

1 SENATE BILL NO. 494
2 INTRODUCED BY M. DUNWELL

3
4 A BILL FOR AN ACT ENTITLED: "AN ACT CREATING A TASK FORCE ON THE LONG-TERM CONTINUUM
5 OF CARE; SPECIFYING MEMBERS AND DUTIES; PROVIDING FOR CONTINGENT VOIDNESS; AND
6 PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A TERMINATION DATE."

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8 WHEREAS, Montana's nursing homes are struggling financially with declining census, a high Medicaid
9 payer mix, and rising costs tied to COVID-related mandates, inflation, and higher-acuity patients; and

10 WHEREAS, nursing homes are experiencing a severe workforce shortage at all levels of staffing,
11 including certified nursing assistants, registered nurses, and licensed practical nurses; and

12 WHEREAS, nursing homes throughout the state have closed, leaving residents struggling to find a new
13 place to live and receive care and in many cases causing our most vulnerable seniors to move far from family,
14 friends, and their home community; and

15 WHEREAS, Montana has one of the highest percentages of residents 65 years of age and older in the
16 United States.

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18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

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20 NEW SECTION. **Section 1. Task force on long-term care continuum for older Montanans.** (1)
21 There is a task force on the long-term care continuum for older Montanans to evaluate the capacity and current
22 needs of the long-term care system and make recommendations for addressing the needs of the system.

- 23 (2) The task force consists of 16 members appointed as follows:
24 (a) two members of the house of representatives, one appointed by the speaker of the house of
25 representatives and one appointed by the minority leader of the house of representatives;
26 (b) two members of the senate, one appointed by the president of the senate and one appointed
27 by the minority leader of the senate; and
28 (c) 12 members appointed by the governor, none of whom may be a currently serving legislator.

1 The members must be appointed as follows:

2 (i) one representative of the governor's office;

3 (ii) three representatives of the department of public health and human services;

4 (iii) one representative of an association engaged exclusively in long-term care advocacy in the
5 state;

6 (iv) one representative of an association representing Montana hospitals;

7 (v) one licensed nursing home administrator;

8 (vi) one assisted living facility representative;

9 (vii) one in-home care agency representative;

10 (viii) two representatives of different associations engaged exclusively in advocacy for older

11 Montanans; and

12 (ix) one representative of a county that operates a long-term care facility.

13 (3) Members must be appointed no later than May 30, 2023.

14 (4) (a) Legislative members of the task force are entitled to receive compensation and expenses
15 as provided in 5-2-302.

16 (b) Nonlegislative members of the task force and members who are full-time salaried officers or
17 employees of the state or a political subdivision of the state are entitled to reimbursement for travel expenses
18 as provided in 2-18-501 through 2-18-503.

19 (5) The task force shall select a presiding officer and a vice presiding officer by majority vote. The
20 presiding officer and vice presiding officer must be legislative members, one from the majority party and one
21 from the minority party.

22 (6) The legislative services division shall provide staff assistance to the task force. The legislative
23 fiscal division, the department of public health and human services, the department of labor and industry, the
24 office of public instruction, and the university system shall provide information on request.

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26 **NEW SECTION. Section 2. Task force duties -- meetings -- report.** (1) The task force shall review
27 the following matters:

28 (a) long-term care workforce issues, including but not limited to:

- 1 (i) the current demand and projected future need for workers;
- 2 (ii) barriers to recruitment and retention;
- 3 (iii) existing training and education programs for the long-term care workforce and whether the
4 existing programs are sufficient to meet workforce needs;
- 5 (iv) career pathways for certified nursing assistants and ways to maximize the scopes of practice
6 for certified nursing assistants, registered nurses, and licensed practical nurses; and
- 7 (v) use of incentives for recruitment and retention, including wages, bonuses, loan repayment
8 programs, and other initiatives;
- 9 (b) efficient care delivery, particularly in rural areas and including:
- 10 (i) identification of community needs;
- 11 (ii) access to quality services;
- 12 (iii) appropriate census and room occupancy levels; and
- 13 (iv) alternative placement options in the community;
- 14 (c) availability of home and community-based services to serve older Montanans in the least
15 restrictive and most appropriate setting for their needs;
- 16 (d) access to services for high-need, high-risk populations, including but not limited to:
- 17 (i) the needs of individuals requiring memory care, behavior management, bariatric care, and
18 other more specialized, complex care;
- 19 (ii) opportunities for converting excess skilled nursing facility capacity to other purposes, including
20 the ability to serve higher-need, more complex residents;
- 21 (iii) incentives and support for converting excess capacity for other purposes, including serving
22 individuals currently receiving care at state-run facilities; and
- 23 (iv) whether current reimbursement rate add-ons for higher-acuity residents have been effective;
- 24 (e) the use of staffing agencies and contract labor, including:
- 25 (i) the impact on workforce shortages, operational costs, and quality of care;
- 26 (ii) the need, if any, for safeguards to reduce any negative impact of use of the agencies, both
27 during and outside of a declared public health emergency; and
- 28 (iii) registration or other state regulation of staffing agencies; and

- 1 (f) other issues that reasonably fall within the scope and purpose of the task force.
- 2 (2) The task force shall seek input from various stakeholders involved in long-term care in the state
- 3 and, to the extent possible, consult with outside experts.
- 4 (3) The task force shall hold at least six and no more than nine meetings.
- 5 (4) The task force shall prepare a final report of its findings, conclusions, and recommendations
- 6 and prepare draft legislation if appropriate. All aspects of the task force, including reporting requirements, must
- 7 be concluded by September 15, 2024. The task force shall submit its final report to the governor and the 69th
- 8 legislature.

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10 NEW SECTION. Section 3. Contingent voidness. (1) Pursuant to Joint Rule 40-65, if [this act] does
11 not include an appropriation prior to being transmitted to the governor, then [this act] is void.

12 (2) If the appropriation is vetoed, then [this act] is void.

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14 NEW SECTION. Section 4. Effective date. [This act] is effective on passage and approval.

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16 NEW SECTION. Section 5. Termination. [This act] terminates June 30, 2025.

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