



Children, Families, Health, and Human Services Interim Committee

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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
PAT MURDO, Staff for SJR 15

MINUTES

June 10, 2008

Room 137, Capitol Building
Helena, Montana

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.

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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.

COMMITTEE MEMBERS PRESENT

SEN. CAROL JUNEAU
SEN. RICK LAIBLE
SEN. TERRY MURPHY
SEN. DAN WEINBERG

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

STAFF PRESENT

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

Visitors and Agenda

Visitors' list, Attachment 1
Agenda, Attachment 2

COMMITTEE ACTION

- The committee will recommend to the Governor that the state appropriate \$1.5 million in support startup costs for a pilot project for health information technology.
- The committee requested that staff draft legislation for the committee's review that addresses the criteria for the friend of a respondent appointed in an involuntary commitment proceeding.

CALL TO ORDER AND ROLL CALL

00:00:02 Rep. Clark called the meeting to order at 10:02 a.m. The committee secretary took roll visually. The minutes of March 17-18, 2008, were approved as read.

AGENDA

MONTANA FOOD BANK NETWORK AND MONTANA DIETETIC ASSOCIATION (MFBN-MDA) - Minkie Medora, Registered Dietician

00:04:07 **Ms. Medora**, representing the public policy committee of the Montana Dietetic Association and the Food Policy Council of the Montana Food Bank Network, said that they look at policy systems and changes. Most of their work is done at the federal level but they do have concerns and issues that they need to bring to the state level. They started in October looking at what would be considered the nutrition and health issues for the people in the state and listed a few areas of concern which they have decided to pursue.

Ms. Medora said that the groups wanted to make the committee aware of their concerns on nutrition and health for the very population that the committee deals with. Ms. Medora discussed the areas of need that they submitted to DPHHS and OPI, including funding for the food pantries and for other Food Bank Network agencies (**Exhibit 1**). There was a request to the DPHHS for \$500,000 to help feed one-third of Montana's population.

Questions

00:36:21 Rep. Dutton asked if the Food Banks turn away people who do not meet certain criteria for income and asset, and if so, how do those limits compare with the food stamp program? Ms. Medora said that the Food Bank asks for income information but does not turn people away. They keep track of people to get a profile of who is coming, but people are never turned away. However, Food Banks allow people to come only once a month, so the maximum they can come is 12 times a year.

Sen. Juneau asked Ms. Medora to explain the asset limits of \$2,000 for families and \$3,000 for seniors for food stamp eligibility. Ms. Medora said that it depends on the family situation. They look at their savings in the bank, their value of the

household, and if they have any investment type of assets. Sen. Juneau asked if that is the asset limits set by the federal government, or is that something that the state can say that we are going to set? Ms. Medora said that that is how the program was initially designed by USDA. What many states did not realize is that there are guidelines within the FNS rules that allow you to change those state by state if certain requirements are met.

Sen. Laible asked where the food comes from for The Pantry and the Food Bank Network? **Peggy Grimes, Executive Director, Montana Food Bank Network**, said that they receive food from a variety of places. One is through a commodity program specifically for food banks. They distribute that food in partnership with the DPHHS. They also receive donated food through America Second Harvest, which is the nation's Food Bank Network. They have started working with grocery retailers and setting up local pantries to access food directly from those retail grocery stores on a daily basis, picking up dairy, deli meat, produce and bread products. They also have received funding through the TANF program to purchase food for specific agencies that actually serve TANF qualified clients. They also have the cannery at Montana State Prison and they get large donations of produce nationally where they are taken there to be canned or repackaged.

Sen. Laible asked if there will be anything in the Farm Bill that will assist with food coming from the Department of Agriculture? **Ms. Grimes** said that the commodity program is going to be better funded so there will be more food into that program. The USDA also has a couple of grant opportunities to develop infrastructure for agencies to provide more fresh and frozen food.

Rep. Dutton asked if Ms. Medora would consider cooperating with school districts and other state agencies to procure food at a low-cost basis for them? Ms. Medora said that they work closely with the director of the school nutrition program at OPI. They get commodity foods through USDA that is warehoused in the state and distributed, which lowers the cost of food for schools.

