



## Children, Families, Health, and Human Services Interim Committee

PO BOX 201706  
Helena, MT 59620-1706  
(406) 444-3064  
FAX (406) 444-3036

### 60th Montana Legislature

#### SENATE MEMBERS

CAROL JUNEAU  
RICK LAIBLE  
TERRY MURPHY  
DAN WEINBERG

#### HOUSE MEMBERS

EDITH CLARK  
ERNIE DUTTON  
TERESA HENRY  
DIANE SANDS

#### COMMITTEE STAFF

SUE O'CONNELL, Lead Staff  
LISA JACKSON, Staff Attorney  
FONG HOM, Secretary

# MINUTES

Please note: These are summary minutes. Testimony and discussion are paraphrased and condensed. Committee tapes are on file in the offices of the Legislative Services Division. **Exhibits for this meeting are available upon request. Legislative Council policy requires a charge of 15 cents a page for copies of the document.**

Please note: These minutes provide abbreviated information about committee discussion, public testimony, action taken, and other activities. The minutes are accompanied by an audio recording. For each action listed, the minutes indicate the approximate amount of time in hours, minutes, and seconds that has elapsed since the start of the meeting. This time may be used to locate the activity on the audio recording.

An electronic copy of these minutes and the audio recording may be accessed from the Legislative Branch home page at <http://leg.mt.gov>. On the left-side column of the home page, select *Committees*, then *Interim*, and then the appropriate committee.

To view the minutes, locate the meeting date and click on minutes. To hear the audio recording, click on the Real Player icon. Note: You must have Real Player to listen to the audio recording.

September 24, 2007

Room 137, Capitol Building  
Helena, Montana

#### **COMMITTEE MEMBERS PRESENT**

SEN. RICK LAIBLE  
SEN. TERRY MURPHY

REP. EDITH CLARK  
REP. ERNIE DUTTON  
REP. TERESA HENRY  
REP. DIANE SANDS

#### **COMMITTEE MEMBERS EXCUSED**

SEN. CAROL JUNEAU  
SEN. DAN WEINBERG

#### **STAFF PRESENT**

SUE O'CONNELL, Lead Staff  
LISA JACKSON, Staff Attorney  
FONG HOM, Secretary  
PAT MURDO, Research Staff for SJR 15

## Visitors and Agenda

Visitors' list, Attachment 1.  
Agenda, Attachment 2.

## COMMITTEE ACTION

- The committee adopted the June 26, 2007 minutes as read.
- The committee requested that CFHHS pay the registration fee for those committee members to attend the 2007 Montana Health Care Forum.

## CALL TO ORDER AND ROLL CALL

00:00:01 Rep. Clark called the meeting to order at 8:32 a.m. The committee secretary noted roll. Sen. Weinberg and Sen. Juneau were excused. The committee adopted the June 26, 2007 minutes as read.

## AGENDA

**ADMINISTRATIVE RULE REVIEW** - Lisa Mecklenberg Jackson, Staff Attorney, LSD  
00:01:29 Ms. Mecklenberg Jackson discussed her review of proposed and adopted Department of Public Health and Human Services rules **(EXHIBIT 1)**.

**SJR 5: EMERGENCY MEDICAL SERVICES** - Sue O'Connell, Research Analyst, LSD  
00:07:38 Ms. O'Connell gave a presentation on SJR 5: Emergency Medical Services **(EXHIBIT 2)** providing information on the passage of laws governing emergency medical care and providers.

## **BOARD OF MEDICAL EXAMINERS**

00:16:29 Jeannie Worsch, Executive Director, gave a presentation on the role of the Board of Medical Examiners **(EXHIBIT 3)**.

Ken Threet, EMT Training Coordinator, Board of Medical Examiners, gave a presentation on the history, current requirements of the Board, and future agendas **(EXHIBIT 4)**.

### Questions

00:25:39 REP. DUTTON asked Mr. Threet to clarify what is meant by trying to get the limitations removed that currently exist in terms of the environment in which EMTs can work. Mr. Threet said that current law identifies EMTs as pre-hospital or out-of-hospital providers. Because the law is written specifically to deal with out-of-hospital, the interpretation has been that that licensure would not extend into those facilities or clinic scenarios.

