INTRODUCTION

THE 2021 LEGISLATIVE SESSION BROUGHT SIGNIFICANT CHANGES TO THE LEGISLATIVE PROCESS. Following the fall elections, the membership of the legislature became more conservative and the Governor’s office switched parties for the first time in 16 years. This ushered in new priorities and approaches to governance.

MHA worked to strengthen its relationship with Governor Gianforte and legislative leaders. Early in the session, MHA supported the Governor’s approach to addressing the mask mandate with a focus on passing COVID-19 liability protections and ensuring our state’s elders and vulnerable were vaccinated before lifting the mandate. The association also endorsed the Governor’s budget and HEART initiative in support of expanded access to substance abuse services. This public support was shared in an opinion column that ran in newspapers statewide.

The association also focused on keeping the membership unified throughout the session. Resolutions supporting Montana’s system of care, recognizing the relationship between our critical access and community hospitals were effective when shared with lawmakers.

When legislation was proposed to rewrite Montana’s Medicaid supplemental payment program (the Hospital Utilization Fee, or HUF), the entire hospital community rallied in opposition. The sponsor ultimately elected not to introduce the bill.

When bills were presented empowering state bureaucrats to determine compensation for healthcare leaders, the membership responded in a unified fashion. Again, when a bill requiring all PPS hospitals to provide free mental health services up to their tax exemption value was heard, it was confronted with unified opposition from the membership and was defeated.

When the membership remains unified and we place our patients and team members first, our advocacy is strengthened. That strength in unity was matched with a commitment to engage on issues important to our communities. Unity and member engagement were key to our advocacy successes this session. With the exception of HB 702, which dramatically changed state policy on all vaccinations and infringes on private employers’ rights to protect its employees, the session was a success.

Among the highlights of the session: Medicaid expansion was preserved, proposed budget cuts in excess of $200 million were averted, the Medicaid supplemental payment program was protected, attacks on not-for-profits status defeated and behavioral health awareness elevated. For our post-acute members, advocacy communications were enhanced and a new council was launched.

This legislative summary is designed to provide you with a quick reference on the outcomes of the 2021 Montana Legislative Session. It does not include every bill MHA tracked or engaged on this session, but rather highlights the most consequential legislation—including legislation we’re likely to see again in 2023.

The work of MHA cannot be accomplished by association staff alone. The combined efforts of hospital lobbyists and the membership ensures our messages are heard and the needs of our patients, caregivers and communities are addressed by lawmakers.

On behalf of the membership, we appreciate your commitment to engaging in our advocacy and supporting a unified healthcare community.

Rich Rasmussen
President and CEO
Montana Hospital Association

Rich Rasmussen
PRESIDENT AND CEO
MONTANA HOSPITAL ASSOCIATION
HEALTHCARE PROVIDERS HAVE A RESPONSIBILITY TO PROVIDE STRONG LEADERSHIP IN CREATING AN EFFECTIVE AND EFFICIENT DELIVERY SYSTEM.
## LEGISLATIVE SUMMARY QUICK GLANCE

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<td>HB 43</td>
<td>EXPAND PRACTICE OF TELEMEDICINE</td>
<td>Rep. Rhonda Knudsen (R-Culbertson)</td>
<td>SUPPORT</td>
<td>PASSED</td>
<td>✓</td>
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<td>HB 113</td>
<td>PROVIDE FOR YOUTH HEALTH PROTECTION</td>
<td>Rep. John Fuller (R-Whitefish)</td>
<td>OPPOSE</td>
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<td>HB 427</td>
<td>PROVIDE FOR YOUTH HEALTH PROTECTION</td>
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<td>HJ 35</td>
<td>INTERIM STUDY OF THE CHILDREN'S MENTAL HEALTH SYSTEM</td>
<td>Rep. Jennifer Carlson (R-Manhattan)</td>
<td>SUPPORT</td>
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<td>SJ 14</td>
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<td>HB 632</td>
<td>IMPLEMENT RECEIPT OF AND APPROPRIATE FEDERAL STIMULUS AND COVID RECOVERY FUNDS</td>
<td>Rep. Frank Garner (R-Kalispell)</td>
<td>SUPPORT</td>
<td>PASSED</td>
<td>✓</td>
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<td>HB 254</td>
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<td>SB 65</td>
<td>REVISE CIVIL LIABILITY LAWS</td>
<td>Sen. Steve Fitzpatrick (R-Great Falls)</td>
<td>SUPPORT</td>
<td>PASSED</td>
<td>✓</td>
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<td>SB 167</td>
<td>REMOVE TERMINATION DATE FOR MEDICAL MALPRACTICE-RELATED PORTIONS OF THE HELP ACT</td>
<td>Sen. Steve Fitzpatrick (R-Great Falls)</td>
<td>SUPPORT</td>
<td>PASSED</td>
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<td>SB 118</td>
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<td>Sen. Terry Gauthier (R-Helena)</td>
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<td>✓</td>
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<td>Sen. Shane Morigeau (D-Missoula)</td>
<td>OPPOSE</td>
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<td>HB 231</td>
<td>REVISE LAWS RELATING TO CERTIFICATE OF NEED</td>
<td>Rep. Matt Regier (R-Kalispell)</td>
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<td>HB 676</td>
<td>GENERALLY REVISE MEDICAID AND CHIP LAWS</td>
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<td>LC 1719</td>
<td>EXEMPT CERTAIN HOSPITALS FROM HOSPITAL UTILIZATION FEE</td>
<td>Rep. Matt Regier (R-Kalispell)</td>
<td>OPPOSE</td>
<td>NOT</td>
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<td>SB 100</td>
<td>PROVIDE FOR THE WELFARE FRAUD PREVENTION ACT</td>
<td>Sen. Cary Smith (R-Billings)</td>
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<td>SB 281</td>
<td>GENERALLY REVISE MONTANA DENTAL HEALTH POLICY</td>
<td>Sen. Jeffrey Welborn (R-Dillon)</td>
<td>SUPPORT</td>
<td>FAILED</td>
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**MEMBER IMPACT KEY**  
- = POSITIVE  
- = NEGATIVE  
... = NEUTRAL  

