricultural Agents
Montana Association of Extension 4-H Agents
Montana Council for Families
Montana 4-H Youth Programs Cooperative Extension Service
Montana Alliance for Better Child Care
Montana Section, American College of Obstetricians and Gynecologists
Montana Education Association
Montana Post Adoption Center
Montana Family Planning Council
Montana Residential Child Care Association
Montana Nurse Practitioners Special Interest Group
Montana University Affiliated Programs
Montana Chapter of American Academy of Pediatrics
Montana Council for Maternal & Child Health
Montana Nurses' Association
Montana Hunger Coalition
Montana Congress of Parents and Teachers (PTA)
Montana Dietetic Association
Montana Public Health Association
Montana Youth in Crisis Coalition
Montana Dental Association
Nurses Association of American College of Obstetrics and Gynecology
Shodair Children's Hospital
Special Training For Exceptional People (STEP)
The Montana Interagency Adoption Council
Western Montana Comprehensive Developmental Center (CDC)
Yellowstone City-County Health Department
Yellowstone Valley Chapter Healthy Mothers, Healthy Babies Coalition
Young Families Program, Inc.

EXHIBIT 3
DATE 1-12-91
HB OHES
Dem. Soc. Subs.

1991 CHILDREN'S AGENDA

PURPOSE

The Purpose of the **MONTANA CHILDREN'S ALLIANCE** is to promote the well-being of children by identifying and protecting the services considered vital to Montana's children and families. Recommendations listed in the Children's Agenda are considered crucial to eliminating suffering and death and to promoting the health and wellbeing of our state's most vulnerable citizens.

PHILOSOPHY

The **MONTANA CHILDREN'S ALLIANCE** was developed under the following assumptions:

CHILDREN REPRESENT OUR FUTURE.

* A responsible government places children's needs at the highest priority, regardless of budget shortfalls, economic downturns, or partisan concerns.
* Resources allocated for prevention are a cost-effective investment.

CHILDREN ARE BEST NURTURED WITHIN FAMILIES.

* Families take many forms, and any form that meets children's needs in a nurturing environment should be supported.
* Families have life courses and need responsive and supportive communities that foster healthy family development during periods of stress.
* The system of child and family services must depend on both interdepartmental cooperation and the alliance of state government with community-based groups and organizations.

APPROACH

The **MONTANA CHILDREN'S ALLIANCE** develops an **AGENDA** for each legislative session that:

* consists of a well researched statement of the current needs of the children of Montana;
* includes issues from, but not limited to, education, health, mental health, and social services;
* includes a statement of the issue accompanied by recommendations for resolving that issue;
* will have passed through a consensus process to assure that all recommendations have the support of all who were involved in the process.

HEALTH

	Executive Recommendation	Children's Agenda
1. MIAMI PROJECT	$ pending	$ 1,277,450/biennium

For additional information contact Donald E. Espelin, M.D. (406) 449-8611

The Montana Children's Alliance supports a comprehensive approach to prenatal care services through continued funding of the MIAMI (Montana's Initiative for the Abatement of Mortality in Infants) Project. The Alliance recommends that $ 638,725 per year be appropriated for:

- comprehensive prenatal services in 16 sites;
- infant mortality review;
- medicaid changes that will continue to lower barriers to care for low income women;
- continued support for public education concerning early, continuous and effective prenatal care.

The MIAMI project will continue to utilize existing local health departments, WIC, and family planning clinics. The project staff will function as or with case managers in the projects, facilitate infant mortality review, and build community coalitions to promote and provide comprehensive prenatal care to Montana's women.

2. MONTANA MEDICAL GENETICS	$ 0	$ 1,200,000/biennium

For additional information contact Joan Fitzgerald (406) 444-7533

The Montana Children's Alliance proposes that the Montana Medical Genetics Program be continued. The Alliance supports preconceptual counseling, early diagnosis, and appropriate management of genetic conditions which allows Montanans to make informed decisions about their genetic risks and prevents the unanticipated occurrence and/or recurrence of devastating medical conditions. The Genetics Program provides comprehensive diagnostic, genetic counseling, laboratory, educational, and psychosocial support services to Montanans. The program operates an efficient statewide network of outreach clinics allowing in-state access for all individuals faced with the financial, medical, social, ethical, and emotional consequences of genetic conditions for themselves and their families. Continuation will preserve health care cost savings realized since the program began in 1976.

EXHIBIT 3
DATE 1-12-91
HB DHES Dem. Soc. Serv.

	Executive Recommendation	Children's Agenda
3. WELL CHILD CARE	Policy Recommendation	

For additional information contact Paulette Kohman (406) 443-1674

The Montana Children's Alliance supports preventive health care services for all children. Health insurance policies covering families with children in Montana should cover, without deductible, regular well-child examinations and immunizations, following the American Academy of Pediatrics Guidelines for Health Supervision for children up to age 20. The cost to employers or consumers of adding this coverage will be negligible, and the increased utilization of preventive health care services over time will actually decrease the cost of health insurance by reducing expenditures for treatment of preventable disease.

4. STATE IMMUNIZATION POLICY Policy Recommendation

For more information contact Bob Johnson (406) 443-1010

The Montana Children's Alliance supports the following unified immunization policy to assure that all Montana children have access to adequate immunization:

> In an effort to prevent the occurrence and consequence of vaccine-preventable diseases among children, the State of Montana will support the public vaccine program to the extent that no child will be denied vaccine in Montana due to lack of public funds to purchase vaccines. The recommendations of the Immunization Practices Advisory Committee (ACIP) and the American Academy of Pediatrics (AAP) will be used to establish the immunization standards for Montana and determine immunization needs and strategies. Medicines not approved by the FDA will not be promoted or sold as immunizing agents in Montana. A second dose of measles vaccine will be available for all children by age 12 to ensure they receive their second dose of measles vaccine and prevent a disease which has continued to occur in Montana Children.

5. MEASLES PREVENTION	$ 0	$ 708,000/biennium	

For additional information contact Bob Johnson, (406) 443-1010

The Montana Children's Alliance supports the elimination of measles. The strategy to reimmunize specific populations is recommended by the Immunization Practices Advisory Committee (ACIP) and the American Academy of Pediatrics (AAP). The Alliance proposes the implementation of a seven year plan to immunize 12 year-olds and college students which will ensure that all students over the age of 12 are protected. After the seven years, reimmunization would be necessary only for 12 year-olds.

	Executive Recommendation	Children's Agenda
6. MAINTAIN CURRENT VACCINE SUPPLY AT PUBLIC CLINICS	$ 0	$ 342,098/biennium

For additional information contact Bob Johnson (406) 443-1010

The Montana Children's Alliance supports the prevention of communicable disease by maintaining the vaccine supply for public clinics at the current level. The Centers for Disease Control (CDC) has been the sole funding source for vaccine to public clinics in Montana. Unless state funds are provided, the vaccine supply will not be adequate, resulting in the denial of vaccine for approximately *3540 children in 1992 and *5860 children in 1993.

* This reflects only children from birth to age 6.

7. PROFESSIONAL NURSING CONSULTATION FUNCTIONS	$ 0	$ 190,000/biennium

For additional information contact Barb Booher (406) 442-6710

The Montana Children's Alliance supports quality health care services for children and families in rural communities. The Alliance proposes the addition of two nurse consultants in the Department of Health and Environmental Sciences who will:

1) provide technical assistance in program development, implementation and evaluation;
2) provide professional nursing consultation regarding public health and health care delivery; and
3) conduct continuing education programs for local health professionals.

8. FAMILY PLANNING SERVICES	$ 100,000/biennium	$ 100,000/biennium

For more information contact Karen Wojtanowicz (406) 587-0681

The Montana Children's Alliance supports family planning services and reproductive health care for low-income women. The Alliance proposes the continuation of family planning funding at the current level so that clinics may continue to serve the 1,041 low-income women who would not be served if funds were withdrawn.

EXHIBIT 3
DATE 1-12-91
SB QHES Hum. Srv. Sub.

	Executive Recommendation	Children's Agenda
9. PUBLIC HEALTH EDUCATION SPECIALIST	$ 0	$ 82,092/biennium

For additional information contact Karen Wojtanowicz (406) 587-0681

The Montana Children's Alliance supports Family Planning efforts to serve low income women. The Alliance proposes that a public health education specialist be funded to improve women's reproductive health by providing education, outreach and marketing.

10. FOOD STAMP STAFF TRAINING	$ pending	$ 6,000/biennium

For additional information contact Minkie Medora (406) 728-4100

The Montana Children's Alliance promotes alleviating the stigma of food stamp participation by providing training to 100 eligibility technicians in counties with highest food stamp caseloads. The training would include the effect of hunger on mental and psychological health. Funds are to be assigned to the Department of Social and Rehabilitation Services to select trainees, provide and evaluate the training.

11. ACCESS TO SCHOOL FOOD PROGRAMS	$ pending	$ 5,000/biennium

For additional information contact Minkie Medora (406) 728-4100

The Montana Children's Alliance supports the reduction of hunger among children. The Alliance proposes the allocation of $ 5,000 to the Division of School Food Service, Montana Office of Public Instruction, to market school food programs to non-participating schools. Printed materials will be disseminated to local school officials to educate them on the process of using federal monies for school food programs. A Montana Hunger Coalition study indicates that children are the most affected by problems of hunger. This new information provides a clear reason to promote and increase the number of school food programs in the state.

	Executive Recommendation	Children's Agenda
12. WIC PROGRAM IN ALL COUNTIES	$ 0	$ 66,000/biennium

For additional information contact Mary Musil (406) 449-8947

The Montana Children's Alliance promotes proper nutrition and participation in health care by eligible women, infants and children. The Alliance proposes that $ 66,000 be provided to the Department of Health and Environmental Sciences for administrative costs for WIC offices in eleven currently non-participating counties: Toole, Judith Basin, Meagher, Wheatland, Golden Valley, Musselshell, Petroleum, Daniels, Sheridan, Roosevelt and Carter. Federal funds are not sufficient to add these counties without reducing caseloads in the participating counties. Food dollars are 100% federally funded, and are provided on an established priority system basis to all persons participating in the Montana WIC Program.

13. STATE NUTRITIONIST	$ pending	$ 80,000/biennium

For additional information contact Mary Musil (406) 449-8947

The Montana Children's Alliance promotes improved nutrition for Montana's children and families and the concurrent reduction of hunger and disease. The Alliance proposes that a nutritionist position in the Department of Health and Environmental Sciences to provide technical assistance and interagency planning of public food and nutrition services. The nutritionist will communicate with public interest groups and professionals who deal with hunger, food programs, food distribution and nutrition-related disease.

