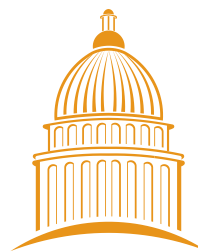


2019



LEGISLATIVE SUMMARY

MHA

MONTANA
HOSPITAL
ASSOCIATION

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QUICK GLANCE

BUDGET

MEDICAID

BEHAVIORAL
HEALTH

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INTRODUCTION



IT WAS ONLY SIX MONTHS AGO THAT INITIATIVE 185 FELL SHORT AT THE BALLOT BOX.

There was little time to regroup after a long campaign with the 2019 Legislative Session just weeks away. To complicate matters, the clock was counting down to the July 1st sunset of the landmark HELP Act, which expanded Medicaid in 2015. Most political observers felt some form of expansion would pass, but not without a fight from opponents. Hospitals would face those same opponents in the form of legislation aimed at attacking MHA members.

As the session played out, there remained three camps taking different positions on expansion: expand without changes; expand with guardrails; and no expansion. MHA took the position that Medicaid expansion must be extended and that the association would support all proposals that continue coverage. The goal was to pass a bipartisan proposal that could unite the Republican Solutions Caucus members and Democrats, ensuring the passage of expansion. Representatives Ed Buttrey (R-Great Falls) and Mary Caferro (D-Helena), original

cosponsors of the 2015 HELP Act, proposed expansion bills that differed significantly, but ultimately led to consensus on HB 658 and its passage in the House.

When HB 658 was taken up in the Senate, the field of votes was narrower in the pathway to approval. The Senate Public Health, Welfare and Safety Committee did not have the votes to pass or kill the measure, which led to a blast motion to keep the bill moving. Meanwhile, throughout the session, MHA's Montana Medicaid Works coalition was driving emails from its online advocacy portal, phone calls and targeted social media messaging. Additionally, MHA member hospitals were approving resolutions in support of expansion, engaging trustees and clinical leaders as well as community partners to provide support to lawmakers.

As the Senate began the process of moving HB 658 to the floor, pressure mounted and other legislative matters were quickly tied to negotiations. Going into the full Senate floor vote, MHA member CEOs and hospital supporters were continuing the massive outreach to ensure we had the votes



EVERY MONTANAN SHOULD HAVE ACCESS TO
APPROPRIATE AND NECESSARY HEALTH CARE SERVICES.

to pass the bill. As amendments were offered, Senator Jason Small (R-Busby) managed the bill, while other Senators argued in opposition to expansion. The Senate resisted multiple attempts to derail the bill, but did pass an amendment creating a new sunset in 2025.

It wasn't until HB 658 was ready for its third reading that the Senate politics intensified. Republican supporters of expansion were pressured to oppose the bill, but MHA members continued to share the data which overwhelmingly demonstrated the success of expansion. Members empowered trustees to lean into the debate and spent countless hours with Senators to shore up support. On the day of the final vote in the Senate, 28 Senators voted in favor of HB 658 and advanced the bill to the House for final passage.

It took courage to pass the extension of Medicaid expansion, and courage is how MHA is defining the efforts of our legislative supporters in our "praise campaign." It is important that we recognize the efforts of our state's bipartisan lawmakers. MHA has provided tools and resources for hospitals to express

their appreciation over the coming weeks. With the session now adjourned, it remains critically important to keep up our education and outreach efforts with state legislators. Although Medicaid expansion will sunset in 2025, the program must be funded every two years with each legislative session.

As we reflect on the success of the 2019 session, we cannot overlook the countless number of bills that would have adversely impacted our member organizations. Attacks on not-for-profit status were once again in full swing. These included the creation of a special committee on hospitals, bills to apply special assessments against not-for-profit organizations and proposals to limit executive compensation.

Poorly crafted payment reforms, such as price-fixing using Medicare as a proxy and transparency bills that do not effectively inform patients, were also proposed. MHA sought to amend or fought the bills in committee. The price-fixing bill was defeated on the House floor. As with most bills that do not pass in one year, we are likely to see them again in subsequent sessions.

MHA worked to address and defeat these measures, but as we move forward the health care community must communicate its value to legislators and the broader community. MHA will once again make tools available for hospitals to use in these efforts and also offer our personal assistance to bring parties together. By proactively promoting your meaningful work and educating lawmakers on the challenges you face, these types of dialogue can provide enumerable benefits to both patients and communities at large.

The strategic imperative for MHA members is to engage your trustees, clinical leadership and your executive team members in educating legislators and build on the successes we have achieved this session. If you have ideas or thoughts on how the association can improve its advocacy, please share them with us. In August, the MHA Board of Trustees will be joined by the boards of the Montana Hospital Research and Education Foundation and MHA Ventures in a strategic planning retreat to chart our collective future and strengthen the effectiveness of the association.

Included in this legislative summary are many of the bills addressed by MHA during the 2019 Legislative Session. We hope you can use it as a tool for your organization and trustees. On behalf of the MHA team, we appreciate the support of the membership and the hospital lobbyists that assist with our collective advocacy. Our unity is our strength and we value your commitment to our advocacy goals.



