

# HB 828 (2023) HISTORY

ECONOMIC AFFAIRS INTERIM COMMITTEE  
ERIN SULLIVAN - SEPTEMBER 2023

## INTRODUCTION

During the 2023 legislative session, House Bill 828 (HB 828), sponsored by Representative Ed Buttrey, made its way through both the House and the Senate and to the Governor's desk. The Governor proposed amendments to HB 828 that were adopted by the House, but the Senate failed to adopt the amendments prior to calling for Sine Die. The version of HB 828 without the proposed amendments was transmitted to the Governor, who vetoed the bill. A final attempt to revive the bill failed when a veto override poll failed. At the July 2023 organizational meeting, stakeholders requested that the Economic Affairs Interim Committee (EAIC) use the Governor's amended version of HB 828 as a baseline for a committee bill to introduce in the 2025 legislative session

## BILL OVERVIEW

The bill creates an ambulance provider assessment program for both public and private ambulance providers in the state. Funds procured by the state through assessments to providers capture additional Medicaid matching funds, similar to the process used in hospitals and nursing homes. The federal match dollars are then redistributed to the providers and can be used to enhance ambulance provider rates, improve access and quality of care, and cover administrative costs to the state for administering the program.

Healthcare provider assessment programs exist nationwide and have been used for over 10 years in Montana. Five states currently have ambulance provider assessment programs<sup>1</sup>:

- Georgia
- Massachusetts
- Tennessee
- Utah
- Wyoming

The bill includes definitions, program clarifications, rulemaking authority for the Department of Revenue, reporting and auditing requirements, and creates a state special revenue account to deposit the assessments coming in from the providers and the federal match. The bill also includes a statutory appropriation, provisions for codification, effective dates, and a contingent termination section in the event the federal matching program ceases in the future.

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<sup>1</sup> Statistic provided by Maria Bianchi, American Ambulance Association, House Human Services hearing (3/21/23)

## THE LEGISLATIVE PROCESS

The following table illustrates the path of HB828 and highlight the actions taken during the 2023 session that led to the veto of the bill.

Date	Action	Votes Yes	Votes No
3/21/2023	(H) Human Services - Hearing		
3/28/2023	(H) Human Services – Executive Action – Bill Passed as Amended	19	2
3/30/2023	(H) Appropriations – Hearing		
3/30/2023	(H) Appropriations – Executive Action – Bill Passes	18	5
4/3/2023	(H) 2 <sup>nd</sup> Reading Passed	84	16
4/4/2023	(H) 3 <sup>rd</sup> Reading Passed	85	14
4/12/2023	(S) Business, Labor, and Economic Affairs – Hearing		
4/13/2023	(S) Business, Labor, and Economic Affairs – Executive Action – Bill Concurred	10	0
4/18/2023	(S) 2 <sup>nd</sup> Reading Concurred	37	13
4/18/2023	(S) Finance and Claims – Hearing		
4/19/2023	(S) Finance and Claims – Executive Action – Bill Concurred	11	8
4/19/2023	(S) 3 <sup>rd</sup> Reading Concurred	35	13
4/20/2023	(S) Returned to House		
4/28/2023	(H) Transmitted to Governor		
5/1/2023	(H) Returned with Governor’s Proposed Amendments		
5/2/2023	(H) 2 <sup>nd</sup> Reading Governor’s Proposed Amendments Adopted	86	11
5/2/2023	(H) 3 <sup>rd</sup> Reading Governor’s Proposed Amendments Adopted	80	15
5/2/2023	SINE DIE		
5/4/2023	(H) Transmitted to Governor		
5/11/2023	(H) Vetoed by Governor		
6/9/2023	(H) Veto Override Failed in Legislature		

## GOVERNOR’S AMENDMENTS

The Governor’s amendments modify the source of funds for administrative costs for the Department of Revenue and remove a directive to both the Department of Revenue and the Department of Public Health and Human Services to implement the act by July 1, 2024. The accompanying explanation for the amendments states the departments would not have enough time to implement the program, and more data and analysis are needed. *(See Appendix I).*

## AMBULANCE DESERTS

According to the Montana Ambulance Association, the industry is experiencing funding gaps and workforce shortages, leading to ambulance service closures across the state. During the House Human Services hearing on HB 828, Justin Grohs with Great Falls Emergency Services stated that Medicaid reimbursement rates are about 40% below cost.<sup>2</sup> At the same hearing, Ryan Pitts with Logan Health EMS explained that the reimbursement model is call based, and with the vast geography in Montana and lower call volume, it is difficult to sustain services with low reimbursement rates.<sup>3</sup> Since the conclusion of the session, another rural county, Granite County, lost its main ambulance service provider.<sup>4</sup>

