

MONTANA
HOSPITAL
ASSOCIATION

Advancing Health in Montana



2025 LEGISLATIVE SUMMARY

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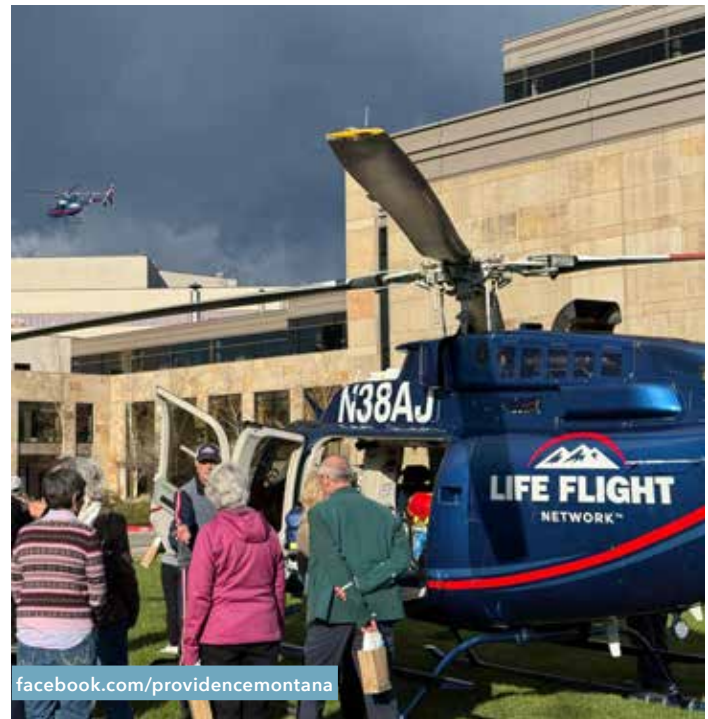
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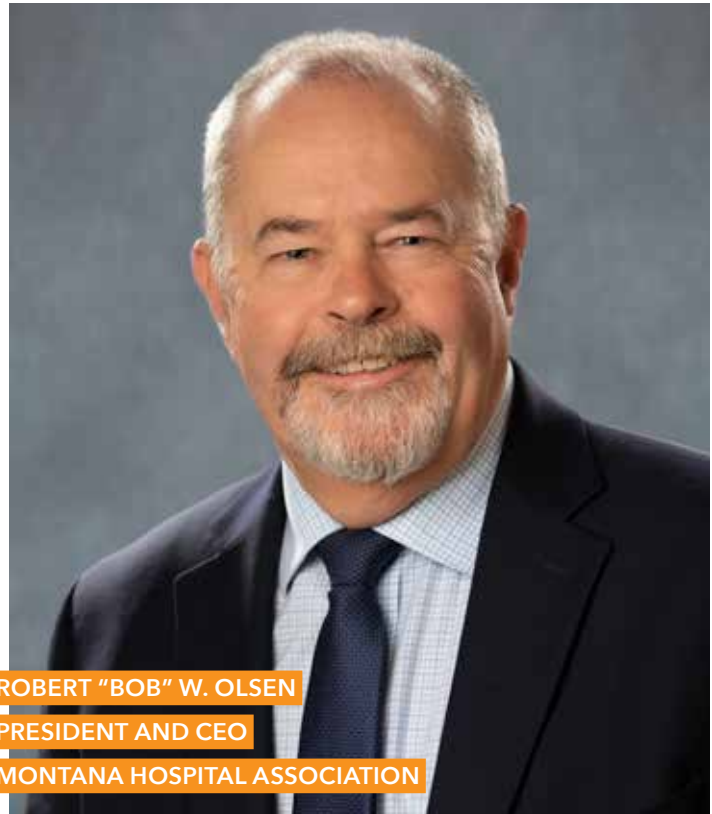
THE ADVOCACY TEAM AT MHA ENTERED THE 2025 LEGISLATIVE SESSION WITH CAUTIOUS OPTIMISM.

Throughout the intervening months following 2023, our mantra was to build a working coalition of lawmakers that would support our priority. “51 and 26”—each number signifying a majority in the House and Senate, respectively—was a constant theme as we asked for MHA members to engage in the political cycle and nearly 18 months of targeted outreach and education. The members did engage and did so in a fashion not experienced before.

That engagement led to a successful session that effectively addressed MHA member priorities. Our top priority was maintaining health coverage for low-income working Montanans aged 19 – 64, along with protecting the hospital supplemental payment programs from diversion or substantial modification. We also prepared to address price transparency, community benefit measures and other hospital accountability issues.

The tone of the 2025 session was significantly different from those in 2017, 2019, 2021 and 2023. Those sessions seemed to attract animosity and outright anger aimed at hospitals for healthcare cost inflation, the ongoing upset related to the COVID pandemic, tax exempt status and other issues. To be sure, 2025 had its moments. Some members of the Montana Freedom Caucus let it be known that they continue to harbor concerns about hospitals. But there were far fewer bills introduced that took aim at hospital operations, executive pay and similar topics. It helped that a working majority materialized in both the House and the Senate, and this bipartisan group worked together on a wide variety of healthcare issues.

Lifting the sunset on Medicaid expansion was not the only legislative success, although it was a significant one. The state budget adopted for the next 2-year period reasonably funds Medicaid and provides modest rate hikes for the provider community and primary care residency programs. There have been advances in state policy and service development for behavioral health. A package of bills addressed at least some of provider concerns about prior authorization and the cap on noneconomic damages was enacted to address growing concerns about medical



ROBERT “BOB” W. OLSEN
PRESIDENT AND CEO
MONTANA HOSPITAL ASSOCIATION

malpractice costs. MHA was able to negotiate a more reasonable approach to test whether hospitals’ community benefits are meeting or exceeding property tax benefits tied to tax-exempt status.

At the end of the day, MHA secured its priorities and bolstered its relationships with legislators from both sides of the aisle. The momentum generated by member engagement is at the heart of this session’s outcome. We must build on this momentum to ensure our continued success advancing effective healthcare policy for Montanans and the providers that serve them.

Robert “Bob” W. Olsen
President and CEO (Retired, June 2025)
Montana Hospital Association

