



AN ACT GENERALLY REVISING HEALTH CARE LAWS; CREATING A HEALTH CARE PROVIDER TASK FORCE; ESTABLISHING MEMBERSHIP; REQUIRING THE DEPARTMENT OF LABOR AND INDUSTRY TO PROVIDE CLERICAL AND ADMINISTRATIVE SERVICES TO THE TASK FORCE; PROVIDING FOR TASK FORCE DUTIES AND REPORTING REQUIREMENTS; REQUIRING THE TASK FORCE TO MAKE RECOMMENDATIONS ON STATUTES, RULES, AND POLICIES THAT ARE DUPLICATIVE AND INCONSISTENT WITH CURRENT HEALTH CARE PROVIDER PRACTICES; CREATING A STATE SPECIAL REVENUE ACCOUNT; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A TERMINATION DATE.

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

**Section 1. Health care provider task force -- duties -- membership.** (1) Within existing resources, there is a multidisciplinary health care provider task force administratively attached to the business standards division of the department of labor and industry as prescribed in 2-15-121 to carry out the duties described in this section.

(2) The task force consists of five members as follows:

(a) one member who represents the business standards division of the department of labor and industry;

(b) one member who represents the board of medical examiners;

(c) one member who represents the board of nursing;

(d) one member who represents the department of public health and human services; and

(e) one member who represents the insurance commissioner of the state auditor's office.

(3) The task force must include other stakeholders in the review required under this section as necessary.

(4) The members shall serve without compensation or reimbursement by the task force. Members

who are full-time salaried officers or employees of the state or of any political subdivision of the state are entitled to their regular compensation.

(5) The department of labor and industry shall provide clerical and administrative staff services to the task force.

(6) The task force shall elect a presiding officer.

(7) The task force shall identify definitions and areas in which the Montana Code Annotated:

(a) duplicates federal regulations;

(b) duplicates or contradicts state statutes, rules, or policies established for health care providers by other departments;

(c) applies inconsistently across the regions or by the state;

(d) creates the potential for the waste of resources;

(e) causes access issues; or

(f) increases cost.

(8) Based on the areas identified pursuant to subsection (7), the task force shall review and recommend the related administrative rules, policies, and procedures to:

(a) eliminate rules, policies, or procedures that are determined to not be cost effective; and

(b) create consistency in the application of a rule, policy, or procedure as it applies to health care providers.

(9) The task force shall develop a written plan that:

(a) outlines the process and deadline for completing the initial review of the rules, policies, and procedures; and

(b) establishes a process and timeline for an ongoing review, in conjunction with providers, that will continue to identify and correct areas of duplication, inconsistency, or waste.

(10) The task force shall complete its work and issue a report in accordance with 5-11-120 of its findings and recommendations to the children, families, health, and human services interim committee provided for in 5-5-225 by September 15, 2022. The report must include:

(a) a summary of the written plan as required under subsection (9); and

(b) draft legislation, including a list of affected statutes requiring amendment as a result of the task

force.

**Section 2. Health care provider task force special revenue account.** (1) There is a health care provider task force special revenue account to the credit of the department of labor and industry.

(2) The account consists of grants, gifts, and donations from public and private sources that are made to the department of labor and industry for the purpose of supporting the health care provider task force provided for in [section 1].

(3) Money in the account must be used by the department of labor and industry to support the activities carried out by the health care provider task force.

(4) Money in the account that is unencumbered and unexpended at the end of the biennium must be transferred to the department of labor and industry. The department shall use the reverted money to provide administrative services to the health care provider task force.

**Section 3. Effective date.** [This act] is effective on passage and approval.

**Section 4. Termination.** [Sections 1 and 2] terminate September 30, 2022.

- END -

I hereby certify that the within bill,  
HB 495, originated in the House.

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Chief Clerk of the House

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Speaker of the House

Signed this \_\_\_\_\_ day  
of \_\_\_\_\_, 2021.

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President of the Senate

Signed this \_\_\_\_\_ day  
of \_\_\_\_\_, 2021.

HOUSE BILL NO. 495

INTRODUCED BY M. CAFERRO

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