SENATE JOINT RESOLUTION 15 STUDY: HEALTH CARE ACCESS AND DELIVERY - Pat Murdo, Research Analyst, Legislative Services Division

Hospital Survey

00:52:18

Ms. Murdo talked about the Health Care Survey that was requested by the SJR 15 (Exhibit 2).

Electronic Records

Ms. Murdo talked about the list of hospitals (**Exhibit 3**) that self-report whether they had electronic record usage, whether they posted their pricing, and whether they had written payment policies.

Transparency in Pricing

01:08:10 Healthcare Forum Update - Mike Foster, Sisters of Charity of Hospital, St. Vincent in Billings, St. James in Butte, Holy Rosary in Miles City

Mr. Foster said that the Blue Cross Blue Shield Forum evolved into a large group which broke into five working groups: Consumer Engagement, Coverage, Delivery System, Transparency, and Value. He said that the next forum will be November 20-21 in Helena.

Mr. Foster gave an update on the Transparency Work Group's activities:

- The Group determined procedures that they viewed as common shopping items for consumers.
- The Group considered doing an expanded website that will provide pricing information.
- The Group coordinated efforts with HealthShare Montana, and endorsed the idea of a letter on the website for individuals or organizations to express their support for the HealthShare Montana Project.
- The Group looked at a proposal of the Board of Pharmacy regarding monitoring prescriptions.

Summary of Legislation in Other States - Pat Murdo, Research Analyst, LSD

01:17:59 **Ms. Murdo** said that according to the American Hospital Association website, thirty-two states have some type of required reporting. Five states do a voluntary reporting. There are thirteen states that do not have the pricing transparency.

Health Information Technology - Dr. Dwight Hiesterman and Dr. William Reiter

01:20:34 **Dr. Hiesterman** submitted a packet of information to the committee (**Exhibit 4**) that contained a letter from Kristin Juliar, Chair of the HealthShare Montana Board of Directors, requesting support for startup funding for \$1.5 million for statewide health information technology project, an estimated budget for the pilot project, and a list of the Board Members of HealthShare Montana.

Dr. William Reiter talked about the costs of the project over two years and that at the end of the two years, the project would be self-sustaining. He talked about the estimated budget of the Health Information Technology project and why having information on your health care record is so important.

Questions

01:41:24 Rep. Sands asked if Dr. Reiter knew what kind of funding other states are using that are implementing this system? Dr. Reiter said that other states are using a combination of either federal, state or funding from foundations. None of them rely at this point on private funding or entrepreneurial business funding.

Rep. Sands asked if the plan for Montana will be solely state-funded or funded through other sources. Dr. Reiter said that the funding to date has been from the organizations involved. The total funding by the private individuals involved was close to \$1 million.

Sen. Weinberg asked Dr. Reiter to quantify the savings once the technologies are put into action. Dr. Reiter said that there have been a number of national studies with massive savings. By the time we bring those down to Montana, the savings are smaller.

Sen. Weinberg asked who would realize those savings and who are the beneficiaries of those savings? Dr. Reiter said that the principal beneficiaries of the savings are the payers; Montana through its Medicaid programs will be the largest single beneficiaries, the insurer is the second beneficiary.

Sen. Weinberg asked if the insurance companies have offered to contribute to this project? Dr. Hiesterman said that Blue Cross Blue Shield have been the largest contributor to this effort to date, New West has contributed, as has Allegiance Benefit Plan Management.

Rep. Dutton asked about pharmacists' request for state monitoring of prescription drug dispensing. Dr. Hiesterman said that the pharmacists are asking for a program to monitor the dispensing of controlled substances so that physicians and pharmacists would have the opportunity to access that database if they see a prescription for a controlled substance that looks unusual. That information would be controlled by the Board of Pharmacy.

Public Comment

None at this time.