REP. HENRY said that in these additional settings, the emergency care workers would be providing care but it would not be an emergency. Mr. Threet said that it was his and the Board's feeling when it was first proposed that the workforce should decide the skills and abilities that can be used in a variety of settings. Many EMTs are being utilized now under separate job descriptions and are being utilized in emergency rooms and the limitation on the law says "strictly pre-hospital" which limits the ability to use that resource in much of the state.

SEN. LAIBLE asked what was the amount of federal money involved and what was the amount of state money involved. Mr. Threet said that his understanding is that they are user fee generated only.

SEN. LAIBLE said that when the authority for an EMT person ends at the door of a hospital, once that patient goes inside the hospital, they come under the authority of the hospital, who then determines within the hospital whether that EMT is to provide additional services? Mr. Threet said that the Board has determined in their opinion paper that the ambulance service can continue to assist that patient and the hospital, and the Board also determined that if a hospital calls for an ambulance to come in and assist them in their capacity as an ambulance, they can. Because environment was defined, it doesn't allow the licensure to extend within those facilities or outside the pre-hospital arena.

SEN. LAIBLE asked Mr. Threet that when he talks about the "environment", is he talking about the hospital hiring the EMTs outside of the medical emergency portion to come in and provide additional services based on the skill level of the EMT person? Mr. Threet said that clinics have expressed an interest in hiring somebody and utilizing their licensure rather than hiring them as an ER tech and looking only at the educational component as part of a job description rather than having professional licensure of the individual maintaining standards.

#### **ROLE OF DEPARTMENT OF HEALTH AND HUMAN SERVICES**

00:35:06 Jim DeTienne, Supervisor, DPHHS EMS and Trauma Systems Section, said that SJR 5 is about developing an emergency care system, helping a system manage patients all the way from the point of their injury or illness to the time they get back home. He discussed the document "Montana Emergency Medical Services" (**EXHIBIT 5**). He said that the challenge in the next few months is for the CFHHS committee to hear from local services and what their issues are because they will be the source of solutions.

#### **EMS AT LOCAL GOVERNMENT LEVEL**

00:56:11 Jamie Doggett, Meagher County Commissioner, provided the CFHHS committee with written testimony on volunteers in the EMS program (**EXHIBIT 6**).

#### Questions

01:03:27 REP. DUTTON asked if basic rates and mileage was charged to the patient or if that is a reimbursement rate? Ms. Doggett said that it is a reimbursement rate that goes back to the ambulance personnel.

REP. DUTTON asked if someone receiving services from a volunteer ambulance service were charged for those services. Ms. Doggett said those charges are charged back to Medicare or that individual's insurance and the money that the volunteer ambulance service receives goes to equipment expenses and the ambulance crew.

SEN. MURPHY asked what is the timeline for reimbursement from Medicare for

costs incurred by a Medicare patient. Ms. Doggett said that just recently Medicare has gone online and figured that the turnaround time of that money coming back to them would be about a month.

01:06:51 Randy Brodehl, Kalispell Fire Chief, said that he hopes through the SJR 5 study that the committee will recognize that the financial stability of the response system is fragile, subject to failure locally and statewide, that the citizens of the state cannot depend upon skilled responders and without the state providing adequate leadership, the outcome of patient care suffers and will continue to decrease in quality as time goes on. He provided written testimony (**EXHIBIT 7**) to the committee.

01:21:54 SEN. MURPHY asked what percentage of the medical responders in Mr. Brodehl's department are also firefighters. Mr. Brodehl said 100%.

SEN. MURPHY said that fact that federal programs reimburse at less than his costs, is that mandated by Congress or is that something that the departments choose on their own to make their budgets fit. Mr. Brodehl said that is mandated by the Balance Budget Act to the Social Security Act in 1997.

Public Comment

01:22:58 **Patty Jacques, Board of Crime Control retiree**, gave some information regarding ambulance services. She described a situation in which a youth in need of emergency services for a mental illness was transported to the hospital and treated there and how Canada treats their people in need of medical services. She said that when assessing situations such as this, look at people with broken brains and mental illness and instead of being transported by a police car and in shackles, to look at transporting them in ambulances.