Bills highlighted in green indicate high-priority legislation.
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<td>HB 569</td>
<td>REVISE NONPROFIT OFFICER COMPENSATION</td>
<td>Rep. Scot Kerns</td>
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<td>HB 619</td>
<td>REVISE PROPERTY TAX EXEMPTIONS FOR CERTAIN HOSPITALS</td>
<td>Rep. Scot Kerns</td>
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<td>SB 245</td>
<td>IMPLEMENT MEDICAL ETHICS AND DIVERSITY ACT</td>
<td>Sen. Keith Regier</td>
<td>OPPOSE</td>
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<td>SB 251</td>
<td>GENERALLY REVISE CIVIL LIABILITY LAWS RELATING TO DAMAGES</td>
<td>Sen. Cary Smith</td>
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<td>SB 383</td>
<td>ESTABLISH TEMPORARY COMMUNITY BENEFIT ASSESSMENT FOR CERTAIN HOSPITALS</td>
<td>Sen. Bob Keenan</td>
<td>OPPOSE</td>
<td>FAILED</td>
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<td>SB 385</td>
<td>REVISE SPECIAL DISTRICT LAWS AND PROVIDE TIME LIMIT ON PROPERTY TAX LEVIES</td>
<td>Sen. Greg Hertz</td>
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<td>HB 102</td>
<td>GENERALLY REVISE GUN LAWS</td>
<td>Rep. Seth Berglee</td>
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<td>HB 109</td>
<td>PROVIDE FOR PRIMARY ENFORCEMENT OF SEATBELT LAWS</td>
<td>Rep. Frank Smith</td>
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<td>HB 121</td>
<td>REQUIRE ELECTED OFFICIAL APPROVAL OF LOCAL HEALTH BOARD AND OFFICER ACTIONS</td>
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<td>Rep. Ed Hill</td>
<td>OPPOSE</td>
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<td>HB 415</td>
<td>PROHIBIT DISCRIMINATION BASED ON VACCINATION STATUS</td>
<td>Rep. Jennifer Carlson</td>
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<td>FAILED</td>
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<td>HB 702</td>
<td>PROHIBIT DISCRIMINATION BASED ON VACCINATION STATUS OR POSSESSING IMMUNITY PASSPORT</td>
<td>Rep. Jennifer Carlson</td>
<td>OPPOSE</td>
<td>PASSED</td>
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<td>HB 703</td>
<td>PROHIBIT THE USE OF VACCINATION STATUS OR IMMUNITY PASSPORT FOR CERTAIN PURPOSES</td>
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<td>FAILED</td>
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<td>HJ 20</td>
<td>JOINT RESOLUTION TO TERMINATE THE CURRENT DECLARATION OF EMERGENCY/DISASTER</td>
<td>Rep. Mark Noland</td>
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<td>SB 150</td>
<td>REVISE SEATBELT REGULATIONS</td>
<td>Sen. Diane Sands</td>
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<td>HJ 38</td>
<td>STUDY OF PHARMACY SERVICES</td>
<td>Rep. Casey Knudsen</td>
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<td>HB 217</td>
<td>PROVIDE FOR LICENSURE OF GENETIC COUNSELORS</td>
<td>Rep. Ed Buttrey</td>
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<td>REVISE LAWS RELATED TO NURSING AND HEALTHCARE WORKERS</td>
<td>Rep. Mary Cafaro</td>
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<td>HB 624</td>
<td>ESTABLISH A BUSINESS TASK FORCE ON CHILD CARE</td>
<td>Rep. Alice Buckley</td>
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<td>HB 680</td>
<td>REQUIRE COLLECTION AND MAPPING OF MENTAL HEALTH WORKFORCE DATA</td>
<td>Rep. Scot Kerns</td>
<td>SUPPORT</td>
<td>FAILED</td>
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HB 43  EXPAND PRACTICE OF TELEMEDICINE

HB 43 makes permanent the temporary waivers that expanded access to telehealth services during the COVID-19 public health emergency. The law removes the requirement for an established patient-provider relationship in order to enable a provider to render certain types of services via telehealth. Restrictions on geographic proximity and location restrictions for patients no longer apply. The bill also allows additional types of technology to be used for the delivery of telehealth services, such as audio-only calls. Public employee benefit plans and self-insured student health plans are also required to cover telehealth services.

**SPONSOR:** Rep. Rhonda Knudson (R-Culbertson)

**MHA POSITION:** SUPPORT

**OUTCOME:** Signed by the governor

HB 113  PROVIDE FOR YOUTH HEALTH PROTECTION

HB 113 would have prohibited certain medications and medical procedures for the treatment of gender dysphoria in minors.

This would have prohibited healthcare providers the ability to prescribe, provide or administer gender transition procedures to a minor or refer a minor to a health provider for gender transition procedures. This would have been considered unprofessional conduct and the healthcare provider would have been subject to discipline by the appropriate licensing entity.

This also included the ability of a person to assert an actual or threatened violation as a claim or defense in a judicial or administrative proceeding and obtain compensatory damages, injunctive relief, declaratory relief or any other appropriate relief.

**SPONSOR:** Rep. John Fuller (R-Whitefish)

**MHA POSITION:** OPPOSE

**OUTCOME:** Failed on third reading in the House of Representatives

= Likely to be revisited in the 2023 Legislative Session

MHA MEMBERS SEEK TO ENSURE THAT INDIVIDUALS AND THE COMMUNITIES IN WHICH THEY LIVE ARE AS HEALTHY AS POSSIBLE.
ACCESS TO CARE

HB 427 PROVIDE FOR YOUTH HEALTH PROTECTION

HB 427 was not substantially different than HB 113. As with HB 113, MHA opposed this bill on the grounds that it invades the province of provider-patient relationship; fails to allow the provider to help a patient determine the appropriate course of treatment; and interferes with the Board of Medical Examiner's authority by arbitrarily adding the definition of “unprofessional conduct” without consideration of the medical community’s determination of the scope of that phrase.