14. GOVERNOR'S COUNCIL ON FOOD AND NUTRITION	$ 0	$ 66,000/biennium

For additional information contact Mary Musil (406) 449-8947

The Montana Children's Alliance promotes the reduction of hunger among children, and the improved access to statewide food and nutrition programs by low income people. The Alliance proposes that a Governor's Council on Food and Nutrition be established to monitor problems and projects of public access to food programs. The Council would be composed of a governing board of seven members, to include a state nutritionist, three public sector members and three private sector members appointed by the Governor. The coordinator would be located in the Department of Social and Rehabilitation Services, where the state's largest food programs are administered. The board would meet a minimum of two times per year. Projects of the council would be funded by private sector grants.

	Executive Recommendation	Children's Agenda

EXHIBIT 3
DATE 1-12-91
HB DHES
Dem. Serv. Sub.

15. ACCESS TO DENTAL CARE — Policy Recommendation

For additional information contact Joel Maes (406) 443-2780

The Montana Children's Alliance supports children's access to dental care. The alliance proposes the initiation of a state level study to identify existing barriers to such access to care including the role of Medicaid.

16. THE SCHOOL-BASED FLUORIDE SWISH PROGRAM — $ 0 — $ 50,000/biennium

For additional information contact Joel Maes (406) 443-2780

Montana Children's Alliance supports the expansion of dentistry for children through the periodic use of topical fluoride. At this time the State of Montana, through the Dental Program in the Department of Health and Environmental Sciences, provides, at no cost to the local community, supplies necessary to allow school children from grades one through six to participate in the rinse program at the cost of $ 10,000 in federal funds. The reduction in dental caries (decay) amounts to 40-70% of what the dental caries incidence would have been without the fluoride rinse. This reduction in decay translates into a dental bill savings for Montana families of over $ 2,000,000 per year.

17. STATE CENTER FOR HEALTH STATISTICS — $ 0 — $ 306,722/biennium

For additional information contact Frank Newman (406) 994-6001

The Montana Children's Alliance supports the establishment of a State Center for Health Statistics (SCHS) within the Montana Department of Health and Environmental Sciences. This will enable the state to identify and target specific health problems and health risks of Montanans. At a minimum, the center staff should include a doctorally prepared epidemiologist and a biostatistician.

MENTAL HEALTH/SOCIAL SERVICES

	Executive Recommendation	Children's Agenda
1. MONTANA FAMILY POLICY ACT: VISION FOR THE 90'S	Policy Recommendation	

For additional information contact Jeanne Kemmis (406) 728-9449

The Montana Children's Alliance supports enactment of a Family Policy Act to guide the actions of state government in relation to children and families. The Act should apply to every department, agency, institution, committee or commission of state government which is concerned or responsible for children and families. The Act would provide state government with a goal of family preservation by declaring that children develop their unique potential in relation to a caring social unit, usually the family, and other nurturing environments.

2. STAFFING FOR THE DEPARTMENT OF FAMILY SERVICES	$ pending	$ 2,100,000/biennium

For additional information contact Judy Garrity (406) 449-8611

The Montana Children's Alliance supports adequate protective services for the children of Montana. The Alliance proposes additional staff for the Department of Family Services (DFS) so that the Department can provide the level of child protection services currently mandated by law. Planning by the Local Youth Services Advisory council estimated that at least 35 new FTEs would be needed in field offices at the professional level.

3. CHILD PROTECTION SERVICES ON MONTANA RESERVATIONS	$ 0	$ 701,088/biennium

For additional information contact Earl Arkinson (406) 395-4478

The Montana Children's Alliance supports adequate child protection services for children on Indian reservations. The Native American Children's Subcommittee of the State Youth Services Advisory Council has identified both the need for and legal responsibility of the Department of Family Services to provide such services. The Alliance supports the funding of 13.4 FTEs so the Department can provide improved services to reservation children.

EXHIBIT 3
1-12-91
DHES
Dem. Dev. Sub.

		Executive Recommendation	Children's Agenda
4.	PART H EARLY INTERVENTION	$ 2,560,000/ biennium	$ 2,560,000/biennium

For additional information contact Jeanette McCormick (406) 466-5671

The Montana Children's Alliance supports Montana's continued participation in Part H of Public Law 99-457. Part H provides for an early intervention state grant program for special needs infants and toddlers ages birth to 36 months. In order to continue participation in this federal grant program, the state must make a policy commitment to ensure a full array of early intervention services to all eligible children and provide these services in accordance with the 14 minimum components of a statewide system outlined in the law. The Alliance supports the expansion of existing early intervention services provided by the Developmental Disabilities Division of the Department of Social and Rehabilitation Services thereby ensuring access to the full array of early intervention services identified as needed by individual family service plans. The proposed expansion of services demonstrates the state's commitment to fully implement Part H and assures the availability of appropriate early intervention and family support services to the estimated 550 to 600 eligible special needs children living in Montana.

5.	BIG BROTHERS/BIG SISTERS	$ 330,000	$ 330,000

For additional information contact Linda Lefavour (406) 721-2380

The Montana Children's Alliance supports continued funding of Big Brothers/ Big Sisters. This community-based prevention program is designed to help children (primarily from single parent families) who do not have adequate adult role modeling in their lives. Big Brothers/Big Sisters is a prevention service dedicated to helping children cope and grow within their own settings by working to keep them in the family and in the community. The one-to-one match with a well oriented, screened and trained adult volunteer not only fills a major gap in the quality of life for the child, but also provides one of the most cost effective approaches to helping children and families in crisis. In 1989, state dollars helped fund nine (9) of eleven (11) programs statewide, serving 51 Montana Communities and 1,166 children.

		Executive Recommendation	Children's Agenda
6.	FAMILY-BASED SERVICES	$ pending	$ 750,000/biennium

For additional information contact Kathy McGowan (406) 443-1570

The Montana Children's Alliance proposes funding to develop a pilot family-based services program in each of the five (5) Department of Family Services regions. The program is designed to promote success and safety of children in their own homes rather than removal into out-of-home settings. Family based services has proven itself in other states to be a cost-effective alternative to out-of-home placement.

7.	ESTABLISH MINIMUM OF TWO (2) ADDITIONAL ADOLESCENT DAY TREATMENT PROGRAMS	$ 0	$ 655,200/FY 92 $ 687,960/FY 93

For additional information contact Kathy McGowan (406) 443-1570

The Montana Children's Alliance supports funding to establish a minimum of two (2) community-based adolescent day treatment programs. These programs would serve 36 adolescents per year at approximately $ 70 per day compared to $ 200 per day for residential treatment or $ 500 per day for in-patient hospitalization.

Adolescent day treatment provides a balance of educational and therapeutic treatment in a cost-effective manner and is achieved by community integration, planning and cooperation. Adolescent day treatment is an available and desirable alternative to much more restrictive and expensive treatment.

8.	ASSURING PERMANENT HOMES FOR CHILDREN	$ 0	$ 203,200/biennium

For additional information contact Helen Costello (406) 449-3266

The Montana Children's Alliance supports the permanent placement of children who are currently in foster care through family reunification or adoption. The Alliance proposes that: 1) Montana law be amended to require placement of the child in a permanent stable home in the shortest possible time; and 2) a child who has been in foster care for two years be reviewed and referred for permanent placement.

Five (5) FTEs will be added to the Department Family of Services staff to assist in identifying children, coordinating placement services and assisting Child Protective Service and Family Resource Specialist staff.

EXHIBIT 3
1-12-91
DHES
Dem. Sen. Sub.

		Executive Recommendation	Children's Agenda
9.	MAINTENANCE OF QUALITY YOUTH RESIDENTIAL CARE	$ 0 $ 0	$ 11,891,250/FY 92 $ 12,485,812/FY 93

For additional information contact Kathy McGowan (406) 443-1570

The Montana Children's Alliance supports quality environments for children in residential care. A five percent (5%) cost of living increase to the rate system established by the 1989 Legislature is necessary to provide quality of care. This rate system will maintain an average of 85% of the cost of care for the variety of residential care facilities available to serve children.

10.	IN-STATE RESOURCES FOR CHRONICALLY MENTALLY ILL CHILDREN AND YOUTH	$ 0	$ Unknown

For additional information contact Kathy McGowan (406) 443-1570

The Montana Children's Alliance supports the development of long-term care services for chronically mentally ill children. This is best met through community-based residential resources using a case management model of care and treatment. Current residential care options in or out of the state do not meet the needs of a small but growing group of children who are chronically mentally ill: youth with severe and enduring emotional disturbances. These children are currently shuffled through the residential care system, from the acute care hospital bed to numerous residential placements both in and out of state.

EDUCATION

		Executive Recommendation	Children's Agenda
1.	GROUP CHILD CARE & PRESCHOOL REGULATIONS	$ 0	$ 400,000

For additional information contact Susan Christopherson (406) 756-1414

The Montana Children's Alliance supports safe facilities for children by requiring preschools to be registered or licensed. Preschools that care for three (3) through twelve (12) children should be registered and those preschools that serve thirteen (13) or more children should be licensed. All preschool programs should meet existing standards for health, safety, quality, program and staff training. In order to enforce these requirements, the Alliance proposes an additional eight (8) FTEs in the Department of Family Services. Children have the right to protection regardless of type of facility or hours of care.

2.	STATEWIDE RESOURCE AND REFERRAL	$ 0	$ 450,000/biennium

For additional information contact Susan Christopherson (406) 756-1414

The Montana Children's Alliance maintains that every child deserves the right to high quality child care. It is estimated that 45,000 children need child care in Montana; only 25% of these children are enrolled in regulated/licensed facilities. The Alliance proposes that the current Community Resources and Referral System be expanded to additional Montana communities to coordinate recruitment, training, referrals, promotion of employer support, resource development and public awareness.

3.	FUNDING MONTANA ACCREDITATION STANDARDS	$ 0	$10,000,000/biennium

For additional information contact Judy Garrity (406) 449-8611

The Montana Children's Alliance supports the Montana accreditation standards as the instructional portion of a quality, basic educational system. The Alliance realizes that there may be additional costs incurred by school districts when implementing these standards and proposes that funding be made available to enable school districts to comply with the standards.

EXHIBIT 3
DATE 1-12-91
HB OH25
Dem. Serv. Sub.

Executive Recommendation	Children's Agenda

4. ABOLISHMENT OF CORPORAL PUNISHMENT — Policy Recommendation

For additional information contact Ellen Bourgeau (406) 728-6059

The Montana Children's Alliance supports the removal of corporal punishment from our schools. Research indicates that corporal punishment is ineffective and counter productive and may, in fact, contribute to violent behavior of youth. An extensive body of literature documents extremely effective non-punitive approaches to discipline. Nineteen states have banned corporal punishment either by law, by state regulation or by every school board.