**Mike McGree, President of A-1 Ambulance Service, Butte, and President of the Montana Private Ambulance Owners Association**, said that they are a private service and that there are eight private services in the state that run approximately 85% of the EMS calls. They have an incredible dedication to patient care whether they pay them or not. They do excellent work and they are here to provide support.

01:29:15 SUE O'CONNELL, Research Analyst, LSD, said that in November the Legislative Audit Division's audit of the EMS and Trauma Care System Section will be done. The committee will be getting statistics and information from that audit, and in January Ms. O'Connell hopes to have EMS providers from around the state give a presentation on their perspectives to the committee.

**COMMUNITY SERVICES BLOCK GRANT**

01:51:49 **Jim Nolan, Chief, DPHHS Intergovernmental Human Services Bureau**, discussed the Community Services Block Grant (CSBG) funding for FY 08 and FY 09. He said that CSBG is not one of the largest grants that DPHHS administers but it is one of the most important. CSBG funds the anti-poverty efforts of local agencies to create, coordinate and deliver comprehensive programs and services to those living in poverty. Under both federal and state

law, 90% of CSBG funds must be distributed to Human Resource Development Councils (HRDC), private and non-profit organizations which must have a board of directors comprised of elected officials, private sector representatives, and most significantly, low-income persons.

**Jim Morton, Executive Director of Human Resource Development Council (HRDC), Missoula and Ravalli Counties**, said that they have boards of directors that annually look at the needs in each of their districts. The HRDC runs a variety of programs from the Energy Assistance Program to Headstart to Aging Services to child care.

**Leon Stalk, Board Director of HRDC, Missoula**, described how the boards are organized in their district.

**Sheri Boelter, Chief of Development and Planning, District 7, HRDC, Billings**, said that CSBG is making huge difference in their communities. She said that the support of CSBG has enabled them to move people out of poverty and serves as the backbone to 28 different programs that they operate.

**Gene Leuwer, Executive Director, Rocky Mountain Development Council, Helena**, said that he shares the comments of the previous people and that there is a good partnership that exists between the local non-profit corporations and the DPHHS. The core of that partnership is the Community Services Block Grant. There are additional contracts from DPHHS that each of the ten HRDCs administer and all of them, in some part, depend on the resources of the CSBG program and the organizations that they provide funding for.

**Collette Gray, Community Advocate at Opportunities, Inc., Great Falls**, said that they serve six counties in central Montana. Her job as Community Advocate is to give a voice to people who normally do not have a voice and to encourage them to speak to committees like this, and to help those living in poverty become self-sufficient.

**Irene Crawford, Belt, Montana**, commented on how she received assistance from Opportunities, Inc., and how they treated her.

#### Questions

02:11:09

REP. DUTTON asked if Ms. Boelter could tell him what the makeup of the poor is. Ms. Boelter said that they don't have the exact makeup of who they are serving in their area but they are involved in every sector from birth to seniors in their community.

REP. DUTTON said that he is wondering what percent of the poor is chronic poor versus those who are temporarily poor. Ms. Boelter said that in the past fiscal year they have helped 32 participants move out of the poverty range through IDA programs which gives them the opportunity to have savings and financial literacy. She said overall she is not sure what that number is and would have to get that data to him.

REP. DUTTON said that it sounded to him that most of their focus was trying to get people out of poverty. He asked if that was where most of their resources were going? Ms. Boelter said that they spend a lot of resources on emergency response, people who are homeless, as well as doing support services.

REP. SANDS asked Mr. Morton if Montana will always have that 20% of the population that continues to be in poverty and what can the state do to address that. Mr. Morton said the Legislature could pass legislation to help with health insurance costs.

REP. SANDS asked if Mr. Morton knew how the HDRC is planning to help the low-income who are at risk at losing their homes. Mr. Morton said that one of the things that they are trying to talk with people about what is happening to them.

SEN. LAIBLE asked Mr. Nolan if he knew what percentage of efforts are devoted throughout the state to getting people the skills and training to get better jobs, how many people are being serviced throughout the state within this program, and how many do we move out of the program every year. Mr. Nolan said that it is local communities in HDRC who decide what they are going to do and some are being more involved in getting people into more affordable housing.

