

1 SENATE BILL NO. 198
2 INTRODUCED BY J. GROSS, M. CAFERRO, S. O'BRIEN, J. SMALL, S. STEWART PEREGOY, B. USHER,
3 R. LYNCH
4
5 A BILL FOR AN ACT ENTITLED: "AN ACT REVISING LAWS RELATED TO BEHAVIORAL HEALTH PEER
6 SUPPORT SPECIALISTS; PROVIDING FOR LICENSURE OF PEER SUPPORT SPECIALISTS;
7 ESTABLISHING LICENSING REQUIREMENTS; ESTABLISHING REQUIREMENTS FOR CANDIDATES FOR
8 LICENSURE; SPECIFYING REQUIREMENTS FOR SUPERVISION OF PEER SUPPORT SPECIALISTS AND
9 LICENSURE CANDIDATES; AND AMENDING SECTIONS 37-38-101, 37-38-102, 37-38-106, 37-38-201, ~~AND~~
10 37-38-202, AND 53-6-101, MCA."

11
12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

13
14 NEW SECTION. **Section 1. Behavioral health peer support specialist licensure candidate --**
15 **registration requirements -- standards.** (1) A person who has completed the training requirements for
16 licensure under 37-38-202 but who has not completed the supervised training and work experience required for
17 licensure shall register as a behavioral health peer support licensure candidate in order to engage in behavioral
18 health peer support and earn the supervised training and experience required for licensure.

- 19 (2) To register, the person shall submit:
- 20 (a) the attestation required under 37-38-202(1);
 - 21 (b) the application and fee required by the board;
 - 22 (c) proof of completion of the training requirement;
 - 23 (d) fingerprints for the purpose of fingerprint background checks by the Montana department of
24 justice and the federal bureau of investigation as provided in 37-1-307; and
 - 25 (e) a training and supervision plan that meets requirements set by the board.
- 26 (3) A licensure candidate shall complete 1,000 hours of supervised training and work experience
27 before applying for licensure. At a minimum, the supervised experience must include:

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- 1 (i) have an active license in good standing in Montana; and
2 (ii) have been licensed for a minimum of 3 years, excluding licensure as a candidate; or
3 (iii) have at least 20 hours of board-approved training in supervision.
4 (7) In selecting approved training courses as required in subsection (3), the board shall provide as
5 much flexibility and inclusivity as possible to applicants. The board shall review existing training materials from
6 national, regional, and state agencies and organizations, including existing Montana-based peer support
7 providers, that adequately address the essential functions of the certified peer support role and shall include
8 those materials as possible. The board may not exclude a training course from the list of approved courses
9 solely because the training course was created by or is provided by a faith-based or culturally based entity,
10 association, tribe, church, or educational institution."

11
12 **Section 7.** Section 53-6-101, MCA, is amended to read:

13 **"53-6-101. Montana medicaid program -- authorization of services.** (1) There is a Montana
14 medicaid program established for the purpose of providing necessary medical services to eligible persons who
15 have need for medical assistance. The Montana medicaid program is a joint federal-state program administered
16 under this chapter and in accordance with Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq. The
17 department shall administer the Montana medicaid program.

18 (2) The department and the legislature shall consider the following funding principles when
19 considering changes in medicaid policy that either increase or reduce services:

20 (a) protecting those persons who are most vulnerable and most in need, as defined by a
21 combination of economic, social, and medical circumstances;

22 (b) giving preference to the elimination or restoration of an entire medicaid program or service,
23 rather than sacrifice or augment the quality of care for several programs or services through dilution of funding;
24 and

25 (c) giving priority to services that employ the science of prevention to reduce disability and illness,
26 services that treat life-threatening conditions, and services that support independent or assisted living, including
27 pain management, to reduce the need for acute inpatient or residential care.

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- 1 (3) Medical assistance provided by the Montana medicaid program includes the following services:
- 2 (a) inpatient hospital services;
- 3 (b) outpatient hospital services;
- 4 (c) other laboratory and x-ray services, including minimum mammography examination as defined
- 5 in 33-22-132;
- 6 (d) skilled nursing services in long-term care facilities;
- 7 (e) physicians' services;
- 8 (f) nurse specialist services;
- 9 (g) early and periodic screening, diagnosis, and treatment services for persons under 21 years of
- 10 age, in accordance with federal regulations and subsection (10)(b);
- 11 (h) ambulatory prenatal care for pregnant women during a presumptive eligibility period, as
- 12 provided in 42 U.S.C. 1396a(a)(47) and 42 U.S.C. 1396r-1;
- 13 (i) targeted case management services, as authorized in 42 U.S.C. 1396n(g), for high-risk
- 14 pregnant women;
- 15 (j) services that are provided by physician assistants within the scope of their practice and that are
- 16 otherwise directly reimbursed as allowed under department rule to an existing provider;
- 17 (k) health services provided under a physician's orders by a public health department;
- 18 (l) federally qualified health center services, as defined in 42 U.S.C. 1396d(l)(2);
- 19 (m) routine patient costs for qualified individuals enrolled in an approved clinical trial for cancer as
- 20 provided in 33-22-153;
- 21 (n) for children 18 years of age and younger, habilitative services as defined in 53-4-1103; and
- 22 (o) services provided by a person certified in accordance with 37-2-318 to provide services in
- 23 accordance with the Indian Health Care Improvement Act, 25 U.S.C. 1601, et seq.
- 24 (4) Medical assistance provided by the Montana medicaid program may, as provided by
- 25 department rule, also include the following services:
- 26 (a) medical care or any other type of remedial care recognized under state law, furnished by
- 27 licensed practitioners within the scope of their practice as defined by state law;