02:08:36 **Rep. Sands moved to recommend to the Governor and the Office of Budget and Program Planning that the state appropriate \$1.5 million in support of a pilot project for health information technology.**

Discussion

Rep. Henry said that her support is a qualified support for computerized record information system for the state, that it will help in decreasing errors in medication, etc., and has positive potential both for reducing costs and for patient safety. She said she has concerns about the use of the data and the specifics of the data that will be collected.

The motion passed unanimously.

LUNCH

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES UPDATE - Joan Miles, Director, and John Chappuis, Deputy Director

CHIP Update

02:50:33 **Ms. Miles** gave an update on the CHIP Program (**Exhibit 5**).

Health Care for Health Care Workers

03:03:03 **Ms. Miles** gave an update on the status of health care for health care workers (**Exhibit 6**).

Insurance for Foster Care Providers

03:05:43 **Ms. Miles** talked about the issue of insurance for foster care providers (**Exhibit 7**).

03:08:45 Budget Update

Mr. Chappuis talked about DPHHS' budget and that they anticipate a surplus in general fund to be in the \$8 million range. He thinks that is due to reductions and utilizations in the Medicaid program.

Medicaid Eligibles Update

03:13:04 **Mr. Chappuis** gave an update on Medicaid populations (**Exhibit 8**).

Autism Waiver

03:17:29 **Mr. Chappuis** talked about the autism waiver program for young children (**Exhibit 9**).

03:22:53 **Ms. Miles** told the committee that two of her administrators are retiring: Joyce DeCunzo and Joe Matthews. She wanted to publicly notice their good work.

Public Comment - None

MEDICAID BUY-IN PROGRAM - Gail Briese-Zimmer, Administrator, Planning and

Coordination Analysis, DPHHS

03:32:07 **Ms. Briese-Zimmer** said that the Medicaid Buy-in has been one of the highest priorities for the disability community for many years. There are two federal laws that allow states to implement Medicaid Buy-in programs for individuals who are determined disabled under the Social Security definitions. Section 4733 of the Balanced Budget Act of 1997 and Section 201 of the Ticket to Work and Work Incentive Acts of 1999 allow states to implement Medicaid Buy-in programs.

Ms. Briese-Zimmer talked about individuals with disabilities facing challenges that prevent them from maintaining employment. Two of the biggest challenges are the limited availability of employer based private health insurance and the possibility of having greater earnings that then create a greater potential for losing their Medicaid coverage. The Medicaid Buy-in program is important for these individuals because they could still receive Medicaid and even if their earnings increase. It will provide essential support to maintain their employment. The fear of losing their health care and related services is one of the greatest barriers to employment, keeping them from maximizing their employment and their earnings potential while maintaining their independence. Upon approval of the EPP request, the Department plans to implement the Medicaid for Workers with Disabilities Program starting in January 2010. The total biennium general fund costs would be \$190,000.

03:38:18 **Travis Hoffman, Advocacy Coordinator, Summit Independent Living Center, Missoula** talked about collecting information from individuals around the state as well as working with them in putting together a Medicaid Buy-in proposal for the upcoming legislative session. He said that people with disabilities now receive SSI or SSDI. Both of those programs have different work requirements and Medicaid eligibility for the two groups is different. People who receive Supplemental Security Income (SSI), receive automatic Medicaid without paying a spend down. For those on SSI who want to work and can work, they can but for every two dollars they earn, they lose one dollar in SSI. Once they earn enough money to zero out the SSI, they are no longer eligible for SSI, except that the SSI program has work incentive called 1619B which states that if you are eligible for SSI except for the earned income requirement and you are still eligible for your state's Medicaid program.

03:44:30 Travis Hoffman gave a handout on the Medicaid Buy-in to the committee **(Exhibit 10)** and what the Buy-in does for people receiving SSI or SSDI.

Questions

03:50:56 Rep. Dutton asked how much of the cost of the Medicaid Buy-in program is

borne by the state and how much by individuals? Ms. Briese-Zimmer said that they don't have an estimate of what that is. When they look at trying to determine what level of premium assistance an individual would pay depending on their income, they haven't identified what kind of tiers they would be looking at.

Ms. Briese-Zimmer said that right now the state picks up about 30% of Medicaid costs and the federal picks up 70%.