A national study released earlier this year looked at the geography of ambulance services and the concept of “ambulance deserts” which are places where residents live at least 25 minutes away from the closest ambulance station and found that Montana has fewer than three ambulances covering every 1,000 square miles of land.<sup>5</sup>

## COMMITTEE ACTIONS

HB828 came to the 2023 Legislature by the Montana ambulance provider community. Over 70 public and private service providers supported the bill during the session (*see Appendix II*). Stakeholders have requested that the EAIC use the Governor’s amended version of HB828 as a baseline for a committee bill to introduce in the 2025 legislative session. Additionally, the committee may consider expanding their review of the topic to include examining “ambulance deserts” or choose to refine other provisions of the bill.

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<sup>2</sup> <http://sg001-harmony.sliq.net/00309/Harmony/en/PowerBrowser/PowerBrowserV2/20170221/-1/46501?agendaId=261604>

<sup>3</sup> id

<sup>4</sup> <https://missoulian.com/news/local/ambulance-provider-closes-philipsburg-sheriff-medicare-medicaid/article>

<sup>5</sup> <https://dailyonder.com/rural-residents-five-times-more-likely-to-live-far-from-ambulance-stations/2023/07/26/>

## APPENDIX I

OFFICE OF THE GOVERNOR  
STATE OF MONTANAGREG GIANFORTE  
GOVERNORKRISTEN JURAS  
LT. GOVERNOR

May 1, 2023

The Honorable Jason Ellsworth  
President of the Senate  
State Capitol  
Helena, MT 59620

The Honorable Matt Regier  
Speaker of the House  
State Capitol  
Helena, MT 59620

Dear President Ellsworth and Speaker Regier:

Like you and members of the Legislature, I understand the vital role our ambulance service providers play in providing Montana's patients with life-saving medical care. Ambulance service organizations face unprecedented challenges with increased operating costs that have been compounded by a shortage of paramedics and emergency medical technicians, and I share your commitment to ensuring such organizations are equipped to continue serving as lifelines to care in communities across Montana.

I share the goal of maintaining and improving Montanans' access to critical life-saving services and applaud the Legislature's work to improve the financial security of ambulance providers across the state. However, House Bill 828 can be improved to ensure the intent of the legislation is achieved.

Therefore, in accordance with the power vested in me as Governor by the Constitution and the laws of the State of Montana, I hereby return with amendments House Bill 828: "AN ACT ESTABLISHING AN AMBULANCE PROVIDER ASSESSMENT FEE; ESTABLISHING PROCEDURES FOR COLLECTING AND DISTRIBUTING THE FEE; ALLOWING AUDITING OF AMBULANCE PROVIDER REPORTS AND PAYMENTS; ALLOWING FOR PENALTIES AND INTEREST; REQUIRING REVENUES GENERATED BY THE FEE TO BE USED FOR SUPPLEMENTING AMBULANCE PROVIDER MEDICAID PAYMENTS; PROVIDING RULEMAKING AUTHORITY; PROVIDING DEFINITIONS; PROVIDING A STATUTORY APPROPRIATION; AMENDING SECTION 17-7-502, MCA; AND PROVIDING AN EFFECTIVE DATE AND A CONTINGENT TERMINATION DATE."

As approved by the Legislature, House Bill 828 establishes a Medicaid supplemental payment program for ambulance providers, which requires the Montana Department of Public Health and

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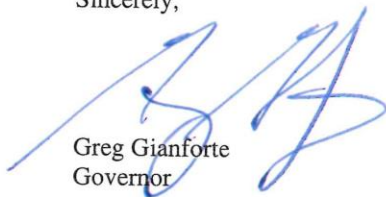
President Ellsworth and Speaker Regier  
May 1, 2023  
Page 2

Human Services (DPHHS) to obtain approval of a state plan amendment (SPA) from the Centers for Medicare & Medicaid Services (CMS) with sufficient time to implement the program by July 1, 2024. While I am also committed to improving access to ambulance services, the bill, as approved by the Legislature, does not provide enough time for DPHHS to gather the data and to conduct a proper analysis to determine the impact of the supplemental payment program, including the impact on ambulance service providers, and whether the program will have the impact intended by the Legislature. Such data and analyses are also needed to support the submission to, and approval by, CMS of the necessary SPA.