LEGISLATIVE SUMMARY QUICK GLANCE

	BILL NUMBER	TITLE	SPONSOR	MHA POSITION	OUTCOME	GRADE
ACCESS TO CARE	HB 56	ESTABLISH AMBULANCE PROVIDER ASSESSMENT FEE PROGRAM	Rep. Ed Buttrey (R-Great Falls)	NO POSITION	PASSED	...
	SJ 13	STUDY RESOLUTION FOR EMERGENCY MEDICAL SERVICES	Sen. John Fuller (R-Kalispell)	SUPPORT	PASSED	✓
BEHAVIORAL HEALTH	SB 95	PROVIDE FUNDING FOR SUICIDE PREVENTION	Sen. Mike Yakawich (R-Billings)	NO POSITION	PASSED	...
	SB 430	GENERALLY REVISE LAWS RELATED TO CIVIL COMMITMENT AND EMERGENCY DETENTION OF MENTALLY ILL PERSONS	Sen. John Esp (R-Big Timber)	NO POSITION	PASSED	✓
	SJ 37	INTERIM SURVEY OF BEHAVIORAL HEALTH SERVICES IN MONTANA	Sen. Dennis Lenz (R-Billings)	NO POSITION	PASSED	...
BUDGET	HB 2	GENERAL APPROPRIATIONS ACT	Rep. Llew Jones (R-Conrad)	SUPPORT	PASSED	✓
CLINICAL ISSUES	HB 371	BAN MRNA VACCINATIONS IN MONTANA FOR HUMANS	Rep. Greg Kmetz (R-Miles City)	OPPOSE	FAILED	✓
	HB 682	GENERALLY REVISE LAWS REGARDING GENDER TRANSITION TREATMENT	Rep. Greg Kmetz (R-Miles City)	OPPOSE	PASSED	✗
	SB 136	PROHIBIT CONSENT AS A DEFENSE FOR PHYSICIAN ASSISTED SUICIDE	Sen. Carl Glimm (R-Kila)	OPPOSE	FAILED	✓
	SB 164	REVISE OFFENSE OF ENDANGERING THE WELFARE OF CHILDREN	Sen. John Fuller (R-Kalispell)	OPPOSE	FAILED	✓
	SB 218	PROVIDE FOR PRIVATE RIGHT OF ACTION FOR INJURIES CAUSED BY CERTAIN MEDICAL INTERVENTIONS TO TREAT GENDER DYSPHORIA	Sen. John Fuller (R-Kalispell)	OPPOSE	PASSED	✗
	SB 475	BAN ALUMINUM IN VACCINES	Sen. Daniel Emrich (R-Great Falls)	OPPOSE	FAILED	✓
EMPLOYER ISSUES	HB 197	REVISING WORKERS' COMPENSATION LAWS RELATING TO WHEN THE EMPLOYEE IS RELEASED TO RETURN TO WORK	Rep. Anthony Nicasro (R-Billings)	NO POSITION	PASSED	...
	HB 428	REVISING PROVISIONS RELATED TO WORKERS' COMPENSATION	Rep. Morgan Thiel (R-Sidney)	NO POSITION	PASSED	...
	SB 345	REVISE WORKERS' COMPENSATION LAWS RELATING TO EVIDENTIARY STANDARDS	Sen. Greg Hertz (R-Polson)	NO POSITION	FAILED	...
	SB 394	PROVIDE FOR WORKERS' COMPENSATION COVERAGE OF PTSD FOR FIRST RESPONDERS	Sen. Cora Neumann (D-Bozeman)	NO POSITION	FAILED	...
GENERAL	HB 273	PROVIDE FOR LIMITATIONS ON COLLECTION OF MEDICAL DEBT	Rep. Ed Stafman (D-Bozeman)	NO POSITION	FAILED	...
	HB 324	REVISE VOLUNTARY PAYMENT LAWS TO INCLUDE ALL CLAIMS	Rep. Steve Fitzpatrick (R-Great Falls)	NO POSITION	PASSED	...
	HB 342	REVISE CIVIL LIABILITY LAWS TO PROVIDE A STATUTORY DUTY OF CARE FOR CERTAIN ACTIONS	Rep. Bill Mercer (R-Billings)	SUPPORT	PASSED	✓
	HB 377	GENERALLY REVISE ACCESS BY PARENT TO CHILD PATIENT HEALTH CARE INFORMATION	Rep. Nelly Nicol (R-Billings)	OPPOSE	FAILED	✓
	HB 491	REVISE ALCOHOL LAWS RELATING TO COMMUNITY CARE RETIREMENT FACILITY LICENSES	Rep. Katie Zolnikov (R-Billings)	SUPPORT	PASSED	✓
	HB 590	GENERALLY REVISE LAWS RELATED TO ELECTRONIC HEALTH CARE RECORDS	Rep. Greg Oblander (R-Billings)	NO POSITION	PASSED	...
	HB 943	ESTABLISH THE MONTANA RARE DISEASE ADVISORY COUNCIL	Rep. Paul Tuss (D-Havre)	NO POSITION	PASSED	...
	SB 104	EXPANDING ACCESS TO LOW-COST CAPITAL TO CERTAIN ELIGIBLE PROJECTS AND ENTITIES	Sen. Gayle Lammers (R-Hardin)	SUPPORT	PASSED	✓
	SB 134	GENERALLY REVISE LAWS RELATING TO GIFTS AND ENDOWMENTS	Sen. Greg Hertz (R-Polson)	NO POSITION	PASSED	...
	SB 260	PROVIDE FOR ALTERATION OF SERVICE DISTRICT BOUNDARIES	Sen. Greg Hertz (R-Polson)	NO POSITION	PASSED	...
	SB 372	ESTABLISH NURSE SAFE STAFFING STANDARDS	Sen. Cora Neumann (D-Bozeman)	OPPOSE	FAILED	✓
	SB 390	REVISE DEFINITIONS IN CLEAN INDOOR AIR ACT	Sen. Willis Curdy (D-Missoula)	SUPPORT	PASSED	✓
	SB 554	GENERALLY REVISE LAWS RELATED TO HOSPITALS OPERATING AS NONPROFIT CARE FACILITIES	Sen. Greg Hertz (R-Polson)	OPPOSE	FAILED	✓
	SB 560	PROVIDE FOR A HOSPITAL COMMUNITY BENEFIT FEE	Sen. Matt Regier (R-Kalispell)	SUPPORT	PASSED	✓
	SJ 33	INTERIM STUDY OF THE PRESCRIPTION DRUG SUPPLY CHAIN	Sen. Sue Vinton (R-Billings)	NO POSITION	PASSED	...



= Likely to be revisited in the 2027 Legislative Session

Bills highlighted in orange indicate high-priority legislation.

GRADE KEY: ✓ = POSITIVE IMPACT ✗ = NEGATIVE IMPACT ... = NEUTRAL

	BILL NUMBER	TITLE	SPONSOR	MHA POSITION	OUTCOME	GRADE
INSURANCE	HB 195	REVISE NONECONOMIC DAMAGES IN MEDICAL MALPRACTICE ACTIONS	Rep. Bill Mercer (R-Billings)	SUPPORT	PASSED	✓
	HB 398	GENERALLY REVISE INSURANCE LAWS RELATED TO PRIOR AUTHORIZATION OF CHRONIC CONDITIONS	Rep. Jonathan Karlen (D-Missoula)	SUPPORT	PASSED	✓
	HB 399	REVISE PRIOR AUTHORIZATION LAWS	Rep. Jonathan Karlen (D-Missoula)	SUPPORT	PASSED	✓
	HB 544	GENERALLY REVISE HEALTH INSURANCE LAWS RELATING TO HEALTH UTILIZATION REVIEW	Rep. Ed Buttrey (R-Great Falls)	SUPPORT	PASSED	✓
	HB 689	PROVIDE FOR PRICING TRANSPARENCY REQUIREMENTS FOR HOSPITALS	Rep. Bill Mercer (R-Billings)	OPPOSE	FAILED	✓
	SB 317	PROHIBIT HEALTH INSURERS FROM PERFORMING PRIOR AUTHORIZATION ON PSYCHIATRIC DRUGS IN SHORTAGE OR DISCONTINUED	Sen. Dennis Lenz (R-Billings)	SUPPORT	PASSED	✓
	SB 446	REVISE LAWS RELATED TO HEALTHCARE UTILIZATION REVIEW	Sen. Vince Ricci (R-Billings)	SUPPORT	PASSED	✓
	SB 447	REVISE LAWS RELATED TO PRIOR AUTHORIZATION	Sen. Vince Ricci (R-Billings)	SUPPORT	PASSED	✓
	SB 449	GENERALLY REVISE HEALTH UTILIZATION REVIEW LAWS	Sen. Vince Ricci (R-Billings)	SUPPORT	PASSED	✓
MEDICAID	HB 245	REVISE THE MONTANA HELP ACT WORKFORCE DEVELOPMENT PROVISIONS AND TERMINATION DATE	Rep. Ed Buttrey (R-Great Falls)	SUPPORT	PASSED	✓
	HB 274	PROVIDE MEDICAID COVERAGE FOR MEDICAL RESPITE CARE FOR HOMELESS PEOPLE	Rep. Ed Stafman (D-Bozeman)	NO POSITION	FAILED	...
	HB 419	IMPLEMENTING COST REPORTING FOR CERTAIN MEDICAID SERVICE PROVIDER TYPES	Rep. David Bedey (R-Hamilton)	SUPPORT	PASSED	✓
	HB 473	ALLOW FOR AUTOMATIC CMS MEDICARE FEE SCHEDULE UPDATES	Rep. Jane Gillette (R-Three Forks)	SUPPORT	PASSED	✓
	HB 574	AUTHORIZING IMPLEMENTATION OF THE CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC MODEL	Rep. Jane Gillette (R-Three Forks)	SUPPORT	PASSED	✓
	HB 585	REVISE PROVIDER RATE LAWS FOR PHYSICAL THERAPISTS, SPEECH-LANGUAGE PATHOLOGISTS, AND OCCUPATIONAL THERAPISTS	Rep. Ed Buttrey (R-Great Falls)	SUPPORT	FAILED	✗
	HB 687	REVISE AGE OF EXPANDED MEDICAID PARTICIPANTS REQUIRED TO ENGAGE IN COMMUNITY ENGAGEMENT ACTIVITIES	Rep. Bill Mercer (R-Billings)	NO POSITION	PASSED	...
	HB 732	ESTABLISH PROMPT COST REPORT REIMBURSEMENT ACT	Rep. David Bedey (R-Hamilton)	SUPPORT	PASSED	✓
	HB 750	PROVIDE FOR ANNUAL INCREASE OF MEDICAID PROVIDER REIMBURSEMENT RATES	Rep. Mary Caferro (D-Helena)	SUPPORT	FAILED	✗
	LC 2171	REVISE MONTANA MEDICAID PROGRAM LAWS	Sen. Matt Regier (R-Kalispell)	OPPOSE	FAILED	✓
	SB 62	PROVIDE FOR PHASEOUT OF MEDICAID EXPANSION PROGRAM	Sen. Carl Glimm (R-Kila)	OPPOSE	FAILED	✓
	SB 199	REVISE THE MEDICAID EXPANSION PROGRAM	Sen. Jeremy Trebas (R-Great Falls)	OPPOSE	FAILED	✓
WORKFORCE	HB 129	PROVIDE INCOME TAX BENEFIT TO SUPPORT EMERGENCY RESPONSE VOLUNTEERS	Rep. Llew Jones (R-Conrad)	SUPPORT	PASSED	✓
	HB 183	ENACT PA LICENSURE COMPACT	Rep. Jodee Etchart (R-Billings)	SUPPORT	PASSED	✓
	HB 241	ADOPT THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT	Rep. Jodee Etchart (R-Billings)	SUPPORT	PASSED	✓
	HB 246	PROVIDE FOR STANDARDIZATION OF SUBSTANTIAL EQUIVALENCY DETERMINATIONS IN PROFESSIONAL LICENSING	Rep. Ed Buttrey (R-Great Falls)	SUPPORT	PASSED	✓
	HB 336	PROVIDE FOR APPRENTICESHIP PROGRAMS FOR CERTAIN LICENSE TYPES	Rep. Curtis Schomer (R-Billings)	SUPPORT	PASSED	✓
	HB 381	PROVIDE FOR EDUCATIONAL CREDIT FOR STUDENTS VOLUNTEERING IN LONG TERM CARE, NURSING HOME, HOME CARE, AND CHILD CARE SETTINGS	Rep. Ed Buttrey (R-Great Falls)	SUPPORT	PASSED	✓
	HB 442	REVISE LAWS REGARDING REPORTING REQUIREMENTS FOR CERTAIN PROFESSIONAL OCCUPATIONS	Rep. Valerie Moore (R-Plentywood)	SUPPORT	PASSED	✓
	HB 447	ENACT THE RESPIRATORY CARE INTERSTATE COMPACT	Rep. Ed Buttrey (R-Great Falls)	SUPPORT	PASSED	✓
	HB 543	REPEAL TERMINATION DATE ON REPORTING AND DISCLOSURE OF VIOLENCE AGAINST HEALTH CARE EMPLOYEES	Rep. Ed Buttrey (R-Great Falls)	NO POSITION	PASSED	...
	HB 850	PROVIDE LICENSING AND REGULATION OF COMMUNITY HEALTH WORKERS	Rep. Ed Buttrey (R-Great Falls)	SUPPORT	FAILED	✗
	SB 279	ADOPT THE DIETITIAN LICENSURE COMPACT	Sen. Wendy McKamey (R-Great Falls)	SUPPORT	PASSED	✓
	SB 347	REVISE MEDICAL RESIDENT LICENSURE LAWS	Sen. Sue Vinton (R-Billings)	SUPPORT	PASSED	✓





