

2025 LEGISLATIVE SESSION

POST-LEGISLATIVE SESSION GUIDE

New Montana laws impacting the delivery of care

Updated August 2025

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HB 183 ENACT THE PA LICENSURE COMPACT

Sponsor: Rep. Jodee Etchart (R-Billings)

Effective Date: October 1, 2025

House Bill 183 establishes the Physician Assistant (PA) Licensure Compact, which facilitates the practice of physician assistants across participating states through mutual recognition of licenses. This compact aims to enhance access to medical services while ensuring patient safety by maintaining state licensing authority. Key provisions include the requirement for criminal background checks for licensure, the establishment of a PA Licensure Compact Commission to oversee the compact's implementation, and the authority to impose adverse actions against a PA's compact privilege. The bill also includes provisions for licensing active-duty military personnel and their spouses based on their existing unrestricted licenses.



HB 241 ADOPT THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Sponsor: Rep. Jodee Etchart (R-Billings)

Effective Date: October 1, 2025

House Bill 241 adopts the Psychology Interjurisdictional Compact, which aims to streamline the practice of psychology across state lines by recognizing home state licensure for psychologists. The bill establishes requirements for practicing telepsychology and temporary in-person services, including the necessity for psychologists to hold an active E.passport and an interjurisdictional practice certificate. It also outlines the qualifications for psychologists, the authority of states to impose adverse actions, and the creation of a coordinated licensure information system to enhance accountability and public safety.

Additionally, the bill amends Section 37-17-202 of the Montana Code Annotated, introducing new requirements for licensure applicants and license renewals. Applicants must now submit a full set of fingerprints for state and federal criminal history background checks, with associated fees, and the board may require licensees renewing their licenses to do the same. The Montana Department of Justice is authorized to share this fingerprint data with the Federal Bureau of Investigation.



HB 246 PROVIDE FOR STANDARDIZATION OF SUBSTANTIAL EQUIVALENCY DETERMINATIONS IN PROFESSIONAL LICENSING

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

Effective Date: October 1, 2025

House Bill 246 standardizes the process of determining substantial equivalency in professional licensing across various occupations in Montana. It introduces a clear definition of "substantial equivalency," which refers to the comparability of education, examination, and experience requirements between jurisdictions. The bill specifies that boards will assess substantial equivalency for their respective professions, while the department will do so for programs under its authority. Additionally, it amends several sections of the Montana Code Annotated (MCA) to streamline the licensure process by removing duplicative subsections related to equivalency and reciprocity.

Key amendments include changes to Section 37-1-304 MCA, which now focuses on licensure by endorsement rather than out-of-state applicants, and clarifies that applicants must have an active license in good standing from a jurisdiction with substantially equivalent qualifications.



HB 336 PROVIDE FOR APPRENTICESHIP PROGRAMS FOR CERTAIN LICENSURE TYPE

Sponsor: Rep. Curtis Schomer (R-Billings)

Effective Date: October 1, 2025

House Bill 336 establishes a framework for apprenticeship programs that allows individuals to obtain professional licenses upon completion of a nationally recognized apprenticeship. Specifically, it mandates that boards or programs grant licenses to applicants who successfully finish an apprenticeship in various occupations, as outlined in the bill. The licenses affected include those for barbers, cosmetologists, addiction counselors, clinical laboratory technicians, morticians, massage therapists, emergency medical technicians, nurses, pharmacy technicians, physical therapy assistants, plumbers, radiologic technologists, veterinary technicians, and several engineering and construction-related roles.

Additionally, the bill stipulates that applicants pursuing licensure through an apprenticeship must meet the same examination and fee requirements as those who complete traditional educational programs. Each relevant board or program is tasked with adopting rules to implement these provisions effectively.