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

LEGISLATIVE SUMMARY QUICK GLANCE

	BILL NUMBER	TITLE	SPONSOR	MHA POSITION	OUTCOME	MEMBER IMPACT
BUDGET	HB 2	GENERAL APPROPRIATIONS ACT	Rep. Nancy Ballance (R-Hamilton)	SUPPORT	PASSED	✓
	HB 669	IMPLEMENT PROVISIONS OF HB 2, SECTION B	Rep. Eric Moore (R-Miles City)	SUPPORT	PASSED	...
	HB 670	IMPLEMENT PROVISIONS OF HB 2, SECTION B	Rep. Eric Moore (R-Miles City)	SUPPORT	FAILED	...
	SB 352	GENERALLY REVISE LAWS RELATED TO THE BUDGET	Sen. Fred Thomas (R-Stevensville)	NO POSITION	PASSED	...
MEDICAID	HB 425	REVISE & MAKE PERMANENT MEDICAID EXPANSION	Rep. Mary Caferro (D-Helena)	SUPPORT	FAILED	...
	HB 658	GENERALLY REVISE HEALTH CARE LAWS & PERMANENTLY EXPAND MEDICAID	Rep. Ed Buttrey (R-Great Falls)	SUPPORT	PASSED	✓
	HB 729	REQUIRING ALTERNATIVE PAYMENT METHOD FOR CERTAIN MEDICAID PRESCRIPTION DRUGS	Rep. Tom Winter	NO POSITION	FAILED	...
BEHAVIORAL HEALTH	HB 137	CREATE A STATEWIDE DRUG TAKE-BACK DAY	Rep. Kim Dudik (D-Missoula)	SUPPORT	PASSED	✓
	HB 583	REVISE REQUIREMENTS FOR MEASURING CHILDREN'S MENTAL HEALTH OUTCOMES	Rep. Dennis Lenz (R-Billings)	NO POSITION	PASSED	...
	HB 660	CREATE MOBILE CRISIS UNIT GRANT PROGRAM	Rep. Joel Krautter (R-Sidney)	NO POSITION	PASSED	...
	HB 696	APPROPRIATING FUNDS FOR SUICIDE PREVENTION	Rep. Jessica Karjala (D-Billings)	SUPPORT	PASSED	✓
	HB 771	PROVIDE FOR INCREASED ACCESS TO MEDICATION-ASSISTED TREATMENT	Rep. Tom Winter (D-Missoula)	NO POSITION	FAILED	...
	SB 30	ALLOW PEER SUPPORT SERVICES TO BE REIMBURSED UNDER MEDICAID	Sen. Jen Gross (D-Billings)	NO POSITION	PASSED	✓
	SB 280	ESTABLISH REQUIREMENTS FOR PROVIDING & COVERING MEDICATION-ASSISTED TREATMENT	Sen. Albert Olszewski (R-Kalispell)	NO POSITION	FAILED	...
PUBLIC HEALTH	HB 413	ADDRESS VAPING IN SCHOOLS	Rep. Fred Anderson (R-Great Falls)	SUPPORT	PASSED	...
	HB 560	REQUIRE DPHHS TO PARTICIPATE IN HEALTH INFORMATION EXCHANGE	Rep. Kathy Kelker (D-Billings)	SUPPORT	FAILED	...
	HB 604	DIRECT DPHHS TO DEVELOP A STRATEGIC PLAN FOR PREVENTION PROGRAMS	Rep. Jessica Karjala (D-Billings)	NO POSITION	PASSED	...
	SB 140	ESTABLISH THE MONTANA DYSLEXIA SCREENING & INTERVENTION ACT	Sen. Cary Smith (R-Billings)	SUPPORT	PASSED	...
WORKFORCE	HB 472	REQUIRE CERTAIN EMPLOYERS TO REPORT ON NURSE EMPLOYMENT	Rep. Marilyn Marler (D-Missoula)	OPPOSE	FAILED	✓
	HB 581	REQUIRING TIMELY LICENSURE BY PROFESSIONAL OCCUPATIONAL BOARDS	Rep. Casey Knudsen (R-Malta)	SUPPORT	PASSED	✓
	HB 599	ALLOWING FOR THE COMMUNITY HEALTH AIDE PROGRAM FOR TRIBAL FACILITIES	Rep. Jonathan Windy Boy (D-Box Elder)	NO POSITION	PASSED	...
	HB 634	ESTABLISH INTERSTATE NURSING LICENSE RECOGNITION FOR FIRST 90 DAYS OF PRACTICE	Rep. Jacob Bachmeier (D-Havre)	OPPOSE	FAILED	✓
	HB 716	DEVELOPING AN AGREEMENT WITH MUS & IDAHO COLLEGE OF MEDICINE	Rep. Tom Woods (D-Bozeman)	NO POSITION	PASSED	...
	SB 38	ALLOW EMERGENCY CARE PROVIDERS TO OFFER COMMUNITY HEALTH CARE	Sen. Margie MacDonald (D-Billings)	SUPPORT	PASSED	✓
	SB 94	PROVIDE SIGNATURE AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES	Sen. Terry Gauthier (R-Helena)	SUPPORT	PASSED	✓
	SB 131	GENERALLY REVISE WICHE/WWAMI LAWS	Sen. Roger Webb (R-Billings)	OPPOSE	FAILED	✓

