Summary of Health and Human Services Legislation 2017 Legislative Session

Prepared for the Children, Families, Health, and Human Services Interim Committee by Sue O'Connell, Research Analyst June 12, 2017

The 2017 Legislature acted on a number of bills involving health care, health insurance, children's issues, and human services. This summary provides an overview of major legislation – excluding the budget provisions of House Bill 2 – in the following areas:

Children's Issues Mental Health
Developmental Disabilities Public Health
Health Care/Health Insurance Senior Citizens

Medicaid CFHHS Interim Committee

The summary focuses primarily on legislation that was approved by the Legislature. However, it also includes bills that were proposed by the 2015-2016 Children, Families, Health, and Human Services Interim Committee but that failed during the legislative process.

CHILDREN'S ISSUES: ABUSE/NEGLECT/FOSTER CARE/CHILD SUPPORT

- **HB 64** Extends for another 2 years the child abuse and neglect court diversion pilot project originally established by the 2015 Legislature to allow judicial districts to informally resolve cases when DPHHS has removed a child from a home on an emergency or voluntary protective basis and the parent has entered into a treatment agreement.
- **HB 173** Establishes deadlines for treatment plans and permanency hearings in child abuse and neglect cases.
- **HB 201** Requires a court to appoint a court-appointed special advocate (CASA) as a guardian ad litem for any child alleged to be abused or neglected, if a CASA is available.
- **HB 303** Creates a child abuse and neglect fatality review committee to examine child fatalities and near fatalities attributed to abuse or neglect and requires that the commission's findings and recommendations be reported to several entities, including the Children and Families Committee.
- **HB 351** Establishes additional requirements for permanency plans developed in child abuse and neglect cases, including involvement of the child in development of the plan if the child is 14 years of age or older.
- **HB 517** Requires DPHHS to develop by August 15, 2018, a 5-year strategic plan for reducing child abuse and neglect and to provide the plan to the Children and Families Committee and the Legislative Finance Committee.
- **SB 113** Requires DPHHS to release records related to a child abuse or neglect investigation to a member of Congress or the Montana Legislature upon request.

SB 172 Allows for denial of hunting licenses for failure to pay child support.

DEVELOPMENTAL DISABILITIES

- Allows DPHHS to continue to use, on an ongoing basis, the secure 12-bed Assessment and Stabilization Unit at the Montana Developmental Center (MDC) as a secure facility for individuals whose continuous or repeated behaviors pose an imminent risk of harm to self or others and extends by 2 years, until June 30, 2019, the deadline for closing the rest of the MDC campus.
- HB 458 Requires DPHHS to monitor MDC residents during their stay at the facility and for an additional 2 years after they are placed in community services to determine whether their skills, abilities, and behaviors have improved, diminished, or remained unchanged while in treatment or in a community placement; DPHHS must report annually to the Children and Families Committee on the aggregate results of the monitoring.
- **HB 638** Appropriates money to increase wages for workers providing direct care to the elderly and people with developmental or physical disabilities; the appropriation only occurs if general fund revenues reach a certain level as set in SB 261.

HEALTH CARE/HEALTH INSURANCE

Health Care

- **HB 163** Allows hospital patients to designate a lay caregiver who will be notified before the patient is discharged, be informed of the patient's post-discharge aftercare needs, and be given instruction, if requested, in providing the care.
- **HB 175** Revises the laws related to medical care savings accounts, including increasing the limit on contributions to the account and expanding the circumstances in which funds in the account may be used.
- **HB 233** Allows a pharmacist to substitute a less expensive interchangeable biological product for a specific biological product and requires notification to the patient.
- **HB 476** Allows physician assistants to supervise medical assistants.
- **HB 639** Institutes a three-year community benefit assessment on the state's large hospitals.
- SB 166 Adopts the enhanced Nurse Licensure Compact that allows nurses who are licensed in a compact state to practice in any of the other party states without obtaining licensure from those states.
- SB 92 Allows for appointment of proxy decisionmakers for hospital patients who lack decision-making capacity and creates a process for naming a health care provider as a proxy decisionmaker if no other person is available to serve in that position.