Public Comment

02:33:15

**Patty Jacques** wanted to know where she could get information on the outcomes and outputs on the objectives and goals of each of the HRDCs. She gave a brief history of her situation and the assistance she received to get herself out of poverty. She said that education is what is needed for single families or married families to get higher paying jobs to pay for medical and housing costs.

**FOSTER CARE UNBUNDLING UPDATE** - Jani McCall, Montana Children's Initiative Provider Association

02:36:56

Ms. McCall gave an update on children's mental health and some challenges they are facing in terms of the financing of rates for children's mental health services. She said that the letter that the committee sent to the Congressional Delegation on unbundling of rates was very helpful. She gave an update of the unbundling of therapeutic foster care and therapeutic group care rates for children's mental health providers and told the committee that there is a proposed rulemaking that was introduced on August 13 (Federal Register 54201) that is in reference to the President's budget plan and to the Administration's proposal to decrease funding. She requested that the committee continue to work with the Department and MCI as they get close to the October 12, 2007 deadline for the comment period on the new rules.

Public Comment

2:46:05

**Jeff Tiberi, Intermountain Children**, thanked the committee for sending the letter to the Congressional Delegation. They and other providers had also sent letters to them. He said that they had been invited to Washington, D.C. for a legislative briefing on the issues that Ms. McCall had brought up.

**Pam Ponich, Clinical Director and Director of Operations, Florence Crittenton Home**, said that they provide therapeutic group care to pregnant and parenting emotionally disturbed adolescent girls and their babies. She talked about their concern both as a provider and as an advocate for these children in terms of the unbundling.

**Anita Roessmann, Montana Advocacy Program**, said that she wanted to point out what it that looks like from an advocate's perspective. The Montana Advocacy Program gets calls every week from young people struggling with transition issues, from families and from providers who are trying to help kids in various care settings. She said that the rule change proposed by CMS threatens all progress made and threatens to give us generations of children who are yanked from residential settings into clinical settings and back throughout their young lives so that they are assured of graduating with the feeling that they are not worthy as human beings, that they are not wanted anyway, and that they can't succeed at anything.

Ms. McCall distributed a document on the summary and analysis of CMS Proposed Rule regarding Medicaid rehabilitative services to the committee members.

Questions

02:54:02 REP. DUTTON asked Ms. McCall if the unbundling just applies to children or does it affect adults as well. Ms. McCall said that in Montana it is focused only on children's mental health.

REP. DUTTON asked if children in foster care are eligible for the CHIP program and does the CHIP program include mental health services? Ms. McCall said that CHIP includes mental health services but children who part of the foster care system in Montana receive Medicaid services.

02:55:43 Mary Dalton, Administrator of the Health Resources Division, DPHHS, talked about the rule change that is being done by CMS to realign some of the services including therapeutic group and foster care.

Questions

03:01:35 REP. HENRY asked Ms. Dalton if the proposed change to unbundling works the same way as it does with acute inpatient medical care for acute broken body syndrome as an approach to a broken mind syndrome, and if Ms. Dalton agrees that that is going to be an inconsistency? Ms. Dalton said that in this country, we need to figure out how to pay better to keep people well.

***BREAK FOR LUNCH***

04:27:05 Rep. Clark reconvened the meeting at 12:59 p.m.

**SJR 15: DELIVERY OF HEALTHCARE SERVICES** - Pat Murdo, Staff Researcher, LSD  
04:27:34 Ms. Murdo gave a presentation (**EXHIBIT 8**) on SJR 15, the study of Health Care

Delivery.

Questions

04:55:58 REP. HENRY asked where Ms. Murdo had obtained the data about the physician self-referral complaints and are those specific complaints received in state or related to a literature review? Ms. Murdo said that it is literature review, and based on the literature review, it was always the same type of complaints.