BREAK

04:15:41 Rep. Clark said that there was some business this morning that they did not give corrections to staff from our motion this morning. Rep. Clark said that a letter to the Governor and the Budget Office would be the support that we can lend at this point without any legislative authority other than committee authority.

Rep. Sands recommends that a committee consensus letter be written for the chair's signature to the Governor and the Office of Budget and Program Planning on HealthShare Montana.

SJR 15 STUDY: HOSPICE CARE

Big Sky Hospice - Peggy Bourassa (via polycom phone)

04:17:31 **Ms. Bourassa** gave a presentation on Hospice Care and Hospice Medicare Benefits. She discussed the following topics:

- Hospice care is end of life care for patients who have a terminal prognosis who have been certified by both their primary physician and a hospice medical director that their life expectancy is, if their disease continues on its normal course, would be six months or less.
- Hospice care is provided to anyone regardless of age.
- Home health care aid to help with providing personal care and respite to families, volunteer support to add the extra benefit to the patients and families that they may need.
- Hospice care focuses on what they consider the least invasive measure of care that is available to treat the symptoms for that patient.
- Hospice is funded through Medicare dollars.
- Education is a key role in Hospice in that there is a need for people to know about hospice services and the benefits.
- Levels of Hospice care.

Hospice Care in the Home - Sherry Regensburger, R.N. Case Manager, St. Peter's Hospice

04:39:29 **Ms. Regensburger** gave a presentation on hospice care in the home. She said

that the hospice team cares for the patient and their family in every aspect of their lives; they give them education verbally and written on how to manage symptoms; they teach them the signs and symptoms of impending death and what that person may be feeling as they enter the dying stage; they are there to guide the patient and their loved ones through the stages of death; they are there at the time of their death; and they are there afterwards.

MENTAL HEALTH INITIATIVES/STUDIES

04:49:02 Update on DMA Health Strategies Study - Dick Dougherty

Mr. Dougherty gave an update on the mental health study (**Exhibit 11**).

05:54:36 Update on 2007 Mental Health Initiatives - Joyce DeCunzo, Addictive & Mental Disorders Division

Ms. DeCunzo gave an update on AMDD activities (**Exhibit 10**).

Questions

06:04:50 Sen. Weinberg said that he has heard rumors that Bozeman is putting together something that looks like a BHIF. He asked Ms. DeCunzo if something is going on there. Ms. DeCunzo said that Bozeman is building some secure crisis stabilization beds which in their licensing environment is a different thing than a BHIF. She said that under the BHIF licensing rules that have been developed, BHIF looks like a hospital but they are not licensed as a hospital.

Sen. Weinberg asked what kind of license will Bozeman operate under? Ms. DeCunzo said that they are developing a different set of licensure rules for those secure stabilization beds. She said that she can't give more details on that project but can send Sen. Weinberg more information at a later date.

Rep. Dutton said that if the BHIF concept will not work, will there be legislation that might accomplish the same thing without the handicap or the criteria that seems to be the issue. Ms. DeCunzo said that she doesn't know how to answer the question but there is a lot of interest in developing something like a BHIF for a lot of reasons and one of them has to do with all the issues of having to travel so far to go to the State Hospital. The BHIF was seen as a possibility in providing what could be services much like the State Hospital services but in another part of the state. They do not have in their EPP request a request for a BHIF, nor do they have a request that would take that one-time only money and ask that it be used in a different manner.

DPHHS RATES COMMISSION PROPOSAL - Sen. Kaufmann, Chair

06:16:56 Sen. Kaufmann talked about the DPHHS Rates Commission. She distributed

their Position Paper (**Exhibit 12**) that stated what the Rate Commission's purpose is. She said that the Rates Commission is here to have the CFHHS Interim Committee request legislation and once the bill is drafted, they would look it over to see if it meets the standards that they have in mind.

Questions

06:22:41 Rep. Clark said that the committee would need time to look at the proposal and set aside some time at tomorrow's meeting for discussion.