- **SB 120** Allows dental hygienists to prescribe certain fluorides and medications without supervision by a dentist if the hygienist is practicing with a limited access permit under public health supervision.
- **SB 216** Exempts medical care savings accounts and federal health savings accounts from bankruptcy, creditor, and other processes to pay debts.
- **SB 283** Increases the total repayment available under the five-year medical school loan repayment program for physicians practicing in rural areas from \$100,000 to \$150,000.
- SB 333 Revises the Montana Medical Marijuana Act in a number or respects, including requiring development of and provider participation in a seed-to-sale tracking system, testing of marijuana products before sale, and taxing of gross sales at a rate of 4% in fiscal year 2018 and 2% in subsequent years.

Health Insurance

- **HB 142** Establishes that insurers must provide coverage of mental health conditions in accordance with the federal Mental Health and Addiction Equity Act of 2008.
- **HB 469** Requires insurance coverage of services provided by marriage and family therapists.
- **SB 129** Requires insurance coverage of dental services offered by telemedicine.
- **SB 362** Requires health insurers to develop "transparency tools" that provide covered individuals with comprehensive cost information about certain health care services, including information on the costs the individual must pay for a specific service.

MEDICAID/HEALTHY MONTANA KIDS PLAN

- **HB 639** Revises, for the next two fiscal years, the formula for calculating Medicaid reimbursement rates for physicians by lowering the inflation factor used in setting the rates.
- **SB 82** Revises standards for Medicaid overpayment audits of providers, establishing timelines for review, limiting the use of extrapolation and statistical sampling, and requiring peer review of overpayment findings.
- **SB 199** Requires the Healthy Montana Kids Plan to cover habilitative services designed to help children maintain, learn, or improve skills and functions for daily living or prevent deterioration of skills.
- **SB 233** Prohibits DPHHS from adopting Medicaid rules that would exclude a child in foster care from receiving Medicaid services or that would require prior authorization for services if the services are available to other Medicaid enrollees without prior approval.

MENTAL HEALTH/SUBSTANCE ABUSE

- **HB 95** Eliminates the requirement that new substance abuse treatment facilities must show that they won't duplicate existing local services and requires that all state-approved facilities and programs be held to uniform standards established by administrative rule.
- **HB 118** Appropriates \$1 million over the next biennium to fund evidence-based suicide prevention activities and to carry out the action steps of the Montana Native Youth Suicide Reduction Plan published in January 2017.
- **HB 220** Allows physician assistants to be considered mental health professionals if they have a clinical specialty in psychiatric mental health.
- HB 237 Requires the Montana Board of Crime Control to develop a crisis intervention team (CIT) training program to increase the number of law enforcement officers, behavioral health providers, and other stakeholders who are trained to respond to individuals experiencing a behavioral health crisis.
- HB 328 Allows tribal governments to apply for mental health crisis intervention and jail diversion grants available through DPHHS, establishes priorities for making grant awards, and allows grants to be made for 2 years rather than on an annual basis.
- **HB 381** Requires local school boards to establish suicide prevention and response policies, procedures, and plans.
- **HB 589** Requires DPHHS to monitor the status of children receiving targeted case management services to determine whether the children are able to remain at home, in school, and out of trouble after receiving services; requires an annual report to the Children and Families Committee.
- **SB 62** Provides for certification of behavioral peer support specialists by the Board of Behavioral Health and establishes requirements for certification.
- **SB 160** Requires DPHHS to simplify administrative rules, payment methods, and contracting processes for Medicaid-funded services for people suffering from mental illness and co-occurring disorders.

PUBLIC HEALTH

- **HB 285** Requires DPHHS to establish a palliative care access initiative and creates a palliative care and quality of life interdisciplinary advisory council to work with DPHHS on establishing and evaluating the outcomes of palliative care initiatives.
- **HB 323** Allows schools to maintain a supply of an anti-overdose drug and administer the drug in instances of suspected opioid overdoses .