HB 398 GENERALLY REVISE INSURANCE LAWS RELATED TO PRIOR AUTHORIZATION OF CHRONIC CONDITIONS

Sponsor: Rep. Jonathan Karlen (D-Missoula)

Effective Date: January 1, 2026

House Bill 398 revises utilization review laws in Montana by establishing new requirements and qualifications for individuals involved in making or reviewing adverse determinations related to healthcare services. It mandates that adverse determinations must be made by qualified professionals, such as physicians or licensed healthcare professionals in the same field as the requesting provider. Additionally, it specifies that only a physician can review grievances related to adverse determinations, ensuring that these reviews are conducted by individuals with appropriate expertise.

Furthermore, the bill includes provisions for continuity of care when a covered person changes health plans, requiring health insurance issuers to honor prior certifications for at least three months under certain conditions. It amends existing laws to extend the validity of certifications from three to six months, with specific provisions for chronic conditions, which can be certified for up to twelve months.



HB 399 REVISE PRIOR AUTHORIZATION LAWS

Sponsor: Rep. Jonathan Karlen (D-Missoula)

Effective Date: October 1, 2025

House Bill 399 revises prior authorization laws by prohibiting health insurance issuers from requiring prior authorization for specific categories of prescription drugs. These include, but are not limited to, oral and inhaled generic prescription drugs, inhaled prescription drugs used for treating asthma, chronic obstructive pulmonary disease, or chronic lung disease, insulin for diabetes patients, and long-acting injectable antipsychotics. Additionally, the bill stipulates that any adverse determination must be made by a physician specializing in the relevant condition and requires that a written notice of adverse determination includes a list of therapeutic alternatives.



HB 447 ENACT THE RESPIRATORY CARE INTERSTATE COMPACT

Sponsor: Rep. Ed Buttrey (R-Great Falls) **Effective Date:** Effective on the date that the compact has been legislatively enacted into law by the seventh member state

House Bill 447 establishes the Respiratory Care Interstate Compact, designed to facilitate the practice of respiratory therapy across member states while maintaining each state's regulatory authority to protect public health and safety. The bill allows licensed respiratory therapists to practice in other member states and includes provisions for criminal background checks for applicants, requiring fingerprint submissions for both state and federal checks. The compact will be overseen by the Respiratory Care Interstate Compact Commission, which is responsible for rulemaking, ensuring transparency, and maintaining compliance among member states.

The legislation also outlines the governance structure of the commission, including voting procedures, meeting requirements, and the establishment of an executive committee to manage daily operations. It mandates the creation of a data system for tracking licensure and adverse actions against licensees, while ensuring the confidentiality of certain sensitive information. The commission is empowered to initiate legal action against defaulting states and to revise previously adopted rules, with a 30-day challenge period for material changes. The bill activates the compact in Montana once legislation authorizing the compact is enacted by the seventh member state. Montana is currently the 4th member state to pass a bill authorizing the compact.



HB 543 REPEAL TERMINATION DATE ON REPORTING AND DISCLOSURE OF VIOLENCE AGAINST HEALTH CARE EMPLOYEES

Sponsor: Rep. Ed Buttrey (R-Great Falls) **Effective Date**: Immediate upon signing by Governor, which occurred on May 8, 2025

House Bill 543 repeals the sunset provision related to the reporting and disclosure of violence against healthcare employees. This repeal is intended to ensure that the requirements for reporting and disclosing incidents of violence in healthcare settings remain in effect indefinitely, rather than expiring after a set period.

For more details, see memorandum on page 24.



HB 544 GENERALLY REVISE HEALTH INSURANCE LAWS RELATING TO HEALTH UTILIZATION REVIEW

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

Effective Date: January 1, 2026

House Bill 544 revises health utilization review laws in Montana by introducing new provisions that prohibit retroactive denials of health insurance claims under specific circumstances. If prior approval for a covered service is obtained and the service is rendered, the health insurance issuer cannot rescind that approval, except in cases of fraud, misrepresentation, or other specified exceptions. Additionally, the bill allows for the prescription of biologic therapies for minors under 18, provided these therapies are FDA-approved for adults and deemed medically necessary based on peer-reviewed literature.