Therefore, I offer an amendment that will strike the implementation date in Section 16(2) of House Bill 828, which will allow DPHHS to work with relevant stakeholders to ensure their broad support, as well as obtain the necessary data to analyze the impact, of the supplemental payment program prior to seeking federal approval.

House Bill 828 can be improved to ensure the bill's intent is achieved, and I respectfully ask for your support of this amendment.

Sincerely,



Greg Gianforte  
Governor

Enclosure

cc: Legislative Services Division  
Christi Jacobsen, Secretary of State



**Amendment - Reference-white - Requested by: Governor - (H) Committee of the Whole**

- 2023

68th Legislature 2023

Drafter: Todd Everts, 406-444-4023

HB0828.003.001

1 HOUSE BILL NO. 828  
2 INTRODUCED BY E. BUTTREY, S. KERNS, S. GIST, R. FITZGERALD, J. KASSMIER, N. DURAM  
3  
4 A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING AN AMBULANCE PROVIDER ASSESSMENT  
5 FEE; ESTABLISHING PROCEDURES FOR COLLECTING AND DISTRIBUTING THE FEE; ALLOWING  
6 AUDITING OF AMBULANCE PROVIDER REPORTS AND PAYMENTS; ALLOWING FOR PENALTIES AND  
7 INTEREST; REQUIRING REVENUES GENERATED BY THE FEE TO BE USED FOR SUPPLEMENTING  
8 AMBULANCE PROVIDER MEDICAID PAYMENTS; PROVIDING RULEMAKING AUTHORITY; PROVIDING  
9 DEFINITIONS; PROVIDING A STATUTORY APPROPRIATION; AMENDING SECTION 17-7-502, MCA; AND  
10 PROVIDING AN EFFECTIVE DATE AND A CONTINGENT TERMINATION DATE."

11

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

13

14 NEW SECTION. Section 1. Definitions. As used in [sections 1 through 13], the following definitions  
15 apply:

16 (1) (a) "Ambulance provider" means a person licensed pursuant to 50-6-306 to provide ground  
17 ambulance transport, including transport for a municipal fire or police department or other government entity.

18 (b) The term does not include:

19 (i) ~~an entity that exclusively provides air ambulance services; or~~

20 (ii) ~~a hospital required to pay the utilization fees provided for in 15-66-102.~~

21 (2) "Department" means the department of revenue provided for in 2-15-1301.

22 (3) "Emergency ambulance services" means any service delivered by an ambulance provider other  
23 than air ambulance services.

24 (4) "Fee" means the ambulance provider assessment fee as provided in [section 2].

25 (5) (A) "Net operating revenue" means gross revenue collected by ambulance providers for the  
26 delivery of emergency ambulance services, minus amounts deducted for bad debt, charity care, and payer  
27 discounts.

28 (B) THE TERM DOES NOT INCLUDE NONPATIENT SERVICE-RELATED REVENUE.



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1

2           **NEW SECTION. Section 2. Ambulance provider assessment fee.** (1) Each ambulance provider  
3 shall pay to the department a uniform ambulance provider assessment fee of 5.75% of net operating revenues.

4           (2) The department shall deposit the proceeds from collection of the fee in the ambulance provider  
5 special revenue account provided for in [section 14].

6

7           **NEW SECTION. Section 3. Relation to other taxes and fees.** The ambulance provider assessment  
8 fee imposed under [section 2] is, in addition to any other taxes and fees, required to be paid by ambulance  
9 providers.

10

11           **NEW SECTION. Section 4. Rulemaking authority.** The department may adopt rules necessary to  
12 administer [sections 1 through 13].

13

14           **NEW SECTION. Section 5. Reporting and collection of fees.** (1) On or before March 1 each year,  
15 an ambulance provider shall file with the department a report of its net operating revenue received during the  
16 previous calendar year. The report must be:

17           (a) in the form prescribed by the department; and

18           (b) accompanied by a payment in an amount equal to the assessment required to be paid under  
19 [section 2].

20           (2) Revenue received for all emergency ambulance services provided during the calendar year  
21 must be included in the calculation of the ambulance provider's net operating revenue regardless of the source  
22 of payment for the services rendered, including services covered under fee-for-service and managed care  
23 arrangements.

24           (3) In the case of a transfer of ownership, the successor in interest to the ambulance provider  
25 assumes the liability for the fee.

26

27           **NEW SECTION. Section 6. Audit -- records.** (1) The department may audit the records and other  
28 documents of an ambulance provider to ensure that the proper fee has been collected.



