

MONTANA SENATE
2007 LEGISLATURE

ROLL CALL

FINANCE AND CLAIMS COMMITTEE

DATE 3-30-07

NAMES	PRESENT	ABSENT	EXCUSED
KEITH BALES (R)	✓		
GREGORY BARKUS (R)	✓		
JOHN BRUEGGEMAN (R)	✓		
JOHN COBB (R)	✓		
MIKE COONEY (D)	✓		
STEVE GALLUS (D)	✓		
KEN HANSEN (D)	✓		
BOB HAWKS (D)	✓		
RICK LAIBLE (R)	✓		
LANE LARSON (D)	✓		
DAVE LEWIS (R)	✓		
GREG LIND (D)	✓		
COREY STAPLETON (R)	✓		
BILL TASH (R)	✓		
MITCH TROPILA (D)	✓		
DAVID WANZENRIED (D)	✓		
DAN WEINBERG (D)	✓		
CAROL WILLIAMS (D)	✓		
TRUDI SCHMIDT (D) - CHAIRWOMAN	✓		
TARYN PURDY, LFD	✓		
PRUDENCE GILDROY, SECRETARY	✓		

MONTANA STATE SENATE
2007 LEGISLATURE

ROLL CALL VOTE

FINANCE AND CLAIMS

DATE 3-30-07 BILL NO. HB 820 NUMBER 10-7

MOTION 82019.995

NAME	AYE	NO
SEN. KEITH BALES (R)		✓
SEN. GREGORY BARKUS (R)		✓
SEN. JOHN BRUEGGEMAN (R)	✓	
SEN. JOHN COBB (R)	✓	
SEN. MIKE COONEY (D)	✓	
SEN. STEVE GALLUS (D)	✓	
SEN. KEN HANSEN (D)	✓	
SEN. RICK LAIBLE (R)		✓
SEN. LANE LARSON (D)		
SEN. DAVE LEWIS (R)	✓	
SEN. GREG LIND (D)	✓	
SEN. COREY STAPLETON (R)		✓
SEN. BILL TASH (R)		✓
SEN. MITCH TROPILA (D)	✓	
SEN. DAVID WANZENRIED (D)		✓
SEN. DAN WEINBERG (D)	✓	
SEN. CAROL WILLIAMS (D)		
SEN. BOB HAWKS (D), VICE CHAIRMAN		✓
SEN. TRUDI SCHMIDT (D), CHAIRWOMAN	✓	
TARYN PURDY, LSD		
PRUDENCE GILDROY, COMMITTEE SECRETARY		

?

P

P

HBO 82008. APG - YES
HBO 82009. APG: YES
HBO 82010. APG. NO
HBO 82021. APG. NO
HBO 82010. YES
HBO 82020/21

SENATE PROXY FORM

According to Senate Rule 30-70 (13) (f), a committee member may vote by proxy using a standard form.

PROXY VOTE

I, the undersigned, hereby authorize Senator LAIBLE

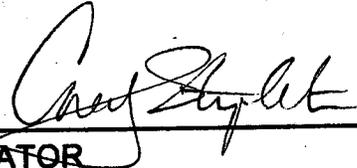
to vote my proxy on any issue before the Senate FINANCE

_____ Committee

held on 3/30/07, 2007.

HBO 82024 - APJ - NO
HBO 82027 - APJ - NO
HBO 82028 - APJ - NO
HBO 82029 - APJ - NO
HBO 82030 - APJ - NO
HBO 82031 - APJ - NO
HBO 82032 - APJ - NO
HBO 82033 - APJ - NO
HBO 82034 - APJ - NO
HBO 82035 - APJ - NO

HB 082014. AKW YES
HB-082008. AKW YES
HB-082010. ALS YES
HB-082023. AAG NO
HB-08212 - AAG YES



SENATOR
STATE OF MONTANA

OVER

HBO 82025 - APJ - YES
HBO 82014 - APG - YES
HBO 82015 - APG NO
HBO 82016 - APG YES

SENATE PROXY FORM

According to Senate Rule 30-70 (13) (f), a committee member may vote by proxy using a standard form.