The bill also includes new provisions related to health insurance contracts, ensuring coverage for various medical needs, including well-child care and mental health services. When effective, the act will apply to health insurance policies issued or renewed on or after that date.



HB 682 GENERALLY REVISE LAWS REGARDING GENDER TRANSITION TREATMENT

Sponsor: Rep. Greg Kmetz (R-Miles City)

Effective Date: October 1, 2026 (May 13, 2025 for

some provisions; see below)

House Bill 682 aimed to amend existing laws regarding gender transition treatment, particularly for minors, by establishing a statute of limitations for tort actions related to such treatments. Individuals will have two years from the discovery of an injury to file claims, with a maximum age limit of 30 years for filing. The bill also defines "gender transition treatment," detailing specific medical procedures and medications applicable to both male and female minors. Additionally, it mandates that if private insurance or public employee insurance plans cover gender transition treatment, they must also provide reciprocal coverage for detransition treatment under similar cost-sharing arrangements. This includes provisions for Medicaid and the Healthy Montana Kids program to cover detransition treatment in certain circumstances.

Moreover, the bill amends the Montana Medicaid program to ensure that if gender transition treatment is included, detransition treatment must also be covered equivalently. It specifies that if coverage for gender transition treatment ends, plans are not required to provide equivalent coverage for detransition treatment, except for those who were enrolled while the coverage was active. The bill also includes provisions for the Montana Department of Public Health and Human Services to report changes to provider rates and Medicaid waivers to legislative committees, emphasizing the prioritization of medically necessary services under the Medicaid program. Note that while the effective date for the bill is October 1, 2026, there is an exception to provisions related to reciprocal coverage for detransition treatment. The requirement to provide reciprocal coverage was effective upon passage and approval of the bill, which occurred on May 13, 2025.

For more details, see memorandum on page 23.



SB 218 PROVIDE FOR PRIVATE RIGHT OF ACTION FOR INJURIES CAUSED BY CERTAIN MEDICAL INTERVENTIONS TO TREAT GENDER DYSPHORIA

Sponsor: Sen. John Fuller (R-Kalispell)

Effective Date: July 1, 2025

Senate Bill 218 establishes a private cause of action for individuals who suffer injuries as a result of medical interventions related to the treatment of gender dysphoria. It allows minors or their legal guardians to file civil actions against healthcare professionals or physicians if the treatment results in injuries, including physical, psychological, emotional, or physiological harms that is proximately caused by a deviation from the applicable medical standard of care of the healthcare professional or physician as established by qualified expert testimony. The statute of limitations for such actions is two years from the time the injured party discovers both the injury and its causal relationship to the medical treatment, with specific provisions for minors and those under legal disability. The bill also amends existing law regarding medical malpractice actions to align with these new provisions.

Additionally, the bill repeals a previous section of the Montana Code Annotated that provided for a private cause of action for subsequent harm and includes definitions for terms such as "female," "male," "gender," and "healthcare professional." This bill's amendments and repeals aim to clarify the legal framework surrounding medical treatments for gender dysphoria and the associated liabilities for healthcare providers.

For more details, see memorandum on page 21.



SB 279 ADOPT THE DIETICIAN LICENSURE COMPACT

Sponsor: Sen. Wendy McKamey (R-Great Falls) **Effective Date**: April 16, 2025 (see notes below)

Senate Bill 279 enacts the Dietitian Licensure Compact, designed to enhance the interstate practice of dietetics while preserving state regulatory authority. This compact allows licensed dietitians to practice in member states without obtaining multiple licenses, thereby reducing administrative burdens and improving public access to dietetic services. Key features of the bill include the establishment of a compact privilege for qualified nutritionists, requirements for criminal background checks for licensure, and the formation of a compact commission to oversee the implementation and enforcement of the compact's rules. The bill also ensures that member states maintain mechanisms for investigating complaints and comply with the compact's regulations.