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1           (2)     The department may require the ambulance provider to provide records and other  
2 documentation, including books, ledgers, and registers, necessary for the department to verify the proper  
3 amount of the fee paid.

4           (3)     An ambulance provider shall maintain and make available for inspection by the department  
5 sufficient records and other documentation to demonstrate how the ambulance provider's net operating revenue  
6 was calculated. The ambulance provider shall maintain the records for at least 5 years from the date the report  
7 is due.

8  
9           NEW SECTION. Section 7. Periods of limitation. (1) Except as otherwise provided in the section, a  
10 deficiency may not be assessed or collected with respect to the year for which a report is filed unless the notice  
11 of additional fees proposed to be assessed is mailed within 5 years from the date the report was filed. For the  
12 purposes of this section, a report filed before the last day prescribed for filing is considered filed on the last day.  
13 If, before the expiration of the period prescribed for the assessment of the fees, the ambulance provider  
14 consents in writing to an assessment after the 5-year period, the fees may be assessed at any time prior to the  
15 expiration of the period agreed on.

16           (2)     A refund or credit may not be paid or allowed with respect to the year for which a report is filed  
17 after 5 years from the last day prescribed for filing the report or after 1 year from the date of the overpayment,  
18 whichever period expires later, unless before the expiration of the period, the ambulance provider files a claim  
19 or the department has determined the existence of the overpayment and has approved the refund or credit. If  
20 the ambulance provider has agreed in writing under the provisions of subsection (1) to extend the time within  
21 which the department may propose an additional assessment, the period for filing a claim for a refund or credit  
22 or for allowing a refund or credit if no claim is filed, is automatically extended.

23  
24           NEW SECTION. Section 8. Penalty and interest for delinquent fee. If an ambulance provider does  
25 not pay the required fee on or before the due date of the report as provided in [section 5], penalty and interest,  
26 as provided in 15-1-216, must be added to the fee.

27  
28           NEW SECTION. Section 9. Estimated fee on failure to file. For the purposes of ascertaining the





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1 correctness of any report, the department may:

2 (1) examine or cause to have examined by any designated agent or representative any books,  
3 papers, records, or memoranda bearing on the information required to be included in the report;

4 (2) require the attendance of any officer or employee of the ambulance provider making the report  
5 or the attendance of any other persons having relevant knowledge; and

6 (3) take testimony and require the production of any other material for its information.

7

8 **NEW SECTION. Section 10. Deficiency assessment -- penalty and interest -- hearing.** (1) (a) If  
9 the department determines that the amount of the fee due is greater than the amount disclosed by the report, it  
10 shall mail the ambulance provider a notice of the additional fees proposed to be assessed. Within 30 days after  
11 the mailing of the notice, the ambulance provider may file with the department a written protest against the  
12 proposed additional fees stating the grounds on which the protest is based. The ambulance provider may  
13 request in its protest an oral hearing or an opportunity to present additional evidence relating to its fee liability.

14 (b) If a protest is not filed, the amount of the additional fees proposed to be assessed becomes  
15 final on the expiration of the 30-day period.

16 (c) If a protest is filed, the department shall reconsider the proposed assessment and, if the  
17 ambulance provider has requested, shall grant the provider an oral hearing. After consideration of the protest  
18 and the evidence presented at an oral hearing, the department's action on the protest is final when it mails  
19 notice of its action to the ambulance provider.

20 (2) When a deficiency is determined and the fees become final, the department shall mail notice  
21 and demand to the ambulance provider for payment. Penalty and interest may be added to any deficiency  
22 assessment as provided in 15-1-216.

23

24 **NEW SECTION. Section 11. Closing agreements.** (1) The director of the department or any person  
25 authorized in writing by the director may enter into an agreement with any ambulance provider relating to the  
26 liability of the provider in respect to fees imposed by [sections 1 through 13].

27 (2) An agreement under this section is final and conclusive, and except on a showing of fraud,  
28 malfeasance, or misrepresentation of a material fact:



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1 (a) the case may not be reopened as to matters agreed on or the agreement modified by any  
2 officer, employee, or agent of this state; and

3 (b) in any suit, action, or proceeding under the agreement or any determination, assessment,  
4 collection, payment, abatement, refund, or credit made in accordance with the agreement, the agreement may  
5 not be annulled, modified, set aside, or disregarded.

6

7 NEW SECTION. Section 12. Credit for overpayment -- interest on overpayment. (1) If the  
8 department determines that the amount of fees, penalty, or interest due for any year is less than the amount  
9 paid, the amount of the overpayment must be credited against any fees, penalty, or interest then due from the  
10 ambulance provider and the balance must be refunded to the ambulance provider or its successor through  
11 reorganization, merger, or consolidation or to its shareholders on dissolution.