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- 1 (b) home health care services;
- 2 (c) private-duty nursing services;
- 3 (d) dental services;
- 4 (e) physical therapy services;
- 5 (f) mental health center services administered and funded under a state mental health program
- 6 authorized under Title 53, chapter 21, part 10;
- 7 (g) clinical social worker services;
- 8 (h) prescribed drugs, dentures, and prosthetic devices;
- 9 (i) prescribed eyeglasses;
- 10 (j) other diagnostic, screening, preventive, rehabilitative, chiropractic, and osteopathic services;
- 11 (k) inpatient psychiatric hospital services for persons under 21 years of age;
- 12 (l) services of professional counselors licensed under Title 37, chapter 23;
- 13 (m) hospice care, as defined in 42 U.S.C. 1396d(o);
- 14 (n) case management services, as provided in 42 U.S.C. 1396d(a) and 1396n(g), including
- 15 targeted case management services for the mentally ill;
- 16 (o) services of psychologists licensed under Title 37, chapter 17;
- 17 (p) inpatient psychiatric services for persons under 21 years of age, as provided in 42 U.S.C.
- 18 1396d(h), in a residential treatment facility, as defined in 50-5-101, that is licensed in accordance with 50-5-201;
- 19 (q) services of behavioral health peer support specialists ~~certified licensed or practicing as~~
- 20 licensure candidates under Title 37, chapter 38, for services provided to adults 18 years of age and older with a
- 21 diagnosis of a mental disorder, as defined in 53-21-102; and
- 22 (r) any additional medical service or aid allowable under or provided by the federal Social Security
- 23 Act.
- 24 (5) Services for persons qualifying for medicaid under the medically needy category of assistance,
- 25 as described in 53-6-131, may be more limited in amount, scope, and duration than services provided to others
- 26 qualifying for assistance under the Montana medicaid program. The department is not required to provide all of
- 27 the services listed in subsections (3) and (4) to persons qualifying for medicaid under the medically needy

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1 category of assistance.

2 (6) In accordance with federal law or waivers of federal law that are granted by the secretary of the
3 U.S. department of health and human services, the department may implement limited medicaid benefits, to be
4 known as basic medicaid, for adult recipients who are eligible because they are receiving cash assistance, as
5 defined in 53-4-201, as the specified caretaker relative of a dependent child and for all adult recipients of
6 medical assistance only who are covered under a group related to a program providing cash assistance, as
7 defined in 53-4-201. Basic medicaid benefits consist of all mandatory services listed in subsection (3) but may
8 include those optional services listed in subsections (4)(a) through (4)(r) that the department in its discretion
9 specifies by rule. The department, in exercising its discretion, may consider the amount of funds appropriated
10 by the legislature, whether approval has been received, as provided in 53-1-612, and whether the provision of a
11 particular service is commonly covered by private health insurance plans. However, a recipient who is
12 pregnant, meets the criteria for disability provided in Title II of the Social Security Act, 42 U.S.C. 416, et seq., or
13 is less than 21 years of age is entitled to full medicaid coverage.

14 (7) The department may implement, as provided for in Title XIX of the Social Security Act, 42
15 U.S.C. 1396, et seq., as may be amended, a program under medicaid for payment of medicare premiums,
16 deductibles, and coinsurance for persons not otherwise eligible for medicaid.

17 (8) (a) The department may set rates for medical and other services provided to recipients of
18 medicaid and may enter into contracts for delivery of services to individual recipients or groups of recipients.

19 (b) The department shall strive to close gaps in services provided to individuals suffering from
20 mental illness and co-occurring disorders by doing the following:

21 (i) simplifying administrative rules, payment methods, and contracting processes for providing
22 services to individuals of different ages, diagnoses, and treatments. Any adjustments to payments must be
23 cost-neutral for the biennium beginning July 1, 2017.

24 (ii) publishing a report on an annual basis that describes the process that a mental health center or
25 chemical dependency facility, as those terms are defined in 50-5-101, must utilize in order to receive payment
26 from Montana medicaid for services provided to individuals of different ages, diagnoses, and treatments.

27 (9) The services provided under this part may be only those that are medically necessary and that

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1 are the most efficient and cost-effective.

2 (10) (a) The amount, scope, and duration of services provided under this part must be determined
3 by the department in accordance with Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq., as may be
4 amended.

5 (b) The department shall, with reasonable promptness, provide access to all medically necessary
6 services prescribed under the early and periodic screening, diagnosis, and treatment benefit, including access
7 to prescription drugs and durable medical equipment for which the department has not negotiated a rebate.

8 (11) Services, procedures, and items of an experimental or cosmetic nature may not be provided.

9 (12) (a) Prior to enacting changes to provider rates, medicaid waivers, or the medicaid state plan,
10 the department of public health and human services shall report this information to the following committees:

11 (i) the children, families, health, and human services interim committee;

12 (ii) the legislative finance committee; and

13 (iii) the health and human services budget committee.

14 (b) In its report to the committees, the department shall provide an explanation for the proposed
15 changes and an estimated budget impact to the department over the next 4 fiscal years.

16 (13) If available funds are not sufficient to provide medical assistance for all eligible persons, the
17 department may set priorities to limit, reduce, or otherwise curtail the amount, scope, or duration of the medical
18 services made available under the Montana medicaid program after taking into consideration the funding
19 principles set forth in subsection (2). (Subsection (3)(o) terminates September 30, 2023--sec. 7, Ch. 412, L.
20 2019.)"

21

22 **NEW SECTION. Section 8. Transition.** The board shall license a person who was a certified
23 behavioral health peer specialist on [the effective date of this act] without requiring the person to meet the
24 requirements of [this act] if the person:

25 (1) was certified before October 1, 2022, or:

26 (2) was certified and had completed 1,000 hours of supervised work experience on or before [the
27 effective date of this act] and is in good standing with the board.