HB 56 ESTABLISH AMBULANCE PROVIDER ASSESSMENT FEE PROGRAM

HB 56 would implement an ambulance provider assessment on ground ambulance services. Each ambulance provider would be assessed a fee of 5.75% of net operating revenues and DPHHS would be responsible to adopt a process to utilize those funds to draw down additional federal funds to increase the reimbursement for ground ambulance providers. MHA has been unable to perform any financial analysis due to lack of data and the impact on members is unknown.

This bill may never go into effect as passed. H.R. 1, the One Big Beautiful Bill Act, was passed on the federal level in July 2025. The bill's provisions prohibit any new provider taxes, and limit existing provider taxes to a maximum of 3.5% of industry revenues. There is a provision in the law that grandfathers certain tax programs, providing the possibility this new tax could be implemented but at a lower rate.

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

MHA POSITION: NO POSITION

OUTCOME: Passed; Signed by the Governor

SJ 13 STUDY RESOLUTION FOR EMERGENCY MEDICAL SERVICES



SJ 13 calls for an interim study to evaluate the planning, coordination and funding of emergency medical services (EMS) across Montana. The resolution highlights the critical role of EMS in the state's health system and addresses the current inadequacies in service availability, particularly in rural areas where demand is increasing due to population growth and tourism.

The study aims to assess the state's EMS capabilities, identify areas lacking services, review funding mechanisms, and determine additional resources needed to ensure timely and effective emergency medical care. The study is to consider recognizing EMS as a statewide essential service and project future service demands over the next five years. The findings and recommendations from the study are to be reported to the 70th Legislature.

SPONSOR: Sen. John Fuller (R-Kalispell)

MHA POSITION: SUPPORT

OUTCOME: Filed with the Secretary of State



= Likely to be revisited in the 2027 Legislative Session



BEHAVIORAL HEALTH



SB 95

PROVIDE FUNDING FOR SUICIDE PREVENTION

SB 95 allocates \$500,000 from the state special revenue account to Montana DPHHS for suicide prevention efforts specifically targeting veterans and service members. The funds are designated for various activities, including implementing strategies developed in collaboration with the U.S. Department of Veterans Affairs, identifying and screening individuals for suicide risk, promoting connectedness and care transitions, and increasing safety measures related to lethal means. The bill requires that the department report on the outcomes of these activities as part of its annual performance report.

The bill has an effective date of July 1, 2025, with a termination date of June 30, 2027.

SPONSOR: Sen. Mike Yakawich (R-Billings)

MHA POSITION: NO POSITION

OUTCOME: Passed; Signed by the Governor

SB 430

GENERALLY REVISE LAWS RELATED TO CIVIL COMMITMENT AND EMERGENCY DETENTION OF MENTALLY ILL PERSONS

SB 430 revises the laws governing the civil commitment and emergency detention of mentally ill individuals in Montana. It clarifies that the Montana State Hospital's refusal or inability to admit a person for commitment is not considered contempt of court under specific circumstances, such as when a bed is unavailable. The bill also modifies definitions related to mental health, including the criteria for commitment and the roles of mental health professionals.

Additionally, the bill outlines the process for emergency detention, permitting peace officers to take individuals into custody for up to 72 hours for evaluation and treatment. It mandates that mental health evaluation reports be filed under seal but accessible to the relevant mental health facility. The discharge process is amended to allow for discharge without court approval unless related to a criminal act, and it requires facilities to confirm bed availability before patient transfers. The bill also ensures that a court cannot order a transfer that would exceed a facility's licensed capacity and includes provisions to protect rights and duties established prior to its effective date.

SPONSOR: Sen. John Esp (R-Big Timber)

MHA POSITION: NO POSITION

OUTCOME: Passed; Signed by the Governor

SJ 37

INTERIM SURVEY OF BEHAVIORAL HEALTH SERVICES IN MONTANA



SJ 37 calls for a survey of behavioral health services in Montana due to the challenges in accessing both inpatient and outpatient mental health care. The resolution instructs a committee to conduct a comprehensive survey that will assess the availability and geographic distribution of various mental health resources, including emergency detention beds, short-term crisis stabilization beds, long-term psychiatric treatment beds and licensed mental health providers.

Additionally, the resolution mandates that the assigned committee draft legislation aimed at increasing the number of available beds for emergency and voluntary psychiatric treatment, as well as reducing barriers for behavioral health care providers, particularly in rural areas. The survey's findings, including any recommendations, must be completed and reported to the 70th Legislature by September 15, 2026.

SPONSOR: Sen. Dennis Lenz (R-Billings)

MHA POSITION: NO POSITION

OUTCOME: Filed with the Secretary of State

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 proposed no increase in provider rates for Medicaid programs. The budget proposal did include ten recommendations resulting from the work of the Behavioral Health System for Future Generations (BHSFG) Commission, the work group established by HB 873 during the 2023 legislative session.

During the executive action process for Section B (the healthcare services budget), an amendment was added to include a rate increase for Medicaid services. Rates for hospital inpatient and outpatient services will increase by 3% each of the next two state fiscal years (SFY 2026 and SFY 2027), physician rates will increase in line with the medical CPI (currently projected at 2.4%) and CAH rates will continue at 101% of cost.

The Governor removed some appropriations by line-item veto, including approximately \$10.7 million in increases to air ambulance rates for the Medicaid program.