5. MONTANA TOBACCO TAX — Revenue Generator

For additional information contact Dr. Robert Shepard (406) 442-3300

To reach the goal of a tobacco free society by the year 2000, children and youth must be discouraged from beginning the use of tobacco. The Montana Children's Alliance supports: 1) an increase of the state sales tax on cigarettes from 18 cents to 43 cents per pack of 20 cigarettes, with a proportionate increase in packages containing more or less than 20 cigarettes; and 2) an increase of the sales tax on other tobacco products from 12 1/2 percent to 25 percent of the wholesale price. Revenue raised as a result of the tax would be allocated between the existing long-range building program fund and a newly-established tobacco education and preventive health care fund. An appointed 11-member advisory council would be created in the Department of Health and Environmental Sciences.

At the present rate of taxable sales of cigarettes and tobacco products, cigarette tax revenue would increase by $ 32 million and tobacco tax revenue by $ 1.6 million during the 1992-93 biennium. Administrative costs would be paid from the tax revenues.

6. SALE OF TOBACCO PRODUCTS TO MINORS CONTROL ACT — Policy Recommendation

For additional information contact Earl Thomas (406) 442-6556.

To reach the goal of a smoke free society by the year 2000, children and adolescents must be prevented from beginning the use of tobacco. The Montana Children's Alliance supports the Sale of Tobacco Products to Minors Control Act. According to the 1989 Surgeon General's Report, national surveys on adult tobacco use indicate that 90% of all new smokers now begin smoking before age 21. Laws restricting access to minors may help delay and ultimately prevent the decision to begin tobacco use during adolescence.

EXHIBIT 4
DATE 1/12-91
HB DHES
Dem. Serv. Sub.

WITNESS STATEMENT

NAME Wilbur W. Lehmann BILL NO. ____

ADDRESS Box 5718 DATE 1/12/91

WHOM DO YOU REPRESENT? Mont. Mining Association

SUPPORT ____ OPPOSE ____ AMEND ____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

Support reinstitution of Mining Bureau in the DHES.

Master's degree prepared PhD's are taking paid wages at less than entry level for young people straight out of school.

EXHIBIT 4
DATE 1-12-91
HB DHES

MONTANA NURSES'ASSOCIATION

HOSPITAL	SHIFT DIFFERENTIAL EVENING/NIGHT	ED./CERT. PAY	CALL PAY	CHARGE PAY	SPECIALITY PAY		WAGE RANGE
No. Mt. Havre	.55/.80		1.50	.40			11.52-13.91
Bozeman Deaconess	.50/1.00		1.50	.50	.25	(11-1-90) (11-1-91)	11.60-15.44 12.18-16.21
Deaconess Billings	.65/1.10	reimbursed test fee .20	1.55	.95			11.80-17.20
St. James Butte	.75/1.00	.30 (BSN)	1.50	.50	100/hr. (2nd weekend)	(12/1/90) (12/1/91)	11.70-16.00 12.30-17.50
St. John's Libby	.50/.75	.20-.40	1.25	1.00	.40-1.00 clinical area	(10/1/90)	10.35-12.80 10.85-13.35
Anaconda Comm. Anaconda	.60/both .30/hr wknd dif.		8.00/weekday 10.00/weekend	.55		(10/3/90) (10/3/91)	12.05-12.75 14.90-15.65
St. Peter's Helena	.60/1.00 .65/1.05 (7/2/90)	.60	1.40	.97-1.25 Extra wknd worked @1.5	.60-.74		12.02-15.13
St. Patrick's Missoula	.75/1.75	.50	1.50	.50			11.95-17.34 12.67-18.38
Glendive Comm. Glendive	.55/.70		2.00	.85/.70-Nsg Hm			10.15-12.25
Missoula Community Missoula	.75/1.50	.20 AHA	$20/8 hr $27/16 hr $40/24 hr	1.00	.75 Amblnc	(7/1/90) (7/1/91)	11.90-16.99 12.62-18.01
State Hosp (Grade 15)	.00	.00	.00	.00	.00		10.87-15.00
Veteran's Home (Grade 12)	.00	.00	.00	.00	.00		10.03-13.85
MSU Student Hlth (Grade 13)	.00	.00	.00	.00	.00		10.03-12.75

EXHIBIT
DATE DHES
HB 1-12-91
Dem. Dead. Sub.

Montana Council for Maternal and Child Health

2030 11th Ave., Suite 10 Helena, MT 59601 (406) 443-1674

TESTIMONY FOR THE JOINT HUMAN SERVICES SUBCOMMITTEE, FRIDAY, JANUARY 11, 1991
Re: DHES Maternal and Child Health Appropriations: MIAMI project & Low Birthweight Clinics Supporting Increased Appropriation

The Montana Council for Maternal and Child Health, a non-profit public policy research, education, and advocacy organization, recommends an increase in the budget of the DHES Perinatal program in the Bureau of Maternal and Child Health. In the face of rising statewide infant mortality rates, this project has achieved reduction of one of the significant contributors to infant death.

In the last legislature, the "MIAMI" project was established as the "Montana Initiative for Abatement of Mortality in Infants." The project included Medicaid expansion for pregnant women and children, a MIAMI Advisory Council, an Infant Mortality Review program, a statewide public outreach and information project, and funding for 7 community-based low-birthweight clinics, which recruit, screen, and refer high-risk pregnant women to ensure they receive early and continuous prenatal care.

These clinics, operating on shoestring budgets, have made impressive strides in reducing the incidence of low birthweight babies in the counties where they are located. The MIAMI Advisory Council's legislatively mandated report documents their achievements, and demonstrates the savings in both lives and money that the MIAMI project as a whole has accomplished.

Since the last session the existing sites have been overwhelmed with clients. Additional funding is necessary to enable them to continue this sorely needed and cost-effective service. To reach 90 percent of pregnant women in Montana, the MIAMI project should also expand to 16 sites across the state.

The Infant Mortality Review project, analyzing the causes of infant death across the state, also needs continued funding to complete its mission and expand to cover the entire state.

The Public Education campaign, now known as "Baby Your Baby" has begun. It combines state and federal funds with private contributions, utilizing matching funds.

The Montana Council for Maternal and Child Health supports the appropriation of sufficient funds to expand both the Low Birthweight Clinic program and the Infant Mortality Review project and continue the MIAMI Advisory Council and the "Baby Your Baby" campaign through the next biennium.

Paulette Kohman

Paulette Kohman
Executive Director

EXHIBIT 6
DATE 1-12-91
HB DHES
Dem. Serv. Sub.

PREVENTIVE HEALTH SERVICES BUREAU

JANUARY 1991

PREVENTIVE HEALTH SERVICES BUREAU

MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
JANUARY 1991

Madame Chair and Members of the Subcommittee, I am Judith Gedrose, Chief of the Preventive Health Services Bureau (PHSB). This bureau was re-established within the Department October 1, 1986 after several years of having the programs parcelled to various bureaus. In September 1990, I was hired into the chief position which has become a career executive assignment with the movement of the physicians to the Director's Office.

FTE and funding: 1 Bureau Chief and 1 Administrative Assistant are funded by block grant funds.

The Preventive Health Services Bureau has 9 programs which support the Department responsibilities in the areas of surveillance or health-monitoring, prevention through education, prevention through support of direct health services and consultation to local public health services.

The programs in the PHSB are funded with a blend of Preventive Health and Maternal Child Block Grant, General Fund monies, ear-marked revenue funds and categorical federal grants. The Bureau has 21.5 FTE's. The Preventive Health Services Bureau provides administrative support and coordinates the activities of the following programs (in the order by which they will be presented):

Order of Presentation

I. Chronic Disease

- -- Chronic Disease Control and Health Promotion
- -- Behavioral Risk Surveillance
- -- Secondary Disability Prevention

II. Communicable Disease

- -- Immunization
- -- Communicable Disease Program/Epidemiology
- -- Rabies
- -- AIDS/Sexually Transmitted Disease Control

III. Other

- -- Sexual Assault Prevention
- -- End Stage Renal Disease

EXHIBIT 6
DATE 1-12-91
HB DHES

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION PROGRAM

PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE JOINT SUBCOMMITTEE OF HUMAN SERVICES

Representative Bradley and Members of the Subcommittee, I am Robert W. Moon, Health Services Manager for the Chronic Disease Prevention and Health Promotion Program.

BACKGROUND: The system of public health was mainly designed to cope with the epidemics of acute communicable disease which resulted from inadequate public sanitation, over-crowding, and poor understanding of basic hygiene. These problems continue to require protection by the public health system. However, the formerly high rates of disease and death have been reduced through specific public health activities and improved standards of living. However, a new set of health problems has emerged that requires public health's attention: epidemics of cancer, heart disease, diabetes, chronic obstructive pulmonary disease, and other debilitating and incurable diseases.

Heart disease and cancer comprise more than 60% of the deaths in Montana, as indicated in the attached graphs. These deaths are largely attributable to diseases which result from modifiable risk factors--that is, behaviors over which individuals can exercise some degree of control. According to the Centers for Disease Control, approximately 51% of these deaths are preventable by changing behaviors such as smoking, sedentary lifestyle, excessive alcohol consumption, seat belt use, and by utilizing preventive health examinations. By informing the public about the relationship between risk factors and chronic disease, and by educating health care providers and individuals about methods for modifying behaviors, unnecessary disease and disability as well as many premature deaths can be prevented.

COMPONENTS: The Chronic Disease Prevention and Health Promotion Program is developing the basic capacity within the lead health agency to reduce the preventable risk of chronic disease, death and disability in the State of Montana. The program, with the assistance of the Centers for Disease Control, operates under five basic goals:

1) to coordinate with health professionals to incorporate chronic disease control strategies.
2) to define the nature and magnitude of chronic disease and identify populations at risk.
3) to communicate about preventive health services, the importance of healthy lifestyle, and how to change behavior.
4) to inform health care providers about their role in chronic

disease prevention through screening, referral, and treatment. 5) to develop partnerships and initiatives with special populations, such as youth, minorities and the medically undeserved.

The projects include Chronic Disease Prevention, Health Promotion, Behavior Risk Factor Surveillance, Secondary Disabilities Prevention, and the Montana Tobacco Free Challenge.