SPONSOR: Rep. John Fuller (R-Whitefish)  MHA POSITION: OPPOSE
OUTCOME: Failed on second reading in the Senate

SB 297 CONNECTMT ACT TO ESTABLISH BROADBAND DEPLOYMENT

MHA supported this legislation which establishes a broadband infrastructure deployment program. The legislation invests hundreds of millions of dollars into broadband development across the state. The legislation also requires the state to establish a location prioritized timeframe for the projects.

SPONSOR: Sen. Jason Ellsworth (R-Hamilton)  MHA POSITION: SUPPORT
OUTCOME: Signed by the governor

SB 357 GENERALLY REVISING REQUIREMENTS RELATED TO TELEHEALTH

SB 357 permanently expands telehealth services through Medicaid in addition to updating some definitions to allow certain healthcare providers to provide services via telehealth.

SPONSOR: Sen. Jen Gross (D-Billings)  MHA POSITION: SUPPORT
OUTCOME: Signed by the governor

SB 377 REVISE EMERGENCY SERVICES LICENSING LAWS

SB 377 would create an emergency medical care council, and transfer licensing and other administrative requirements for emergency medical services and emergency care providers for the State Board of Medical Examiners to DPHHS.

SPONSOR: Sen. Edie McClafferty (D-Butte)  MHA POSITION: SUPPORT
OUTCOME: Failed on second reading in the Senate

SJ 22 INTERIM STUDY OF EMERGENCY MEDICAL SERVICES LAWS

SJ 22 requests an interim study of Montana’s Emergency Medical Services. The study will create a committee to study the current EMS environment with input from local governments, paid and volunteer EMS and fire organizations, DPHHS and Department of Labor and Industry, MHA and the Montana Medical Association. MHA testified in support of the legislation and the study. This resolution is in response to the joint study by MHA and DPHHS which surveyed hospital and community-based EMS programs and was funded by the Montana Healthcare Foundation.

SPONSOR: Sen. Edie McClafferty (D-Butte)  MHA POSITION: SUPPORT
OUTCOME: Tabled in House Human Services Committee
**HB 388  ESTABLISH A MONTANA HEALTH CRISIS PREPAREDNESS PROGRAM**

The legislation created a health crisis preparedness work group to plan for a statewide or regional emergency. In addition, the bill would require the State of Montana to carry out a plan to ensure the adequate supply of personal protective equipment to support a response to a statewide or regional emergency.

MHA testified in support of the legislation. Although the bill passed the House on second reading, it was rereferred to the House Appropriations. The committee heard testimony from the Division of Emergency Services that the State had ample PPE and that comment justified not advancing the bill.

**SPONSOR:** Rep. Ed Stafman (D-Bozeman)  
**OUTCOME:** Tabled in House Appropriations Committee

**MHA POSITION:** SUPPORT

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**HJ 35  INTERIM STUDY OF THE CHILDREN’S MENTAL HEALTH SYSTEM**

HJ 35 is a joint resolution of the Senate and the House of Representatives requesting an interim study of the Children’s Mental Health System. The study will undertake a comprehensive review of the elements of the Montana mental health system for children. It includes looking at how children become involved in the mental health system and what gaps exist to cause children to be sent out of state.

**SPONSOR:** Rep. Jennifer Carlson (R-Manhattan)  
**OUTCOME:** Passed; filed with Secretary of State

**MHA POSITION:** SUPPORT

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**SJ 14  INTERIM STUDY OF THE MONTANA MENTAL HEALTH SYSTEM**

SJ 14 is a joint resolution of the Senate and the House of Representatives requesting an interim study of Montana’s Mental Health System. The bill would request an interim committee undertake a comprehensive review of the elements of Montana’s publicly funded mental health system to determine: (1) how the system has changed, including how funding reductions in recent years have affected services; (2) whether and where gaps exist in the system; (3) how the system diverts people from the criminal justice system; (4) the adequacy of the state’s system of higher education to appropriately train and educate clinicians necessary to meet the behavioral needs of Montanans; and (5) whether the Legislature or the executive branch should address any gaps in services.

**SPONSOR:** Sen. Walt Sales (R-Manhattan)  
**OUTCOME:** Passed; filed with Secretary of State

**MHA POSITION:** SUPPORT
HB 2: GENERAL APPROPRIATIONS ACT

The governor’s budget proposal forms the basis for HB 2, the general funding bill for all state government functions for the next two years. Governor Gianforte’s budget had minimal changes from the budget submitted by the previous governor. Governor Gianforte proposed current-level funding for all programs. In addition, his proposed budget tapped projected marijuana revenues and secured federal matching dollars to provide over $24 million in funding for behavioral health and substance use disorder treatment services.

All Medicaid providers (except hospitals and physicians) will see a 1% provider rate increase in July 2021 and July 2022. PPS Hospitals will see a reduction of 1% in the base rate starting October 1, 2021. Physicians have a statutory rate increase built into the Medicaid projects to receive the consumer price index (CPI) for medical care for the previous year. In regards to Medicaid eligibility, DPHHS will also begin to move away from continuous eligibility for Medicaid enrollees. DPHHS is unable to terminate any eligibility until after the public health emergency is lifted.

SPONSOR: Rep. Llew Jones (R-Conrad)
OUTCOME: Signed by the governor

MHA POSITION: SUPPORT

HB 632: IMPLEMENT RECEIPT OF AND APPROPRIATE FEDERAL STIMULUS AND COVID RECOVERY FUNDS

HB 632 implements the American Rescue Plan Act by providing appropriations for federal funds. The bill utilizes COVID-19 relief funds with a focus on one-time only (OTO) projects. The bill appropriates $15 million for continuation of the nursing home, assisted living facility and swing bed enhanced daily fee of $40. In addition, $2.75 million was added for DPHHS to perform an in-depth rate analysis of all Medicaid payments. The study will be reported to the 2023 Montana Legislature showing provider payments relative to cost. The bill also creates a Health Advisory Committee to provide recommendations regarding how funds allocated to DPHHS are to be spent.