SPONSOR: Rep. Llew Jones (R-Conrad)

MHA POSITION: SUPPORT

OUTCOME: Passed; Returned with Governor's Line-item Veto



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= Likely to be revisited in the 2027 Legislative Session



CLINICAL ISSUES



HB 371 BAN MRNA VACCINATIONS IN MONTANA FOR HUMANS



HB 371 would prohibit the administration of gene-based vaccines for infectious diseases in the state of Montana. The bill defines “gene-based vaccine for infectious diseases” as those developed using mRNA technology, modified mRNA technology, self-amplifying mRNA technology or DNA technology. It explicitly states that this definition does not include gene therapy products used to treat cancer or genetic disorders. Violators of this law would be guilty of a misdemeanor and subject to a \$500 fine for each incident, with the appropriate licensure board required to review the licenses of those who violate the law.

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

MHA POSITION: OPPOSE

OUTCOME: Failed on Second Reading in the House of Representatives

HB 682 GENERALLY REVISE LAWS REGARDING GENDER TRANSITION TREATMENT

HB 682 revises laws concerning gender transition treatment for minors, establishing a statute of limitations for tort actions related to such treatments. Under the bill, tort actions must be commenced by the date the person reaches 25 years of age or within 2 years from the time of discovery by the person of both injury and the causal relationship between the gender transition treatment and the injury, whichever occurs later, except that an action may not be commenced after the person reaches 30 years of age.

The bill also requires insurance policies that cover gender transition treatment to provide reciprocal coverage for detransition treatment.

The provisions of this act are set to take effect on October 1, 2026.

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

MHA POSITION: OPPOSE

OUTCOME: Passed; Signed by the Governor

SB 136 PROHIBIT CONSENT AS A DEFENSE FOR PHYSICIAN ASSISTED SUICIDE



SB 136 would revise current state law regarding physician assisted suicide, removing from law protections for physicians who assist patients who seek life-ending care. The bill would have specified that a patient’s consent to physician aid in dying is not a valid defense for a physician charged with homicide. It also provides a definition of “physician aid in dying,” which is described as the act of purposely and knowingly prescribing a lethal dose of medication for a patient to self-administer in order to end their life.

The proposed bill language did clarify that the definition of “physician aid in dying” would not include the withholding or withdrawing of life-sustaining treatments or the provision of comfort care medication and treatment in accordance with reasonable medical standards.

SPONSOR: Sen. Carl Glimm (R-Kila)

MHA POSITION: OPPOSE

OUTCOME: Failed on Second Reading in the House of Representatives

SB 164 REVISE OFFENSE OF ENDANGERING THE WELFARE OF CHILDREN


SB 164 would prohibit certain medical treatments for children under 16 years of age. The bill would make it an offense for any person to knowingly procure or provide treatments aimed at altering a child's appearance or affirming their perception of their sex when it is inconsistent with their biological sex. The prohibited treatments include surgical procedures, puberty blockers and supraphysiologic doses of hormones.

Additionally, the bill would classify violations of these new provisions as felonies, carrying penalties of imprisonment for up to five years and fines up to \$10,000, with increased penalties if a child suffers serious bodily injury.

SPONSOR: Sen. John Fuller (R-Kalispell)

MHA POSITION: OPPOSE

OUTCOME: Failed on Second Reading in the House of Representatives

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


SB 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. The statute of limitations for such actions is set at two years from the time the injured party discovers both the injury and its causal relationship to the medical treatment.

SPONSOR: Sen. John Fuller (R-Kalispell)

MHA POSITION: OPPOSE

OUTCOME: Passed; Signed by the Governor

SB 475 BAN ALUMINUM IN VACCINES

SB 475 would prohibit the use and sale of vaccines containing aluminum in the state of Montana. Montana DPHHS is granted the authority to enforce this prohibition, and the Montana Department of Labor and Industry can take licensing actions against providers who violate this law.

Additionally, the bill outlines a notification and implementation plan for vaccine manufacturers and distributors. Within 30 days of the bill's effective date, Montana DPHHS must notify relevant parties about the prohibition. Vaccine manufacturers and distributors are required to submit an implementation plan within one year, detailing how they will remove aluminum-containing vaccines and distribute aluminum-free alternatives. The bill includes provisions for the certification of aluminum-free vaccines and sets forth effective dates for the various sections of the law.

SPONSOR: Sen. Daniel Emrich (R-Great Falls)

MHA POSITION: OPPOSE

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



= Likely to be revisited in the 2027 Legislative Session



HB 197 REVISING WORKERS' COMPENSATION LAWS RELATING TO WHEN THE EMPLOYEE IS RELEASED TO RETURN TO WORK

HB 197 revises Montana's workers' compensation laws specifically concerning total disability benefits. It establishes new guidelines for terminating temporary total disability benefits when a claimant is released to full duty either before or upon reaching maximum medical improvement. The language in the bill indicates that benefits "may be terminated" as of the date the worker returns to full duty, rather than being automatically terminated, which reflects a shift in the criteria for benefit termination.

Additionally, the bill clarifies the process for denying claims or terminating benefits. It specifies that if a claimant is released to full duty, temporary total disability benefits may be terminated either at the time of return to work or after a 14-day written notice, whichever occurs first. The bill is set to take effect on July 1, 2025.

SPONSOR: Rep. Anthony Nicastro (R-Billings)

MHA POSITION: NO POSITION

OUTCOME: Passed; Signed by the Governor

HB 428 REVISING PROVISIONS RELATED TO WORKERS' COMPENSATION

HB 428 removes some requirements for employers when rebutting presumptions of coverage responsibility relative to contracted workers, or when workers are provided to the organization by other entities. The bill also revises reporting requirements for insurers, mandating annual summary reports to be submitted by January 15 instead of the previous quarterly reports.

The bill also directs the Department of Labor and Industry to revise its medical status form that healthcare providers must complete, replacing the requirement to report on the worker's "diagnosed condition" with "affected body part" and removing requirements to report on the worker's treatment plan and prescribed medications.

SPONSOR: Rep. Morgan Thiel (R-Sidney)

MHA POSITION: NO POSITION

OUTCOME: Passed; Signed by the Governor

SB 345 REVISE WORKERS' COMPENSATION LAWS RELATING TO EVIDENTIARY STANDARDS

SB 345 revises Montana's workers' compensation laws, particularly concerning medical providers and the standards for medical examinations. The bill establishes that opinions from treating physicians will not be given deference, and the testimony of healthcare professionals will be evaluated based on their qualifications, experience and interactions with the employee regarding their medical condition. Additionally, the bill limits the discovery process related to independent medical examiners to specific criteria, including their training and the number of exams performed for the insurer involved.

The bill also revises laws related to employee medical examinations requested by insurers. It clarifies that employees are entitled to have a physician present during these examinations and outlines the consequences of failing to comply. Furthermore, if a claimant submits to an examination at the insurer's request, the insurer is responsible for covering reasonable expenses incurred by the claimant, such as travel and childcare. The bill takes effect immediately upon passage.

SPONSOR: Sen. Greg Hertz (R-Polson)

MHA POSITION: NO POSITION

OUTCOME: Failed on Second Reading in the House of Representatives

SB 394 PROVIDE FOR WORKERS' COMPENSATION COVERAGE OF PTSD FOR FIRST RESPONDERS

SB 394 extends workers' compensation coverage for post-traumatic stress disorder (PTSD) to first responders in Montana, including firefighters, law enforcement officers and emergency care providers. The bill allows these individuals to file claims for PTSD if diagnosed according to the latest edition of the Diagnostic and Statistical Manual of Mental Disorders, effective July 1, 2025. It amends existing sections of the Montana Code Annotated (MCA) to incorporate these provisions and clarifies that PTSD claims will follow the same regulations as other workers' compensation claims unless stated otherwise.

Additionally, the bill modifies the definition of "occupational disease" to exclude conditions arising from emotional or mental stress, with the exception of PTSD claims under this new legislation. It reinforces that stress claims, often categorized as "mental-mental" or "mental-physical," are generally not compensable under Montana's workers' compensation laws, thereby aiming to limit the economic burden on the system. The bill includes specific insertions and deletions to refine the definitions of "injury" and "accident," ensuring that PTSD is recognized as a compensable injury while maintaining strict criteria for other emotional or mental stress-related conditions.