PROXY VOTE

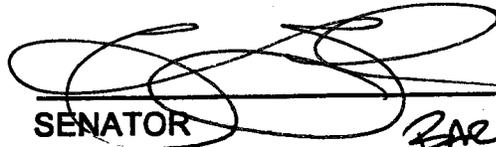
I, the undersigned, hereby authorize Senator LAIBLE

to vote my proxy on any issue before the Senate FINANCE

_____ Committee

held on 3/30/07, 2007.

HB 82035. AAG YES



SENATOR
STATE OF MONTANA

SENATE PROXY FORM

According to Senate Rule 30-70 (13) (f), a committee member may vote by proxy using a standard form.

PROXY VOTE

I, the undersigned, hereby authorize Senator LAIBLE

to vote my proxy on any issue before the Senate FINANCE

_____ Committee

held on 3/30/07, 2007.

HB082058 ABS NO
HB082037 ABS NO
HB082034 ABS NO

[Signature]
SENATOR Bueggert
STATE OF MONTANA

SENATE PROXY FORM

According to Senate Rule 30-70 (13) (f), a committee member may vote by proxy using a standard form.

PROXY VOTE

I, the undersigned, hereby authorize Senator LAIBLE

to vote my proxy on any issue before the Senate Finance

_____ Committee

held on 3/30/07, 2007.

HB-082012 - AAG yes
~~HB-082014 - AAG~~
HB082035 . AAG yes

[Signature]
SENATOR
STATE OF MONTANA

SENATE PROXY FORM

According to Senate Rule 30-70 (13) (f) , a committee member may vote by proxy using a standard form.

PROXY VOTE

I, the undersigned, hereby authorize Senator Hawks

to vote my proxy on any issue before the Senate _____

_____ Finance Committee

held on _____ 31 Mar , 2007.

Carol McLean
SENATOR
STATE OF MONTANA

SENATE PROXY FORM

According to Senate Rule 30-70 (13) (f) , a committee member may vote by proxy using a standard form.

PROXY VOTE

I, the undersigned, hereby authorize Senator Hawks

to vote my proxy on any issue before the Senate _____

_____ Finance Committee

held on _____ 30 Mar , 2007.

Dave
SENATOR
STATE OF MONTANA

SENATE PROXY FORM

According to Senate Rule 30-70 (13) (f) , a committee member may vote by proxy using a standard form.

PROXY VOTE

I, the undersigned, hereby authorize Senator Hauks

to vote my proxy on any issue before the Senate _____

_____ Finance committee

held on _____ 30 Mar, 2007.

James Johnson

SENATOR
STATE OF MONTANA

**MONTANA STATE SENATE
2005 LEGISLATURE**

VISITOR REGISTER

FINANCE AND CLAIMS

DATE 3-30-07 **BILLS BEING HEARD**
TODAY

HB 820 HB 808

PLEASE PRINT

NAME	PHONE	REPRESENTING	BILL #	SUPPORT	OPPOSE
T.A. Gibson	444-0374	MUS	820		
Jani McCall	670-3084	Billings Clinic, MCI	820	✓ w/ amend.	
Twila Costigan	431-3628	MSF/APA	820	✓ w/ amend.	
Alison Young	755-5532	FV Comm. College	820	w/ 53% amend	
Collette Gray	761-0310	Opportunities Inc	808/820		
Deb Hudson	761-2104	NEW DIRECTIONS			
Yvonne Britzner	273-0665	Friends of MT PBS	820		
Candice Clifford	457-4705	AARP MT	820/808	Amend.	
Bob Kalene	771-9209	New Directions			
DEB PARISH	590-8731	NEW DIRECTIONS			
Ken Aard	453-5919	New Directions			
Joy and Scott	728-0361	Brain Injury	820	✓	
J Morgan Maynard	461-6643	" "	820/808	✓	
Nathalia Marguis	422-5231	Brain Injury	820	✓	
Charlie Briggs	449-4075	MACSS, MAR	820/808	(amended) ✓	
Stefani Hic Sura	871-6165	Community Colleges	820		
Jane Karas	756-3801	" "	820		
Mignola Waterman	442-8648	Self	820	✓ Home Service	Sub-Comm
Alex Capdeville	265-3720	MTstate Northern	820	✓	
MARY MOE	788-7204	MSU-GREAT FALLS	820	✓	
Danvers Henderson	239-3421	ASUM, ASMSU, ASMSUB	820	✓	

John Youngberg 570-4103 MFBF 820 w/a. med.