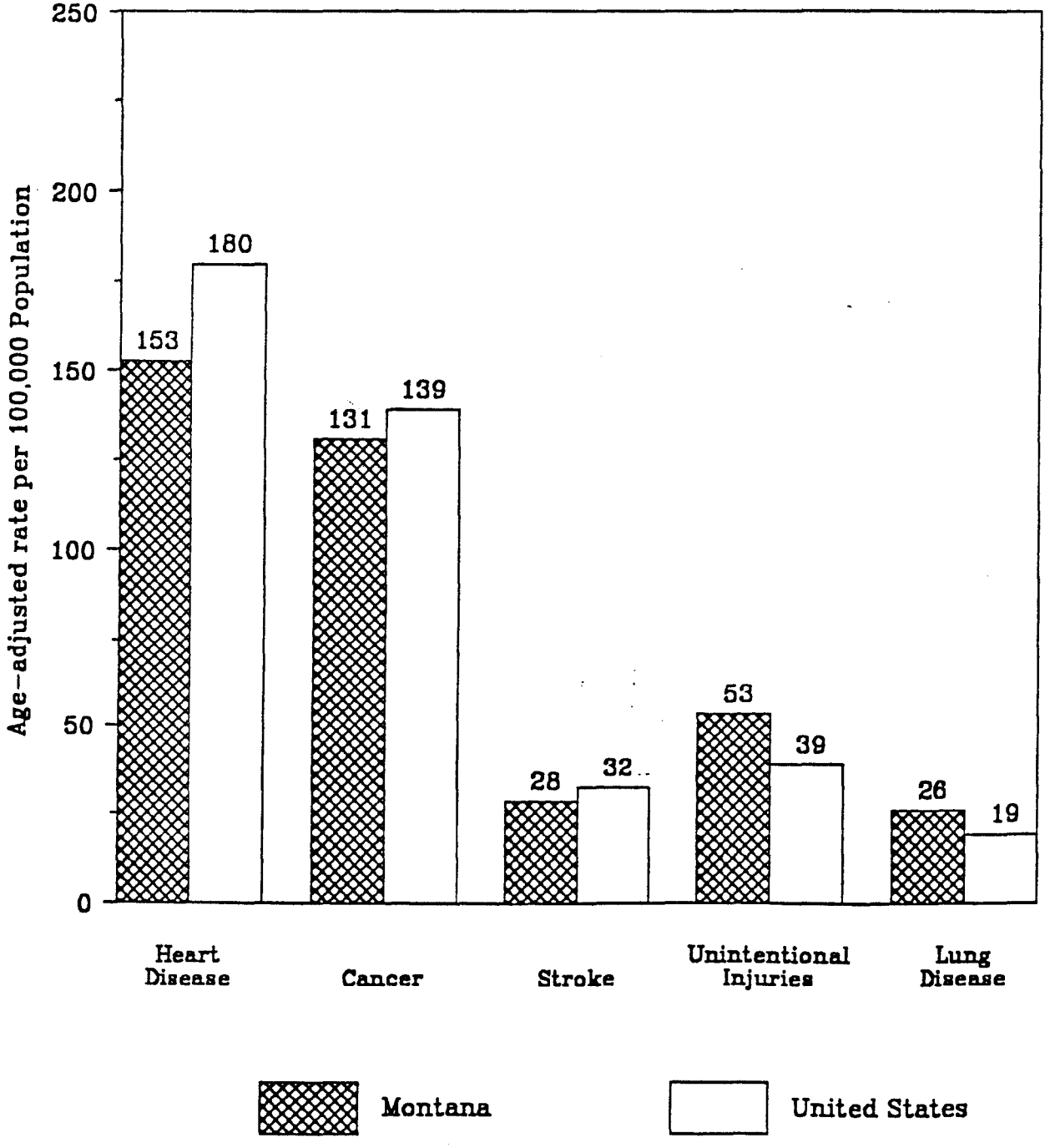
STAFF SIZE: 3.0 FTE (increase of .5 FTE)

FUNDING: The program is supported by federal funding through the Centers for Disease Control (CDC).

The executive base increase of $40,500 will be used to support an administrative assistant for support of the program manager and staff, operating expenses, four additional community projects, improved chronic disease surveillance, increased professional education and public awareness, and surveillance of risk factors in specific Montana communities. The additional funding is available through the current federal grant award increase. Therefore, we request the base increase as recommended in the executive budget.

EXHIBIT 6
DATE 1-12-91
HB OHES
Hum. Serv. Sub.

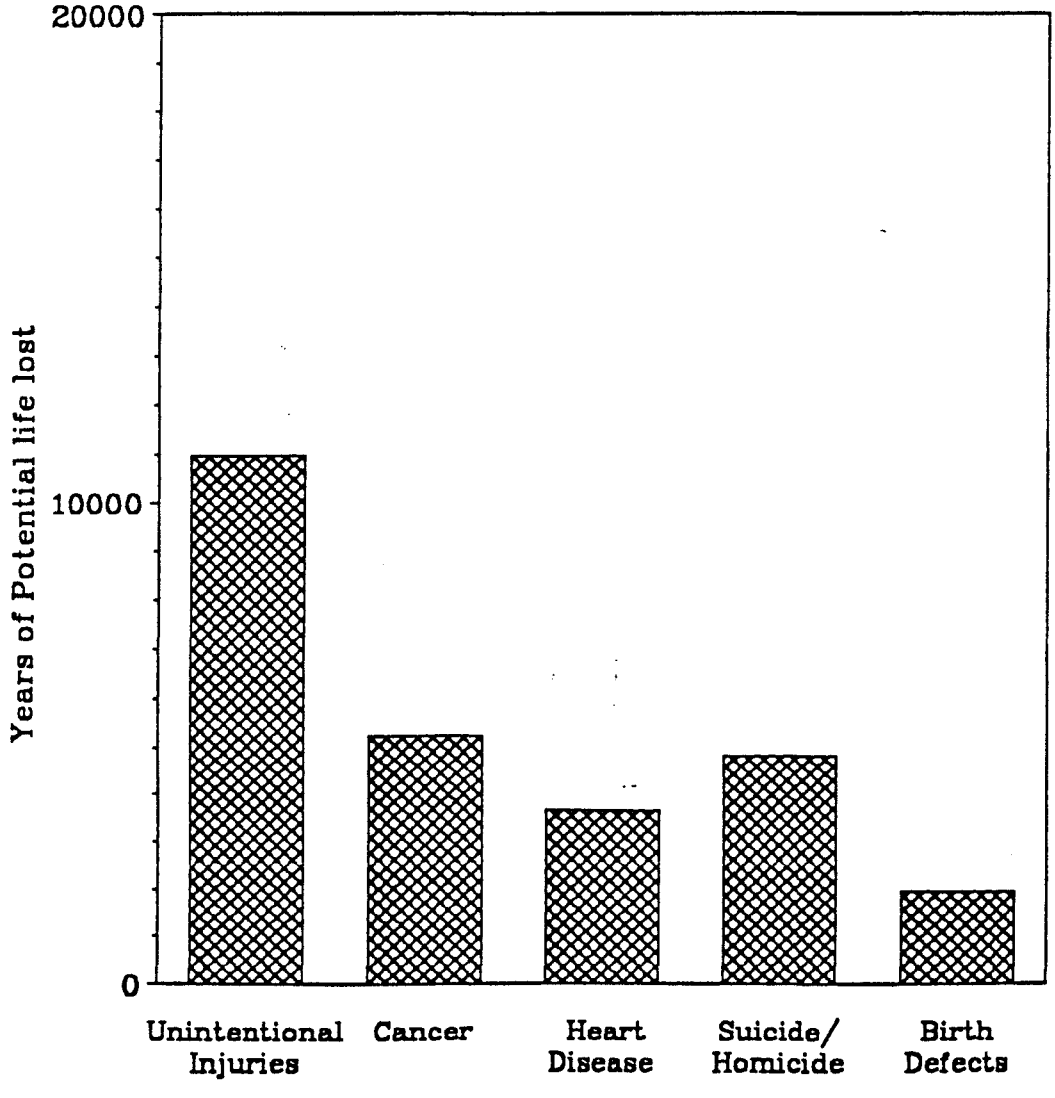
Leading Causes of Death*
Montana, 1985–1987



*See Appendix.

SOURCE: Centers for Disease Control: National Center for Health Statistics

Leading Causes of Years of Potential Life Lost Before Age 65* Montana, 1987

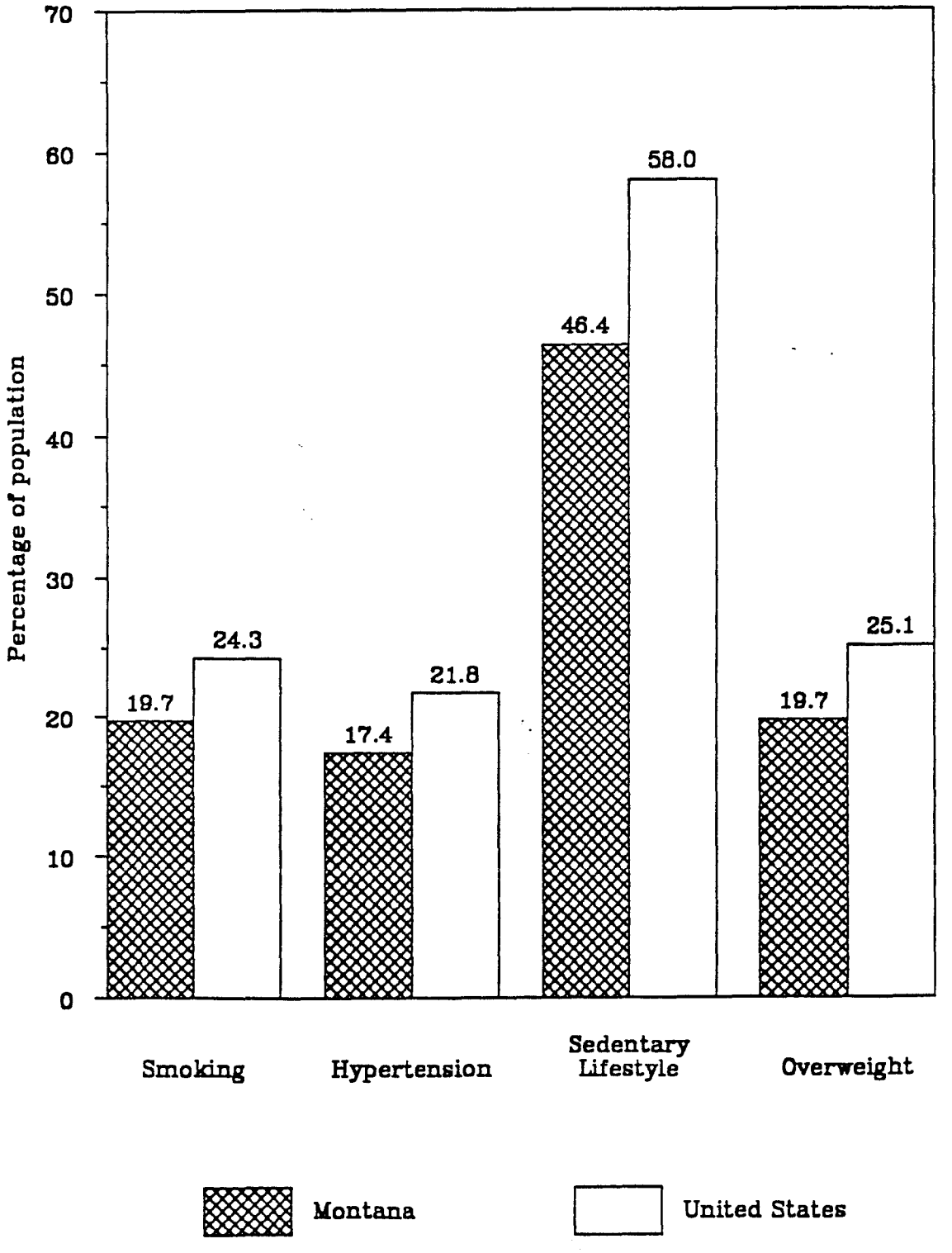


*Viewed as the number of years of life lost when people die younger than expected (in this case, age 65). See Appendix.