SPONSOR: Sen. Cora Neumann (D-Bozeman)

OUTCOME: Failed; Vetoed by the Governor

MHA POSITION: NO POSITION



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= Likely to be revisited in the 2027 Legislative Session



GENERAL



HB 273 PROVIDE FOR LIMITATIONS ON COLLECTION OF MEDICAL DEBT



HB 273 aims to protect patients from aggressive collection actions related to medical debt by implementing several key provisions. The bill establishes a waiting period of 120 days after a healthcare provider sends the first bill before any extraordinary collection actions can be initiated. Additionally, it requires healthcare providers to notify patients at least 30 days in advance of any intended extraordinary collection actions. The bill also prohibits certain collection actions, such as wage garnishment and placing liens on primary residences, and ensures that patients can appeal health insurance decisions before their debts are pursued. It also provides a \$3,000 exemption for patients' bank accounts and other assets from collection actions.

SPONSOR: Rep. Ed Stafman (D-Bozeman)

MHA POSITION: NO POSITION

OUTCOME: Failed; Missed Deadline for General Bill Transmittal

HB 324 REVISE VOLUNTARY PAYMENT LAWS TO INCLUDE ALL CLAIMS

HB 324 revises Montana's laws regarding voluntary payments to encompass all claims, rather than being limited to liability claims. This change would add, for example, contract disputes to personal injury and property damage features already covered under liability events. Other key changes include clarifying that voluntary payments made by one party to another do not constitute an admission of fault or liability, and that certain bad faith insurance actions will not apply to voluntary payments.

The bill stipulates that voluntary partial payments may not reduce the amount of damages that can be claimed in related actions, and that any voluntary payments made prior to a judgment must be credited against that judgment. The act will apply to claims where the cause of action has accrued on or after October 1, 2025.

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

MHA POSITION: NO POSITION

OUTCOME: Passed; Signed by the Governor

HB 342 REVISE CIVIL LIABILITY LAWS TO PROVIDE A STATUTORY DUTY OF CARE FOR CERTAIN ACTIONS

HB 342 revises Montana's laws concerning medical malpractice and the duty of care owed by healthcare providers. It establishes that in medical malpractice cases, the foreseeability of risks, including specific risks, does not alter or increase the duty of care beyond what is considered a reasonable standard for medical providers. This clarification aims to ensure that healthcare providers are not held to a higher standard of care based solely on the foreseeability of certain risks.

Additionally, the bill includes provisions for its immediate effectiveness upon passage and approval, and it specifies that the new regulations will apply to medical malpractice actions filed on or after the effective date.

SPONSOR: Rep. Bill Mercer (R-Billings)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor



HB 377

GENERALLY REVISE ACCESS BY PARENT TO CHILD PATIENT HEALTH CARE INFORMATION



HB 377 revises parental access to their child's healthcare information by eliminating the exclusive right of a consenting child to enforce violations of healthcare information privacy against providers subject to the Health Insurance Portability and Accountability Act (HIPAA).

The bill clarifies that parents have the right to access their child's health care information, with specific provisions for when parental consent is required for medical procedures and when exceptions apply, such as in emergencies or when a parent is under investigation for abuse.

The bill would have required healthcare providers to make a child's healthcare information available to parents within 10 days of a request, and outlined circumstances under which a parent's access to this information may be denied, such as if the parent is the subject of an investigation for child abuse or if there is a reasonable belief that the child may be endangered by granting access. The bill would have removed the current provision afforded in federal law (HIPAA) that allows minors the exclusive rights to manage and share their private healthcare information, and when they could consent to medical care without parental approval.

SPONSOR: Rep. Nelly Nicol (R-Billings)

MHA POSITION: OPPOSE

OUTCOME: Failed on Second Reading in the Senate

HB 491

REVISE ALCOHOL LAWS RELATING TO COMMUNITY CARE RETIREMENT FACILITY LICENSES

HB 491 revises laws related to continuing care retirement community (CCRC) licenses in Montana, specifically addressing the sale and delivery of alcoholic beverages. It allows CCRCs to obtain all-beverages licenses that permit the sale of alcohol at multiple service locations on their campus, including individual living units such as cottages or townhomes, provided that the purchaser is a verified resident. The bill also introduces provisions for the delivery of alcohol to residents' units, ensuring that the delivery personnel are trained and meet age requirements. Additionally, it clarifies that CCRCs can operate multiple licenses, each tied to a specific campus, and outlines the necessary conditions for these licenses.

The bill establishes definitions for terms such as "campus" and "graduated level of care," as well as the requirements for serving alcohol in various settings within the CCRC. The bill specifies that alcohol service locations must include food service and be under the control of the licensee. It also mandates that employees involved in the sale and service of alcohol complete training to comply with state laws. The bill takes effect changes July 1, 2025.

SPONSOR: Rep. Katie Zolnikov (R-Billings)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor



= Likely to be revisited in the 2027 Legislative Session



HB 590 GENERALLY REVISE LAWS RELATED TO ELECTRONIC HEALTH CARE RECORDS

HB 590 revises laws concerning electronic health records by mandating health carriers to establish and maintain specific application programming interfaces (APIs) for the benefit of insured individuals and contracted providers. The required APIs include those for patient access, provider directories, provider access, payer-to-payer exchanges, and prior authorizations, all in compliance with standards set by the Centers for Medicare and Medicaid Services. These requirements are already in place in federal law. This bill exempts plans that offer only dental and/or vision coverage.

The bill also prohibits healthcare providers from engaging in “information blocking” when ordering certain medical laboratory tests. It stipulates that certain test results must be disclosed to patients within 72 hours after finalization or upon the healthcare provider’s direction for the following: pathology or radiology reports that have a “reasonable likelihood” or showing a new or recurring malignancy; tests that could reveal genetic markers; and tests indicating positivity for HIV or a hepatitis infection. The effective date of the bill is set for July 1, 2026.

SPONSOR: Rep. Greg Oblander (R-Billings)

MHA POSITION: NO POSITION

OUTCOME: Passed; Signed by the Governor

HB 943 ESTABLISH THE MONTANA RARE DISEASE ADVISORY COUNCIL

HB 943 establishes the Montana Rare Disease Advisory Council to provide guidance, education and recommendations regarding the needs of individuals with rare diseases in Montana. The council will consist of 17 members, including representatives from various sectors such as healthcare, academia, and patient organizations, as well as individuals living with rare diseases and their caregivers. The council will be tasked with convening public hearings, publishing resources related to rare diseases, and submitting annual reports to the governor and legislature detailing its activities and funding status.

The governor will appoint the members, with the presiding officer serving a three-year term. The council will include at least one hospital administrator, and will be administratively attached to the Montana DPHHS.

SPONSOR: Rep. Paul Tuss (D-Havre)

MHA POSITION: NO POSITION

OUTCOME: Passed; Signed by the Governor

SB 104 EXPANDING ACCESS TO LOW-COST CAPITAL TO CERTAIN ELIGIBLE PROJECTS AND ENTITIES

SB 104 is intended to enhance access to low-cost capital for 501(c)(3) entities and other public-benefit facilities in Montana. A significant aspect of the bill is the increase of the bond issuance cap for the Montana Facility Finance Authority from \$500 million to \$1.5 billion. Additionally, the bill introduces a provision for a biennial inflationary adjustment to this cap, starting July 1, 2027, with an increase of 3% each biennium.

Key features of the bill include the expansion of the definition of “project” to include facilities owned or supported by 501(c)(3) entities, as well as adjustments to the definitions of “institution” and “eligible facility” to explicitly include nonprofit organizations under section 501(c)(3) of the Internal Revenue Code. The bill also modifies procedural requirements for financing projects, ensuring that public interest is considered through mandated public hearings.

SPONSOR: Sen. Gayle Lammers (R-Hardin)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor



SB 134 GENERALLY REVISE LAWS RELATING TO GIFTS AND ENDOWMENTS

SB 134, also known as the Safeguarding Endowment Gifts Act, establishes legal protections for donors who impose restrictions on their contributions to charitable organizations. It defines key terms such as “charitable organization,” “donor,” “donor-imposed restriction,” and “endowment agreement,” which outline the framework for how endowments and gifts are managed. The Act stipulates that charitable organizations must adhere to donor-imposed restrictions and provides a mechanism for donors or their legal representatives to file complaints in cases of violation. Specifically, donors can file a complaint within three years of discovering a breach, following a 90-day notification period to the organization.

Additionally, the Act allows charitable organizations to seek judicial declarations regarding their rights and duties under endowment agreements. If a court finds that a charitable organization has violated a donor-imposed restriction, it can order remedies aligned with the charitable purposes of the agreement, but cannot mandate the return of funds to the donor. The Act also clarifies that it does not affect the authority of the attorney general or the application of existing laws regarding the management of endowment funds.

