



Montana State Legislature

2023 Session

Additional Senate Documents

- Business Report
- Roll Call -Attendance
- Standing Committee Reports
- Tabled Bills
- Fiscal Reports [if any]
- Roll Call Votes
- Proxies signed in ink
- Visitor's sign-in sheet.
- Informational Item's
- Witness Statements if any,
- Zoom/Internet Testimony Information & index
- Any other type of documents such as:
@ Petitions, {if any} Emails, all documents given to Committee Secretary before & after meeting.
- Public Testimony documents may or may not be scanned, they will be on file at the Montana Historical Society.
- Disclaimer: within the online minutes document you will see vacate spaces within the document. The LAWS II system creates these blank areas they are not loss of information.

The original exhibit/items are on file at the Montana Historical Society and may be viewed there.

**BUSINESS REPORT
MONTANA SENATE
REGULAR
(S) Business, Labor, and Economic Affairs**

Date: 03/23/2023

Time: 8:00 AM

Place: Capitol

Room: 422

BILLS and RESOLUTIONS HEARD:

HB 379 Revise laws related to pharmacy benefit managers - Rep. Tom Welch

HB 409 Adopt advanced practice nurse compact - Rep. Amy Regier

HB 505 Revise funeral insurance laws to increase minimum initial policy limit - Rep. Nelly Nicol

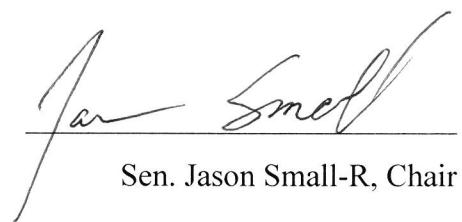
HB 591 Implementing travel insurance model act - Rep. Edward Buttrey

HB 615 Generally revise liability insurance laws relating to real estate professionals - Rep. Ross Fitzgerald

HB 758 Require insurance coverage of continuous glucose monitoring supplies - Rep. Fiona Nave

EXECUTIVE ACTION TAKEN:

Comments:



Sen. Jason Small-R, Chair

Senate

Roll Call

(S) Business, Labor, and Economic Affairs

DATE: 03/23/2023

TIME: 8:00 AM

<u>NAME</u>	<u>PRESENT</u>	<u>ABSENT/EXCUSED</u>
Curdy, Willis	X	
Ellsworth, Jason		X
Fitzpatrick, Steve		X
Fox, Mike	X	
Gillespie, Bruce	X	
Noland, Mark	X	
Pope, Christopher		X
Sales, Walt	X	
Small, Jason	X	
Vermeire, Terry		X

**MONTANA STATE SENATE
Visitors Register**

BUSINESS AND LABOR

Date 3/23/23

Bill No. HB409 Sponsor(s) Rep. Regier

PLEASE PRINT CLEARLY

**MONTANA STATE SENATE
Visitors Register**

BUSINESS AND LABOR

Date 3/23/23

Bill No. HB751 Sponsor(s) Rep. Abbott

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**MONTANA STATE SENATE
Visitors Register**

BUSINESS AND LABOR

Date 3/23/23

Bill No. HB379 Sponsor(s) Rep. Welch

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**MONTANA STATE SENATE
Visitors Register**

BUSINESS AND LABOR

Date 3/23/23

Bill No. HB591 Sponsor(s) Rep. Buttrey

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**MONTANA STATE SENATE
Visitors Register**

BUSINESS AND LABOR

Date 3/23/23

Bill No. HB505 Sponsor(s) Rep. Nicol

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**MONTANA STATE SENATE
Visitors Register**

BUSINESS AND LABOR

Date 3/23/23

Bill No. HB 758 Sponsor(s) Rep. Nave

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**MONTANA STATE SENATE
Visitors Register**

BUSINESS AND LABOR

Date 3/23/23

Bill No. HB 615 Sponsor(s) Rep. Fitzgerald

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BUS

(S) BUS

Date 03/23/2023

H/S	Bill #	Position	Requester Name	Location	Affiliation
HB	379	Proponent	Stephanie Chosa	Billings, MT	One Health
HB	379	Proponent	Tammy Cox	Butte, MT	Southwest Montana Community Health Center
HB	409	Proponent	Russell Motschenbacher	Great falls	N/A
HB	409	Proponent	Nicole Livanos	Naperville, IL	National Council of State Boards of Nursing
HB	615	Proponent	James Bowditch	Missoula, MT	Montana Association of REALTORS
HB	615	Proponent	Mike Nugent	Missoula, MT	N/A
HB	758	Proponent	Lisa Ranes	Billings MT	Billings Clinic
HB	758	Proponent	Marci Butcher	Helena, MT	MT Assoc of Diabetes Care and Education Specialist
HB	758	Opponent	Carissa Kemp	Richfield, MN	American Diabetes Association