Additionally, the bill outlines the governance structure of the Dietitian Licensure Compact Commission, detailing the selection of delegates, the commission's powers, and procedures for meetings. It mandates that disciplinary orders from a home state must revoke a licensee's compact privileges during the order's pendency and sets requirements for reapplying for compact privileges once a license is restored. The bill also includes provisions for emergency rule adoption, oversight, and dispute resolution.

Twelve states already have passed similar legislation, exceeding the minimum threshold of participating states required by the bill in order to activate the compact. Formation of the compact will begin in Fall 2025 with a Montana member selected by the Board of Medical Examiners. It will likely take 12-18 months from the start of the compact commission before dieticians will be able to request compact privileges to practice in other states.



SB 317 PROHIBIT HEALTH INSURERS FROM PERFORMING PRIOR AUTHORIZATION FOR PSYCHIATRIC DRUGS IN SHORTAGE OR DISCONTINUED

Sponsor: Sen. Dennis Lenz (R-Billings)

Effective Date: July 1, 2025

Senate Bill 317 amends section 33-32-221 of the Montana Code Annotated (MCA) to prohibit health insurance issuers from requiring prior authorization for psychiatric drugs that are either in shortage or have been discontinued. The bill specifies that health insurance issuers cannot perform prior authorization on any prescription drug, whether generic or brand name, that is designated as in shortage according to a quarterly list published by the U.S. Food and Drug Administration. This list will be updated on April 1, July 1, October 1, and January 1, and will remain in effect until the next quarterly update.

Additionally, the bill includes provisions to ensure that any adverse determinations made during the prior authorization process must be conducted by a physician specializing in the relevant condition. It also introduces a clause that prohibits manufacturers of prescription drugs from engaging in predatory pricing or marketing related to any shortages, with violations subject to enforcement and penalties.



SB 446 REVISE LAWS RELATED TO HEALTHCARE UTILIZATION REVIEW

Sponsor: Sen. Vince Ricci (R-Billings)

Effective Date: October 1, 2025

Senate Bill 446 revises laws related to health utilization review by amending Section 33-32-221 of the Montana Code Annotated to clarify prior authorization requirements for health insurance issuers. It introduces a new provision that prohibits prior authorization for prescription drugs prescribed for the treatment of substance use disorders, provided they are FDA-approved and within labeled dosages.





Sponsor: Sen. Vince Ricci (R-Billings)

Effective Date: October 1, 2025

Senate Bill 447 introduces new definitions, including "chronic condition," defined as a condition lasting one year or more that requires ongoing medical attention or limits daily activities.



SB 449 GENERALLY REVISE HEALTH UTILIZATION REVIEW LAWS

Sponsor: Sen. Vince Ricci (R-Billings)

Effective Date: October 1, 2025

Senate Bill 449 prohibits prior authorization requirements for prescriptions written at discharge from inpatient care, provided the medication cost does not exceed \$5,000 per day. Furthermore, the bill outlines requirements for health insurance issuers and utilization review organizations to accept and respond to prior authorization requests electronically, specifically using the National Council for Prescription Drug Program's standard for electronic transactions.



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MEMORANDUM

TO: MHA Members FROM: Daniel J. Auerbach DATE: August 14, 2025

RE: 2025 Legislative Enactments - SB 218, HB 682, HB 543

The following is a general discussion of certain statutes passed during the Montana Legislature's 2025 session. The discussion is intended to provide general information and should not be relied upon as definitive legal advice. Each facility should consult with their own legal counsel for specific issues regarding implementation of new requirements and compliance with these laws.