It is important to note that many features of the Act are already practiced by charitable organizations, including healthcare foundations, as they are considered best practices for fundraising and development professionals and organizations that accept donor funds. The Act is effective immediately upon passage and applies retroactively to endowment agreements made since January 1, 1975.

SPONSOR: Sen. Greg Hertz (R-Polson)

OUTCOME: Passed; Signed by the Governor

MHA POSITION: NO POSITION

SB 260 PROVIDE FOR ALTERATION OF SERVICE DISTRICT BOUNDARIES

SB 260 proposes to change the process for the alteration of public service district boundaries in Montana. The bill makes changes to the public hearings, elections and the notification process. The bill defines public safety services as law enforcement, firefighting, hospital, ambulance or emergency services offered to the general public.

SB 260 was amended in the process to address concerns regarding the bill’s impact on Madison Valley Medical Center in Ennis, a facility that historically has been funded with public service district dollars that would be redirected with this bill. The amendments outline a gradual, eight-year transition of taxpayer dollars from Madison Valley Hospital District to Big Sky’s new hospital district, expanding the time period from the three-year period that passed the Senate.

SPONSOR: Sen. Greg Hertz (R-Polson)

OUTCOME: Passed; Signed by the Governor

MHA POSITION: NO POSITION



= Likely to be revisited in the 2027 Legislative Session



GENERAL



SB 372 ESTABLISH NURSE SAFE STAFFING STANDARDS



SB 372 prescribes specific minimum nurse-to-patient ratios for various hospital units, such as a maximum of four patients per nurse in emergency rooms and two patients per nurse in intensive care units. Other specified ratios include one patient per nurse in operating rooms and a maximum of six patients in postpartum units.

The bill mandates that each licensed hospital develop a nurse staffing plan in collaboration with a staffing committee, which must include at least 50% registered nurses in nonsupervisory roles. The staffing plan must outline minimum nurse-to-patient ratios for various care units, detailing the skill mix required and the hospital's employment practices regarding temporary and traveling nurses. Additionally, hospitals are required to maintain accurate records of nurse-to-patient ratios and submit their staffing plans annually to Montana DPHHS for certification.

SPONSOR: Sen. Cora Neumann (D-Bozeman)

MHA POSITION: OPPOSE

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

SB 390 REVISE DEFINITIONS IN CLEAN INDOOR AIR ACT

SB 390 adds vaping and the use of e-cigarettes to the provisions of Montana's Clean Indoor Air Act, effectively banning the use of vape pens and e-cigarettes in public, indoor spaces.

The bill revises Montana law to clarify that "smoking" encompasses not only traditional methods of smoking but also the use of electronic smoking devices that produce aerosol or vapor. The new definition of "electronic smoking device" includes products designed for inhaling nicotine or other substances, such as e-cigarettes and vape pens, and specifies that the use of these devices is subject to the same regulations as smoking tobacco products. The bill takes effect immediately upon passage.

SPONSOR: Sen. Willis Curdy (D-Missoula)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor

SB 554 GENERALLY REVISE LAWS RELATED TO HOSPITALS OPERATING AS NONPROFIT CARE FACILITIES



SB 554 mandates that PPS hospitals do not charge a patient more than 300% of the Medicare reimbursement rate. The bill would introduce an excise tax for facilities that exceed this limit, revokes the nonprofit status of those that do, and establishes new reporting requirements. It included provisions for nonprofit healthcare facility requirements and reporting, and mandates that these facilities submit annual reports detailing their financial assistance and community benefit policies.

SPONSOR: Sen. Greg Hertz (R-Polson)

MHA POSITION: OPPOSE

OUTCOME: Failed on Second Reading in the Senate

SB 560 PROVIDE FOR A HOSPITAL COMMUNITY BENEFIT FEE



SB 560 expands hospitals' reporting requirements to DPHHS on charity care and community benefit spending. In addition, each nonprofit hospital is required to provide an annual community benefit value that exceeds its potential property tax liability, with a fee imposed on those that do not meet this threshold. CAHs and "specialty" hospitals are exempted from the bill requirements. The bill also establishes a Critical Access Health Care Special Revenue Account, funded by the fees from noncompliant hospitals, to support critical access hospitals.

MHA worked with the bill sponsor on amendments that would allow us to support the bill, including alignment with HB 45 passed in 2023; property tax exemption for CAHs for the first 4 years the law is in effect; clear targets set in advance for hospitals subject to the bill (i.e., community benefit requirement would be the property tax value of the prior year); process for resolving disagreements on property tax valuations; and definition for "independent" as it relates to certain CAHs.

The bill takes effect in January 2027 for PPS hospitals. CAHs are subject to the reporting requirements of the bill at the same time, but are exempt from meeting the community benefit value requirement (and payment of any penalties) until 2031.

SPONSOR: Sen. Matt Regier (R-Kalispell)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor

SJ 33 INTERIM STUDY OF THE PRESCRIPTION DRUG SUPPLY CHAIN

SJ 33 calls for an interim study on the prescription drug supply chain in Montana, focusing on pharmacy sustainability and the impacts on affordability and patient access. The resolution calls for a committee to examine the structure of the supply chain, including the roles of various stakeholders such as pharmacies, manufacturers and health plans. The study aims to identify factors affecting pharmacy operations and patient accessibility, explore strategies to reduce costs, and assess best practices from other states regarding prescription drug affordability.

The resolution mandates that any recommendations for statutory or regulatory changes must clearly outline their potential impact on patient access, cost implications and the sustainability of independent pharmacies. The findings and recommendations from the study are to be presented to the 70th Legislature by September 15, 2026

SPONSOR: Sen. Sue Vinton (R-Billings)

MHA POSITION: NO POSITION

OUTCOME: Filed with the Secretary of State



= Likely to be revisited in the 2027 Legislative Session



INSURANCE



HB 195 REVISE NONECONOMIC DAMAGES IN MEDICAL MALPRACTICE ACTIONS



HB 195 would increase the noneconomic damage limitation from \$250,000 to \$500,000 with annual increases of \$50,000 until it reaches \$500,000 in 2029. Starting on January 1, 2030, and each year following, the limit will increase 2% annually.

SPONSOR: Rep. Bill Mercer (R-Billings)

OUTCOME: Passed; Signed by the Governor

MHA POSITION: SUPPORT

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

HB 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.

The bill 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. The bill also includes provisions for continuity of care: when a covered person changes health plans, the new health insurer must honor prior certifications from the previous insurer for at least three months.

The bill takes effect January 1, 2026.

SPONSOR: Rep. Jonathan Karlen (D-Missoula)

OUTCOME: Passed; Signed by the Governor

MHA POSITION: SUPPORT

HB 399 REVISE PRIOR AUTHORIZATION LAWS

HB 399 revises prior authorization laws by prohibiting health insurance issuers from requiring prior authorization for specific categories of prescription drugs. These include oral and inhaled generic prescription drugs, inhaled prescription drugs used for treating asthma, chronic obstructive pulmonary disease, or chronic lung disease, and insulin for diabetes patients. Additionally, the bill mandates that if an insurer makes an adverse determination regarding a prescription drug, they must provide a list of reasonable therapeutic alternatives that are covered under the insurer's formulary.

SPONSOR: Rep. Jonathan Karlen (D-Missoula)

OUTCOME: Passed; Signed by the Governor

MHA POSITION: SUPPORT



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

HB 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. The bill takes effect on January 1, 2026, and will apply to health insurance policies issued or renewed on or after that date.

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

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor

HB 689 PROVIDE FOR PRICING TRANSPARENCY REQUIREMENTS FOR HOSPITALS



If passed, HB 689 would have put into state law the federal hospital transparency requirements, introduced duplicative regulations concerning patient debt collection practices, and would apply penalties for noncompliant hospitals.

MHA opposed the bill on the grounds that the bill was duplicative with existing federal laws and that it is not an appropriate use of state resources to regulate policies already regulated by the federal government.

SPONSOR: Rep. Bill Mercer (R-Billings)

MHA POSITION: OPPOSE

OUTCOME: Tabled in Committee – House Human Services

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

SB 317 prohibits health insurance companies from requiring prior authorization for psychiatric drugs that are either in shortage or have been discontinued. The bill specifies that health insurance companies 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 United States 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.

SPONSOR: Sen. Dennis Lenz (R-Billings)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor



= Likely to be revisited in the 2027 Legislative Session



SB 446 REVISE LAWS RELATED TO HEALTHCARE UTILIZATION REVIEW

SB 446 revises laws related to health utilization review by establishing specific qualifications for physicians involved in making adverse determinations and reviewing grievances for utilization review organizations.