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

**MONTANA STATE SENATE
2005 LEGISLATURE**

VISITOR REGISTER

FINANCE AND CLAIMS

DATE 3-30-07 BILLS BEING HEARD
TODAY _____

HB 820

PLEASE PRINT

NAME	PHONE	REPRESENTING	BILL #	SUPPORT	OPPOSE
Michael R. Bütz (Ph.D.)	655-4364	MPA, STEF. Div. of Assn. Health	820	X	
Beth B. Wemy	443-5341	MSCH	820	X	
Melanie Reynolds	457-8910	MT Health Officers, MPHA, AMPHO	820	X	
Shel. Stearns					
Don Ferguson	920-2478	M A S P	808	X	
JAN CAHILL	761-635E	QRC	820	X	
Mary McCue	431-3972	MDA, NASW, HRDCs	820	X	
Dave Gates	841-2776	Commerce	820	X	
Concetta Peterson	444-3156	MT Dept. of Ag.	820	X	
Carl Schwab	431-2176	Kellogg/DC Plant	820	X	

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY



AN ASSOCIATION OF
MONTANA HEALTH
CARE PROVIDERS

**Testimony on House Bill 820
Before the Senate Finance and Claims Committee
By Bob Olsen, Vice President
March 29, 2007**

MHA, An Association of Montana Health Care Providers represents the interests of our member health care institutions, including hospitals, nursing facilities, home health agencies and hospice organizations. MHA supports the human services budget recommended by the Joint Appropriations Human Services Subcommittee. The Subcommittee put forward a very sound spending proposal that addressed many consumer and provider concerns.

For many years human service budgets have not fully funded the human service needs across Montana. Due to a lack of general fund, funding Medicaid adequately, providing the necessary programs for mental health services and funding community group homes for the disabled have simply fallen short of the needs. The tobacco taxes provided due to I-149 helped boost spending in the 2005 session.

The Governor's budget request went a long way to improve funding for many key human service programs. The Governor committed a combination of increased general fund and tobacco funding. The Subcommittee added funding beyond the amount requested by the Governor, mostly relying on tobacco taxes. We ask the Senate Finance and Claims Committee to consider carefully the Subcommittee's work and fund those areas of greatest need.

Medicaid Provider Rate Adjustments

HB 820 provides for a 2.5% rate increase for all medical providers in each of the two years of the budget. The Executive budget sought 2.5% for only the first year of the biennium. The bill also provides for increased funds for direct care workers. MHA supports both of these proposals. The increase is funded by tobacco tax dollars made available to the State due to the efforts of Alliance for Healthy Montanans.

MHA policy holds that Medicaid should pay the full cost of medical care provided to beneficiaries. When a provider does not receive payments adequate to cover their treatment costs they must take one of several actions. They may attempt to absorb the loss from treating Medicaid beneficiaries, limit access to care, or pass those unpaid costs onto other payers. The 2.5% rate increase is appreciated. But the increase is not equal to the current medical inflation rate, currently estimated to be 3.5% per year.

The Subcommittee budget approved an additional 5% hike for physician services in the second year of the biennium. MHA supported this increase. The Committee should either approve this additional increase, or pass SB 354, a bill intended to boost physician

rates over a period of years. Both proposals are intended to provide a fair price for physician care and improve access to care for Medicaid beneficiaries.

Children's Health Insurance Program

MHA has long supported the CHIP program. We support Senate Bill 22, an act to increase the eligibility limit from 150 to 175%.

CHIP provides important access to health care for the children of needy families that don't qualify for Medicaid. Hospitals not only support full funding for CHIP. Hospitals also help stretch the dollars by giving considerable discounts from routine charges and providing outreach to help families connect with the program.