SPONSOR: Rep. Frank Garner (R-Kalispell)
OUTCOME: Signed by the governor

MHA POSITION: SUPPORT

MHA MEMBERS ARE COMMITTED TO SERVING THEIR COMMUNITIES & PROVIDING HIGH QUALITY CARE TO ALL PERSONS IN NEED OF HEALTHCARE SERVICES.
**HB 254**  
**REVISE THE WRONGFUL DISCHARGE ACT**  
HB 254 revises the employee probationary period by changing the default period from six months to 12 months, with the option for the employer to extend the period. The bill also modifies the meaning of “good cause” as it relates to employee dismissal and corrects the issue of employees claiming their discharge was wrongful for violation of any employer policy, even when there was good cause for the termination. This bill does not supersede existing probationary periods set by employers, but serves to set them when no policy exists.  
**SPONSOR:** Rep. Ross Fitzgerald (R-Fairfield)  
**OUTCOME:** Signed by the governor  
**MHA POSITION:** SUPPORT

**SB 65**  
**REVISE CIVIL LIABILITY LAWS**  
SB 65 revises civil liability laws and applies conditions on civil actions for exposure to COVID-19. The bill provides comprehensive liability protection package for healthcare facilities, providers and businesses. Governor Gianforte made passage of COVID-19 liability protections a requirement before the statewide mask mandate was lifted.  
**SPONSOR:** Sen. Steve Fitzpatrick (R-Great Falls)  
**OUTCOME:** Signed by the governor  
**MHA POSITION:** SUPPORT

**SB 167**  
**REMOVE TERMINATION DATE FOR MEDICAL MALPRACTICE-RELATED PORTIONS OF THE HELP ACT**  
SB 167 is a tort reform bill that makes permanent the provisions included in the HELP Act. The HELP Act (passed by the 2015 Legislature) changed the statute of limitations on medical malpractice actions from 3 years to 2 years to put Montana on par with our surrounding states and most of the rest of the country. The bill also requires that any medical malpractice actions filed in court be served on the defendant within six months after filing. SB 167 removes the sunset and make both of these provisions permanent.  
**SPONSOR:** Sen. Steve Fitzpatrick (R-Great Falls)  
**OUTCOME:** Signed by the governor  
**MHA POSITION:** SUPPORT
SB 118 REVISE LAWS RELATING TO FALSE STATEMENT TO EMPLOYERS AND WORKERS’ COMPENSATION

SB 118 clarifies that employees who provide false statements can be denied workers’ compensation benefits.

**SPONSOR:** Sen. Terry Gauthier (R-Helena)
**OUTCOME:** Signed by the governor

**MHA POSITION:** SUPPORT

SB 236 PROVIDE TRANSPARENCY IN HEALTHCARE PRICING

SB 236 would have created duplicative laws on healthcare price transparency. The bill would have put existing federal laws—either from President Trump’s executive order or the surprise medical billing legislation passed at the end of 2020—into state law. In addition, it would have required all medical providers to furnish an estimate in advance for all services over $500.

**SPONSOR:** Sen. Shane Morigeau (D-Missoula)
**OUTCOME:** Tabled in House Human Services Committee

**MHA POSITION:** OPPOSE

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**EVERY MONTANAN SHOULD HAVE ACCESS TO APPROPRIATE AND NECESSARY HEALTHCARE SERVICES.**

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**HB 231** REVISE LAWS RELATING TO CERTIFICATE OF NEED

The bill revises the Certificate of Need (CON) requirements for long-term care facilities. MHA has had a longstanding position in support of eliminating CON and did not weigh in heavily on this bill because there was not agreement within the membership on the legislation. The original draft was broader in its scope and included home health and hospice. The legislation removes the $1.5 million cap on improvements and amends other provisions in the CON statute.

**SPONSOR:** Rep. Matt Regier (R-Kalispell)  
**MHA POSITION:** NO POSITION  
**OUTCOME:** Signed by the governor

**HB 601** ESTABLISHING REQUIREMENTS FOR CERTAIN LONG-TERM CARE FACILITIES

HB 601 required long-term care facilities to provide their star rating to the individual or the individual’s authorized representative. This information is already available to the public on the CMS website along with the outcomes of survey results. There were additional requirements within this bill that already exist. MHA opposed the bill’s duplicative regulatory requirements and the administrative burden that would unnecessarily pull caregivers away from the bedside.

**SPONSOR:** Rep. Dave Fern (D-Whitefish)  
**MHA POSITION:** OPPOSE  
**OUTCOME:** Tabled in House Human Services Committee

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MHA MEMBERS ARE COMMITTED TO IMPROVING THE HEALTH STATUS OF MONTANA & THE HEALTH OF ALL MONTANANS.
**HB 676**  
**GENERALLY REVISE MEDICAID AND CHIP LAWS**  
HB 676 revises laws related to the Medicaid and Children’s Health Insurance Program (CHIP), creating uncertainty regarding Medicaid and CHIP eligibility processes in addition to allowing DPHHS to change eligibility criteria for the CHIP program. It would also define that any child whose parent/s are covered by “affordable employer sponsored insurance” (defined as insurance for which the employer pays 80% or more of the family premium) is not eligible for the CHIP program.

**SPONSOR:** Rep. Jane Gillette (R-Bozeman)  
**OUTCOME:** Tabled in House Human Services Committee  
**MHA POSITION:** OPPOSE

**SB 100**  
**PROVIDE FOR THE WELFARE FRAUD PREVENTION ACT**  
SB 100 establishes an enhanced eligibility verification system to assess income and assets and to deter errors and admissions. In addition, the bill removes 12-month continuous eligibility for adults and replaces it with a 6-month review. Children remain at 12-month eligibility.