12 (2) Except as provided in subsection (3), interest is allowed on overpayments at the same rate as  
13 is charged on unpaid taxes, as provided in 15-1-216. Interest is due from the due date of the report or from the  
14 date of overpayment, whichever date is later, to the date the department approves refunding or crediting of the  
15 overpayment. Interest does not accrue during any period during which the processing of a claim for refund is  
16 delayed more than 30 days by reason of failure of the ambulance provider to furnish information requested by  
17 the department for the purpose of verifying the amount of the overpayment.

18 (3) Interest is not allowed:

19 (a) if the overpayment is refunded within 6 months from the date the report is due or from the date  
20 the return is filed, whichever is later; or

21 (b) if the amount of interest is less than \$1.

22 (4) A payment not made incident to a discharge of actual ambulance provider assessment fee  
23 liability or a payment reasonably assumed to be imposed under [sections 1 through 13] is not considered an  
24 overpayment with respect to which interest is allowable.

25

26 NEW SECTION. Section 13. Warrant for distraint. If the ambulance provider assessment fee is not  
27 paid when due, the department may issue a warrant for distraint as provided in Title 15, chapter 1, part 7.

28



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- 1            NEW SECTION. Section 14. Ambulance provider assessment special revenue account --
- 2   **statutory appropriation.** (1) There is an account in the state special revenue account provided for in 17-2-102
- 3   to the credit of the department of public health and human services.
- 4            (2)     The account consists of:
- 5            (a)     money from the ambulance provider assessment provided for in [section 2];
- 6            (b)     an amount equal to any federal financial participation claimed and received by the state for
- 7   eligible expenditures from the account;
- 8            (c)     any penalties and interest on penalties collected pursuant to [sections 1 through 13];
- 9            (d)     appropriations or other money authorized by the legislature to be credited to the account; and
- 10           (e)     income earned on the account.
- 11           (3)     Money in the account must be used by the department as follows:
- 12           (a)     up to 1% of the new net federal revenue deposited in the account up to 1% of the revenue
- 13   generated from the ambulance provider assessment is available to the department each fiscal year for the
- 14   costs of administering the supplemental payments provided for in this section; and
- 15           (b)     the remainder must be used to supplement payments to ambulance providers, on an annual
- 16   basis, in a manner that increases medicaid payments for emergency ambulance services up to the average
- 17   commercial rate for the services, to the extent possible by the amount of funds generated from the fee.
- 18           (4)     Money remaining in the account at the end of a fiscal year may not be expended or transferred
- 19   for any other purpose.
- 20           (5)     Money in the account is statutorily appropriated, as provided in 17-7-502, for the purposes
- 21   provided for in this section.
- 22           (6)     In carrying out the requirements of this section, the department of public health and human
- 23   services shall:
- 24           (a)     seek federal financial participation in a manner that provides the maximum match for the
- 25   revenue generated by the fee; and
- 26           (b)     consult with any statewide association representing ambulance providers in the development
- 27   and implementation of the payments.
- 28





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1           **Section 15.** Section 17-7-502, MCA, is amended to read:

2           **"17-7-502. Statutory appropriations -- definition -- requisites for validity.** (1) A statutory  
3 appropriation is an appropriation made by permanent law that authorizes spending by a state agency without  
4 the need for a biennial legislative appropriation or budget amendment.

5           (2) Except as provided in subsection (4), to be effective, a statutory appropriation must comply with  
6 both of the following provisions:

7           (a) The law containing the statutory authority must be listed in subsection (3).

8           (b) The law or portion of the law making a statutory appropriation must specifically state that a  
9 statutory appropriation is made as provided in this section.