At the federal level, MHA is already working to renew CHIP and obtain the needed federal grant funding. We urge your continued support for this program.

Hospital Utilization Fee

MHA sought the creation of the utilization fee to accomplish one important goal. Hospitals wanted to bring Medicaid payments closer to the cost to provide care. Over several years Montana Medicaid slipped from paying about 93% of hospital treatment costs to an estimated 70% today for Montana's larger hospitals. Critical access hospitals and hospitals located outside Montana are paid their reasonable costs. Using hospital funds to match federal Medicaid funds helps bring payments back into line with costs.

Hospitals supported the creation of the fee, and its continued existence, but with some reservations. The fees must be used only to support hospital payments. That is, we do not support imposing a fee on hospitals to fund other human services. Other provider groups have the opportunity to step forward and help fund the Medicaid program. Since other groups have declined the opportunity, it is not fair to expect hospitals to provide the funding on their behalf.

Senate Bill 118 has been approved by both the Senate and the House. However, we need a certain amendment removed from this bill in order to complete consideration of this measure. We urge your support for this program.

Intergovernmental Transfer Program

The Department proposes to continue to the IGT program to help fund nursing facility and other senior health programs. MHA, as a principle architect and supporter of the IGT program, has long recommended that the IGT program be considered a temporary funding source. We have not, and do not now, support putting IGT funding into the base budget, or to divert the funding to other programs.

We now face a new federal regulation that proposes to limit the State's ability to use funds provided by local government for the purpose of matching federal funds. The regulations go further by proposing to limit Medicaid funding to local government owned facilities to their allowable Medicaid costs. The regulations are subject to a public comment period, but are anticipated to become final regulations on September 1, 2007. There is an effort underway in Congress to require the final regulations to be delayed for a two-year period.

Without some modification of the proposal we believe the final regulations may impact Montana's IGT program. Some county facilities may no longer be able to participate in funding the IGT program due to new rules that impose tighter payment limits.

The sum result is that the IGT program simply can't finance both improved nursing facility rates and provide \$1 million per year for other long term care programs. HB 820 includes some funding to make up IGT funds if the program is not able to continue.

Our initial take on the regulations is that Montana's program may survive in some fashion, albeit a smaller program. Until we know the full impact of the new regulations, we believe the Committee should take the following actions:

- Provide a permissive appropriation to the Department to continue the IGT program for the next two years, contingent on meeting the new federal regulations;
- Eliminate the requirement that counties provide \$1.6 million each year for current program expenditures. A smaller IGT program simply can't meet these funding needs.
- Provide general fund to replace the funds no longer supplied by county government.
- Allow the Department the flexibility to continue the program as future regulations might allow. A lower funding demand on counties is far more likely to keep the program alive.

Position Statement Pertaining Mental Health Services

MHA serves as an advocate for hospitals and physicians that provide mental health care services throughout Montana. The 2007 Legislature is considering a number of initiatives aimed at addressing barriers to mental health care in Montana. MHA recommends that the legislature approve the following:

Fund the STEP Program

Secure hospital care capacity is stretched dangerously thin. Community hospitals that provide inpatient psychiatric care are not able to expand treatment capacity in today's marketplace. Other hospitals face substantial barriers, both financial and staff-related, to creation of new treatment settings.

The Montana State Hospital has been operating beyond its licensed capacity and has not been adequately funded to meet its expanding mission. The STEP program provides a reasonable treatment proposal to address treatment needs for persons incarcerated in Montana prisons and those who are placed under DPHHS custody. MHA believes that mental health care should be provided in licensed, certified programs, and the STEP program meets this standard.

A side benefit to this proposal is reducing the pressure on the MSH staff and facility, while freeing capacity to meet secure care needs. MHA urges passage of SB 149.

Fund the 72-hour Presumptive Eligibility Proposal

Current Mental Health Services Plan rules provide no coverage for emergency room crisis intervention or short term hospitalization. The lack of funding may be resulting in more admissions to the Montana State Hospital in Warm Springs.