Senate Bill 218 – Effective July 1, 2025 Codified in Title 50, Chapter 4

Senate Bill 218 is a new section to be added to the Youth Health Protection Act ("YHPA) that was enacted in the 2023 Legislative Session (SB 99). To address SB 218, it is necessary to understand the nature of SB 99 (2023) and the subsequent history. SB 99 was intended to limit surgical interventions and medication regimens intended to alter a minor child's gender. Specifically, the statute incorporates the definitions of "sex," "male," and "female codified in Mont. Code Ann. § 1-1-201, as set forth in SB458 discussed below, and makes it unlawful to provide treatments, including surgery, hormone therapy, and puberty blockers, to minors when the intent is to address "the minor's perception that [his/her] gender or sex is not [male/female]." The statutes specifically exempt treatment for other purposes, including those with a medically verifiable disorder of sex development and treatment of treatment of any condition caused or exacerbated by a the abovereferenced prohibited treatments. The penalty for violating the law is a finding of unprofessional conduct by the practitioner's licensing board and must include suspension of the practitioner's license for no less than one year. The statute also provides for a private right of action by the minor's parents or guardians against the provider and establishes strict liability (i.e. liability without proof of a breach of duty) against the practitioner in a claim brought by the affected minor within the ensuing 25 years.

SB 99 was immediately challenged in court following its passage. The Fourth Judicial District Court, Missoula County (Judge Jason Marks) initially enjoined enforcement of the YHPA, and the Montana Supreme Court upheld that ruling in December 2024. See Cross v. State of Montana. The



parties then each filed for summary judgment before the District Court. On May 13, 2025 – five days after SB 218 was passed – the District Court granted summary judgment in favor of the Plaintiffs, thereby permanently enjoining enforcement of SB 99 and the entirety of the YHPA.

It remains unclear whether future legal challenges will be brought against SB 218. However, unlike SB 99, the scope of the new statute is far more limited. SB 218 provides for liability against a health care provider involved in surgery, hormone therapy, or puberty blockers if an "injury is caused by a deviation from the applicable medical standard of the healthcare professional or physician" in providing such treatments. The statute further provides a two-year statute of limitations that does not begin to run until discovery of both the injury and causal relationship to the treatment in question. In short, the scope of SB 218 is to provide an extended tolling period for claims relating to gender-related surgery or other therapies.



House Bill 682 – Effective October 1, 2026 Codified in Title 27, Chapter 2, part 2 and Title 33, Chapter 22, part 1

HB 682 contains two distinct components. First, in conjunction with the statute of limitations confirmed in SB 218, HB 682 tolls the statute of limitations for "injuries suffered from gender transition treatment" received as a minor to the later of (1) age 25 or (2) two years from the date of discovery of the injury and the causal relationship between the treatment and the injury. The new statute requires any such action, regardless of the tolling of the discovery period, to be brought before age 30. HB 682 defines "gender transition treatment" to include surgical interventions, hormone therapy, and puberty blockers.

The second component of HB 682 is intended to provide reciprocal insurance coverage for gender transition treatment when such treatment is covered by health benefits plans or other insurance. Specifically, if a group or individual policy – including state sponsored plans and the Montana University System (Title 2) as well as Medicaid and the CHIP program (Title 53) – provides coverage for gender transition treatment or subsequent treatment directly related to the provision of gender transition treatment, the coverage must also include "detransition treatment under equivalent cost-sharing policies." If an issuer/plan elects to cease coverage for gender transition treatment, it must cover detransition treatment if it previously provided coverage for the initial gender transition treatment.



House Bill 543 - Effective upon passage (May 13, 2025)

HB 543 removed the sunset provision from the statute requiring reporting of violence against health care employees. In 2023, the Montana Legislature passed HB 590, now codified at Mont. Code Ann. § 39-2-221. That statute requires health care employers to document and report incidents of violence in health care settings. Specifically, the law requires employers to obtain an oral report from employees that witness an act of violence while on duty. The report must be obtained, absent extenuating circumstances, no later than 24 hours after the act of violence. After the oral report is taken, the employer must prepare a written report to be submitted to the Department of Justice. The <u>statute</u> originally contained a sunset of June 30, 2025. HB 543 has now removed that sunset, meaning the statutory reporting requirements will continue indefinitely.





For questions, contact:

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