10           (3) The following laws are the only laws containing statutory appropriations: 2-17-105; 5-11-120; 5-  
11 11-407; 5-13-403; 5-13-404; 7-4-2502; 7-4-2924; 7-32-236; 10-1-108; 10-1-1202; 10-1-1303; 10-2-603; 10-2-  
12 807; 10-3-203; 10-3-310; 10-3-312; 10-3-314; 10-3-802; 10-3-1304; 10-4-304; 10-4-310; 15-1-121; 15-1-218;  
13 15-31-165; 15-31-1004; 15-31-1005; 15-35-108; 15-36-332; 15-37-117; 15-39-110; 15-65-121; 15-70-101; 15-  
14 70-130; 15-70-433; 16-11-119; 16-11-509; 17-3-106; 17-3-212; 17-3-222; 17-3-241; 17-6-101; 17-7-215; 18-11-  
15 112; 19-3-319; 19-3-320; 19-6-404; 19-6-410; 19-9-702; 19-13-604; 19-17-301; 19-18-512; 19-19-305; 19-19-  
16 506; 19-20-604; 19-20-607; 19-21-203; 20-8-107; 20-9-534; 20-9-622; [20-15-328]; 20-26-617; 20-26-1503; 22-  
17 1-327; 22-3-116; 22-3-117; [22-3-1004]; 23-4-105; 23-5-306; 23-5-409; 23-5-612; 23-7-301; 23-7-402; 30-10-  
18 1004; 37-43-204; 37-50-209; 37-54-113; 39-71-503; 41-5-2011; 42-2-105; 44-4-1101; 44-12-213; 44-13-102;  
19 46-32-108; 50-1-115; 53-1-109; [section 14]; 53-6-148; 53-9-113; 53-24-108; 53-24-206; 60-5-530; 60-11-115;  
20 61-3-321; 61-3-415; 67-1-309; 69-3-870; 69-4-527; 75-1-1101; 75-5-1108; 75-6-214; 75-11-313; 75-26-308; 76-  
21 13-150; 76-13-151; 76-13-417; 76-17-103; 77-1-108; 77-2-362; 80-2-222; 80-4-416; 80-11-518; 80-11-1006;  
22 81-1-112; 81-1-113; 81-7-106; 81-7-123; 81-10-103; 82-11-161; 85-2-526; 85-20-1504; 85-20-1505; [85-25-  
23 102]; 87-1-603; 87-5-909; 90-1-115; 90-1-205; 90-1-504; 90-6-331; and 90-9-306.

24           (4) There is a statutory appropriation to pay the principal, interest, premiums, and costs of issuing,  
25 paying, and securing all bonds, notes, or other obligations, as due, that have been authorized and issued  
26 pursuant to the laws of Montana. Agencies that have entered into agreements authorized by the laws of  
27 Montana to pay the state treasurer, for deposit in accordance with 17-2-101 through 17-2-107, as determined  
28 by the state treasurer, an amount sufficient to pay the principal and interest as due on the bonds or notes have



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1 statutory appropriation authority for the payments. (In subsection (3): pursuant to sec. 10, Ch. 360, L. 1999, the  
 2 inclusion of 19-20-604 terminates contingently when the amortization period for the teachers' retirement  
 3 system's unfunded liability is 10 years or less; pursuant to sec. 73, Ch. 44, L. 2007, the inclusion of 19-6-410  
 4 terminates contingently upon the death of the last recipient eligible under 19-6-709(2) for the supplemental  
 5 benefit provided by 19-6-709; pursuant to sec. 5, Ch. 383, L. 2015, the inclusion of 85-25-102 is effective on  
 6 occurrence of contingency; pursuant to sec. 6, Ch. 423, L. 2015, the inclusion of 22-3-116 and 22-3-117  
 7 terminates June 30, 2025; pursuant to sec. 12, Ch. 55, L. 2017, the inclusion of 37-54-113 terminates June 30,  
 8 2023; pursuant to sec. 4, Ch. 122, L. 2017, the inclusion of 10-3-1304 terminates September 30, 2025;  
 9 pursuant to sec. 1, Ch. 213, L. 2017, the inclusion of 90-6-331 terminates June 30, 2027; pursuant to secs. 5, 8,  
 10 Ch. 284, L. 2017, the inclusion of 81-1-112, 81-1-113, and 81-7-106 terminates June 30, 2023; pursuant to sec.  
 11 1, Ch. 340, L. 2017, the inclusion of 22-1-327 terminates July 1, 2023; pursuant to sec. 10, Ch. 374, L. 2017,  
 12 the inclusion of 76-17-103 terminates June 30, 2027; pursuant to sec. 5, Ch. 50, L. 2019, the inclusion of 37-50-  
 13 209 terminates September 30, 2023; pursuant to sec. 1, Ch. 408, L. 2019, the inclusion of 17-7-215 terminates  
 14 June 30, 2029; pursuant to secs. 11, 12, and 14, Ch. 343, L. 2019, the inclusion of 15-35-108 terminates June  
 15 30, 2027; pursuant to sec. 7, Ch. 465, L. 2019, the inclusion of 85-2-526 terminates July 1, 2023; pursuant to  
 16 sec. 5, Ch. 477, L. 2019, the inclusion of 10-3-802 terminates June 30, 2023; pursuant to secs. 1, 2, 3, Ch. 139,  
 17 L. 2021, the inclusion of 53-9-113 terminates June 30, 2027; pursuant to sec. 8, Ch. 200, L. 2021, the inclusion  
 18 of 10-4-310 terminates July 1, 2031; pursuant to secs. 3, 4, Ch. 404, L. 2021, the inclusion of 30-10-1004  
 19 terminates June 30, 2027; pursuant to sec. 5, Ch. 548, L. 2021, the inclusion of 50-1-115 terminates June 30,  
 20 2025; pursuant to secs. 5 and 12, Ch. 563, L. 2021, the inclusion of 22-3-1004 is effective July 1, 2027; and  
 21 pursuant to sec. 15, Ch. 574, L. 2021, the inclusion of 46-32-108 terminates June 30, 2023.)"