MHA has worked with the DPPHS staff to create a local treatment option for people who require short term, intense stabilization care in local facilities. These facilities might include emergency department and inpatient services at local hospitals, as well as other crisis stabilization programs. Funding this program may provide treatment options closer to the patient's home and replace the need to transport patients to inpatient psychiatric facilities or the Montana State Hospital.

MHA recommends approving the necessary funds to HB 820 for the 72-hour presumptive eligibility proposal.

Improve access to pharmacy benefits

Low income Montanans, especially those persons who are recently released from state custody, need access to prescription drugs needed to treat mental diseases. Without access to prescription drugs mentally ill persons often end up requiring expensive institutional care.

MHA recommends expansion of pharmacy benefits provided to low income, mentally ill Montanans.

Support public policies that enhance recruitment and retention of psychiatrists

Montana faces an acute shortage of mental health professionals that provide care and treatment to patients at hospital emergency departments and inpatient units. Psychiatrists, registered nurses with psychiatric training and other mental health staff should be encouraged by tax policy, loan forgiveness and other support to locate in Montana.

MHA recommends that the legislature continue to support physician tax credits and approve other programs aimed at increasing the supply of mental health care workers and psychiatrists.

Direct DPHHS to pursue Health Manpower Shortage Area Designation for all Montana counties.

Unlike most surrounding states, Montana's larger communities are not designated as Health Manpower Shortage Areas. This designation would allow mental health professionals to receive bonus payments for providing care in larger communities. Most Montana rural counties have HMSA designation for mental health care.

Department of Public Health and Human Services staff should determine the number of licensed mental health providers that are actually in practice rather than the total number holding a license. Further, DPHHS should use a county-wide measurement of adequacy, rather than the immediate community.

HMSA designation will not result in higher payments for hospitals. But the designation will boost payments for office-based care and make recruitment of psychiatrists easier.

MHA recommends that Department staff seek statewide designation for Health Manpower Shortage Area for Mental Health.

Support MHSP Expansion and Implementation of the HIFA Waiver

Legislators are being asked to significantly increase the size and scope of the MHSP, some seeking to double the funding from current levels. MHA does not oppose putting more funding into important community treatment programs. However, we do not believe that the MHSP is meeting the goal to keep patients out of institutional treatment settings. We question whether it is wise to extend services to additional people is more important than improving the efficacy of the programs being offered now.

The HIFA waiver is intended to re-design and improve mental health care, with increased funding and services coming from leveraging federal dollars. MHA believes that the Department should demonstrate the efficacy of the program changes being considered within the HIFA waiver before significant new funding is provided for this program.

MHA supports expanding MHSP and implementing the HIFA Waiver. Expansion should provide priority to improving treatment options in Southwest Montana, especially providing crisis stabilization and community treatment programs.

Behavioral Health Inpatient Facilities (BHIF)

SB 45 amends current statutes that provide for a BHIF that is licensed as a hospital, provides acute care services and only admits patients that face commitment to the Montana State Hospital at Warm Springs, MT. No such facility exists in Montana.

The amendments contained in SB 45 allow for a BHIF that is not licensed as a hospital and is not limited to admitting patients that face commitment proceedings. The standards that such a facility might need to meet are not specified in the proposed amendments. Rather, the Department of Public Health and Human Services is directed to put forward standards through administrative rules that are "flexible" and that encourage development of the BHIF treatment model.

Advocates differ on the level of care a non-hospital BHIF will provide. Unless the BHIF meets the requirements of a hospital, acute care won't be appropriate in such a facility. Something less than acute care is inherent in the proposal.

MHA is concerned that no business plan has been put forward to describe the services, staffing, funding or other operational details. The idea is being put forward as a means to provide care closer to the patient's home and as an alternative to commitment to the Montana State Hospital.

Some advocates insist the new BHIFs will be delivering acute care services at the highest medical level. This care will reduce the number of persons served in a hospital

emergency room, inpatient unit or who are transferred to Montana State Hospital. Senator Dan Weinberg D-Whitefish, the sponsor of SB 45, suggests that the new BHIF might be used before a mentally ill person reaches the need for acute care.