**TAX TREATMENT OF NONPROFIT ENTITIES** - Lee Heiman, Staff Attorney, LSD

04:56:56 Mr. Heiman gave an overview of nonprofit and profit status of charities and hospitals (**EXHIBIT 9**). He said that it is a very complex area both because of the use of taxation when setting up a business entity and because of the tax consequences. He said that most of the material in his document pertains to preventing a nonprofit organization from profiting, or having individuals who are involved with it, profiting from the nonprofit status of their organization.

Questions

05:13:08 SEN. LAIBLE asked if there was something that the federal government uses as a guideline to say what is an acceptable amount or not. Mr. Heiman said that on page 5 of his Exhibit B, Item No. V-A, that shows wages which the federal government looks at.

**REVIEW OF MONTANA COURT CASES INVOLVING CHALLENGES BETWEEN HOSPITALS AND PHYSICIANS** - Lisa Mecklenberg Jackson, Staff Attorney, LSD

05:15:21 Ms. Mecklenberg Jackson reviewed Montana court cases involving challenges between hospitals and physicians, with regard to SJR 15 (**EXHIBIT 10**).

**HEALTH INFORMATION TECHNOLOGY: AN OVERVIEW** - Mike Foster, HealthShare Montana

05:30:19 Mr. Foster spoke on HealthShare Montana (**EXHIBIT 11**) which was formed to promote the use of health information technology.

05:35:34 Dr. Dwight Hiesterman talked about the mission statement of HealthShare Montana.

Questions

05:41:57 REP. SANDS asked Mr. Foster what the costs were in implementing HealthShare Montana. Mr. Foster said that the costs for two years would be \$3.5 million. He said that they are currently in the process of identifying a more accurate number.

REP. SANDS wanted to know if that money would be primarily for infrastructure that would connect them or was it specifically for systems in different facilities. Dr. Heisterman said that the plan that was submitted had four different categories: (1) an infrastructure and staff support; (2) a project to fund the development of personal health records for the citizens of Montana; (3) a pilot project involving several hospitals to develop privacy and security in identifying



patients: and (4) infrastructure and planning.

REP. DUTTON asked Mr. Foster if there were other states that were successful in that area that they can use as a blueprint. Mr. Foster said that virtually every state is exploring that area. He said that many states have been waiting for Congress to give them specifications in requirements and parameters.

REP. SANDS asked if Mr. Foster thought that there would be a problem if the state were to develop a system only to have the federal government setting parameters that the state couldn't meet. Would the state then have to adapt its system or would the state be on its own? Mr. Foster said that they are working very closely with the Congressional Delegation, and in particular with Sen. Baucus because he is the chair of the Senate Finance Committee and involved in what Congress is going to be doing both in policy and funding on health information technology. He said that progress is being made and that Congress will eventually come out with parameters that everyone can live with.

SEN. LAIBLE asked if there was any consideration of having the participants of the program fund the program itself. Mr. Foster said that they view the industry itself as a key source of funding.

**ECONOMIC AND PHYSICIAN CREDENTIALING** - Pat Murdo, Research Analyst, LSD

05:55:38 Ms. Murdo said that she had talked about economic and physician credentialing earlier. She said that she wanted the committee to know that if the federal government took action on hospital exclusion, that would put an end to specialty hospitals. It does not, however, address ambulatory care centers. Ms. Murdo talked about economic credentialing, that no matter what the federal government does, economic credentialing is still an issue in Montana. Ms. Murdo told the committee that as they look at what they want to study and how much depth they want to go into, she would recommend that they address economic credentialing regardless of what Congress does. She asked the committee to look at her handouts, look at the SJR 15 draft work plan, and make suggestions as to what the committee wanted in terms of the deliverables, the data collection, their goals for education and legislation. Ms. Murdo told the committee that SJR 15 is a broad study and some of the issues will overlap with HJR 48, Health Care Financing Reform. She said that she could report on HJR 48 at the committee's request. She also asked that the committee look over the GAO Questionnaire and that the sooner she gets more information, she can start filling in the blanks.

Public Comment

None at this time.

06:03:00 SEN. LAIBLE asked if Ms. Murdo knew what the typical relationship was between doctors and hospitals, do doctors work for hospitals or are they contractual? Ms. Murdo said that in some cases where there is only one hospital in the town, a physician would be the independent doctor practicing and referring to that hospital where they would have hospital privileges; in other cases, a clinic would be employed by the hospital. Depending upon what the employment

relationship is, it could mean that they also have privileges or it could mean that they offer only primary care and when they send their patient up to the hospital, the hospitalist or their internal medicine people who are on staff at the hospital take care of them.