22  
 23 **NEW SECTION. Section 16. Direction to department of revenue and department of public**  
 24 **health and human services.** ~~(4)~~The legislature directs the department of revenue to delay collection of the  
 25 ambulance provider assessment fee provided for in [section 2] until the department of public health and human  
 26 services notifies the department of revenue that the centers for medicare and medicaid services has approved  
 27 the payments provided for in [section 14].

28 ~~(2) — The legislature directs the department of revenue and the department of public health and~~





**Amendment - Reference-white - Requested by: Governor - (H) Committee of the Whole**

- 2023

68th Legislature 2023

Drafter: Todd Everts, 406-444-4023

HB0828.003.001

1 ~~human services to implement the provisions of [this act] no later than July 1, 2024.~~

2

3 NEW SECTION. Section 17. Codification instruction. (1) [Sections 1 through 13] are intended to  
4 be codified as a new chapter in Title 15, and the provisions of Title 15 apply to [sections 1 through 13].

5 (2) [Section 14] is intended to be codified as an integral part of Title 53, chapter 6, part 1, and the  
6 provisions of Title 53, chapter 6, part 1, apply to [section 14].

7

8 NEW SECTION. Section 18. Effective date. [This act] is effective July 1, 2023.

9

10 NEW SECTION. Section 19. Contingent termination. (1) [Sections 1 through 15] terminate on the  
11 date that federal law or policy is amended so that the assessment fee collected pursuant to [sections 1 through  
12 15] may not be considered as the state's share in claiming federal financial participation under the medicaid  
13 program. The department of public health and human services shall submit certification of the change in federal  
14 law or policy within 15 days of the occurrence of the contingency.

15 (2) If [sections 1 through 15] are terminated under the provisions of this section, all fees received  
16 or collected by the department of revenue prior to the date on which the act becomes void must be deposited in  
17 accordance with [section 2], and a person or party may not receive a refund of any fees received or collected by  
18 the department prior to the date on which [sections 1 through 15] become void."

19

- END -

## APPENDIX II

EXHIBIT 1  
 DATE 3/21/23  
 HB 828

**Montana Ambulance Providers Call for Implementation of Statewide Ambulance Assessment Program**  
 March 21, 2023

**An Industry in Crisis**

Ambulance providers, on the frontline of Montana's healthcare system, are dealing with a worsening crisis caused by funding gaps and a workforce shortages. The life-saving services delivered by ambulance providers in all regions of the state include on-site emergency treatments that are proven to reduce hospital spending and strengthen our capacity to deliver care in rural areas, while saving taxpayers millions in downstream healthcare costs. Despite their importance, Montana ambulance providers have only received minor rate adjustments over the last few years, barely enough to cover the cost of basic care.

- The number of emergency medical personnel in Montana has steadily declined and **the industry is now experiencing a 20-30% turnover rate**. High turnover is unsustainable because these positions require training, certifications, and experience.
- In rural and frontier counties, underfunded ambulance services are **unable to employ enough paramedics** which is causing **gaps in coverage to worsen**.
- The Montana Department of Public Health and Human Services (DPHHS) recently released the results of a survey taken by 61 EMS agencies and 42 hospitals, identifying **staffing and recruitment issues** among the primary drivers behind the state's **current ambulance-industry crisis**.

**An Ambulance Assessment Will Increase Industry Funding**

To help mitigate this crisis, both governmental and non-governmental ambulance providers are advocating for a statewide ambulance assessment program, being submitted for passage in the 2023 session as bill LC4210.

Provider assessment programs are used nationwide to support medical services. Funds procured by assessments are used to capture additional Medicaid matching funds. These initiatives assist providers of life-saving services who do not have access to other sources of state funds. The state share is generated by providers through the ambulance assessment, an allowable federal mechanism to increase Medicaid payments.