The bill stipulates that only a physician with a current, valid nonrestricted license and a relevant specialty may make adverse determinations or review grievances. Additionally, the physician must operate under the clinical direction of a medical director who is also a licensed physician. The bill also includes provisions to ensure that the reviewing physician has no prior involvement in the adverse determination and no financial interest in the grievance outcome.

The bill prohibits prior authorization for prescription drugs prescribed for the treatment of substance use disorders, provided they are FDA-approved and within labeled dosages. The bill also includes a coordination instruction indicating that if both HB 398 and this act are passed and approved, certain sections of SB 446 will be void.

SPONSOR: Sen. Vince Ricci (R-Billings)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor

SB 447 REVISE LAWS RELATED TO PRIOR AUTHORIZATION

SB 447 revises Montana's laws regarding prior authorization for healthcare services, extending the validity of prior authorization certifications from a minimum of three months to twelve months. It specifically states that prior authorization for the treatment of chronic conditions will be valid for the duration of the condition, eliminating the need for re-certification for the same service. The bill introduces new definitions, including "chronic condition," defined as a condition lasting one year or more that requires ongoing medical attention or limits daily activities.

Additionally, the bill prohibits prior authorization for certain prescription drugs, such as any generic drug prescribed consistently for six months, drugs with adjusted dosages within FDA-approved limits, long-acting injectable antipsychotics, and specific medications for substance use disorders. It mandates that health insurance issuers provide written notice of adverse determinations during prior authorization, including a list of reasonable therapeutic alternatives. The bill includes coordination instructions for potential interactions with other related legislation such as HB 399.

SPONSOR: Sen. Vince Ricci (R-Billings)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor



SB 449 GENERALLY REVISE HEALTH UTILIZATION REVIEW LAWS

SB 449 mandates that health insurance issuers must honor prior authorizations for at least 90 days when enrollees switch health plans, ensuring continuity of care. Additionally, it prohibits prior authorization requirements for prescriptions written at discharge from inpatient care, provided the medication cost does not exceed \$5,000 per day.

The bill also establishes that once prior authorization is granted for a covered service, it cannot be retroactively denied after the service has been provided, except in cases of fraud or nonpayment. 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. The bill also includes provisions for step therapy protocols, ensuring that enrollees are not required to repeat these protocols if they have previously used a similar medication.

The act will apply to policies issued or renewed after the bill's passage and approval. Certain sections are coordinated with and will be void given the passage of similar bills, HB 544 and HB 398.

SPONSOR: Sen. Vince Ricci (R-Billings)

OUTCOME: Passed; Signed by the Governor

MHA POSITION: SUPPORT



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= Likely to be revisited in the 2027 Legislative Session



HB 245 REVISE THE MONTANA HELP ACT WORKFORCE DEVELOPMENT PROVISIONS AND TERMINATION DATE

HB 245 removes the sunset provision on Medicaid expansion and also revises the workforce development provisions under the Montana Health and Economic Livelihood Partnership (HELP) Act. It provides covered individuals an employment or reemployment assessment to identify probable barriers to work and connect individuals with workforce development services.

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

OUTCOME: Passed; Signed by the Governor

MHA POSITION: SUPPORT

HB 274 PROVIDE MEDICAID COVERAGE FOR MEDICAL RESPITE CARE FOR HOMELESS PEOPLE



HB 274 establishes a Medical Respite Care Program specifically for Medicaid-eligible homeless individuals in Montana. The program provides short-term housing and supportive medical services for those who are too ill or frail to recover from a physical illness or injury but do not require hospitalization. The bill outlines various services that will be included in the medical respite care, such as treatment plan development, medication management, immunizations and assistance with social services programs.

SPONSOR: Rep. Ed Stafman (D-Bozeman)

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

MHA POSITION: NO POSITION

HB 419 IMPLEMENTING COST REPORTING FOR CERTAIN MEDICAID SERVICE PROVIDER TYPES

HB 419 establishes a standardized cost reporting process for certain Medicaid service providers in Montana, with the intent of assessing the adequacy of Medicaid rates. DPHHS is tasked with creating this process, which will include various services such as adult and children's mental health, substance use disorder, developmental disabilities and senior and long-term care. The bill outlines specific reporting requirements, including the need for providers to submit actual expenditure and revenue data in a standardized format, and mandates that the DPHHS develop a report every four years to evaluate the adequacy of current Medicaid rates based on the collected data.

SPONSOR: Rep. David Bedey (R-Hamilton)

OUTCOME: Passed; Signed by the Governor

MHA POSITION: SUPPORT

HB 473 ALLOW FOR AUTOMATIC CMS MEDICARE FEE SCHEDULE UPDATES

HB 473 allows DPHHS to implement CMS Medicare fee schedule updates automatically without going through the rulemaking process. This will allow providers to be paid more accurately and timely while reducing retroactive Medicaid claim adjustments.

SPONSOR: Rep. Jane Gillette (R-Three Forks)

OUTCOME: Passed; Signed by the Governor

MHA POSITION: SUPPORT

HB 574 AUTHORIZING IMPLEMENTATION OF THE CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC MODEL



HB 574 would implement the Certified Community Behavioral Health Clinic (CCBHC) model in Montana with DPHHS to create a program for CCBHCs by October 1, 2026. Program design would include determining reimbursement rates, monitoring service quality, and evaluating the impact of CCBHCs on behavioral health services. DPHHS is also tasked with developing an incentive program to financially support CCBHCs that achieve exceptional outcomes. The bill mandates quarterly updates to legislative committees on the implementation status, service impacts and cost evaluations related to CCBHCs.

The bill also outlines the requirements for CCBHCs, including the provision of targeted case management, peer support services, outreach efforts and billing practices.

Funding for the CCBHCs is included in HB 2.

SPONSOR: Rep. Jane Gillette (R-Three Forks)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor

HB 585 REVISE PROVIDER RATE LAWS FOR PHYSICAL THERAPISTS, SPEECH-LANGUAGE PATHOLOGISTS AND OCCUPATIONAL THERAPISTS

HB 585 establishes a new reimbursement structure for services provided by physical therapists, speech-language pathologists and occupational therapists under the Medicaid program in Montana. It introduces a conversion factor, set at \$39.56 (current physician conversion factor) for the state fiscal year 2026. DPHHS may adjust the conversion factor upward in a manner to achieve a rate equivalent to the consumer price index for medical care for the previous year.

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

MHA POSITION: SUPPORT

OUTCOME: Failed; Vetoed by the Governor

HB 687 REVISE AGE OF EXPANDED MEDICAID PARTICIPANTS REQUIRED TO ENGAGE IN COMMUNITY ENGAGEMENT ACTIVITIES



HB 687 increases the age criteria for community engagement (also referred to as work requirements) as a condition of coverage under the expanded Medicaid program in Montana for certain low-income adults. It raises the age from 55 to 62 for individuals subject to the community engagement requirement, if the federal government approves the State's request to include community engagement requirements in its Medicaid program.

Community engagement requirements are a feature of the Montana HELP Act authorizing Medicaid expansion in Montana, but Montana's waiver request to add them to the Montana Medicaid program have not been approved by the federal government and therefore have not yet been implemented in the state.

SPONSOR: Rep. Bill Mercer (R-Billings)

MHA POSITION: NO POSITION

OUTCOME: Passed; Signed by the Governor



= Likely to be revisited in the 2027 Legislative Session



MEDICAID



INTRO

QUICK GLANCE

ACCESS TO CARE

BEHAVIORAL
HEALTH

BUDGET

CLINICAL ISSUES

EMPLOYER
ISSUES

GENERAL

INSURANCE

MEDICAID

WORKFORCE

MHA BOARD
OF TRUSTEES

MHA COMMITTEE
ON LEGISLATION

HB 732 ESTABLISH PROMPT COST REPORT REIMBURSEMENT ACT

HB 732 requires the Montana Medicaid program to follow the Medicare process in the implementation of interim rates. This will ensure hospitals are being paid accurately and in a timely manner. Historically, many hospitals have waited four or more years to cost settle with the Medicaid program, which has strained finances as hospitals await payments or, in some rare cases, are surprised with cost repayments.

SPONSOR: Rep. David Bedey (R-Hamilton)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor

HB 750 PROVIDE FOR ANNUAL INCREASE OF MEDICAID PROVIDER REIMBURSEMENT RATES



HB 750 proposes an annual increase in the reimbursement rates for services covered by the Montana Medicaid program. It mandates DPHHS to increase the reimbursement rate to providers by a minimum of 2% each year, except in cases specified in existing law.