MHA does not object to the development of non-hospital level BHIFs. But such a facility should not provide acute care unless it is licensed and certified as a hospital. HB 820 does not need to include funding for a BHIF, unless one should emerge during the biennium. The Committee should see a plausible business plan prior to appropriating funds for this proposal.

SB 45 has passed the legislature, and has been transmitted to the Governor. The fiscal note for SB 45 anticipates no new general fund for the biennium. HB 820 includes a general fund appropriation. MHA recommends that the Committee amend HB 820 to remove the general fund until such time as a reasonable pro forma demonstrating the need for the funding can be produced

Funding Human Services

Human services are supported by a wide variety of funding sources including general fund, provider use fees, tobacco settlement and tax funds and personal income used to help fund nursing home fees.

Alternative funding has gone a long way to bolster the Medicaid program and relieve the pressure on the general fund. We now face some limits on those alternative funds. MHA recommends that the Committee consider the following funding sources for the Medicaid program:

- Retain any general fund savings from lower than projected utilization of nursing home and other Medicaid services in the base budget.
- I-149 tobacco funds should be used in a manner consistent with the statute. There is some dispute about whether the current language allows for funding changes in the federal match rate, or for some expansion to human service programs. MHA believes that the issue should be addressed by a committee bill that clarifies and provides for this use of the tobacco tax funds. MHA believes that, while sustainability in future years is an issue, using these funds should be consistent with the intent of the statute.
- While program expansion is a worthy goal, when adequate funds are not available the Committee may consider delaying program expansion while current program needs are funded;
- MHA would not object to a modest increase in the taxes assessed on alcohol. There is no denying that the State funds a considerable amount of human services made necessary because of alcohol and drug abuse. It seems reasonable to suggest additional revenues from this source; and
- General funds.

For more information contact me at 439-1690 or by email at Bob@mtha.org.

3/29/07

To whom it may concern:

I am only one person, but as you can see---afew can make many. I know I am not telling you all something you don't already know. You began as one, now you are apart of this august assembly Thank you all for giving of yourselves to this wonderful government. Which we all can call our own. Your job can always be a thankless job. To which I can attest to: I have been in the medical field for 35 years. Looking back at my job, I would not change any of it. I would only appreciate a chance to speak to all of you about how my life has been saved by my mental health workers, doctors, nurses, office workers, therapists--so many more I can't remember, but greatly appreciate for saving my life.

My problems have always been with me. Through the many mental health workers, I can now see through the tunnel of my life, that there is HOPE!! I have given to many relief from pain, it is very hard for me to give to myself. This is that which I have been given. I don't have money or many material things of this world. To which is not a complaint only a statement. Unfortunately this world rolls around and money is needed. If I would have money--well, can anyone put a price on their life? My life has not only been saved by these people,also greatly enriched. Through all this I have been lucky to meet others as myself. It is great to know you are not alone. Those I have met have been given and are also being given HOPE. We all in this position greatly need the support of this august assembly. Please, oh Please don't cut the budget.

Some of you might ask who am I? This is who I am, I am a child of God, a wife, a mother, a grandmother, a sister, a child of my mother and many many generations of wonderful great people who have settled this great state of MONTANA. So you see I am like all of you who will listen--also to those I hope will hear. Please, Please it is up to all of you, that this great work, Mental Health must continue. Please don't stop it due to money.

Ours is an illness--yes to many who need to hear--an illness to which there is a cure---again I say, to which there is a CURE. Please don't cut back the budget. We need all that you can give. Why cut the lifeline to many??? To many who will realize HELP & HOPE IS HERE for them also. I am sure as I am here (sick at home) that we are not here to ask for all the frills and bells that money can buy---Please don't cut the budget and let this slide into the dark ages again. All Mental Health workers need the buget as it is. They need payment, as we all do, for the work they do, as I and others need their help.

I plead again, do not cut the budget.PLEASE. Montana is a state that can be proud of our heritage and forward thinking. We do not need to be looked at as if we are not moving forward in this new millenium. UNFORTUNATELY WE WILL IF THIS BUDGET IS CUT!