**SPONSOR:** Sen. Cary Smith (R-Billings)  
**OUTCOME:** Tabled in House Human Services Committee  
**MHA POSITION:** SUPPORT

**SB 281**  
**GENERALLY REVISE MONTANA DENTAL HEALTH POLICY**  
SB 281 would have allowed dental hygienists to provide services to hospitals or facilities that are primarily operated to provide outpatient medical services as well as primary and secondary schools. MHA supported this as it would have allowed critical access hospitals the ability to work independently with dental hygienists to provide services to swing bed patients when dental providers are not available.

**SPONSOR:** Sen. Jeff Welborn (R-Dillon)  
**OUTCOME:** Failed on second reading in the Senate  
**MHA POSITION:** SUPPORT

**LC 1719**  
**EXEMPT CERTAIN HOSPITALS FROM HOSPITAL UTILIZATION FEE**  
LC 1719 was a proposed bill that removed critical access hospitals from hospital tax unless they have entered into an affiliation agreement with another hospital giving the other hospital final decision making and governing authority. Passage of the bill would have jeopardized the continuation of Montana’s Hospital Utilization Fee (HUF) program as the bill did not comply with CMS requirements that taxes be broad-based and applied to the entire class of providers.

**SPONSOR:** Rep. Matt Regier (R-Kalispell)  
**OUTCOME:** Draft died in process (Bill not introduced)  
**MHA POSITION:** OPPOSE

* = Likely to be revisited in the 2023 Legislative Session
HB 107 **REVISE MILL LEVY ELECTION LAWS**

HB 107 would require the approval of 2/3 of qualified voters in order to pass a mill levy. The bill would have prevented local communities from passing mill levies as few elections generate 66% total voter turnout.

**SPONSOR:** Rep. Ron Marshall (R-Hamilton)

**MHA POSITION:** OPPOSE

**OUTCOME:** Tabled in State Administration Committee

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HB 565 **GENERALLY REVISE ASSAULT LAWS**

HB 565 was act revising assault laws and creating the crime of an assault on a nurse.

**SPONSOR:** Rep. Bill Mercer (R-Billings)

**MHA POSITION:** SUPPORT

**OUTCOME:** Tabled in House Judiciary Committee

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HB 569 **REVISE NONPROFIT OFFICER COMPENSATION**

This proposed legislation directed the Department of Revenue to define and limit the compensation of officers of nonprofit corporations. The bill requires that officer compensation must be reasonable and not excessive and the Department of Revenue shall adopt administrative rules setting standards for reasonable compensation.

MHA spoke in opposition to the proposed legislation and engaged other nonprofit stakeholders to testify in opposition of the bill. Legislation aimed at limiting executive compensation has been filed in previous sessions and is not likely to go away in the future.

**SPONSOR:** Rep. Scot Kerns (R-Great Falls)

**MHA POSITION:** OPPOSE

**OUTCOME:** Tabled in House Business and Labor Committee

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HB 619 **REVISE PROPERTY TAX EXEMPTIONS FOR CERTAIN HOSPITALS**

MHA opposed HB 619, which sought to revoke a not-for-profit hospital’s tax exemption if it does not provide free mental health services equal to the facility’s property tax value. The bill also prohibited hospitals from billing for mental health services even if the patient had health insurance.

MHA testified in opposition to the bill as a “Helena Knows Best” approach to addressing mental health issues in our state’s urban communities. The bill only applied to the PPS facilities. HB 619 did not address the real need in Montana, which is access to mental health services in rural communities, a lack of mental health providers in the state and an appreciation for the work done by communities to develop community health needs assessments and the efforts by hospitals to deliver on the community plans.

**SPONSOR:** Rep. Scot Kerns (R-Great Falls)

**MHA POSITION:** OPPOSE

**OUTCOME:** Tabled in House Taxation Committee

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*= Likely to be revisited in the 2023 Legislative Session*
**HB 701  GENERALLY REVISE MARIJUANA LAWS**

Recreational marijuana was passed through a citizen’s initiative in November 2020. CI 118 amended the Montana Constitution to set the legal age for marijuana at 21 and passed on a 58% to 42% vote. Initiative 190 outlined a comprehensive system of legalization overseen by the Department of Revenue and passed by a 57% to 43% margin.

HB 701 implements recreational marijuana in the State of Montana. The bill establishes January 1, 2022 as the starting date for legal cannabis sales in Montana. Home cultivation will still be allowed, but adults are now limited to two plants (up to four per household). The bill also appoints a special administrative judge and establishes a dedicated court process specifically to expedite expungements for individuals with prior low-level marijuana offenses on their records.

**SPONSOR:** Rep. Mike Hopkins (R-Missoula)

**MHA POSITION:** NO POSITION

**OUTCOME:** Signed by the governor

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**HR 1  RESOLUTION TO SUPPORT HEALTHCARE WORKERS**

HR 1 was a resolution to express appreciation and gratitude to healthcare workers and support staff for their efforts during the COVID-19 pandemic.

**SPONSOR:** Rep. Ed Stafman (D-Bozeman)

**MHA POSITION:** SUPPORT

**OUTCOME:** Passed; filed with Secretary of State

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**SB 245  IMPLEMENT MEDICAL ETHICS AND DIVERSITY ACT**

SB 245 provided medical practitioners the right to not participate in a healthcare service that violated the practitioner’s conscience. Similarly, healthcare institutions and payers would not be required to permit the use of facilities for or pay for healthcare service that violates their conscience. MHA opposed this on the grounds that certain channels to address medical ethics already exist; refusal to treat on the basis of a provide or other professional’s conscience could have significant, negative impacts on access to services particularly in remote communities; and that the potential to withhold care based on the individual’s conscience could have irreparable damage on the integrity of our healthcare system and the public trust.