SPONSOR: Rep. Mary Caferro (D-Helena)

MHA POSITION: SUPPORT

OUTCOME: Tabled in Committee – House Human Services

LC 2171 REVISE MONTANA MEDICAID PROGRAM LAWS



LC 2171, a draft bill that was never introduced, would have implemented a 13-member board responsible for developing recommendations for hospital quality health outcomes and efficiency measures. The board would also make recommendations regarding the distribution of funds from the hospital utilization fee (HUF) based on the performance measures established by the Department.

The bill would have withheld 5% of the hospital tax to provide additional funding to “rural, independent” Critical Access hospitals, a term that remained undefined. The redistribution of funding would have reduced the match funds used to fund the hospital supplemental payment program, resulting in a significant reduction in the supplemental payments made to all hospitals and a diversion of some payments away from hospitals providing services.

SPONSOR: Sen. Matt Regier (R-Kalispell)

MHA POSITION: OPPOSE

OUTCOME: Not Introduced

SB 62 PROVIDE FOR PHASEOUT OF MEDICAID EXPANSION PROGRAM

SB 62 would end the Medicaid expansion program effective August 31, 2024, but allow those who were enrolled to continue until they are no longer eligible for the program. The fiscal note for the bill estimated this change would cost the State of Montana more than \$807 million for the upcoming biennium as the program would no longer be eligible for matching federal funds.

SPONSOR: Sen. Carl Glimm (R-Kila)

MHA POSITION: OPPOSE

OUTCOME: Failed on Second Reading in the Senate

SB 199 REVISE THE MEDICAID EXPANSION PROGRAM


SB 199 would remove some of the current exemptions from the community engagement requirements, remove the sunset for the expansion program, and mandate that DPPHS receive a federal waiver for the community engagement requirements in order for the program to continue. Opponents described this feature as the bill's poison pill as no state has received approval for a work requirement waiver under its expanded Medicaid program.

SPONSOR: Sen. Jeremy Trebas (R-Great Falls)

MHA POSITION: OPPOSE

OUTCOME: Failed on Second Reading in the Senate



= Likely to be revisited in the 2027 Legislative Session



HB 129 PROVIDE INCOME TAX BENEFIT TO SUPPORT EMERGENCY RESPONSE VOLUNTEERS

HB 129 provides an income tax benefit specifically for volunteer firefighters and volunteer emergency care providers in Montana. It introduces a new deduction from taxable income, allowing qualified volunteers to subtract an additional \$3,000 from their federal taxable income, contingent upon meeting certain criteria such as being an active member of a volunteer fire company or emergency medical service and completing a minimum number of training hours. The bill also mandates an annual inflation adjustment to this deduction, ensuring that the benefit keeps pace with economic changes.

The effective date for the bill is set for January 1, 2026, and it applies to income tax years beginning after December 31, 2025.

Montana's EMS systems are predominantly staffed by volunteers. The income tax benefit provides an additional tool to help retain and recruit volunteers, and recognize the importance of their service.

SPONSOR: Rep. Llew Jones (R-Conrad)

OUTCOME: Passed; Signed by the Governor

MHA POSITION: SUPPORT

HB 183 ENACT PA LICENSURE COMPACT

HB 183 proposes the establishment of 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.

SPONSOR: Rep. Jodee Etchart (R-Billings)

OUTCOME: Passed; Signed by the Governor

MHA POSITION: SUPPORT

HB 241 ADOPT THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

HB 241 proposes the adoption of 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 EPassport 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.

The bill also introduces 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.

SPONSOR: Rep. Jodee Etchart (R-Billings)

OUTCOME: Passed; Signed by the Governor

MHA POSITION: SUPPORT

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

HB 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.

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

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor

HB 336 PROVIDE FOR APPRENTICESHIP PROGRAMS FOR CERTAIN LICENSE TYPES

HB 336 aims to enhance access to professional licensure through practical training pathways, thereby supporting workforce development in Montana.

The bill 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.

SPONSOR: Rep. Curtis Schomer (R-Billings)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor

HB 381 PROVIDE FOR EDUCATIONAL CREDIT FOR STUDENTS VOLUNTEERING IN LONG TERM CARE, NURSING HOME, HOME CARE AND CHILD CARE SETTINGS

HB 381 revises laws regarding student employment for high school credit in both public and nonpublic schools in Montana. It allows 11th and 12th grade students to earn elective credit toward graduation through paid or voluntary employment at congregate-care facilities, child-care facilities or school-age programs. Students can earn one elective credit for every 250 hours worked, with a maximum of two credits. Schools are required to develop a written application process for students seeking this credit, which must include specific information about the employment and the supervising individual.

MHA views the bill as a meaningful approach to address the child care challenges faced by the healthcare workforce and their employers. The act is set to take effect on July 1, 2025.

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

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor



= Likely to be revisited in the 2027 Legislative Session



HB 442 REVISE LAWS REGARDING REPORTING REQUIREMENTS FOR CERTAIN PROFESSIONAL OCCUPATIONS

HB 442 eliminates the obligation for Montana's medical and chiropractic legal panels to report their decision outcomes to the respective licensing boards. It also removes the requirement for insurers to report alleged professional negligence to the Board of Medical Examiners.

Under the bill, the filing of decisions will now only require copies to be sent to the parties and their attorneys, without the need to notify the licensing board. Additionally, the bill clarifies that individuals or organizations providing information to the Board of Medical Examiners in good faith are protected from civil damages. It also specifies that failure to comply with reporting requirements can lead to the suspension of licenses or privileges, with the agency having discretion over the duration of the suspension.

It is MHA's view that the bill's provisions properly distinguish the roles of both the legal panel and their respective licensing boards. In doing so, the bill preserves the legal panels' ability to efficiently and effectively address potential malpractice cases, prevent frivolous lawsuits and reduce the cost and time associated with legal proceedings that can negatively impact access to care and overall costs to the healthcare system.

SPONSOR: Rep. Valerie Moore (R-Plentywood)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor

HB 447 ENACT THE RESPIRATORY CARE INTERSTATE COMPACT

HB 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 bill 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 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.

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

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor

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

HB 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.

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

MHA POSITION: NO POSITION

OUTCOME: Passed; Signed by the Governor

HB 850 PROVIDE LICENSING AND REGULATION OF COMMUNITY HEALTH WORKERS

HB 850 seeks to create a comprehensive licensing and regulatory framework for community health workers in Montana. The bill outlines specific licensing requirements, including age, completion of a training program, and supervised experience. The Montana Department of Labor and Industry is empowered with rulemaking authority to enforce these provisions and review training curricula for potential endorsements.

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

MHA POSITION: SUPPORT

OUTCOME: Failed; Vetoed by the Governor

SB 279 ADOPT THE DIETITIAN LICENSURE COMPACT

SB 279 enacts the Dietitian Licensure Compact. This compact allows licensed dietitians to practice in member states without obtaining multiple licenses, thereby reducing administrative burdens and improving access to dietetic services. The bill establishes 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.

Twelve states have passed similar legislation. Formation of the compact commission 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 dietitians will be able to request compact privileges to practice in other states. By then, additional states would have likely passed the compact bill.

SPONSOR: Sen. Wendy McKamey (R-Great Falls)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor

SB 347 REVISE MEDICAL RESIDENT LICENSURE LAWS

SB 347 revises medical resident licensure laws in Montana by updating definitions, removing unlicensed trainees from licensing exemptions, and revising residency requirements for licensing qualifications. These changes are intended to enhance the standards for medical practice and ensure that all practicing physicians meet the necessary qualifications for licensure in Montana.

Key revisions include the removal of the exemption for unlicensed trainees from the licensing requirements, which previously allowed them to practice under certain conditions. Additionally, the definitions of "approved internship" and "physician" have been updated to clarify the standards for medical education and licensure, including the specification that a physician must hold a degree as a doctor of medicine or a doctor of osteopathic medicine.

The bill also modifies the qualifications for licensure by establishing that applicants must complete the first year of an approved residency program (PGY-1) while remaining enrolled and in good standing, or have completed an approved residency program. It also maintains provisions for applicants who graduated from medical school prior to 2000, allowing them to demonstrate equivalent experience or training.

SPONSOR: Sen. Sue Vinton (R-Billings)

MHA POSITION: SUPPORT

OUTCOME: Passed; Signed by the Governor



= Likely to be revisited in the 2027 Legislative Session



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