SOURCE: Centers for Disease Control: Epidemiology Program Office and National Center for Health Statistics

EXHIBIT 6
DATE 1-12-91
HB DHES
Hum. Serv. Sub.

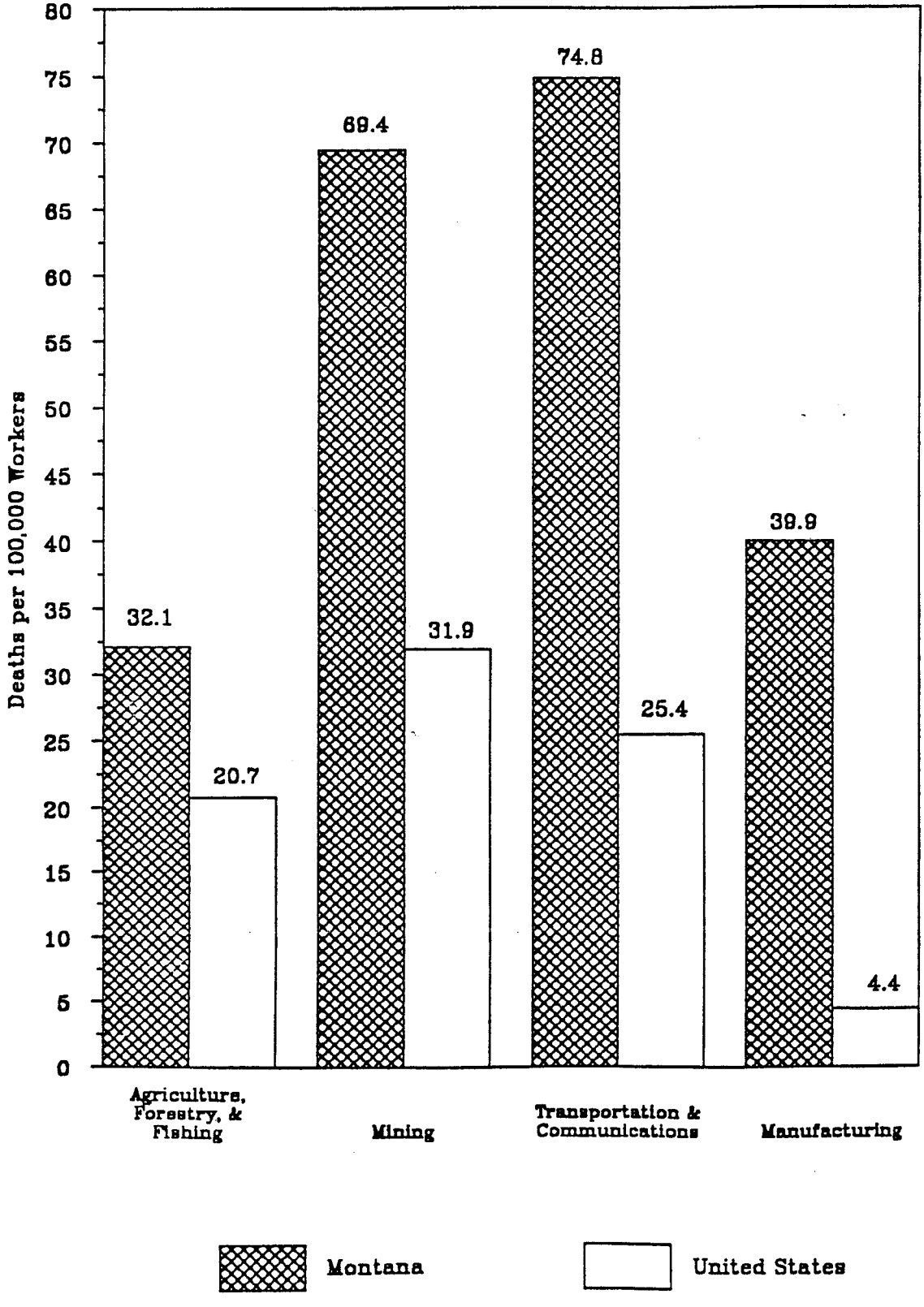
Risk Factors for Heart Disease*
Montana, 1988



*See Appendix.

SOURCE: Centers for Disease Control: Center for Chronic Disease Prevention and Health Promotion

Workplace Death Rates, by Industry
Montana, 1980 – 1985



SOURCE: Centers for Disease Control: National Institute for Occupational Safety and Health

EXHIBIT 6
DATE 1-12-91
HB DHES
Dem. Dev. Dub.

Montana Immunization Program

Preventive Health Services Bureau
Montana Department of Health and Environmental Sciences

Madame Chair and Committee Members, I am Dick Paulsen, Manager of the Montana Immunization Program.

The Centers for Disease Control has added a new component of this program by including perinatal Hepatitis B prevention. I will describe the both Immunization Program and Hepatitis B component.

Program Description

Immunization Program

The Immunization program is a state wide program with the goal to prevent the occurrence and transmission of the vaccine preventable childhood diseases. This is done by:

- providing vaccine to public clinics;
- providing epidemiologic assistance, surveillance and outbreak control;
- monitoring compliance by schools and day care centers with immunization requirements;
- ensuring vaccine safety through annual quality assurance reviews of public clinics;
- increasing immunization levels in all children and adults; and,
- education.

There is at least one public immunization clinic in all Montana counties except Golden Valley (Ryegate) and Petroleum (Winnett) county. There are currently 83 public immunization clinics in Montana. Since 1984, there has been a 69% increase in the number of public clinics while the program staffing has decreased (in 1984 there was also a federal Public Health Advisor in the program and there were 49 clinics).

Hepatitis B Component

The Centers for Disease Control recently included a Hepatitis B prevention component to the program to prevent hepatitis B in newborn children whose mothers are infected. The infected mother is identified through routine prenatal blood testing. The program ensures that the new baby receives 1) vaccine and immune globulin on the day of birth and 2) booster doses before 6 months of age.

Vaccine

Currently, all of the department supplied vaccine is received through a federal grant from the Centers for Disease Control. The vaccine is provided at no cost to public health providers. Approximately 65% of Montana preschool children use public clinics for immunization services.

The cost of vaccines purchased from the federal contracts is approximately 1/2 of the purchase price to private physicians.

No charge for the cost of vaccine can be made to patients who receive vaccine purchased from the federal contracts.

The amount of federal funds that Montana received for vaccine for calendar year 1991 (Notice of Grant Award 12/13/90) is as follows:

Regular Immunization:	$596,553
Perinatal Hepatitis B:	3,564
*2nd dose Measles/Mumps/Rubella (MMR)	74,300
TOTAL	$674,417

* The measles prevention recommendations changed in 1990 to include a second dose of MMR vaccine, targeting two groups:

-one school age group (middle school enterers), and
-college enterers

Program Operation Funding (vaccine not included)

Approximately 83% of the program operation funds are federal.

Immunization Program

$41,294 of state general fund support allows the program staff (5 FTEs) to do general communicable disease activities. Excluding the state epidemiologist position, this $41,294 represents all of the communicable disease clerical and professional support for surveillance, outbreak control, and education support done by the Department.

The program FTEs include: 1 program manager, 3 Field Health Officers, and 1 clerk.

Hepatitis B Component

This component is funded 100% with federal money.

For Hepatitis B there is 1 FTE (vacant), a nurse consultant position, which is currently being advertized. A clerical position was also requested in the grant application to assist with the Hepatitis B component but was denied due to lack of federal funds.

EXHIBIT 6e
DATE 1-12-91
HB OHES
Hum. Serv. Subc.