SEN. LAIBLE asked if pricing transparency has ever been looked at and how do consumers make a rational decision about who's going to provide the best care at the best value?

REP. DUTTON said that he would like the committee to focus on the delivery system and how it impacts the consumer. He said that he liked the idea of electronic health records, especially if patients have access to that. He commented on the system of referrals and the impact to the health insurance and the consumer.

SEN. LAIBLE asked Ms. Mecklenberg Jackson if she saw a standard contract between doctors and hospitals where they are directly employed or on-call and if they were allowed the flexibility for creating specialty hospitals if they wanted to? Ms. Mecklenberg Jackson said that if there is a contract, there is going to be the enforceable portion which is what the courts are going to look at, but as far as uniformity, she didn't see any.

REP. HENRY said she would like to discuss and research the following:

- the mix of RNs, LPNs, and unlicensed staff caring for patients;
- determine quality care and where to go for various kinds of services;
- getting information regarding the Institute of Medicine studies related to errors and Medicare's response;
- look at regulation related to funding and Medicare and the Institute of Medicine and how that is going to impact us.
- look at definitions as we go through this; i.e., what does office mean when you talk about health care provider or physician office and surgery being provided there or not;
- address the staffing issue and what that means; and
- what does the word "provider" mean.

REP. SANDS said that she would like to address the role of government, the impact on the community health care safety net of the various health care facilities in competition with each other and standing alone, the types of ownership of health care facilities throughout the state, and the topic of community health centers.

REP. DUTTON said that health savings accounts are not as popular as most people thought, in part because cash payers in health care pay higher rates because no one is negotiating on your behalf. He would like to address the question of whether or not it is appropriate for people paying cash to pay some of the highest costs for health care and the justification of that. He said that he would also want to look at alternative mechanisms for delivery of health care services to bring costs down.

REP. CLARK said that for third meeting she would like panel discussions on how other states handle quality versus supply issues, what is being done to address quality, economic credentialing, physician credentialing, licensure and the use of prevention, wellness programs, technology, and decreasing the costs for health care services.

SEN. LAIBLE said that the committee might want to have an executive summary on how programs in Texas, Arizona and Minnesota are working so that the committee can see what other states are doing, and at the same time, look at some neighboring states and see how they are handling the specialty hospital situation.

MS. MURDO said that the Attorney General study relates to two of those issues and because they are looking at the uncompensated care costs, they are also looking at charity care and the policies regarding the amount of debt written off.

**UPDATE FROM DPHHS - Joan Miles, Director**

06:45:06

Director Miles discussed the highlights of the 2007 Legislature and its impact to DPHHS (**EXHIBIT 12**). She said that the Department has been busy preparing rules for new funding, preparing RFPs to go out to the community and to providers.

- HB 406, Community Health Center - advisory committee has been assembled and a meeting is scheduled for October 11
- Mental Health and Addictive Disorders Division - the Legislature funded a suicide prevention coordinator that is currently being advertised and they will be working with a contractor on the development of the 72-hour presumptive eligibility initiative
- Mental Health Services Plan - under current plan only pay community health centers and labs, and for prescribing of medicine. In January, through a directive of the Legislature, begin paying all eligible labs, physicians, psychiatrists, FQHCs, rural health centers and mid-level practitioners.
- RFP for Drop-in Center Proposal
- RFPs for community residential care for chemical dependency
- A work group to assist in the development of administrative rules for behavior health in-patient facilities to meet October 9-10
- A work group to look at the issue of background checks for direct care workers
- Public Health and Safety Division - funded three new community-based programs for tobacco prevention
- Chronic Disease Initiative - as it relates to tobacco use and looking at cancer control and prevention of diabetes and heart disease -- RFP to be issued at the end of September
- Providing health care services to persons with tremolite asbestos-related disease
- Increase funding for public health home visits to look at high risk pregnancies -- RFP to be issue early October
- Increasing the number of tribal project sites as well as some local public health departments who have large caseloads
- Funding newborn screening and follow up -- rules and RFP have been

drafted for consultant for the follow up

- Funds for 15 new FTE positions for field workers in the Child and Family Services Division for FY 2008 and an additional 5 FTE positions for FY 2009

06:56:41 John Chappius, DPHHS, gave an update on the DPHHS budget. He discussed the number of people covered by Medicaid (**EXHIBIT 13**), his concern with the SCHIP funding, and President Bush's veto of the SCHIP bill (**EXHIBIT 14**).