The Montana Ambulance Assessment will increase funding to ambulance providers at **no additional cost to the state or taxpayers** and can be used to enhance provider reimbursement rates, improve access and quality, and cover administrative costs associated with administering the program.

Programs like this exist in 49 states and have been used for over ten years in the hospital and nursing home industries in Montana. There are a dozen states that have also enacted programs specifically for ambulance services.

The back side of this document includes a list of organizations that support the Montana Statewide Ambulance Assessment Program, outlined in bill LC4210, to increase life-saving access to care, strengthen first responder job training, wages, and security, and provide desperately needed relief to ambulance providers across the state of Montana. We ask that you join us and support bill LC4210.

**Supporting Members of the Montana Ambulance Community**

**Private Ambulance Providers**

A-1 Ambulance, Inc	Butte
Absarokee Ambulance Service	Absarokee
American Medical Response	Bozeman
Apgar Ambulance	Kalispell
Beaverhead Emergency Medical Services	Dillon
Belt Volunteer Ambulance Service	Belt
Central Montana Medical Center EMS	Lewistown
Clarks Fork Valley Ambulance	Bridger
Community Ambulance Service Of Western Sanders County, Inc.	Noxon
Dahl Memorial Healthcare Ambulance	Ekalaka
Dillon Ambulance	Dillon
Eagle EMS	Hall
Eureka Ambulance Service	Eureka
Great Falls Emergency Services	Great Falls
Ideal Option Clinic	Bozeman
Jefferson Valley EMS and Rescue	Whitehall
Lakeside QRU	Lakeside
Madison Valley Medical Center	Ennis
Memorial Ambulance of Fort Benton Montana	Fort Benton
Missoula Emergency Services	Missoula
Park City Volunteer Ambulance	Park City
Plains Community Ambulance Inc	Plains
Polson Ambulance	Polson
Powell Ambulance	Deer Lodge
Ronan Ambulance Service	Ronan
Superior Ambulance	Superior
Three Rivers Ambulance	Columbia Falls
Vitalogy EMS	Kalispell

**Public/Fire-Based Ambulance Providers**

Billings Clinic Broadwater Ambulance	Billings
Central Valley Fire District	Belgrade
Choteau Ambulance	Choteau
City of Boulder Ambulance	Boulder
City of Whitefish Fire Department	Whitefish
Columbus Fire & Rescue	Columbus
County Of Blaine Montana	Chinook
County Of Prairie Ambulance	Terry
County Of Treasure Ambulance	Hysham

Fairfield Ambulance	Fairfield
Fallon County Ambulance Service	Baker
Frenchtown Rural Fire	Frenchtown
Gallatin River Ranch Fire Department	Manhattan
Geraldine Volunteer Fire Department and Ambulance	Geraldine
Glendive Ambulance Service	Glendive
Great Falls Fire & Rescue	Great Falls
Hill County Ambulance	Rudyard
Laurel EMS	Laurel
Livingston Fire Rescue	Livingston
Lockwood Rural Fire District 8	Billings
Marion Fire District	Marion
Miles City Fire & Rescue	Miles City
Missoula Rural Fire District	Missoula
North Valley Emergency Medical Services Inc	Opheim
Northeast Montana Health Services	Wolf Point
Northeast Montana Health Services-Poplar	Poplar
Phillips County Ambulance Service	Malta
Roosevelt Memorial Medical Center	Culbertson
Sawtooth Mountain EMS	Heron
Sheridan County Memorial Ambulance	Plentywood
Smith Valley Fire District	Kalispell
Teton County Ambulance Service	Choteau
Troy Volunteer Ambulance	Troy
Wibaux County Ambulance Service	Wibaux
<b>Hospital-Based Ambulance Providers</b>	
Bitterroot Health	Hamilton
Logan Health	Kalispell
Logan Health - Conrad	Conrad
<b>Ambulance Association Advocacy Groups</b>	
America First Response	Billings
American Ambulance Association	Nationwide
Emergency Training Center of Montana	Jefferson City
Great Falls College Paramedic Program	Great Falls
Life Flight Network Butte	Butte
Life Flight Network Missoula	Missoula
Montana Ambulance Association	Statewide
Montana Fire Chiefs Association	Statewide
Montana EMS Association	Statewide
White Line Consulting & Training	Butte
<b>Ambulance Billing Agencies</b>	
Pintler Billing	Eureka
Solestone Reimbursement Services	Missoula