	BILL NUMBER	TITLE	SPONSOR	MHA POSITION	OUTCOME	MEMBER IMPACT
REGULATORY	HB 86	GENERALLY REVISE PRESCRIPTION DRUG LAWS	Rep. Vince Ricci (R-Laurel)	SUPPORT	PASSED	✓
	HB 344	REQUIRE TRANSPARENCY REPORTING OF PHARMACY BENEFIT MANAGERS	Rep. Kathy Kelker (D-Billings)	NO POSITION	FAILED	...
	HB 489	REPEAL CERTIFICATE OF PUBLIC ADVANTAGE	Rep. Matt Regier (R-Kalispell)	NO POSITION	PASSED	...
	HB 537	AMEND LAWS RELATING TO CERTIFICATE OF NEED	Rep. Matt Regier (R-Kalispell)	OPPOSE	FAILED	...
	HB 710	REQUIRE REPORTING OF PRESCRIPTION DRUG COST INFORMATION	Rep. Katie Sullivan (D-Missoula)	NO POSITION	FAILED	...
	HJ 55	STUDY HOW TO MAKE HEALTH CARE LESS EXPENSIVE	Rep. Tom Winter (D-Missoula)	SUPPORT	FAILED	...
	SB 71	REGULATE HEALTH INSURERS' ADMINISTRATION OF PHARMACY BENEFITS FOR CONSUMERS	Sen. Albert Olszewski (R-Kalispell)	NO POSITION	FAILED	...
	SB 83	ESTABLISHING ALLOWABLE & PROHIBITED PRACTICES FOR PHARMACY BENEFIT MANAGERS	Sen. Steve Fitzpatrick (R-Great Falls)	NO POSITION	PASSED	...
	SB 270	REVISE REIMBURSEMENT CONDITIONS FOR CERTAIN PHARMACIES, PHARMACISTS	Sen. Mary McNally (D-Billings)	NO POSITION	PASSED	...
HEALTH INSURANCE	HB 555	ENSURING TRANSPARENCY IN PRIOR AUTHORIZATION	Rep. Dennis Lenz (R-Billings)	SUPPORT	PASSED	✓
	HB 747	REGULATING PRICING BY CERTAIN HEALTH CARE FACILITIES	Rep. Tom Woods (D-Bozeman)	OPPOSE	FAILED	✓
	HJ 65	INTERIM STUDY OF REFERENCE-BASED PRICING IN INSURANCE PLANS	Rep. Tom Woods (D-Bozeman)	OPPOSE	FAILED	✓
	SB 335	REVISE INSURANCE LAWS RELATED TO PHARMACIES & CERTAIN HEALTH ENTITIES	Sen. Steve Fitzpatrick (R-Great Falls)	SUPPORT	PASSED	✓
LONG-TERM CARE	HB 613	CREATE EXCEPTION TO LIQUOR QUOTA SYSTEM FOR RESIDENTIAL SENIOR FACILITIES	Rep. Sue Vinton (R-Billings)	SUPPORT	PASSED	✓
	SB 306	SET STANDARDS FOR CAREGIVER RATIO IN CERTAIN CATEGORY C ASSISTED LIVING CENTERS	Sen. Tom Jacobson (D-Great Falls)	NO POSITION	FAILED	...
	SB 324	REVISE DEFINITION OF ELDER ABUSE	Sen. Tom Jacobson (D-Great Falls)	NO POSITION	PASSED	...
OTHER BILLS OF INTEREST	HB 83	ELIMINATE THE HELP ACT OVERSIGHT COMMITTEE	Rep. Mary Caferro (D-Helena)	NO POSITION	PASSED	...
	HB 284	PROVIDING THAT CONSENT TO PHYSICIAN AID IN DYING IS NOT A DEFENSE	Rep. Carl Glimm (R-Kila)	NO POSITION	FAILED	...
	HB 755	GENERALLY REVISED PRE-KINDERGARTEN LAWS	Rep. Eric Moore (R-Miles City)	NO POSITION	FAILED	...
	HB 302	CONSTITUTIONAL AMENDMENT TO DEFINE PERSON	Rep. Greg DeVries (R-Jefferson City)	NO POSITION	FAILED	...
	SB 52	GENERALLY REVISE LAWS ON SEXUAL ASSAULT KITS	Sen. Diane Sands (D-Missoula)	SUPPORT	PASSED	✓
	SB 111	EXTEND TERMINATION DATE OF QUALIFIED ENDOWMENT TAX CREDIT	Sen. Mark Blasdel (R-Kalispell)	SUPPORT	PASSED	✓
	SB 147	REVISING LAWS CONCERNING HUMAN TRAFFICKING & SEX CRIMES TO PROTECT VICTIMS	Sen. Margie MacDonald (D-Billings)	SUPPORT	PASSED	✓
	SB 323	ALLOW THE CREATION & ASSESSMENT OF A PUBLIC SAFETY DISTRICT	Sen. Roger Webb (R-Billings)	OPPOSE	FAILED	✓

MEMBER IMPACT KEY ✓ = POSITIVE ✗ = NEGATIVE ... = NEUTRAL

Bills highlighted in orange indicate high-priority legislation.



BUDGET



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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. The bill was described as a "caretaker" measure since the revenue picture did not allow for any major program changes that required significant new funding.

The governor proposed current level funding for Medicaid, including funding for those items restored from the budget cuts imposed in FY 2018. The governor provided for an across-the-board rate hike for all providers of 0.9% in FY 2020 and 1.81% in FY 2021. Lawmakers approved the basic budget, and approved the rate hike for all providers except hospitals. The funds saved from removing the hospital rate increase were redirected to increase funds for substance abuse treatment.

The CHIP program was fully funded, an act that challenged the budget committee since the state share increased substantially for this coming biennium. Finally, lawmakers approved \$600,000 for development of a statewide health information exchange, with the funding offset by a reduction in physician fee schedule amounts.

SPONSOR: Rep. Nancy Ballance (R-Hamilton)

OUTCOME: Signed by the governor

MHA POSITION: SUPPORT

HB 669 IMPLEMENT PROVISIONS OF HB 2, SECTION B

HB 669 is a companion bill to HB 2 that implements the reduction of the physician fee schedule to offset the appropriation in HB 2 to help fund a statewide health information exchange. The bill also provides for an increase of 100 slots in the home and community-based waiver program, funded by a transfer of money from the Older Montanans Trust and the Telecommunications Services and Equipment for Disabled Persons Accounts.

SPONSOR: Rep. Eric Moore (R-Miles City)

OUTCOME: Signed by the governor

MHA POSITION: SUPPORT

HB 670 IMPLEMENT PROVISIONS OF HB 2, SECTION B

HB 670 provided for a combination of a \$3.25 per day increase for assisted living facility Medicaid rates, and 32 new waiver slots in the home and community-based waiver program. The measure served as an alternative to the provisions in HB 669.

SPONSOR: Rep. Eric Moore (R-Miles City)

OUTCOME: Died in committee

MHA POSITION: SUPPORT

SB 352 GENERALLY REVISE LAWS RELATED TO THE BUDGET

SB 352 began as a measure to reconcile HB 2, the general budget bill, with various legislation under consideration by lawmakers. Ultimately, the bill provided funding for upgrades to the statewide public safety communications system and the invasive aquatic species program in Montana.

SPONSOR: Sen. Fred Thomas (R-Stevensville)

OUTCOME: Signed by the governor

MHA POSITION: NO POSITION

HB 425 REVISE AND MAKE PERMANENT MEDICAID EXPANSION



HB 425 was one of two bills considered by the House to eliminate the sunset on the expansion of Medicaid coverage approved in 2015. The bill proposed continuing the program under the provisions of the original HELP Act. The bill did not include additional community engagement requirements. The act did include a new fee on outpatient hospital charges to help pay the state share of costs for the program.