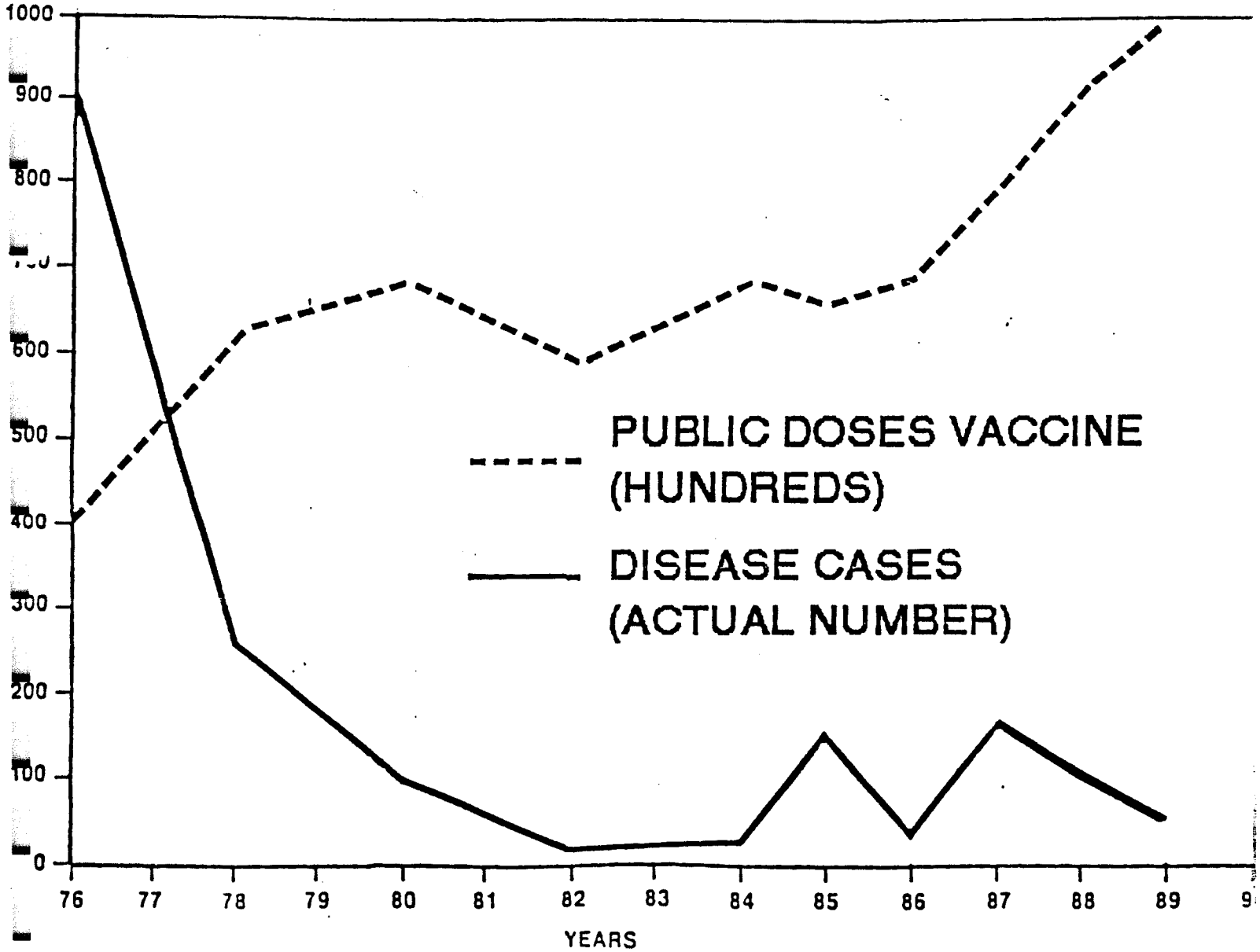
Authority Needed To Spend At The Federal Funding Level

The Federal Immunization Grant Award for 1991 is $203,925. We are requesting the appropriation at the executive level.

Graph Explanation

The attached graph shows program effectiveness. As public immunization has increased, there has been a corresponding decrease in disease. The graph also shows peaks of disease occurance in Montana. Each of the peaks represents measles outbreaks.

Montana Immunization Program's Total Vaccine Doses Used and Number of Childhood Diseases Reported (Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, and Pertussis) 1976 – 1989



6
1-12-91
DHES
Hum. Serv. Sub.

COMMUNICABLE DISEASE CONTROL/EPIDEMIOLOGY

PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
JANUARY 1991

Madame Chair and Committee Members, I am Judith Gedrose. I have been the Communicable Disease Control program manager and State Epidemiologist for the past 7 years. Since I have assumed the Chief of Preventive Health Services Bureau duties, there will be another State Epidemiologist by February 15, 1991. I will retain the Communicable Disease program manager duties.

PURPOSE: The Communicable Disease/Epidemiology program is the Department's focal point for epidemiologic surveillance and control. The general communicable disease control program maintains continual surveillance of approximately 70 disease, syndromes, and categories of disease as defined in ARM 16.28.101-1105. Based on data collected, investigation of cases and outbreaks is performed to prevent the spread of disease in the population.

STAFF SIZE: 1 FTE

FUNDING SOURCE: General fund of $47,931 was appropriated for fiscal year 1990 to support one FTE and provide operating expenses. The request for the upcoming biennium is essentially the same with an increase only for inflation.

PROGRAM COMPONENTS: Tuberculosis control comprises approximately one quarter of the program's activities. Rabies prevention in humans is a top priority of the program. The program activities are directed at collecting the reports of reportable diseases and responding to outbreaks. During the past calendar year the program has responded to several outbreaks including Hepatitis A at Montana Developmental Center, Salmonellosis in several debilitated persons and hemorrhagic diahrrea in school children. All persons in the Communicable Disease Section of the PHSB are cross-trained and utilized on outbreaks and special studies. An example where epidemiology was applied to an environmental issue and all staff were utilized was during the Arsenic study in Rocker done in the summer of 1989.

PROGRAM ISSUES: The uniqueness of general communicable disease control and epidemiology makes the public, public health direct service providers and the private medical community turn to MDHES for assistance. Many of the program activities are carried out with the cooperation of other department programs, e.g., MDHES Public Health Laboratory, Food and Consumer Safety Bureau, Air and Water Quality Bureaus. The epidemiology section also works with other agencies such as Department of Livestock on zoonosis, Department of Family Services related to health matters in daycare

centers and Department of Fish Wildlife and Parks concerning upland game birds chemical contamination.

New conditions emerge which require collection of data to confirm or rule out their existence as health problems in Montana. In the past several years the communicable disease/epidemiology program has evaluated Lyme Disease, Eosinophilia-myalgia syndrome and Parvo-virus B19 in addition to maintaining the routine surveillance and outbreak response.

6
DATE 1-12-91
HB DHES
Hum. Serv. Sub.

TUBERCULOSIS CONTROL PROGRAM

PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
JANUARY 1991

Madame Chair and Committee Members, I am Judith Gedrose, Chief, Preventive Health Services Bureau.

PURPOSE: Montana Department of Health and Environmental Sciences, Preventive Health Services Bureau will assume community tuberculosis control with the closure of the Galen campus of Montana State Hospital. This is consistent with tuberculosis control efforts throughout the United States. For the past decade, tuberculosis control has moved out of a hospital setting into the community.

Tuberculosis control strives to adequately treat those infected, keep the infected from becoming infectious and keep the non-infected from becoming infected. The major obstacle to obtaining eradication of tuberculosis in Montana and the U.S. is non-compliance with medication ingestion by patients. A coordinated effort to enhance compliance throughout the 6-12 month treatment period is essential to treatment success.

STAFF SIZE: 1 FTE

FUNDING SOURCE: General Fund in the amount of $150,000 for the biennium.

PROGRAM COMPONENTS: The Department will strengthen it's relationship with other groups such as the Montana Chapter of the American Lung Association and Indian Health Service to provide coordinated tuberculosis followup. One full-time professional can effect increases in continuity and completion of both preventive and treatment medications. This professional will also ensure identification, testing and treatment of contacts to break the chain of infection.

The Department of Institutions has agreed to continue supplying medications for cases. This system has been working well and is very cost efficient. Isoniazid, one main-stay tuberculosis treatment drug can be provided by this system for approximately two cents per day opposed to over one dollar per day in the private sector.

PROGRAM ISSUES: Tuberculosis control requires a continuing minimum effort to ensure there is not excess morbidity and mortality. Patient compliance is improved by treating them within their own communities if a health care worker is monitoring medication ingestion. Continual contact and encouragement is needed by many t.b. patients to ensure they complete the 6-12 month therapy which ensures they are adequately treated.

RABIES PREVENTION

PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
JANUARY 1991

Madame Chair and Committee Members I am Judith Gedrose. I have been the Program Manager for the Rabies Control Program for 7 years.

Rabies control provides immunizing biologicals via a special ear-marked revenue fund at cost to heath care providers treating Montana citizens. The most important part of the rabies control program is the consultation and coordination of services provided concerning the need for treatment and/or testing and observation of the biting animal. The Rabies Vaccine Program provided post-exposure vaccine for 85 people in 1989. Vaccine and consultation is also provided for pre-exposure treatment of persons at high-risk of being in contact with a rabid animal. These persons include animal control officers, veterinarians, researchers and wild-life biologists .

STAFF SIZE: 0 FTE
Consultation is done by State Epidemiologist, Immunization Program Manager and Field Health Officers.

FUNDING SOURCE: $ 54,849 was appropriated for the ear-marked revenue fund for FY 91. We request permission to continue the state special revenue fund without the balance being transferred to the general fund.

PROGRAM ISSUES: The Department of Health and Environmental Sciences and the Department of Livestock have dual authority for enforcing the Rabies Prevention Act. It is being requested in this session the authority be delegated to counties where the ultimate control takes place.

EXHIBIT 6
DATE 1-12-91
HB DHES
Dem. Serv. Bur.

AIDS PROGRAM

PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
JANUARY 1991

Madame Chair and Committee Members, I am Judith Gedrose, Chief of the Preventive Health Services Bureau and am presenting testimony on behalf of the Montana AIDS Program:

PROGRAM COMPONENTS: Administer four federal grants for:

1. Surveillance/Seroprevalence--CY91-$122,377
2. Health Education/Risk Reduction, Public Information, Minority Initiatives and Counseling, Testing, Referral and Partner Notification--CY91-$465,600
3. Home and community-based HIV health services--$100,000
4. AIDS Drug Reimbursement Program (ADRP), which supports needed medications for persons infected with HIV

New funding from the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 is anticipated on about 4/1/91 for approximately $100,000, although no application is available.

PURPOSE: To coordinate and assist local public health agencies, health care providers, community-based organizations and the public in education and detection to prevent the further spread of HIV infection through:

1. Resource planning and assessment of needs;
2. Surveillance and selected epidemiologic investigations;
3. Seroprevalence survey of childbearing women;
4. Support of laboratory testing services for screening;
5. Knowledge, attitudes, beliefs, and behavior (KABB) surveys;
   including IV Drug Users, gay/bisexual men, general public, women of reproductive age, school-age youth, health care workers, Native Americans, and college-age youth;
6. Public information campaigns and operation of Montana's AIDS Hotline (800-233-6668);
7. Contracts with 11 local agencies for health education and risk reduction activities;
8. Contracts with 11 sites for counseling, testing, referral & partner notification activities;
9. Contracts with community-based organizations, particularly those representing/serving minorities;

10. Contract for home and community-based services, including durable medical equipment, home-health aid and personal care services provided in the individual's home, day treatment, home intravenous drug therapy, and routine diagnostic tests;
11. Contracts with 3 Montana pharmacies to provide drug treatments to eligible clients through the AIDS Drug Reimbursement Program;
12. Evaluation of all the above activities.

CASES: Montana Resident AIDS Cases = 58 as of 12/31/90; deaths = 30.
MT. Non-Resident AIDS Cases = 20 as of 11/30/90; deaths = 20.
See graph on following pages.

TESTING: Total HIV Antibody Tests Performed = 23,249 as of 12/31/90; number positive tests= 276 or 1.19 percent. (Done by Montana Department of Health and Environmental Sciences Public Health Laboratory).
See graph on following pages.