Bill: HB-379

Committee: (S) Business, Labor, and Economic Affairs

Position: Proponent

Representation: Yes

Representation Org: One Health

Full Name: Stephanie Chosa

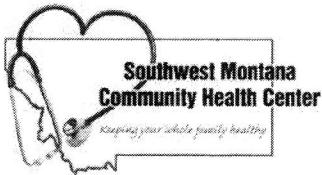
Zoom Request: Yes

City/State: Billings, MT

I plan to call-in and testify in support of HB 379

Our community health center currently owns and operates three pharmacies located in Hardin, Miles City and Lewistown. We also utilize contract pharmacy arrangements to increase pharmaceutical access for our patients in Chinook, Harlem, and Glendive. The 340B Program plays a crucial role in enabling us to provide comprehensive primary care to over 13,000 Montanans across the most rural parts of our state. This innovative program allows us to provide pharmaceutical access to thousands of vulnerable patients who are limited by income or geographical barriers. We provide care to everyone, regardless of their ability to pay.

Asking 340B eligible pharmacies to add a modifier to all 340B claims is a sizeable administrative burden placed on the covered entity and pharmacy staff. For most pharmacies, there is simply no way to efficiently or automatically add modifiers to claims. As I've discussed, the 340B program is already immensely complex and allowing Pharmacy Benefit Managers to add even more regulatory burdens to this program would be wildly disruptive. Inserting more hoops to jump through in this way would likely lead to revenue loss and the inability to bill those insurances requiring the extra modifier. Rather than streamlining the function of this innovative approach to care delivery, allowing PBMs to impose this unnecessary requirement would undermine this valuable program and ultimately cost Montanans especially those most vulnerable in the rural frontier access to life-saving medications and the holistic, quality care they deserve. I urge you to support HB 379. Thank you.



March 21, 2023

Dear Mr. Chairman and Members of the Committee:

My name is Tammy Cox and I am a proponent of House Bill 379. I represent Southwest Montana Community Health Center where I function as the Director of Pharmacy Services and Deputy Executive Director. We provide comprehensive primary health care, including behavioral health and dental care, with clinics in Butte, Dillon, and Anaconda. We also operate 2 community pharmacies in Butte and Dillon and offer clinical pharmacy services at all sites. Our mission focuses on providing access to quality health care. The 340B program is crucial for maintaining our operations, and it functions as intended by supporting our mission-based services, in addition to allowing our patients access to affordable prescription medications.

I'd like to share a success story as a result of our Montana law, Section 33-2-2410, MCA, which provides oversight to pharmacy benefit managers (PBMs). Southwest Montana Community Health opened Blacktail Pharmacy in Dillon in 2019 at the request of the community after 2 of the 3 community pharmacies closed within a couple of months. We were offered a PBM contract that mandated we add a modifier to our 340B prescription claims. We pushed back, citing our Montana law, but to no avail. The contract was, "take it or leave it," and many of our patients were insured through this plan. Not wanting to limit patient access and fearing repercussions through the PBM auditing processes, we complied. However, we soon noticed that in certain cases the patient's out of pocket copay increased when the prescription was tagged as 340B compared to when it was not. Therefore, our organization chose not to utilize the 340B medications that would have reduced our expenses so that our patients would not have resulting higher out of pocket costs. The good news is that we received an amended contract from this PBM for 2023 (4 years later) which finally referenced Montana law and exempted us from adding the modifier to our 340B prescriptions. Our law is having a positive impact!

Federally qualified health centers such as ours are acutely aware of the statutory requirements of the 340B program and we go to great lengths to ensure compliance. We continually audit and review our policies and procedures to prevent duplicate discounts to the manufacturer and ensure that 340B medications are dispensed only to eligible patients. Yet, we are often being asked to do additional tasks that take valuable time away from caring for our patients. One example is that one of the largest PBMs in the country is currently sending out monthly lists of processed prescriptions to pharmacies, stating that the listed claims appear to be 340B-eligible, but were not adjudicated as 340B claims. They are asking pharmacists to review these claims and document whether or not the prescriptions were filled with 340B medications. Not only is this contrary to our law, but it takes away valuable patient care time from our busy health care professionals.