**UPDATE ON BIG SKY Rx and CHIP - Mary Dalton, DPHHS**

07:18:37 Ms. Dalton told the committee that the Department had 857 children in either therapeutic foster or family care in 2007, and 632 in therapeutic group homes. Ms. Dalton said that they have 5,045 people in the Big Sky Rx program and 14,860 children in CHIP.

On the subject of Tamper Resistant Prescription Pads, Ms. Dalton said that people were able to make the ink disappear on regular prescription pads and therefore could write their own prescriptions. Congress addressed that by mandating that for Medicaid only, the Tamper Resistant Prescription Pads had to be in use by October 1, and if the state does not meet that deadline, Medicaid will not participate in the cost of the drugs.

Questions

07:23:32 SEN. MURPHY asked which professionals will be available to help those people seeking services from the mental health drop-in centers? Ms. Miles said that she is not sure of the level of expertise those people will have. She said that it is not the same as some of the actual mental health treatment at the community centers.

Joyce DeCunzo, DPHHS, said that it would not be the same level of mental health professionals that you would expect to see available to individuals who are going to the Mental Health Centers. A case manager will help people get the appropriate referrals for housing, employment, and food and the drop-in center would not be a place where a person would receive therapy.

SEN. MURPHY asked how many drop-in centers does DPHHS anticipate being in operation. Ms. DeCunzo said that they do not know how many DPHHS will have but they are expecting 5 to 10 proposals coming in and that funding for the mental health drop-in centers is \$371,000 a year.

**COMMITTEE ACTIVITIES**

07:31:44 REP. HENRY said that she attended the National Council of State Legislatures Conference that looked at innovative responses at legislation that addressed obesity and/or nutrition. She said that she could provide more information for any members of the committee if they were interested.

Public Comment on DPHHS Monitoring

07:32:36 Tracy Velazquez, Executive Director of the Montana Mental Health Association, said that they appreciate all the work that the Department is making on the initiatives. She said that the CFHHS committee should continue to study the

transition from youth to adult systems and the issue of the lack of providers and what the state can do to increase the number of providers in both the adult and the youth systems.

#### **Rural Health Seminar**

REP. CLARK said that as a Rural Health Advisory member, she attended the Rural Health Seminar in Minnesota. She said that the larger health care facilities and companies are advocating government funded insurance, that they were concerned about the high price of health care, but instead of focusing on reducing health care costs, they are saying that more people need to be insured and they are looking to government to do this.

#### **Montana Health Care Forum**

REP. SANDS talked about the 2007 Montana Health Care Forum that will be held October 29 and 30, 2007. There was some discussion of the legalities of using committee funds to offset the registration fee for the forum. Pat Murdo told the committee that she had sent an email asking if the registration fee for legislators could be waived but she has not yet received a response.

REP. SANDS **moved** that the Chair pursue the issue of paying the \$100 registration fee for members of the CFHHS Interim Committee to attend the 2007 Montana Health Care Forum in October. The motion **passed** unanimously.

#### **MEETING WRAP UP**

07:42:30 REP. CLARK said that she will attend the Legislative Council meeting and would request to have the Mental Health Study assigned to CFHHS Interim Committee.

There was discussion on having two-day meetings in which it was decided that that would be an agenda item for the next CFHHS' meeting.

SEN. LAIBLE requested that the Rhode Island concept paper also be on the next meeting's agenda.

#### **ADJOURNMENT**

07:50:40 REP. CLARK adjourned the meeting at 4:24 p.m. The next meeting is scheduled for November 16, 2007.

CI0425 7304fhxa.