**SPONSOR:** Sen. Keith Regier (R-Kalispell)

**MHA POSITION:** OPPOSE

**OUTCOME:** Failed on second reading in the Senate

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**SB 251  GENERALLY REVISE CIVIL LIABILITY LAWS RELATING TO DAMAGES**

SB 251 is a tort reform bill that limits reimbursement to injured patients at actual cost rather than billed charges. This would decrease pain and suffering damages. It would also decrease fees paid to attorneys, as those are typically set at three times the medical expenses.

**SPONSOR:** Sen. Cary Smith (R-Billings)

**MHA POSITION:** SUPPORT

**OUTCOME:** Signed by the governor
**SB 383**

**ESTABLISH A TEMPORARY COMMUNITY BENEFIT ASSESSMENT FOR CERTAIN HOSPITALS**

SB 383 would have established a temporary annual community benefit assessment for certain hospitals. All CAHs not affiliated with a PPS facility would be exempt from the assessment. It also requires an annual fee be paid no later than June 29 of fiscal years 2021, 2022 and 2023. The funds would be transferred to the general fund. The bill would have generated approximately $4.3 million annually.

**SPONSOR:** Sen. Bob Keenan (R-Bigfork)

**OUTCOME:** Tabled in Senate Finance and Claims Committee

**MHA POSITION:** OPPOSE

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**SB 385**

**REVISE SPECIAL DISTRICT LAWS AND PROVIDE TIME LIMIT ON PROPERTY TAX LEVIES**

The legislation revises statutes related to the creation and dissolution of special districts (that encompass the entire jurisdiction of a local government) and sets a 13-year maximum duration. MHA raised objections to the first draft of the bill. In response, the sponsor addressed the association’s concerns and amended the legislation to remove the potential impact on hospitals.

**SPONSOR:** Sen. Greg Hertz (R-Polson)

**OUTCOME:** Signed by the governor

**MHA POSITION:** OPPOSE

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= Likely to be revisited in the 2023 Legislative Session
HB 102  GENERALLY REVISE GUN LAWS

HB 102 allows concealed weapons in all public locations (including public hospitals) without a permit. The locations include State of Montana buildings in addition to Montana University System campuses across the state.

**SPONSOR:** Rep. Seth Berglee (R-Joliet)

**OUTCOME:** Signed by the governor

**MHA POSITION:** OPPOSE

HB 106  PROHIBIT EXPANSION OF THE MONTANA CLEAN INDOOR AIR ACT

HB 106 would have exempted vaping products from the Clean Indoor Air Act. In short, the bill read that a “local governing body, local board of health or the department may not enact or enforce any regulation, rule, or ordinance that alters, expands, or modifies the prohibitions provided for in 50-40-104 or that alters, expands or modifies the definition provided in 50-40-103.

**SPONSOR:** Rep. Ron Marshall (R-Hamilton)

**OUTCOME:** Tabled in House Local Government Committee

**MHA POSITION:** OPPOSE

HB 109  PROVIDE FOR PRIMARY ENFORCEMENT OF SEATBELT LAWS

HB 109 was an act providing for primary enforcement of seatbelt laws. HB 109 stated that a driver may not operate a motor vehicle upon a highway of the state of Montana unless each occupant of a designated seating position who is under 18 years of age is wearing a properly adjusted and fastened seatbelt or is properly restrained in a child safety restraint. The bill also required adults in designated seating positions to wear a properly adjusted and fastened seatbelt.

**SPONSOR:** Rep. Frank Smith (D-Poplar)

**OUTCOME:** Tabled in House Judiciary Committee

**MHA POSITION:** SUPPORT

HB 121  REQUIRE ELECTED OFFICIAL APPROVAL OF LOCAL HEALTH BOARD AND OFFICER ACTIONS

HB 121 was the first of many bills that focused on local health board and officer oversight related to their power and duties. The overall goal of this bill was to require elected officials to approve local health board and officer actions. As this bill moved through the process, amendments included: moving the effective date to be immediately upon passage; expanding the definition of local governing body; and an added requirement for public meeting and comment on any proposed changes. This bill passed out of committee with some committee members expressing concern with the amended form but citing deeper concerns with other bills that were yet to be heard. Ultimately this bill passed both the House and Senate and was signed into law.

**SPONSOR:** Rep. David Bedey (R-Hamilton)

**OUTCOME:** Signed by the governor

**MHA POSITION:** NO POSITION

= Likely to be revisited in the 2023 Legislative Session
HB 137  GENERALLY REVISE VAPING AND ALTERNATIVE NICOTINE PRODUCTS LAWS

HB 137 would limit local governing units and Montana DPHHS from establishing requirements on alternative nicotine products or vapor products.

**SPONSOR:** Rep. Ron Marshall (R-Hamilton)

**OUTCOME:** Tabled in Senate Business, Labor and Economic Affairs

MHA POSITION: OPPOSE

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HB 332  REVISE SCHOOL LAWS RELATED TO VACCINATIONS

HB 332 would have changed the definitions of immunity, immunization and immunizing agent. Specifically, the definition of “immunizing agent” would include homeoprophylaxis, which is not considered best practice or grounded in medical science.

**SPONSOR:** Rep. Ed Hill (R-Havre)

**OUTCOME:** Failed on second reading in the House of Representatives

MHA POSITION: OPPOSE

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HB 702  PROHIBIT DISCRIMINATION BASED ON VACCINE STATUS OR POSSESSING IMMUNITY PASSPORT

HB 702 makes it illegal for any business or governmental entity to refuse, withhold or deny any person based on a person’s vaccination status. Governor Gianforte vetoed the bill with amendments that exempted licensed nursing homes, long-term care facilities and assisted living facilities from the law if compliance would result in a violation of regulations or guidance issues by CMS or CDC.

The Governor’s amended language also clarified that it is not a discriminatory act for healthcare facilities to ask for vaccination status or to make accommodations for those who refuse to disclose vaccination status. The bill does not allow non-exempt healthcare facilities to confirm the status of CDC-recommended vaccines for healthcare personnel, presenting risk to the health and safety of employees, patients and visitors in the healthcare setting.

