

EXHIBIT NO. 7DATE: 4-1-5BILL NO. HB 740**Testimony on HB 740 before the Senate Public Health & Safety Committee****By Tracy Velazquez, April 1, 2005**

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Members of the committee, good afternoon. My name is Tracy Velazquez, and I live in Bozeman, Montana. I am currently the evaluator for the Lincoln County Asbestos Related Disease Network – known as ARDNET for short. I am pleased to appear before you today to support this bill that will provide funding to continue ARDNET through mid-2007.

I began working with Lincoln County on the asbestos healthcare issue in 2001. My partner, Dennis Alexander, and I were hired through an appropriation provided by the Montana Legislature to help secure funding to cover the medical costs of people with asbestos-related disease residing in Libby and the surrounding county. One of the grants we were able to secure was a federal Rural Health Outreach Grant through the U.S. Health Resources and Services Administration for almost half a million dollars over three years to create the ARDNET program. The ARDNET project has several purposes.

- First, it coordinates all the different organizations, agencies, and medical providers so that there is no duplication of services, and gaps in care are identified.
- Second, ARDNET does outreach to the community so those afflicted by asbestos-related disease, and their families, know where to go for help and what services are available.
- Third, ARDNET provides case management for patients; it helps them apply for Social Security disability, discount pharmaceuticals, and other programs; connects them with community resources such as transportation to out of town doctor's visits; and makes sure that patients utilize all available existing resources.
- And finally, ARDNET provides direct services that are not covered by any other programs. This can include housekeeping, chopping firewood, or paying for oxygen or other medical care that is not covered by insurance. By enabling people to remain at home, thousands of dollars are saved on nursing home care.

When we began working for the county in 2001, "the Grace Plan" was the big question mark in everyone's mind. The Grace Plan, which is administered by HNA, is W.R. Grace's voluntary health care plan that covers those in Libby afflicted by asbestos-related disease. But this plan is not secure; Grace can pull out any time they want, and a few years back their health plan booklet explicitly stated that they WILL pull out if anyone tries to mandate coverage. This has made it difficult to secure other sources of healthcare funding. It's hard to explain that you have coverage now but one day, without warning, it may just be gone. The response from other potential funders was usually, "come back if that happens." Well, three years later, the Grace Plan is still a big question mark. While Grace continues to say they intend to maintain this plan, there is no indication of how long the plan will continue, especially after the bankruptcy proceedings are final. Already, Grace is trimming coverage for those with documented asbestos-related disease, and we, the taxpayers, are picking up the tab, primarily through Medicare and Medicaid.

Perhaps right now, there is nothing we can do to force Grace to continue to pay for medical care. But there is something we can do – we can continue the ARDNET program of coordination of services, case management, and uncovered direct services that has made a huge difference to asbestos patients and the community. Funding has solely been through the current federal grant that will expire next spring. To my knowledge, these services are not even on the table when it comes to either pending litigation or asbestos legislation.

The question that may be in the minds of Legislators at this point may be, “why should the State of Montana have to pay for this?” There are some who would say that the State’s hands are not clean, when it comes to its role in perpetuating a situation which led hundreds to be sickened and many to die prematurely of asbestos-related disease. And that therefore, the state should do what it can to make reparations. I believe that is something for the courts to decide. The main reason, I believe, that the Legislature should fund ARDNET now is that Montanans need to take care of each other. We can’t just wait and hope that someone else will come to the rescue. And no other rural county in Montana, and perhaps the country, is faced with having to deal with a “slow motion disaster” of this magnitude. Lincoln County is a frontier county; as of late, Libby has experienced one of the highest rates of unemployment in the state. While folks in the county are working hard to rebuild their economy, the local government just doesn’t have the resources to deal with these costs on its own.

I am asking once again that, through HB 740, the state fund the ARDNET program at least through the first half of 2007. There is the chance that, by then, through legislation or litigation, there may be some money available to fund ARDNET. And if not, there is a small sum built in to this bill dedicated to seeking funding from government and private sources, and working with members of our congressional delegation to find a final solution for funding asbestos-related care – at least for those in the Libby area who have been most affected.

Members of the Committee, right now healthcare in Libby is a patchwork of providers and services. It’s been called an “alphabet soup of agencies and non-profits.” ARDNET is the duct tape that is holding this system together, the translator that helps make it understandable to patients and their families. And, according to our evaluations, patients, community members, and providers believe it’s working well. Please guarantee that, while everything else remains up in the air, one thing will remain secure – funding for this important program to coordinate asbestos disease care and meet unmet asbestos patient needs in Lincoln County. Thank you.

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