EDUCATIONAL: Workshops and educational forums offered:
HIV Counseling and Testing Training (CDC protocol)
Train the Trainer
AIDS and the Workplace (in conjunction with the Montana Department of Administration's Professional Development Center)
Educational presentations upon request
Communicable Disease Interviewing and Field Investigation Course
Safer Sex Workshops
Statewide AIDS conferences

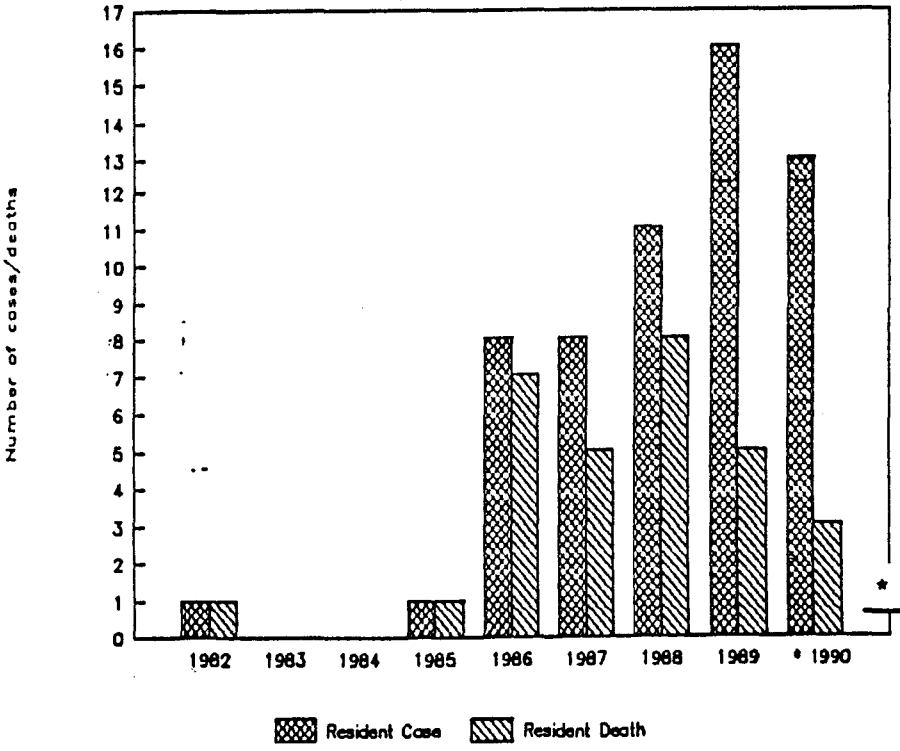
FUNDING: Centers for Disease Control and Health Resources and Services Administration, Bureau of Maternal and Child Health and Resources Development, U.S. Public Health Service, (DHHS). The 1991 grant awards received total 687,977. We recommend the bedget be approved at the grant award level. $33,583 must be added to the executive recommendation. This additional authority is needed in contracted services.

The other major issue is the deletion of 1.0 FTE from in the LFA recommendation. This position was vacant during part of FY90 while awaiting a grade change. That grade change was received on 11/26/90 and the position is currently being recruited.
<u>1 FTE needs to be reinstated into the current level. This will bring the total FTE to 8.</u>

EXHIBIT 6
DATE 1-12-91
DHES
Hum. Serv. Sub.

Montana Resident AIDS Case and Death

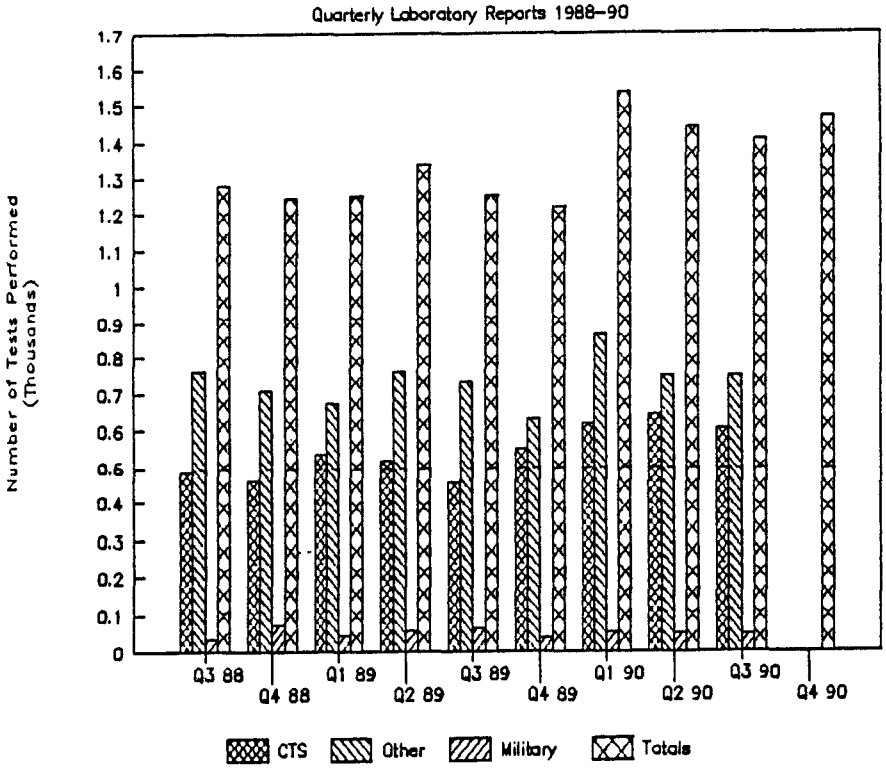
By Year of Diagnosis



* Statistics as of December 31.

HIV Antibody Testing – MONTANA

Quarterly Laboratory Reports 1988–90



SEXUALLY TRANSMITTED DISEASE (STD) PROGRAM

PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
JANUARY 1991

Madame Chair and Committee Members, I am Judith Gedrose, Chief of the Preventive Health Services Bureau and offer the following testimony on behalf of the Montana STD Program:

Gonorrhea, although decreasing in Montana over the last decade (see Figure 1), is increasing in the percent of antimicrobial resistant cases reported. Due in part to lack of availability of professional staff for followup during the first 9 months of 1990, morbidity increased this past year. Syphilis morbidity has increased nationally in recent years to its highest level since 1949. Chlamydia has become the most common reported sexually transmitted bacterial infection in Montana and the United States today.

The Montana STD Control Program surveys for these diseases; analyzes morbidity trends; provides technical assistance and professional training to local health agencies and private health care providers; coordinates followup efforts of health care providers and organizations; distributes public education materials and supplies to schools and others; provides direct disease intervention and partner referral services when gonorrhea, syphilis, or chlamydia are reported in Montana; supports local public clinic services, and promotes risk reduction behaviors to prevent sexually transmitted diseases in the state. Citizens at risk for sexually transmitted diseases place themselves at risk for for virus that causes AIDS.

1. Syphilis

The sources of most of Montana's new syphilis cases are traced to out-of-state contacts. Montana again had no congenital syphilis cases in 1990 (the last case occurred in 1987).

2. Gonorrhea

Since 1980, there has been a steady decrease each year in gonorrhea morbidity, with the exception of 1990. (See Figure 1) Screening for the disease is decreasing as the morbidity and positivity rates from testing declines. The high population areas continue to account for more than 50% of the morbidity.

4. Chlamydia

Chlamydia became a reportable disease in Montana in November, 1987. The reported morbidity has increased from 150 in 1985 to 1583 cases in 1990.

The Sexually Transmitted Diseased Program is funded 100% with federal categorical grant funds through a the U.S. Centers for

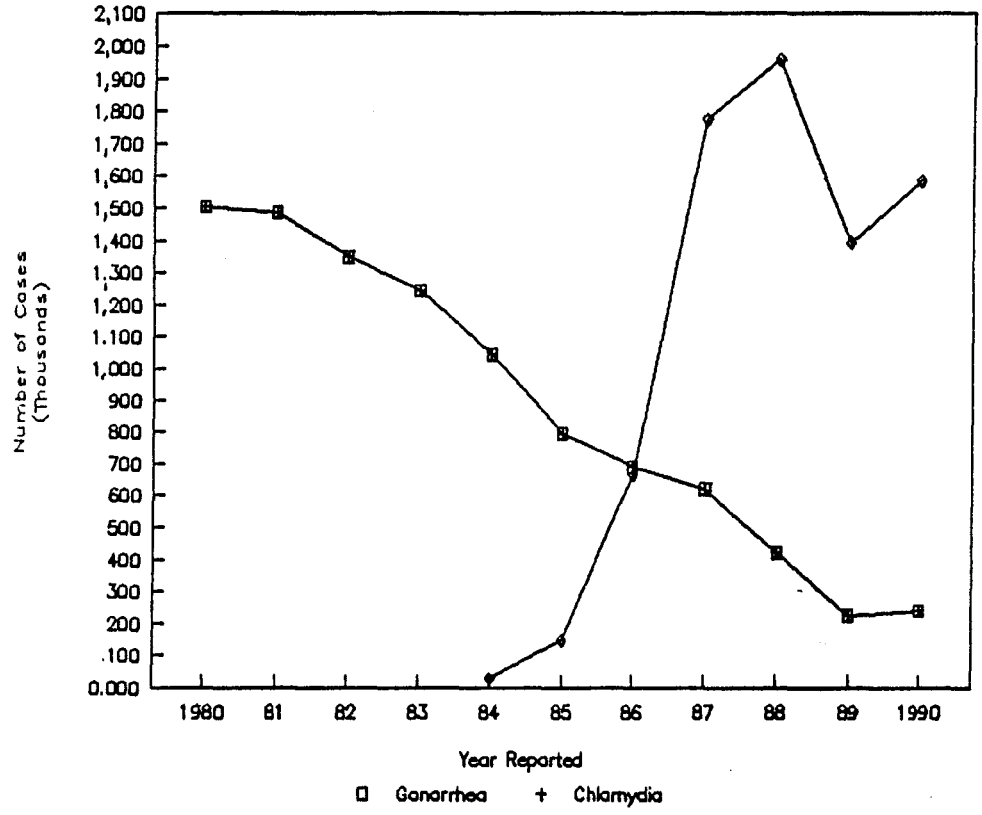
EXHIBIT 6
DATE 1-12-91
HB DHES

Disease Control. The award for CY90 was $188,519, with part of that award targeted for new efforts such as the chlamydia control program. The federal grant award for CY91 is $132,700, and additional carryover funds are anticipated this spring, due to the inability to utilize them this past year for special projects. The low base year budget was due to lack of hiring of 1.5 FTE during that period. One field health officer was hired in 9/90 and the .5 FTE is in the process of being hired. These positions are needed to coordinate disease control efforts and reduce the morbidity and mortality associated with these diseases in Montana.