**SPONSOR:** Rep. Jennifer Carlson (R-Manhattan)

**OUTCOME:** Signed by the governor

MHA POSITION: OPPOSE

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HB 703  PROHIBIT THE USE OF VACCINATION STATUS OF IMMUNITY PASSPORT FOR CERTAIN PURPOSES

HB 703 was an act prohibiting the use of vaccination status or immunity passport to renew any government-issued identification, government benefits, public assistance or membership card related to a private business. The bill would make it illegal to compel an individual to offer for any business or governmental entity to refuse, withhold or deny any person based on a person’s vaccination status.

**SPONSOR:** Rep. Jedediah Hinkle (R-Belgrade)

**OUTCOME:** Indefinitely postponed on second reading in the Senate

MHA POSITION: OPPOSE

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= Likely to be revisited in the 2023 Legislative Session
HJ 20 JOINT RESOLUTION TO TERMINATE THE CURRENT DECLARATION OF EMERGENCY/DISASTER

HJ 20 is a resolution that would require the Governor to remove the public health emergency (PHE) and also rescind all executive orders related to COVID-19. The removal of the PHE would remove the telehealth flexibilities authorized under the executive order in addition to reducing federal funds available to Montana due to the public health emergency.

**SPONSOR:** Rep. Mark Noland (R-Bigfork)

**OUTCOME:** Died in House Business and Labor Committee

**MHA POSITION:** OPPOSE

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SB 150 REVISE SEATBELT REGULATIONS

SB 150 set age and weight requirements regarding the use of safety restraints for children.

**SPONSOR:** Sen. Diane Sands (D-Missoula)

**OUTCOME:** Tabled in Senate Highways and Transportation Committee

**MHA POSITION:** SUPPORT

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HB 415 PROHIBIT DISCRIMINATION BASED ON VACCINE STATUS

HB 415 would have limited the ability of healthcare facilities to confirm vaccine status of healthcare personnel. This would include vaccines for COVID-19 as well as CDC-recommended vaccines for healthcare workers such as Hepatitis B, MMR, DTaP, Varicella and Meningococcal. This bill would also have prohibited healthcare facilities from requiring vaccines (such as the flu) as a condition of employment.

**SPONSOR:** Rep. Jennifer Carlson (R-Manhattan)

**OUTCOME:** Failed on second reading in the House of Representatives

**MHA POSITION:** OPPOSE

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MHA MEMBERS DESIRE TO COLLABORATE WITH OTHER HEALTHCARE PROVIDERS TO PROMOTE RELATIONSHIPS BUILT ON HONESTY AND TRUST THAT FACILITATES ACCESS TO ALL AVAILABLE HEALTHCARE RESOURCES.
HJ 38

STUDY OF PHARMACY SERVICES

HJ 38 requested an interim study of Montana pharmacy services to enhance access to care. It would have created a committee to do a comprehensive review of options and services that Montana pharmacy professionals could provide to improve access to healthcare services across the state.

SPONSOR: Rep. Casey Knudson (R-Malta)

OUTCOME: Tabled in House Human Services Committee

MHA POSITION: SUPPORT

= Likely to be revisited in the 2023 Legislative Session
**WORKFORCE**

**HB 217 PROVIDE FOR LICENSURE OF GENETIC COUNSELORS**

HB 217 was an act to provide for licensure of genetic counselors. The bill would require licensure for genetic counselors and establish licensure requirements.

**SPONSOR:** Rep. Ed Buttrey (R-Great Falls)  
**OUTCOME:** Signed by the governor  
**MHA POSITION:** SUPPORT

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**HB 297 REVISE LAWS RELATED TO NURSING AND HEALTHCARE WORKERS**

HB 297 would have revised coverage under workers’ compensation for nurses related to COVID-19 by conclusively presuming that the employee who contracted COVID-19 contracted this occupational disease out of and in the course of employment. The accounts of employers participating in a uniform experience rating plan would be exempt from paying claims.

**SPONSOR:** Rep. Mary Caferro (D-Helena)  
**OUTCOME:** Tabled in House Business and Labor Committee  
**MHA POSITION:** NO POSITION

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**HB 624 ESTABLISH A BUSINESS TASK FORCE ON CHILD CARE**

HB 624 would require the Department of Labor and Industry to convene and facilitate a business task force on child care to examine the effects of child care affordability and accessibility on the workforce of Montana businesses.

**SPONSOR:** Rep. Alice Buckley (D-Bozeman)  
**OUTCOME:** Vetoed by the governor  
**MHA POSITION:** SUPPORT

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**HB 680 REQUIRE COLLECTION AND MAPPING OF MENTAL HEALTH WORKFORCE DATA**

MHA testified in support of HB 680 which required the collection and mapping of mental health workforce data. The bill required the Department of Labor and Industry to collect and map data related to mental health professionals. Currently, the state does not have information that can be used to ensure a warm “hand-off” for patients in need to outpatient services once leaving an inpatient care setting. Also, there is no ability to match resources easily against needs in regions across the state. The legislation would have collected impactful information from mental health professionals, shared and graphically displayed the data for a number of users.

**SPONSOR:** Rep. Scot Kerns (R-Great Falls)  
**OUTCOME:** Tabled in House Human Services Committee  
**MHA POSITION:** SUPPORT
# MHA Board of Trustees