- **HB 333** Allows the state medical officer and medical practitioners to prescribe an anti-overdose drug to certain individuals and entities, including first responders, to be used in cases of opioid overdoses.
- **HB 487** Requires non-public schools and youth organizations to provide concussion education to coaches, officials, youth athletes, and parents, expanding on the current law that requires public schools to provide concussion education.
- **SB 205** Requires DPHHS to plan for improved delivery of care to certain heart attack patients by monitoring a national database, requiring certain hospitals to report data to the database, and encouraging other health care providers to participate in the database and share information related to treatment and quality improvement efforts.
- **SB 254** Establishes in statute, rather than administrative rule, the license fees for retail food establishments; the fee is \$85 a year for establishments with two or few employees working at one time and \$115 a year for other establishments.

SENIOR CITIZENS

- HB 17 Subject to revenue triggers contained in SB 261, appropriates money to increase the number of home and community-based services waiver slots for elderly and disabled individuals and to increase Medicaid reimbursement rates for assisted living facilities. The bill was proposed by the Children and Families Committee as part of its Senate Joint Resolution 22 study of guardianship and Alzheimer's disease.
- HB 24 Establishes protections from financial exploitation for vulnerable individuals by allowing investment advisers to report suspected exploitation, providing immunity for such disclosures, and allowing delayed disbursement from accounts if exploitation is suspected. The bill was proposed by the Children and Families Committee as part of its Senate Joint Resolution 22 study of guardianship and Alzheimer's disease.
- HB 70 Establishes a working interdisciplinary network of guardianship stakeholders (WINGS) group to evaluate Montana laws, services, and practices related to adult guardianships and conservatorships and appropriates money to provide grants to public guardianship programs. The bill was proposed by the Children and Families Committee as part of its Senate Joint Resolution 22 study of guardianship and Alzheimer's disease.
- HB 618 Increases the nursing home bed tax to leverage additional federal Medicaid funds for increased nursing home reimbursement rates and requires that a part of the increased rate be used to increase wages for certified nursing assistants in nursing homes by 50 cents an hour each year of the biennium.
- SB 272 Creates a new licensing category for assisted living facilities that serve individuals with dementia and allows courts to divert individuals to those facilities if the individual would otherwise meet the criteria for commitment to the Montana State Hospital.

CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES INTERIM COMMITTEE

During the 2015-2016 interim, the Children, Families, Health, and Human Services Interim Committee approved the drafting of seven pieces of legislation. The 2017 Legislature approved four of the bills. As noted above, House Bills 17, 24, and 70 – all related to the committee's study of guardianship and Alzheimer's disease – passed, although the funding for the waiver slots authorized in HB 17 will be void if general fund revenues come in lower than anticipated.

The Legislature also passed Senate Bill 4, to eliminate certain statutorily required advisory groups and reports related to the Department of Public Health and Human Services. The bill eliminated inactive advisory councils and reports that were either no longer needed or no longer being provided.

The Legislature did not pass the three bills listed below, although the intent of SB 31 is being carried out by administrative rules.

SJR 22: Guardianship/Alzheimer's Disease

- **HB 35** Would have created a grant program for training volunteer respite care providers and appropriated \$120,000 a year for training and oversight of the volunteers
- **HB 36** Would have appropriated \$1.5 million over the biennium for distribution to the state's 10 area agencies on aging so they could provide services and education targeted to individuals with Alzheimer's or dementia and their family members

SB 418: Legislative Mental Health Investments

SB 31 Would have required Medicaid reimbursement of drug therapy management provided by clinical pharmacist practitioners. The bill was tabled at the sponsor's request after DPHHS said it would adopt administrative rules allowing for the reimbursement. The proposed rules were published April 28, and reimbursement will begin July 1, 2017.

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