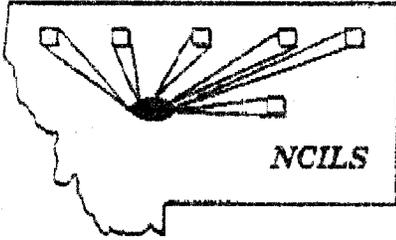
We do have a CURE! Through the wonderful people who give of their time and lives to help save such as I. Please all of you in this assembly say YES to keeping this budget as it is!! I as one and others might be like me, and for those who need this help in the future--- DO NOT CUT THE BUDGET!

Who am I? My name is KIM. I am a survivor of attempting to take my own life, a survivor. A SURVIVOR who knows she would not be here if not for the many men and women in the mental health profession who have saved my life. If not for myself but for many others who have, or will make a great contribution in our society and our great state of-

MONTANA!

Thank you.

North Central Independent Living Services, Inc.



1120 25th Avenue NE
Black Eagle, Montana 59414
(406) 452-9834
(800) 823-6245 • Voice/TDD
FAX (406) 453-3940

Total Number of Pages 2

Facsimile Sheet

DATE: March 30, 2007

TO: Prudence Girdroy FROM: Shyla Patena

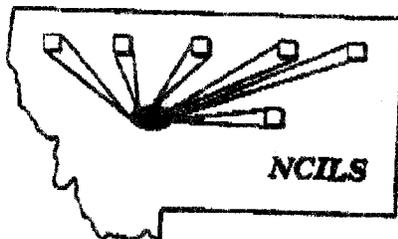
Company: MT Legislature Company: North Central Independent Living Services

Fax #: 44 ^{Senate} 4875 Fax #: 406-453-3940
(406) 452-9834

Phone #: 444-4800 Phone #: 1-800-823-6245

COMMENTS: Enclosed you will find North Central Independent Living Services comments on HB 8081

North Central Independent Living Services, Inc.



1120 25th Avenue NE
Black Eagle, Montana 59414
(406) 452-9834
1-800-823-6245 • Voice/TDD
FAX (406) 453-3940

March 30, 2007

Senator Trudi Schmidt Chair
Senate Finance and Claims Committee
Montana Senate
PO Box 200500
Helena, Montana 59624
ATTN: Prudence Gildroy

Dear Chair Schmidt:

North Central Independent Living Services regrets that our organization will be unable to attend the public hearing on HB 808. North Central Independent Living Services does wish to submit comments. Funding for the Department of Public Health and Human Services is critical to the lives of Montanans with Disabilities. We ask you now to do the people's business and keep DPHHS funded at the level that the Joint Subcommittee on Public Health and Human Services has recommended. We strongly urge all committee members to oppose any amendments which would cut funding below the level requested by the subcommittee. Access and Disability are nonpartisan!! Access to community services increases citizen participation throughout Montana!!

Thank you and the other members of the Committee for your consideration.

Shyla Patera Independent Living Specialist
North Central Independent Living Services
1120 25 th Avenue North East
Black Eagle, Montana 59414
1-800-823-6245

Purdy, Taryn

From: dpjacques1@bresnan.net on behalf of Patti Jacques [dpjacques1@bresnan.net]
Sent: Thursday, March 29, 2007 9:25 PM
To: Purdy, Taryn
Subject: PubDir: Funding for Mental Illness

Message from mt.gov Public Employee Directory

Hello Taryn,

I was not sure who to contact, but I would like to provide email testimony regarding funding for mental illness. Below are some points that need to be included when looking at the needs of Montana.

1. Montana needs mental illness/health insurance parity in our state.
2. Montana needs to increase the standards of eligibility for mental health services for households not eligible for Medicaid with family income that does not exceed 200% of the federal poverty threshold or that does not exceed a lesser amount determined at the discretion of the Department of Public Health and Human Services.
3. Montana needs Community Crisis Services, Community services for people with mental illness, and funding for facilities to provide these services.
4. Adequate livable, safe housing for people with mental illness.
5. Job training or skill training and supportive employment.
6. Montana needs 72 hour presumptive eligibility.

Please submit my request to the Senate Finance committee so my voice can be heard. Thank you. Patti Jacques