

January 25, 2023

Public Comment for House Bill 2 – Health & Human Services

**Childcare Funding**

- “I believe that the amounts proposed to support childcare are inadequate. childcare is critically important to working families and we do not have enough high-quality providers or financial support to families to pay for high quality childcare. Economic growth require that we expand this service sector.”

-Ruth Weissman

- “Hello, my name is Keith Blaylock, I live in Kalispell, MT.

Considering the current appropriations plan regarding Funding for Childcare, I believe the proposed budget is far too low. Childcare has become completely unaffordable in our communities (if you can even find an available childcare facility at all), and people who want to work are staying home because of it. My daughter wants to work but she has 2 children who need childcare, one part time and one full time. She cannot afford the high cost at this time. In fact, childcare would cost her more than what she can make from working. This system is unsustainable for many hard-working Montana families. The State of Montana currently has a surplus that should allow for more appropriations towards essential childcare than what Greg Gianforte is allowing or proposing.

Please consider another appropriation that will actually be effective.”

-Keith Blaylock

- “I am about to become a mother in May. We have decided that there is no point to me working when childcare will cost approximately the same amount (or possibly more) than what I could make. This is the crux about becoming a parent; unless you are rich it is almost impossible to afford. I am lucky and have a husband that has a good job, but there are thousands of Montanans that aren't as lucky as I am. How is it that in the richest country in the world, only the rich can have afford to have children. Additionally, how is it that in the richest county in the world, we choose not to invest in the earliest stages of child development. Several studies show that the first six years of life are the most important in a child's life and we, as a county don't invest in those years the way we need to. This lack of investment has made sure that our students are no longer the best and brightest, and the proof is in our rankings nationally and internationally. According to US News "When isolating the 64 countries that administered the [PSIA] test in both 2015 and 2018, U.S. students ranked 30th in math, up from 35th in 2015, and eighth in reading, up from 15th in 2015. In science, U.S. students ranked 11th, up from 17th in 2015." How are we supposed to compete as a country when our students can't compete, because we as a nation chose not to invest in their futures. So, because I am lucky, I will be able to stay home with my child, and make sure that I invest in their development and future. Wouldn't it behoove the state of Montana to do the same for all children born in this state seeing as we have a 2-million-dollar surplus we could use.”

-Rebecca Batson

January 25, 2023

## **Youth Health Services**

- “Hello, my name is Keith Blaylock, I live in Kalispell, MT I oppose the youth health protection act, whose very name is deceptive as it is clearly directed at the minority group of Transgendered people. Here are the reasons I do not want it:
  - The government SHOULD NOT BE legislating private health and medical decisions that parents and providers make with their child in mind
  - Legislators would be determining health care access, not physicians
  - Health care professionals would be fined for providing the standard of care for youth
  - Transgender youth would be denied crucial healthcare
  - Severe penalties for physicians, therapists, and school officials who support trans youth, even those who are questioning their gender without medical intervention.
  - It's likely that any youth needing hormone therapy would be denied care
  - Studies show that when transgender youth are able to access medically appropriate medical care, suicide rates drop by 70%
  - Makes healthcare access more difficult for any family seeking medical attention for their child who is intersex or has a birth defect
  - Destroys physicians' ability to adhere to best practices established by years of research and approved by reputable medical associations
  - Normalizes misinformation about transgender, nonbinary, and Two Spirit people and their healthcare needs
  - Makes life more difficult for youth and families who already experience bullying and discrimination
  - Surgeries are not a reality for minors under 18, and gender affirming care is done in a thoughtful way
  - There are a lot of studies that show gender affirming care improves the health and wellness of minors who identify as transgender
  - Gender affirming care is highly individualized, and does not mean that all youth are going through medical transition
  - Lack of resources for gender affirming care are associated with higher risks of suicide  
Would you accept legislators' laws if they were going to force you to change something

January 25, 2023

that you were born with, like your eye/skin color? No, you wouldn't! People are born who they are in spite of the desire of politicians and religious group's desires to make us all the same.

Please do not support this highly discriminatory bill.”

-Keith Blaylock

### **Mental Health Services**

- “Montana Women Vote stands in support of funding Certified Community Behavioral Health Clinics (CCBHCs).”

