



AN ACT EXPANDING ACCESS TO HEALTH CARE SERVICES BY ESTABLISHING A GRANT PROGRAM FOR COMMUNITY HEALTH CENTERS; CREATING AN ADVISORY GROUP; REQUIRING A REPORT TO THE LEGISLATURE; TRANSFERRING GENERAL FUND MONEY; PROVIDING AN APPROPRIATION; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, approximately one-fifth of Montana's population has no public or private health insurance; and

WHEREAS, many Montanans who are uninsured or underinsured experience difficulty in accessing medical and dental services; and

WHEREAS, uninsured and underinsured people are more likely than those with adequate insurance to be hospitalized for conditions that could have been avoided, to be diagnosed with acute conditions resulting in higher rates of disability and death, or to postpone recommended tests or treatment.

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

Section 1. Short title. [Sections 1 through 9] may be cited as the "Montana Community Health Center Support Act".

Section 2. Legislative intent and purpose. The legislature recognizes that the large number of uninsured and underinsured Montanans has a significant long-term human and economic impact on families, health care providers, and the state of Montana. It is the intent of the legislature through [sections 1 through 9] to enhance access to primary care and preventive care for Montana residents by strengthening and supporting Montana's community health centers.

Section 3. Definitions. As used in [sections 1 through 9], the following definitions apply:

- (1) "Advisory group" means the community health centers advisory group provided for in [section 6].
- (2) "Department" means the department of public health and human services provided for in Title 2, chapter 15, part 22.

(3) "Federally qualified community health center" means a facility providing primary and preventive medical, dental, mental health, and substance abuse services to medically underserved, disadvantaged, or hard-to-reach populations on a sliding-scale fee basis, operating under federal regulations, and receiving federal funds under the Public Health Service Act, 42 U.S.C. 254b.

(4) "Federally qualified health center lookalike" means a facility that meets all of the expectations established for the federally funded community health center program but does not receive federal operating funds under the Public Health Service Act, 42 U.S.C. 254b.

(5) "Preventive care" means comprehensive care that emphasizes prevention, early detection, and early treatment of conditions, including but not limited to routine physical examinations, health screenings, immunizations, and health education.

(6) "Primary care" means the type of medical care that provides a patient with a broad spectrum of preventive and curative health care services over a long period of time and that coordinates all of the care a patient receives.

(7) "Section 330 funds" means the federal funds commonly known by that name and awarded by the health resources and services administration of the U.S. department of health and human services to health centers that qualify for funding under the Public Health Service Act, 42 U.S.C. 254b.

Section 4. Program expenditures -- report to legislature. (1) Subject to appropriation by the legislature, the department shall provide competitive grants in accordance with [section 5 and this section] to community or tribal boards operating as a nonprofit entity in accordance with the Public Health Service Act, 42 U.S.C. 254b, to increase access to primary care and preventive health services for uninsured, underinsured, low-income, or underserved Montanans.

(2) Grants must be made each year to accomplish any of the following goals:

(a) to create and support new nonfederally funded community health centers until federal funds are granted. Successful applicants for the state grants shall also apply for federally qualified health center lookalike status and federal community health center grants at the first available opportunity.

(b) to expand the medical, mental health, or dental services offered by existing federally qualified community health centers or other facilities that have received federally qualified health center lookalike status; and

(c) to provide one-time grants for capital expenditures to existing federally qualified community health

centers and facilities with federally qualified health center lookalike status.

(3) The department shall contract with an entity that is able to:

(a) provide technical assistance to new and existing federally qualified community health centers in their efforts to apply for federal funds;

(b) assist new and existing centers in their efforts to expand services; and

(c) collect standardized data on the provision of services to low-income and uninsured Montanans.

(4) The department shall require the contractor to provide an annual report on the services it has provided, the data it has collected, and the status of applications for federal community health center funding.

(5) (a) The department shall provide regular interim reports on the status of the program and program expenditures to the legislative finance committee and the children, families, health, and human services interim committee.

(b) The department shall report to the legislature, as provided for in 5-11-210, the following information for each year of the biennium:

(i) the status of the expenditures made pursuant to [sections 1 through 9];

(ii) the number of people served by the expenditure of funds; and

(iii) the costs to the state of the services provided pursuant to [sections 1 through 9].