SPONSOR: Rep. Mary Caferro (D-Helena)

MHA POSITION: SUPPORT

OUTCOME: Tabled by House Human Services Committee

HB 658 GENERALLY REVISE HEALTH CARE LAWS & PERMANENTLY EXPAND MEDICAID



HB 658 emerged as the bipartisan solution to extending the expansion of Medicaid coverage to low-income adults between 19 and 65 years of age. The bill amended the current program by adding an 80-hour per month community engagement requirement for certain enrollees; providing exemptions from community engagement; and requiring greater verification of eligibility by DPHHS program staff.

The bill increased program integrity requirements, reforming the program integrity fee for persons who can manipulate their income but have considerable assets. As such, the bill included a negotiated payment by members of a 501(d) entity receiving benefits under the program.

The bill imposed a new fee on outpatient hospital charges and certain insurance company premiums to help fund the state share of medical benefit costs. It also added a grant program to the HELP Link program to encourage employers to train and hire persons who receive assistance from the Department of Labor program.

A sunset date of June 30, 2025 was added to the final bill.

SPONSOR: Rep. Ed Buttrey (R-Great Falls)

MHA POSITION: SUPPORT

OUTCOME: Signed by the governor

HB 729 REQUIRING ALTERNATIVE PAYMENT METHOD FOR CERTAIN MEDICAID PRESCRIPTION DRUGS

HB 729 would have amended current statutes to direct DPHHS, whenever possible, to use a subscription model as an alternative payment method for high-cost or specialty drugs that treat a specific disease or medical condition. Any contract awarded under a subscription model would have required the contractor to deliver an unrestricted supply of the prescription drug for a specified period of years; cap the annual payment for the drug at the amount spent by the Medicaid program on the drug in the fiscal year preceding the year in which the contract is awarded; and include the use of supplemental rebate agreements to meet the contract price.

SPONSOR: Rep. Tom Winter (D-Missoula)

MHA POSITION: NO POSITION

OUTCOME: Tabled by House Business and Labor Committee



= Likely to be revisited in the 2021 Legislative Session



HB 137 CREATE A STATEWIDE DRUG TAKE-BACK DAY

HB 137 is an act designating the National Prescription Drug Take-Back Day in October as Montana Prescription Drug Take-Back Day. The purpose of the designation is to raise awareness of the safe disposal of unused and unneeded prescription drugs, the consequences of failure to properly dispose of prescription drugs, and proper methods of prescription drug disposal.

SPONSOR: Rep. Kim Dudik (D-Missoula)

OUTCOME: Signed by the governor

MHA POSITION: SUPPORT

HB 583 REVISE REQUIREMENTS FOR MEASURING CHILDREN'S MENTAL HEALTH OUTCOMES

HB 583 amends current statutes to require DPHHS, each September and March, to measure factors (specific to a point in time) for children receiving targeted case management services in the state-funded children's mental health system. The findings would be used to determine the effect of the services on the children's likelihood to remain at home, in school and out of trouble.

SPONSOR: Rep. Dennis Lenz (R-Billings)

OUTCOME: Signed by the governor

MHA POSITION: NO POSITION

HB 660 CREATE MOBILE CRISIS UNIT GRANT PROGRAM

Mobile crisis units consist of multidisciplinary teams offering intervention services in coordination with dispatch, local law enforcement, EMS and other resources. HB 660 provides grant funding to establish mobile crisis units. The bill defines the criteria for the grants and requires that at least one must be awarded to a rural community. Additionally, DPHHS shall ensure this grant program coordinates with current suicide and mental health crisis response programs as recommended in the 2016 Montana Suicide Mortality Review Team Report.

SPONSOR: Rep. Joel Krautter (R-Sidney)

OUTCOME: Signed by the governor

MHA POSITION: NO POSITION



**MHA MEMBERS ARE COMMITTED TO SERVING THEIR
COMMUNITIES & PROVIDING HIGH QUALITY CARE TO ALL
PERSONS IN NEED OF HEALTH CARE SERVICES.**



HB 696 APPROPRIATING FUNDS FOR SUICIDE PREVENTION

In an effort to address suicide among service members, veterans and their families, the legislature appropriated \$500,000 to fund a grant program to implement prevention strategies developed in collaboration with the U.S. Department of Veterans Affairs and the federal Substance Abuse and Mental Health Services Administration.

SPONSOR: Rep. Jessica Karjala (D-Billings)

MHA POSITION: SUPPORT

OUTCOME: Signed by the governor

HB 771 PROVIDE FOR INCREASED ACCESS TO MEDICATION-ASSISTED TREATMENT

The purpose of HB 771 was to enhance efforts to prevent and comprehensively treat opioid use disorder by using medication-assisted treatment to reduce opioid-related misuse, overdose and death. The bill addressed health insurer coverage of medication-assisted treatment services; prescriber-authorized substitution of medication-assisted treatment drugs; opioid use disorder treatment facility requirements; required provisions of group policies; authorization of services under the Montana Medicaid program; and requirements for a facility offering treatment for opioid use disorder. Further, the bill authorizes DPHHS to periodically inspect approved public and private treatment facilities at reasonable times and in a reasonable manner.

SPONSOR: Rep. Tom Winter (D-Missoula)

MHA POSITION: NO POSITION

OUTCOME: Tabled by House Human Services Committee

SB 30 ALLOWING PEER SUPPORT SERVICES TO BE REIMBURSED UNDER MEDICAID

SB 30 added peer support services to the optional services covered under Montana Medicaid and transferred \$2.5 million from the medical marijuana special revenue account to fund the new services. Peer support will be covered as a part of mental health services provided to persons over age 18.