<table>
<thead>
<tr>
<th>Name</th>
<th>Title / Region / Position</th>
<th>Organization / Position</th>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>Steve Loveless</td>
<td>Chair</td>
<td>St. Vincent Healthcare &amp; SCL Health Montana, President</td>
<td>Billings, MT</td>
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<tr>
<td>Greg Hanson, MD</td>
<td>Vice Chair</td>
<td>Clark Fork Valley Hospital, CEO</td>
<td>Plains, MT</td>
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<tr>
<td>John Hill</td>
<td>Secretary-Treasurer</td>
<td>Bozeman Health, President &amp; CEO</td>
<td>Bozeman, MT</td>
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<tr>
<td>Cherie Taylor</td>
<td>Immediate Past Chair</td>
<td>Northern Rockies Medical Center, CEO</td>
<td>Cut Bank, MT</td>
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<tr>
<td>Rich Rasmussen</td>
<td>President</td>
<td>Montana Hospital Association, President/CEO</td>
<td>Helena, MT</td>
</tr>
<tr>
<td>Joyce Dombrouski</td>
<td>Trustee, Region 1</td>
<td>Providence Montana, St. Patrick Hospital, Chief Executive</td>
<td>Missoula, MT</td>
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<tr>
<td>John Goodnow</td>
<td>Trustee, Region 2</td>
<td>Benefis Health System, CEO</td>
<td>Great Falls, MT</td>
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<tr>
<td>Parker Powell</td>
<td>Trustee, Region 3</td>
<td>Glendive Medical Center, CEO</td>
<td>Glendive, MT</td>
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<tr>
<td>Craig Aasved</td>
<td>Trustee, Region 4</td>
<td>Shodair Children’s Hospital, CEO</td>
<td>Helena, MT</td>
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<tr>
<td>Scott Ellner, DO</td>
<td>Trustee, Region 5</td>
<td>Billings Clinic, CEO</td>
<td>Billings, MT</td>
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<tr>
<td>Steve Todd</td>
<td>Trustee at Large</td>
<td>St. Luke Community Healthcare, CEO</td>
<td>Ronan, MT</td>
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<tr>
<td>Wade Johnson</td>
<td>Trustee at Large</td>
<td>St. Peter’s Health, CEO</td>
<td>Helena, MT</td>
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<td>Kirsten Kammerzell</td>
<td>Trustee at Large</td>
<td>Northern Montana Healthcare, Trustee</td>
<td>Havre, MT</td>
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<tr>
<td>Jason Cronk</td>
<td>Leading Age Advocate</td>
<td>Immanuel Lutheran Communities, CEO</td>
<td>Kalispell, MT</td>
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<tr>
<td>Randy Holom</td>
<td>AHA Delegate</td>
<td>Frances Mahon Deaconess Hospital, CEO</td>
<td>Glasgow, MT</td>
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<tr>
<td>Kelley Evans</td>
<td>MHREF Chair (Ex-Officio Trustee)</td>
<td>Beartooth Billings Clinic, CEO</td>
<td>Red Lodge, MT</td>
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<tr>
<td>Rob Brandt</td>
<td>Special Trustee at large</td>
<td>Mountainview Medical Center, CEO</td>
<td>White Sulphur Springs, MT</td>
</tr>
<tr>
<td>Craig Lambrecht, MD</td>
<td>Special Trustee at large</td>
<td>Logan Health, President &amp; CEO</td>
<td>Kalispell, MT</td>
</tr>
</tbody>
</table>
MHA COMMITTEE ON LEGISLATION

GREG HANSON, MD
CHAIR
Clark Fork Valley Hospital, CEO
Plains, MT

CRAIG AASVED
Shodair Children’s Hospital, CEO
Helena, MT

MARK BAKER
ABS Legal (Logan Health), Lobbyist
Helena, MT

ROB BRANDT
Mountainview Medical Center, CEO
White Sulphur Springs, MT

JJ CARMDODY
Billings Clinic, Director of Reimbursement
Billings, MT

KAREN COSTELLO
Holy Rosary Healthcare, CEO
Missoula City

JASON CRONK
Immanuel Lutheran Communities, CEO
Kalispell, MT

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Providence Montana
St. Patrick Hospital, Chief Executive
Missoula, MT

JAY DOYLE
St. James Healthcare, CEO
Butte, MT

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Billings Clinic
Physician Director of Health Policy
Billings, MT

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Ruby Valley Medical Center, CEO
Sheridan, MT

SCOTT ELLNER, DO
Billings Clinic, CEO
Billings, MT

KELLEY EVANS
Beartooth Billings Clinic, CEO
Red Lodge, MT

JOHN FELTON
RiverStone Health, CEO
Billings, MT

JOHN GOODNOW
Benefs Health System, CEO
Great Falls, MT

AIMEE GRMOLJEZ
Crowley Fleck (Billings Clinic/Community Medical Center), Lobbyist
Helena, MT

JOHN HILL
Bozeman Health, President & CEO
Bozeman, MT

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Frances Mahon Deaconess Hospital, CEO
Glasgow, MT

KACI HUSTED
Benefs Health System, VP of Communications & Business Development
Great Falls, MT

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Helena, MT

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Kalispell, MT

CODY LANGBEHN
Central Montana Medical Center, CEO
Lewistown, MT

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SCL Health, Region VP, Network Development
Butte, MT

STEVE LOVELESS
St. Vincent Healthcare & SCL Health
Montana, President
Billings, MT

JESSIE LUTHER
Taylor Luther Group (MHA), Lobbyist
Helena, MT

AIDAN MYHRE
ABS Legal (Logan Health) Lobbyist
Helena, MT

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Great Falls Clinic Hospital, CEO
Great Falls, MT

TONY PFAFF
Deer Lodge Medical Center, CEO
Deer Lodge, MT

PARKER POWELL
Glendive Medical Center, CEO
Glendive, MT

BARBARA SCHNEEMAN
RiverStone Health, VP of Communications & Public Affairs
Billings, MT

ASHLEE STRONG
Granite Peak Communications (Logan Health), Lobbyist
Bozeman, MT

CHERIE TAYLOR
Northern Rockies Medical Center, CEO
Cut Bank, MT

MARK TAYLOR
Taylor Luther Group (MHA), Lobbyist
Helena, MT

STEVE TODD
St. Luke Todd Healthcare, CEO
Ronan, MT

DAVID TROST
St. John’s United, CEO
Billings, MT

BILL WARDEN
Warden & Associates
Bozeman Health/St. Peter’s Health/Shodair Children’s Hospital, Lobbyist
Bozeman/Helena, MT

KEN WESTMAN
Barrett Hospital & HealthCare, CEO
Dillon, MT