Section 5. Grants -- application process -- obligation of communities. (1) In order to receive funds under [section 4], a community or tribal board must submit a proposal to the department for:

(a) increasing access to health care services by:

(i) creating new primary care and preventive care services; and

(ii) developing sliding scale charge and billing systems; or

(b) expanding existing services by:

(i) increasing medical, dental, or mental health capacity;

(ii) purchasing equipment; or

(iii) renovating clinic facilities.

(2) A proposal funded under [sections 1 through 9] must ensure the board's commitment to attract federal funds for primary care services.

(3) Entities receiving a state grant to start up or expand services shall also seek section 330 funds for those services and may not receive state funding after federal funds are acquired.

Section 6. Advisory group. (1) There is a community health centers advisory group. The group consists of nine members appointed as follows:

- (a) two members appointed by the governor;
- (b) two members of the Montana house of representatives appointed by the speaker, each from a different political party;
- (c) two members of the Montana senate appointed by the president, each from a different political party;
- (d) one member designated by the Montana primary care association; and
- (e) two executive employees of Montana federally qualified community health centers, each designated by the governor from a list of names provided by the Montana primary care association and one of whom must be a chief financial officer.

(2) Members must be appointed in a manner that achieves the geographic representation of all regions of the state, including urban and rural communities.

(3) Members are appointed for terms of 2 years and may be reappointed for two additional terms. A legislative member position is vacant if the person no longer serves in the legislature. The position of the member appointed by the governor is vacant if that person is elected to the legislature. A vacancy must be filled in the manner of the original appointment.

(4) Legislative members of the advisory group are entitled to receive compensation and expenses as provided in 5-2-301 for each day spent on advisory group business. Other members are entitled to reimbursement for expenses, as provided in 2-18-501 through 2-18-503, while engaged in advisory group business.

(5) The advisory group is attached to the department of public health and human services for administrative purposes, and the department is responsible for the compensation of group members.

Section 7. Advisory group -- purpose and role. (1) The purpose of the advisory group is to oversee the grant award process developed by the department.

(2) The advisory group will recommend to the department the projects that it considers appropriate for funding in accordance with the requirements of [sections 4 and 5]. The advisory group's recommendations are not binding on the department, but when a recommendation is not followed by the department, the department shall provide the reasons to the advisory group.

Section 8. Rulemaking authority. (1) The department shall adopt rules necessary for the administration

of [sections 1 through 9].

(2) The rules may include but are not limited to:

(a) eligibility requirements for entities applying for grants;

(b) criteria for awarding grants; and

(c) reporting procedures for grant recipients.

(3) The rules establishing eligibility for state grants must reflect the national model established for federally qualified community health centers receiving section 330 funds as provided by the Public Health Service Act, 42 U.S.C. 254b.

Section 9. Community health center account. (1) There is a community health center account in the state special revenue fund to the credit of the department to provide grants for community health centers.

(2) Money appropriated by the legislature for community health centers must be deposited into the account.

(3) Money must be allocated from the account in accordance with the procedures outlined in [sections 4 and 5].

Section 10. Appropriation. (1) There is transferred \$650,000 from the state general fund to the community health care special revenue account established in [section 9] for each year of the biennium beginning July 1, 2007. The money in the account is appropriated to the department of public health and human services to be allocated to communities for primary and preventive health care services in accordance with [sections 4 and 5].

(2) The appropriation in this section is one-time in nature and is not to be included in the base budget for the 2011 biennium budget.

Section 11. Codification instruction. [Sections 1 through 9] are intended to be codified as an integral part of Title 50, chapter 4, and the provisions of Title 50 apply to [sections 1 through 9].

Section 12. Notification to tribal governments. The secretary of state shall send a copy of [this act] to each tribal government located on the seven Montana reservations and to the Little Shell band of Chippewa.

Section 13. Effective date. [This act] is effective July 1, 2007.

- END -

I hereby certify that the within bill,
HB 0406, originated in the House.

Chief Clerk of the House

Speaker of the House

Signed this _____ day
of _____, 2019.

President of the Senate

Signed this _____ day
of _____, 2019.

HOUSE BILL NO. 406

INTRODUCED BY CLARK, LIND, COBB, LEWIS, MCNUTT

AN ACT EXPANDING ACCESS TO HEALTH CARE SERVICES BY ESTABLISHING A GRANT PROGRAM FOR COMMUNITY HEALTH CENTERS; CREATING AN ADVISORY GROUP; REQUIRING A REPORT TO THE LEGISLATURE; TRANSFERRING GENERAL FUND MONEY; PROVIDING AN APPROPRIATION; AND PROVIDING AN EFFECTIVE DATE.