Sen. Laible asked Sen. Kaufmann how the Rates Commission was formed. Sen. Kaufmann said that a bill was passed in the 2005 Legislative Session for a committee to serve as an advisory committee to the Executive Branch.

STAFF UPDATE: OTHER INTERIM COMMITTEE ACTIVITIES, CHILDREN'S SYSTEMS OF CARE, MENTAL HEALTH PARITY, CORRECTIVE LEGISLATION - Sue O'Connell, Research Analyst, LSD

Law and Justice Interim Committee's Study on Mental Health

06:27:38 Ms. O'Connell distributed the Law and Justice Interim Committee's agenda for their next meeting to give the committee an idea of where that committee is going with its mental health studies (**Exhibit 13**).

Rhode Island Plan

06:29:40 Ms. O'Connell said that at the last CFHHS meeting, Sen. Laible had asked for an update on the Rhode Island plan for an integrated community and family system of care. Ms. O'Connell wrote a briefing paper called Children's Systems of Care (**Exhibit 14**) which gives some information on what a system of care is in general and what Montana has been doing over the last few years to put a system of care into place for children who have not just mental health needs, but also needs that involve several different agencies. Ms. O'Connell said that she was able to contact people in Rhode Island and they are still in the process of negotiating contracts to put their system changes into effect.

Mental Health Parity

06:31:41 Ms. O'Connell said that Rep. Sands had requested information on Mental Health Parity, Montana's laws, the background, and pending federal legislation. She said there is a handout titled Mental Health Parity: General Overview (**Exhibit 15**) that talks about partial parity law in place in Montana, as well as the mental health mandate for insurance coverage.

Possible Legislation regarding possible conflict of interest of "friend" of respondent in involuntary commitment proceedings - Lisa Mecklenberg Jackson, Staff Attorney, LSD

06:33:08 Ms. Mecklenberg Jackson talked about a recent Montana Supreme Court decision involving a friend of the respondent in an involuntary commitment proceeding (**Exhibit 16**). Ms. Mecklenberg Jackson asked if the committee wanted to draft legislation to determine what "friend of respondent" means.

Questions

06:36:54 Rep. Henry said if this bill passed and the friend may not be a party of the litigation, would the court be expected or directed to appoint somebody as "friend of the respondent"? Ms. Mecklenberg Jackson said that someone else should then be appointed.

Eve Franklin, Mental Health Ombudsman's Office, said that one of the things that the conversation centered around was the role of the friend of the respondent. Maybe one of the questions that you might ask your attorney to look at is what is the role of that with the Public Defender. When you are talking about a civil commitment, there is always a public defender involved.

Rep. Henry moved that staff draft legislation for the committee's review that addresses a friend or an advocate or an appointed person with respondent's permission. Motion passed unanimously.

Public Comment

06:44:45 **Joan Daly, Administrator of Community Crisis Center, Billings**, distributed a letter outlining the benefits that the Crisis Center has brought to the Billings community and asking for support in funding the Center (**Exhibit 17**).

06:52:47 **Jim Fitzgerald, Executive Director of Intermountain Children's Home and Chair of Mental Health Oversight Advisory Council**, said that he is here on behalf of Montana Children's Initiative and Intermountain to speak in support of Sen. Kaufmann's efforts to get a bill draft on rates for children's mental health services. He said that Montana needs a methodology to establish rates for providers and to hold providers accountable to deliver an outcome for the consumers they serve.

06:56:45 **Kathy McGowan, Community Mental Health Centers, Sheriffs and Peace Officers and the County Attorneys Association**, talked about the out patient rates being the same now as they were in the 1980s. She said that there is no rhyme or reason to the way rates are established other than perhaps one set of advocates being more persistent than another. She also wanted to verify Joyce DeCunzo's comment on training for officers. As to the "friend of respondent" issue, Ms. McGowan said that she is concerned about jumping in and passing

laws that are not needed.

Adjournment/Recess

06:59:50 Rep. Clark recessed the meeting at 5:12 p.m., to reconvene at 10:00 a.m., and the SJR 15 Subcommittee beginning their meeting at 8:00 a.m.

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