We recommend the executive level and 26,650 to be appropriated to allow expenditure of the current federal grant. The additional will be used for contracted services, supplies and other operating. The current federal award is for 2.5 FTE, which we request be placed in the current level budget.

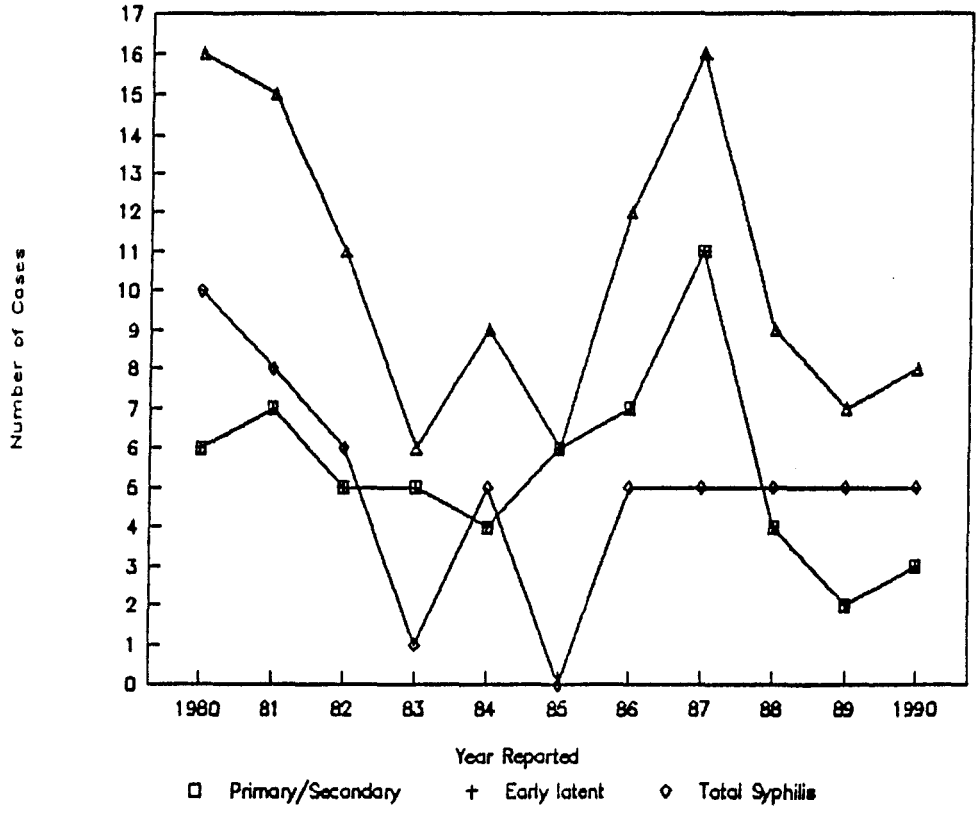
GONORRHEA AND CHLAMYDIA REPORTED CASES

MONTANA: 1980–1990



REPORTED SYPHILIS CASES

MONTANA: 1980–1990



6
DATE 1-12-91
HB DHES
Dem. Sen. Sen.

SEXUAL ASSAULT PREVENTION

PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
JANUARY 1991

Madame Chair and Committee Members awards of $11,590 in Preventive Health Block grant funds are provided to several rape prevention programs each year. This is a use of PHB funding required by the Department of Health and Human Services. The community based programs conduct rape prevention activities, counselling, crisis lines, community education, referral and victim advocacy programs with the funds. The programs are conducted in concert with the Department of Family Services domestic abuse prevention programs. Although the amount of funding to individual groups (as listed below) is small, the total funding of these agencies is a blend of several pots of money.

The programs funded currently are as follows:

--Billings Rape Task Force

--Family Crisis Center-Polson

--The Haven-Havre

--Hi-Lines Help for Abused Spouses-Fort Benton

--Lincoln County Women's Help Line

--Violence Free Crisis Line-Kalispell

--Women's Place-Missoula

--Safe Space-Butte

END STAGE RENAL DISEASE

PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
JANUARY 1991

Madame Chair and Committee Members, I am Gary Rose from the Health Planning Program and offer the following testimony on behalf of the End Stage Renal Disease Program.

The End Stage Renal Disease (ESRD) Program assists those Montana patients who have failed kidneys requiring dialysis or a kidney transplant. Medical verification by a physician is required of either condition. As of January 7, 1991 the program assists 268 patients of these 44 are transplants. Since the Department of Health and Environmental Sciences has managed the program, approximately 1,000 Montana residents have benefited from it.

The program is funded with $125,000 from the General Fund from which no administrative costs are paid. Administrative support comes from the Health Planning Program.

In FY1990 all monies were expended by the end of the 3rd quarter. FY1991 appears to be following the same course.

Co

DATE 1-12-91

HB DHES

Hum. Serv. Sub.

END STAGE RENAL DISEASE
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

The End Stage Renal Disease (ESRD) Program assists those Montana patients who have failed kidneys requiring dialysis or a kidney transplant. Medical verification by a physician is required of either condition. As of January 7, 1991 the program assists 268 patients of these 44 are transplants. Since the Department of Health and Environmental Sciences has managed the program, approximately 1,000 Montana residents have benefited from it.

The program is funded with $125,000 from the General Fund from which no administrative costs are paid. Administrative support comes from the Health Planning Program.

In FY1990 all monies were expended by the end of the 3rd quarter. FY1991 appears to be following the same course.

E. 1
DATE 1-12-91
HB DHES

Montana Council
for Maternal and Child Health

2030 11th Ave., Suite 10 Helena, MT 59601 (406) 443-1674

TESTIMONY FOR THE JOINT HUMAN SERVICES SUBCOMMITTEE
SATURDAY, JANUARY 12, 1991
Re: Preventive Health Bureau
Immunization Program
Supporting Appropriation of State General Funds to Supplement Federal Vaccine Grant

The Montana Council for Maternal and Child Health. a non-profit public policy research,education, and advocacy organization, recommends the appropriation of state general funds to the DHES Immunization Program to supplement the federal Vaccine grant from the Center for Disease Control.

Montana receives grant funds from the federal Center for Disease Control, for the purchase of vaccine through a discounted federal contract with vaccine suppliers, and for administration and supplies. This vaccine is then provided to Montana residents through local health departments at no cost, regardless of the patient's ability to pay. Voluntary donations for administration costs are permitted, but no one may be denied vaccine for failure to pay. In contrast, private physicians purchase their vaccine supplies directly from the manufacturer, at a cost up to twice that of the federal program, and charge patients for both the vaccine and administration costs.

The cost of vaccine has risen sharply in the past five years, and new medical standards have increased the number of recommended doses of some vaccines. At the same time, the federal grant for 1991 currently stands at less than the state received in 1990. Most other states contribute state funds to purchase additional vaccine, at the discounted federal contract rate. Many also purchase discounted vaccine for free administration by private physicians.

Montana cannot maintain an adequate supply of vaccine at public clinics using its federal grant funds alone. It has sufficient supplies of DTP, Oral Polio, and toddler Hib vaccine to meet the demand established in calendar year 1989, but has had to limit vaccine supply to local clinics to 1989 levels, despite increasing demand for vaccine. It cannot supply a second dose of MMR to meet the current medical standards, nor can it supply sufficient Hib vaccine for infants. These patients are simply turned away. Demand is currently limited by the fact that most public clinics are only open for a few hours each week.

Montana's rural nature makes travel for immunization difficult. County health departments report that many physicians refer patients to the county health department because they have no insurance for vaccine at the doctor's office. At the same

time, many public clinics must refer vaccine clients to private physicians for infant Hib and the second dose of MMR.

This fractured distribution system has clearly hampered immunization compliance. Annual retrospective studies by DHES of Montana's entering school children show that many of Montana's preschool children are not fully immunized, and most are far behind schedule. For example, only 73% get their first DTP and Oral Polio immunizations before 3 months of age, less than 48% have 3 DTP and 2 Polio by 7 months, and only 35% have received their first MMR at 15 months. At age 2, only 41% have completed their full schedule of 4 DTP, 3 polio and 1 MMR.

Children in Montana cannot enter school without the full series, but these delays in immunization mean that the average age of completion of the "two-year-old" series is 34 months, almost a full year behind schedule. These very vulnerable under-immunized children are left susceptible to diseases that, despite effective vaccines, still kill millions of children worldwide each year.

Montana needs additional vaccine in two critical areas:
1) The existing supply of vaccine cannot be maintained with the current federal grant. And no additional vaccine can be provided to help Montana's young children catch up on their vaccine schedules without additional funding.
2) A second dose of MMR, which is now universally recognized as essential to prevent measles outbreaks, cannot be administered to more than a handful of Montanans without a substantial investment of funds for both vaccine and administration.

The Montana Council for Maternal and Child Health believes that it is time for Montana to make a commitment to provide vaccine for every child, without artificial limitations. A strong policy statement to this effect has been drafted, in LC 233, which creates a statutory authority for the immunization program for the first time, and also contains an appropriation of funds in the amount of $1,050,000 to meet the needs mentioned in (1) and (2) above for the 1992-1993 biennium.

A related bill, LC 338, provides for mandatory coverage of immunizations by group health insurance plans covering families with children. Passage of this bill will reduce the need for publicly funded vaccine.

Respectfully Submitted,

Paulette Kohman

Paulette Kohman
Executive Director

VISITOR'S REGISTER

Human Services SUBCOMMITTEE

AGENCY(S) _____ DATE 1/12/91

DEPARTMENT _____

PLEASE PRINT

NAME	REPRESENTING DO NOT ABBREVIATE	SUPPORT	OPPOSE
Dale Taliaferro	Department of Health and Environmental Sciences		
Charles Clageus	Dept of Health & Env Sciences		
Judith Gedrose	Dept of Hlth & Env Sci.		
Peggy Baraby	Dept of Health & Env. Sc.		
Maxine Ferguson	Department of Health & Environmental Sciences		
Dave THOMAS	Department of Health & Env. Sci.		
Paulette Kohman	Mt Council for Maternal & Child Hlth		
Wilbur Rehmann	MT. Nurses' Assoc.		
Robert W Moon	Dept of Health & E.S.		
Mary Lou	"		
D. Elizabeth Roth	Montana Childrens Alliance		
Ray Hoffman	DAFS		
Judith Carlson	local health		
JoAnn Dotson	MPP - DHES		
Robert K Johnson	I & C Cty-Cty H.D.		

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT.
IF YOU HAVE WRITTEN COMMENTS, PLEASE GIVE A COPY TO THE SECRETARY.

FORM CS-33A
Rev. 1985