SPONSOR: Sen. Jen Gross (D-Billings)

MHA POSITION: NO POSITION

OUTCOME: Signed by the governor

SB 280 ESTABLISH REQUIREMENTS FOR PROVIDING & COVERING MEDICATION-ASSISTED TREATMENT

This bill was to enhance efforts to prevent and comprehensively treat opioid-related substance use disorders, including the use of medication-assisted treatment for opioid addiction, in order to reduce opioid-related misuse, overdose, and death as well as accidental injury and death from other drugs.

SPONSOR: Sen. Albert Olszewski (R-Kalispell)

MHA POSITION: NO POSITION

OUTCOME: Tabled by Senate Public Health, Welfare and Safety Committee



= Likely to be revisited in the 2021 Legislative Session

HB 413 ADDRESS VAPING IN SCHOOLS

This legislation prohibits vaping and use of vaping products or alternative nicotine products in public school buildings or on public school property. An exception is created when the product is used as part of a lecture, demonstration or education forum.

SPONSOR: Rep. Fred Anderson (R-Great Falls)

OUTCOME: Signed by the governor

MHA POSITION: SUPPORT

HB 560 REQUIRE DPHHS TO PARTICIPATE IN HEALTH INFORMATION EXCHANGE

In many states, health information exchanges (HIEs) include Medicaid as a user and provider of data. HB 560 required Montana's Medicaid program and Healthy Montana Kids to participate in Big Sky Care Connect, the state's newly formed HIE.

SPONSOR: Rep. Kathy Kelker (D-Billings)

OUTCOME: Tabled by Senate Public Health, Welfare and Safety Committee

MHA POSITION: SUPPORT

HB 604 DIRECT DPHHS TO DEVELOP A STRATEGIC PLAN FOR PREVENTION PROGRAMS

Passage of this act requires the Department of Public Health and Human Services to develop a strategic plan to apply for funds under the Family First Prevention Services Act. The plan must propose strategies specific to Montana's rural, urban and American Indian communities and reservations. The bill enumerates the criteria for evaluation and the plan development.

SPONSOR: Rep. Jessica Karjala (D-Billings)

OUTCOME: Signed by the governor

MHA POSITION: NO POSITION

SB 140 ESTABLISH THE MONTANA DYSLEXIA SCREENING AND INTERVENTION ACT

Dyslexia can impede a person's ability to read and is the most common learning disability. SB 140 defines dyslexia and requires school districts to identify students with the disability and evaluate them for additional services. The Office of Public Instruction is required to provide guidance to school districts on identifying and serving students with dyslexia.

SPONSOR: Sen. Cary Smith (R-Billings)

OUTCOME: Signed by the governor

MHA POSITION: SUPPORT





HB 472 REQUIRE CERTAIN EMPLOYERS TO REPORT ON NURSE EMPLOYMENT



HB 472 called for hospitals to report basic employment information regarding nurses and would require the state's Board of Nursing to gather and aggregate the employment data to assess health care shortages and other employment data regarding nursing.

The bill would require health care providers and government agencies to collect data and create new systems, both of which are duplicative of existing data collection processes and systems.

SPONSOR: Rep. Marilyn Marler (D-Missoula)

MHA POSITION: OPPOSE

OUTCOME: Tabled by House Business and Labor Committee

HB 581 REQUIRING TIMELY LICENSURE BY PROFESSIONAL OCCUPATIONAL BOARDS

HB 581 amended current statutes regarding the timeliness of issuing licenses or practice permits by licensing boards. The law requires licensing boards to issue a license within 45 days from the time of receiving a completed application, or within 10 calendar days, provide notice and response timelines to the applicant of deficiencies in the application or provide information as to any exigent circumstances that may delay issuing a license. Temporary practice permits would be issued under the same timeline.

For non-routine licenses, the department shall confer with the board to which the licensure application is made and provide an expected timeline to an applicant for issuing a license, including notifying the applicant from that time forward of any deviations from the expected timeline.

SPONSOR: Rep. Casey Knudsen (R-Malta)

MHA POSITION: SUPPORT

OUTCOME: Signed by the governor

HB 599 ALLOWING FOR THE COMMUNITY HEALTH AIDE PROGRAM FOR TRIBAL FACILITIES

This legislation establishes a community health aide program in Montana and establishes the standards and certification process for overseeing the program. Additionally, the bill includes community health aides in the list of persons that can be reimbursed by Medicaid.

SPONSOR: Rep. Jonathan Windy Boy (D-Box Elder)

MHA POSITION: NO POSITION

OUTCOME: Signed by the governor

HB 634 ESTABLISH INTERSTATE NURSING LICENSE RECOGNITION FOR FIRST 90 DAYS OF PRACTICE



HB 634 would repeal the Enhanced Nurse Licensure Compact and instead establish a procedure to allow nurses from all states to practice in Montana under a professional nursing license from any other state for the first 90 days of nursing practice in Montana.

SPONSOR: Rep. Jacob Bachmeier (D-Havre)

MHA POSITION: OPPOSE

OUTCOME: Tabled by House Business and Labor Committee



= Likely to be revisited in the 2021 Legislative Session



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HB 716 DEVELOPING AN AGREEMENT WITH MUS AND IDAHO COLLEGE OF MEDICINE

HB 716 directs the Office of the Commissioner of Higher Education (OCHE) to negotiate the terms of a Memorandum of Understanding between the Board of Regents and the Idaho College of Osteopathic Medicine (ICOM) that establishes a cooperative medical education program for Montana residents at the college.

The memorandum must be submitted to the legislature for approval prior to becoming effective. The MOU would not be effective until ICOM is fully accredited; if accredited by July 1, 2022, ICOM would make up to 10 slots available for Montana residents that fiscal year, with an additional maximum of 10 slots available each additional fiscal year until the program has a total of up to 40 slots for Montana residents.

Students participating in the program would be subject to the same requirements as WWAMI students; the Montana university system would pay a state support fee equivalent to the established WICHE osteopathic medicine support fee per slot per year. OCHE shall report to the Education Interim Committee on the progress of negotiations regarding the memorandum at each meeting of the committee during the 2021 interim.