In summary, our facility relies on the 340B program to allow us to continue our operations and mission-based service to our patients in Southwest Montana. I am asking for your consideration of voting FOR HB 379 to allow us to continue this important work for the people of our state.

Sincerely,

Tammy A. Cox, PharmD, BCACP, CPP

Butte Clinic
445 Centennial Ave
Butte, MT 59701
(406) 723-4075

Dillon Clinic
41 Barrett St.
Dillon, MT 59725
(406) 683-4440

Anaconda Clinic
110 Oak St.
Anaconda, MT 59711
(406) 563-0771

Butte CHC Pharmacy
1145 S. Montana St.
Butte, MT 59701
(406) 496-6026

Blacktail Pharmacy
125 E. Glendale
Dillon, MT 59725
(406) 988-0772

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March 23, 2023

Support of: House Bill 409- APRN Compact

Dear Chair Small, Vice Chairs Curdy and Noland, and Distinguished Members of the Senate Business, Labor and Economic Affairs Committee:

On behalf of the National Council of State Boards of Nursing, I am writing to express our support for House Bill 409, a bill to enter Montana into the Advanced Practice Registered Nurse (APRN) Compact.

The APRN Compact allows an APRN (certified nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists) to have one multistate license and use that license to practice as an APRN in any compact state. This is not a new concept for Montana. The APRN Compact is modeled after the Nurse Licensure Compact, a compact for registered nurses and licensed practical nurses that Montana has been a member of for many years.

For the workforce crisis, the APRN Compact is a safe and efficient tool in the state's toolbox for addressing workforce challenges. The APRN Compact provides a way for facilities across Montana to recruit APRNs from other states to fill acute and longer term shortages. It provides for greater access to telehealth services, allowing patients access to care from more providers across party states. And lastly, it provides an incentive for current licensees and for students enrolled in APRN programs in the state or region to pick or maintain in Montana for their practice, as having mobility provides greater access to jobs while reducing regulatory burdens.

For practitioners, this added mobility will reduce the burden on APRNs already practicing across state lines, eliminating the need to maintain multiple state licenses. **In fact, a 2023 survey of APRNs conducted by the Montana Board of Nursing and NCSBN found that 74% of the respondents provided nursing care or education services outside of Montana in the past 24 months.** The APRN Compact will also expand opportunities for APRNs to care for patients across Montana and of all APRNs to practice in the rapidly growing telehealth industry, unlocking access to care in underserved areas. **The same 2023 survey found 93% of APRN respondents support Montana joining the APRN Compact.**



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For regulators, the compact simultaneously creates a path for cross-border mobility while ensuring that licensure and discipline remain with the Montana Board of Nursing. The APRN Compact Commission will be formed when the compact goes into effect. The commission is composed of the heads of state boards of nursing from each participating state, and the Commission's powers are limited to administration of the compact. The Commission has no power over nursing practice or licensing standards in the party states, as that power remains solely with that state's legislature and regulatory processes.

The APRN Compact was adopted by NCSBN's membership in August 2020. The bill has so far been enacted in three states: Delaware, North Dakota and Utah. To date, seven states have introduced legislation in the 2023 session to join the APRN Compact. The compact requires seven state enactments to go into effect. Montana has an opportunity to pioneer licensure mobility and increased access to care for APRNs through adoption of the APRN Compact.

Thank you for the opportunity to testify on this important matter.

Sincerely,

Nicole Livanos, JD, MPP
Director, State Affairs, NCSBN
nlivanos@ncsbn.org

Date: 03/23/23

Bill No. HB 758

Bill: HB-758

Committee: (S) Business, Labor, and Economic Affairs

Position: Proponent

Representation: Yes

Representation Org: MT Assoc of Diabetes Care and Education Specialist

Full Name: Marci Butcher

Zoom Request: Yes

City/State: Helena, MT

Thank you for this opportunity to testify in support of HB 758 - require insurance coverage of continuous glucose monitors and supplies. I am a diabetes care and education specialist, and I have been working in the diabetes field for over 30 years. CGM has been a revolution in diabetes care. This is a technology that greatly impacts a person's ability to self-manage their diabetes, a serious, progressive, and potentially devastating condition. It provides insight into blood sugar levels and trends, and allows the person with diabetes to be proactive and become empowered to make real-time self-management decisions. This enables the person to be healthier and reduces health care costs due to reduced hospitalizations, emergency room visits and reduced complications, such as strokes, heart attacks, kidney failure, blindness, and amputations. CGM has personally and positively impacted two of my family members' lives with diabetes. I can honestly say that CGM has saved us at least 6 trips to the emergency room and possibly saved hospitalizations as well. They are both more empowered with the knowledge that is keeping them healthy with this complex condition. Please support HB758 and thank you for your work on behalf of Montanans!