SPONSOR: Rep. Tom Woods (D-Bozeman)

MHA POSITION: NO POSITION

OUTCOME: Signed by the governor

SB 38 ALLOW EMERGENCY CARE PROVIDERS TO OFFER COMMUNITY HEALTH CARE



This legislation permits emergency care providers to offer community integrated health care services. This was identified as an opportunity to improve EMS sustainability by MHA's EMS taskforce. The Board of Medical Examiners will be responsible for further rule development to implement the legislation.

SPONSOR: Sen. Margie MacDonald (D-Billings)

MHA POSITION: SUPPORT

OUTCOME: Signed by the governor



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

SB 94 PROVIDE SIGNATURE AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES



This bill allows APRNs to have signature authority when a provision of law or administrative rule requires a signature, certification, stamp, verification, affidavit or endorsement by a physician. This may not be construed to expand the scope of practice of an advanced practice registered nurse. The APRN must practice within the scope of the advanced practice registered nurse's certification.

SPONSOR: Sen. Terry Gauthier (R-Helena)

OUTCOME: Signed by the governor

MHA POSITION: SUPPORT

SB 131 GENERALLY REVISE WICHE/WWAMI LAWS



SB 131 would have required state-subsidized medical education placements be allocated by a lottery system. This would impact WWAMI, WICHE and similar out-of-state programs that provide medical education access to Montana residents. Of primary interest to MHA was the potential impact on the WWAMI program, which is a partnership with the University of Washington (UW).

The University of Washington (thus WWAMI) is accredited by an independent, third party, the Liaison Committee on Medical Education, which accredits all allopathic medical schools in the United States and Canada. The Liaison Committee on Medical Education does not allow for lotteries as part of the admissions process. Under SB 131, the University of Washington would have dropped Montana from their programs. In other words, passage of this bill would have ended Montana's access to WWAMI, WICHE and similar programs.

If this bill had passed, it would have created even steeper challenges for Montana hospitals to recruit physicians. Additionally, Montana students would have lost an opportunity to pursue these programs.

SPONSOR: Sen. Roger Webb (R-Billings)

OUTCOME: Tabled by Senate Education and Cultural Resources Committee

MHA POSITION: OPPOSE



= Likely to be revisited in the 2021 Legislative Session





REGULATORY



MONTANA
HOSPITAL
ASSOCIATION

HB 86 GENERALLY REVISE PRESCRIPTION DRUG LAWS



HB 86 was introduced at the request of the state's attorney general to combat the alleged oversupply of opioid prescription drugs. The act imposes limitations on the prescription of opioid drugs to an initial 7-day supply for opioid naïve patients. The bill also makes mandatory the use of the drug registry system prior to an initial prescription, and review on a quarterly basis for patients with ongoing medical management. The initial supply requirement is effective October 1, 2019, the use of the registry is effective July 1, 2021 and the entire bill sunsets on June 30, 2025.

SPONSOR: Rep. Vince Ricci (R-Laurel)

MHA POSITION: SUPPORT

OUTCOME: Signed by the governor

HB 344 REQUIRE TRANSPARENCY REPORTING OF PHARMACY BENEFIT MANAGERS

HB 344 would have required a pharmacy benefit manager (PBM) operating in Montana to submit to the insurance commissioner an annual transparency report containing the following information: aggregate amount of all rebates that the PBM received from all pharmaceutical manufacturers for all health insurance issuers; aggregate amount of administrative fees that the PBM received from all pharmaceutical manufacturers for all health insurance issuers; and aggregate amount of retained rebates that the PBM received from all pharmaceutical manufacturers and that were not passed through to health insurance issuers.

SPONSOR: Rep. Kathy Kelker (D-Billings)

MHA POSITION: NO POSITION

OUTCOME: Amended and passed in House. Indefinitely postponed in Senate.

HB 489 REPEAL CERTIFICATE OF PUBLIC ADVANTAGE

HB 489 repealed the COPA statute that provided for state attorney general review of health care facility mergers. The COPA was used just once since its passage to address the creation of Benefis Health System. The bill was introduced at the request of the state auditor who argued that hospital mergers should be subject to review by the U.S. Department of Justice.

SPONSOR: Rep. Matt Regier (R-Kalispell)

MHA POSITION: NO POSITION

OUTCOME: Signed by the governor



MHA MEMBERS PROACTIVELY ADVOCATE ON BEHALF OF THEIR PATIENTS, CAREGIVERS AND THE COMMUNITIES THEY SERVE. MEMBER ENGAGEMENT & UNITY IN ADVOCACY IS CRITICAL TO THE SUCCESS OF THE ASSOCIATION.

HB 537 AMEND LAWS RELATING TO CERTIFICATE OF NEED

HB 537 was introduced at the request of the state auditor's office. The bill eliminated certificate of need for any health care facilities except long-term care facilities and home health agencies. The bill had the support from the state auditor's office, which believed that eliminating CON would spur additional investment in health facilities and increase provider competition, resulting in lower health care costs.

SPONSOR: Rep. Matt Regier (R-Kalispell)

MHA POSITION: OPPOSE

OUTCOME: Vetoed by the governor

HB 710 REQUIRE REPORTING OF PRESCRIPTION DRUG COST INFORMATION

This proposed legislation requires the reporting of drug pricing information to the state auditor. The bill outlines the information to be included and sets penalties for failure to report. The bill also requires the state auditor to compile a drug price transparency report for the legislature. The public is also given an opportunity to report to the auditor any prescription price increases observed. Lastly, the state auditor is given rulemaking authority to carry out the provisions of the bill.

SPONSOR: Rep. Katie Sullivan (D-Missoula)

MHA POSITION: NO POSITION

OUTCOME: Tabled by Senate Public Health, Welfare and Safety Committee

HJ 55 STUDY HOW TO MAKE HEALTH CARE LESS EXPENSIVE

HJ 55 proposed a study to be conducted by an interim legislative committee to consider ways to ensure the viability of critical access, improve care delivery in rural and frontier settings throughout the state, and assess the potential impact that changes in the methods for delivering or paying for health care services in publicly funded programs could have on rural health care delivery and the stability of critical access hospitals.

SPONSOR: Rep. Tom Winter (D-Missoula)

MHA POSITION: SUPPORT

OUTCOME: Tabled by House Human Services Committee

SB 71 REGULATE HEALTH INSURERS' ADMINISTRATION OF PHARMACY BENEFITS FOR CONSUMERS

SB 71 is an act establishing requirements for prescription drug benefits offered under a health benefit plan. It establishes the method of determining payment for brand-name and generic prescription drugs. It requires health insurance issuers to use compensation for prescription drugs to lower consumer health insurance costs. Additionally, it prohibits conflicts of interest in developing drug formularies.

Oversight would be the prerogative of the state auditor's office. The state auditor may access a health insurance issuer's records, contracts, documents and data upon request or for examination, audit or inspection. The commissioner will adopt rules establishing the retail network adequacy requirements, the manner for filing reports, and the requirements for online publication of a health insurance issuer's formulary.

SPONSOR: Sen. Albert Olszewski (R-Kalispell)

MHA POSITION: NO POSITION

OUTCOME: Vetoed by the governor



= Likely to be revisited in the 2021 Legislative Session



SB 83 ESTABLISH ALLOWABLE & PROHIBITED PRACTICES FOR PHARMACY BENEFIT MANAGERS

SB 83 established ground rules regarding the relationship between PBMs and pharmacies by establishing standards for performance-based payments to pharmacies, limiting copayments when prescription costs were lower than the standard copayment, and limited the ability to require accreditation standards greater than the licensure requirements for pharmacies. The bill also established transparency in performance-based payment systems between PBMs and pharmacies.

SPONSOR: Sen. Steve Fitzpatrick (R-Great Falls)

MHA POSITION: NO POSITION

OUTCOME: Signed by the governor

SB 270 REVISE REIMBURSEMENT CONDITIONS FOR CERTAIN PHARMACIES, PHARMACISTS

This bill provides protections to network pharmacies and pharmacists to discuss reimbursement criteria and sell more affordable alternatives to the patient. It also prohibits penalties for disclosing reimbursement criteria and copayments that exceed total charges submitted by a network pharmacy.

SPONSOR: Senator Mary McNally (D- Billings)

MHA POSITION: NO POSITION

OUTCOME: Signed by the governor



**MHA MEMBERS SERVE AS THE LEADING VOICE FOR ENSURING
ACCESS, IMPROVING CARE & DELIVERING COST EFFECTIVE,
HIGH QUALITY HEALTH CARE IN THEIR COMMUNITIES.**



HB 555 ENSURING TRANSPARENCY IN PRIOR AUTHORIZATION

HB 555 was introduced to address concerns expressed by the provider community that insurance companies' prior authorization processes were not timely, oftentimes resulting in delayed medical care, and were utilizing medical review standards that were not clearly understood.

The measure reduces the time for making prior authorization decisions from 15 days to 7 days, and requires greater transparency regarding medical necessity criteria and coverage policies along with other minor changes. The bill was hung up in committee until an amendment exempted Montana Medicaid from the requirements. The bill is effective for insurance plan year beginning January 1, 2020.

SPONSOR: Rep. Dennis Lenz (R-Billings)

MHA POSITION: SUPPORT

OUTCOME: Signed by the governor

HB 747 REGULATING PRICING BY CERTAIN HEALTH CARE FACILITIES

HB 747 proposed to limit the amount a hospital or ambulatory surgery center could charge for its services: for non-profit providers, to 250% of the amount Medicare would pay for those services; and for for-profit providers, to 350% of the amount Medicare would pay for those services. The bill provided that the state auditor would enforce those limits, and would also be authorized to provide an exception to the limit upon application and acceptable justification by the provider.

It was unclear if the exception process applied to charges generally, or to individual claims. The bill did not address the amount to be paid for services. The measure was broadly described as reference-based pricing, and falsely compared to the all payer model implemented in Maryland and potential reference-based pricing initiatives being considered in North Carolina.

SPONSOR: Rep. Tom Woods (D-Bozeman); Rep. Matt Regier (R-Kalispell)

MHA POSITION: OPPOSE

OUTCOME: Failed on second reading in the House of Representatives

HJ 65 INTERIM STUDY OF REFERENCE-BASED PRICING IN INSURANCE PLANS

Earlier in the session, MHA successfully defeated a proposal to empower the state auditor to engage in price-fixing through a mandate of using Medicare as a multiplier for hospital prices. Rep. Woods was the sponsor of HB 747, the price-fixing bill which was heavily supported by the state auditor. This interim study, which MHA also opposed, would have required the legislature to study reference-based pricing and given the auditor and price-fixing advocates a platform to attack hospitals.

SPONSOR: Rep. Tom Woods (D-Bozeman)

MHA POSITION: OPPOSE

OUTCOME: Referred to but not heard by House Human Services Committee

SB 335 REVISE INSURANCE LAWS RELATED TO PHARMACIES & CERTAIN HEALTH ENTITIES

SB 335 provides some protection for 340B pharmacies from predatory insurance contract demands. The bill provides that insurers may not set payments for prescription drugs at amounts less than the national average drug acquisition costs for CMS, or, if a national average drug acquisition cost has not been calculated, a payment less than the wholesale acquisition cost. Insurers may not artificially lower dispensing fees or make other payment reductions.

SPONSOR: Sen. Steve Fitzpatrick (R-Great Falls)

MHA POSITION: SUPPORT

OUTCOME: Signed by the governor



= Likely to be revisited in the 2021 Legislative Session



HB 613 CREATE EXCEPTION TO LIQUOR QUOTA SYSTEM FOR RESIDENTIAL SENIOR FACILITIES

HB 613 provides the opportunity for an all-beverage license for continuing care facilities. This bill would allow the sale of alcoholic beverages to facility residents and their guests. The bill was sought by Immanuel Lutheran Communities with wide support from senior residential providers.