Marci Butcher, RDN, CDCES, FADCES - 2017 National Diabetes Educator of the Year - Helena, MT

Bill: HB-758

Committee: (S) Business, Labor, and Economic Affairs

Position: Proponent

Representation: Yes

Representation Org: Billings Clinic

Full Name: Lisa Ranes

Zoom Request: Yes

City/State: Billings MT

Chairman and Members of the Committee

My name is Lisa Ranes, RD CDCES manager of Diabetes Endocrinology and Metabolism at Billings Clinic.

I am here on behalf of Billings Clinic to ask you for your support for HB 758, require insurance coverage of continuous glucose monitoring and supplies.

Continuous glucose monitor CGM is a tool that helps to optimize diabetes management. It is a game changer for the person living with diabetes.

A1C has been the gold standard for assessing level of glucose control for years. However, A1C does not reveal anything about glucose variability or incidence of hypoglycemia.

Multiple research studies have confirmed the effectiveness of CGM, by decreasing A1C, decrease glucose variability, improve time in control, decrease time spent in hypoglycemia and reduction in hypoglycemic events.

A three year follow up study, COMISAIR study demonstrated that CGM is superior to fingerstick self-monitoring in reduction of A1c and hypoglycemia.

Over a 5 year period, ED visits for severe hypoglycemia cost the US health care system an estimated \$600 million dollars, \$120 million a year. The average cost of a hypoglycemia visit is \$1387. The median cost of hospitalization after EMS treatment is \$11,988.

CGM is one of the most powerful tools to manage diabetes and prevent harmful hypoglycemia events.

Please support HB 758

Thank you

Lisa Ranes

Bill: HB-758

Committee: (S) Business, Labor, and Economic Affairs

Position: Proponent

Representation: No

Representation Org: N/A

Full Name: Sandra Moe

Zoom Request: No

City/State: Red Lodge, MT

I am in support of HB 758 to provide insurance coverage for continuous glucose monitoring supplies (CGMs). In practice as a Registered Dietitian, I have seen the positive benefits of CGM use for patients living with diabetes. This continuous data allows the patient to monitor their blood sugar without finger sticks, allows for titration and adjustments of insulin, and can prevent high and low blood sugars. I urge you to support bill HB 758. Thank you for your time and consideration.

Sandy Moe, RD, LN



Connected for Life

March 23, 2023

Chair Small and Committee Members,

My name is Carissa Kemp and I am the Director of State Government Affairs for the American Diabetes Association and I would like to share my support of House Bill 758. For people living with diabetes, continuous glucose monitors (CGM) provide significant, potentially life-changing benefits for diabetes management.

Why are continuous glucose monitors recommended?

1. Assist in avoidance or delay of serious short-term or long-term complications, hospitalizations and even death. CGMs are particularly helpful for hypoglycemic unawareness whether to communicate that you are trending low or, when equipped, to sound an alarm.
2. Monitor glucose levels so patients can better manage their diabetes and allow providers to analyze data to support care improvements.
3. Satisfaction rates are higher with any CGM compared to fingerstick blood glucose monitoring. Studies show improved patient-reported outcomes, including a better health related quality of life and reductions in diabetes distress.¹

CGMs can create cost savings

1. One study found a patient use of CGM over nine months resulted in health costs savings of a little over \$4,200 compared to a patient who did not use a CGM²
2. For people with type 2 diabetes, a study published in 2021 found a mean reduction in spending per-person-per month of \$424 – the study overall demonstrated real-world evidence that real-time CGM use was associated with reductions in diabetes-related medical costs³

Montana Medicaid currently provides coverage for CGMs and this legislation will ensure that all Montanans on state regulated health plans will also have access to this technology, which can be instrumental in treating and helping people with diabetes thrive. I respectfully ask for your support.

Sincerely,

Carissa Kemp
Director of State Government Affairs

¹ <https://diabetes.org/get-involved/advocacy/continuous-glucose-monitors>

² <https://pubmed.ncbi.nlm.nih.gov/29737202/>

³ <https://www.endocrinologynetwork.com/view/real-time-cgm-use-associated-with-reduced-medical-costs-in-patients-with-type-2-diab>