SPONSOR: Rep. Sue Vinton (R-Billings)

OUTCOME: Signed by the governor

MHA POSITION: SUPPORT

SB 306 SET STANDARDS FOR CAREGIVER RATIO IN CERTAIN CATEGORY C ASSISTED LIVING CENTERS

This bill would require assisted living facilities for Category C to have a minimum number of direct-care staff on duty at a given time in order to provide adequate care, as expressed by a ratio of residents to staff or of residents to staff hours.

SPONSOR: Sen. Tom Jacobson (D-Great Falls)

OUTCOME: Tabled in Senate Public Health, Welfare and Safety Committee

MHA POSITION: NO POSITION

SB 324 REVISE DEFINITION OF ELDER ABUSE

This bill revises the definition of “abuse” in the Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act to include personal degradation through publishing or distributing certain photographs or video. It also provides the outcome for a person who causes personal degradation. For the first offense: guilty of a misdemeanor and shall be imprisoned in the county jail for a term not to exceed 6 months; or be fined an amount not to exceed \$500; or both. The second or subsequent conviction is also outlined in this bill.

SPONSOR: Sen. Tom Jacobson (D-Great Falls)

OUTCOME: Signed by the governor

MHA POSITION: NO POSITION





HB 83 ELIMINATE THE HELP ACT OVERSIGHT COMMITTEE

HB 83 eliminated the special committee charged to oversee the implementation of the expansion of Medicaid coverage in 2015. The committee completed its responsibility, resulting in the bill.

SPONSOR: Rep. Mary Caferro (D-Helena)

MHA POSITION: NO POSITION

OUTCOME: Signed by the governor

HB 284 PROVIDING THAT CONSENT TO PHYSICIAN AID IN DYING IS NOT A DEFENSE

The proposed legislation clarifies that physician aid in dying is against public policy, and a patient's consent to physician aid in dying is not a defense to a charge of homicide against the aiding physician. The term "physician aid in dying" is defined as an act by a physician of prescribing a lethal dose of medication to a patient that the patient may self-administer to end the patient's life.

SPONSOR: Rep. Carl Glimm (R-Kila)

MHA POSITION: NO POSITION

OUTCOME: Failed on second reading in the Senate

HB 302 CONSTITUTIONAL AMENDMENT TO DEFINE PERSON

This legislative proposal seeks to amend the Montana constitution to define a "person" as all members of mankind at any stage of development, beginning at the stage of fertilization or conception, regardless of age, health, level of functioning or condition of dependency. The bill also clarifies that no cause of action shall arise as a consequence of harm caused to an unborn baby by an unintentional act of its mother.

SPONSOR: Rep. Greg DeVries (R-Jefferson City)

MHA POSITION: NO POSITION

OUTCOME: Failed on third reading in the Senate

HB 755 GENERALLY REVISE PRE-KINDERGARTEN LAWS



Throughout the legislative session, one of the major priorities for the governor and many legislators was the creation of a permanent preschool program. HB 755 was one of the proposals to establish the program and create a Department of Early Childhood within the executive branch and a Director of Early Childhood.

Up until the final hours of the session, lawmakers and the governor continued to negotiate over preschool proposals. As the session drew to a close, funding as well as a more permanent structure was not approved by the legislature. Previous funding for the demonstration program, provided through a community benefit assessment on hospitals, was not extended.

MHA lobbied heavily throughout the session in opposition of any proposal to tax hospitals for preschool. Many lawmakers agreed that hospitals should not shoulder this cost, especially in light of the commitment made to support Medicaid expansion.

SPONSOR: Rep. Eric Moore (R-Miles City)

MHA POSITION: NO POSITION

OUTCOME: Tabled in House Education Committee



= Likely to be revisited in the 2021 Legislative Session



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SB 52 GENERALLY REVISE LAWS ON SEXUAL ASSAULT KITS

This bill provides clear guidance to health care facilities and health care professionals providing forensic services on their role in obtaining written consent from the patient, if consent is obtained; the timeframe to release the sexual assault evidence kit; and what to do when a written consent is not obtained.

SPONSOR: Sen. Diane Sands (D-Missoula)

MHA POSITION: SUPPORT

OUTCOME: Signed by the governor

SB 111 EXTEND TERMINATION DATE OF QUALIFIED ENDOWMENT TAX CREDIT

SB 111 extends the termination date of the tax credit for contributions to a qualified endowment from December 31, 2019 to December 31, 2025. Established in 1997 to encourage individuals, businesses and organizations to make lasting investments in their communities, the Montana Endowment Tax Credit creates an incentive for residents to give to endowments. The credit for an individual is 40% of the present value of the planned gift, with the credit currently being limited to \$10,000 for either an individual or corporation.

SPONSOR: Sen. Mark Blasdel (R-Kalispell)

MHA POSITION: SUPPORT

OUTCOME: Signed by the governor

SB 147 REVISING LAWS CONCERNING HUMAN TRAFFICKING & SEX CRIMES TO PROTECT VICTIMS

This legislation is a significant revision to the laws related to human trafficking and sex crimes. The bill estimates 15 human trafficking cases annually in Montana. Many of the victims are held hostage by manipulation of the perpetrator and prostitution is often the pathway to human trafficking. The bill enhances penalties to more effectively prosecute those who engage in sex crimes and human trafficking.

SPONSOR: Sen. Margie MacDonald (D-Billings)

MHA POSITION: SUPPORT

OUTCOME: Signed by the governor

SB 323 ALLOW THE CREATION AND ASSESSMENT OF A PUBLIC SAFETY DISTRICT



SB 323 provided local government the authority to create a public safety district and assess taxes on nonprofit tax-exempt property. The bill was requested by former Rep. Jeff Essman (R-Billings), who also provided testimony in support for the bill. The bill sought to broaden the local tax base and force tax-exempt properties to help fund local services.

SPONSOR: Sen. Roger Webb (R-Billings)

MHA POSITION: OPPOSE

OUTCOME: Tabled by Senate Local Government Committee

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HEALTH CARE PROVIDERS HAVE A RESPONSIBILITY TO PROVIDE STRONG LEADERSHIP IN CREATING AN EFFECTIVE AND EFFICIENT DELIVERY SYSTEM.

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