-Nicole Gomez

- “The Certified Community Behavioral Health Clinic (CCBHC) model has quickly become the national best practice for community-based behavioral healthcare because of its clinical effectiveness and long-term financial sustainability. The mental health system of care is collapsing in Montana due to underfunding, segmentation, and over-all neglect of providers who are struggling to support the needs of our State’s residents. CCBHC represents an opportunity to simultaneously improve our system of care from both the clinical and financial sustainability perspectives. I urge you to support HB17 and appropriate sufficient funding to fully embrace this model of care in Montana.”

-Levi Anderson

### **Medicaid Eligibility Rules**

- “Restore DPHHS continuous eligibility, determine eligibility in a slow mindful manner. Proper Childcare funding with the \$2 billion surplus available. Childcare funding is essential to our working family economy.”

-Young Sandy

- “Our tribal community members are just as important as everyone else! This bill would disproportionately and negatively affect them. Re-determining eligibility should be done responsibly and with ALL community members considered.”

-Meta Barnes

- “Ordinary Montanans are suffering. Health care is expensive. This bill will tighten Medicaid eligibility rules. We should not move anyone off of Medicaid who is currently eligible.”

-Walter Rowntree

- “Shame on whoever proposed this action to restrict medical care to our indigenous neighbors. Haven't we abused these people enough?”

January 25, 2023

-Martha D Humphreys

- “DPHHS and the Governor have made it easier to kick people off their health care by changing the Medicaid eligibility rules, which will disproportionately affect Tribal health care services.

DPHHS must restore continuous eligibility.

In the future, DPHHS must re-determine eligibility requirements in a slower, more responsible way.

DPHHS's current plan for changing eligibility is irresponsible – and could kick 43,000 Montanans off their health care.”

-Gail Waldby

- “This is a bill that makes life difficult and more precarious for vulnerable people; in effect it could kick 43,000 people off their healthcare program. Please restore continuous Medicaid eligibility, and consider any revisions to eligibility rules more slowly and responsibly. Please vote NO on this provision.”

-Lynn Stanley

- “Hello, my name is Keith Blaylock, I live in Kalispell, MT I do not support changing funding for tribal communities as it unduly changes Medicaid eligibility rules and unfairly affects Tribal health care services. The DPHHS needs to restore continuous eligibility and be more responsible with these decisions.

Changing this appropriation will adversely affect and potentially cause over 43,000 Montanans to lose their health care. This is unacceptable. Please vote against this unfair bill.”

-Keith Blaylock

- “I am opposed to changing Medicaid eligibility rules which would disproportionately affect Tribal health care services.

The DPHHS needs to restore continuous eligibility and redetermine eligibility requirements in a slower and more responsible way. Removing health care from Montanans is not in anyone's interest.”

-Shelley Eisenrich

- “I oppose this bill because of the following reasons: With this change, the DPHHS and the Governor have made it easier to kick people off their health care by changing the Medicaid eligibility rules, which will disproportionately affect Tribal health care services The DPHHS needs to restore continuous eligibility And moving forward, needs to go about redetermining

January 25, 2023

eligibility requirements in a slower and more responsible way Their current plan for changing eligibility is irresponsible – and could kick 43,000 Montanans off their health care.”

-Robyn King

### **Disability Services**

- “Providing Part C/FES services in Eastern Montana is similar to other parts of the state regarding the standard at which the services are provided but due to the sheer size, our situation is incredibly unique.

Our service area encompasses roughly one third (32.6%) of the state including Phillips, Valley, Daniels, Sheridan, Roosevelt, Garfield, McCone, Dawson, Richland, Prairie, Wibaux, Rosebud, Treasure, Custer, Fallon, Powder River, and Carter counties, 47, 954 square miles. The Region 1 service area is larger than 20 US States, such as; New York, Mississippi, Louisiana, Tennessee, Ohio etc. and is slightly larger than the eight (8) smallest states combined which are equal to 47,732 square miles when combined. In 2021 the population of Montana was 1.1 million people, the population of Region 1 was 79,857 which represents 7% of the State’s population.

Part C of IDEA requires that eligible families receive services in their home. To provide these services, we accommodate families' schedules. On any given day, the 11 Family Support Specialists and Family Support Specialist assistants delivering Part C/Montana Milestone services in Region 1 may see families in Wolf Point, Luster, Nashua, Poplar, Frazier, or Glasgow, or might travel from Miles City, to Willard, Baker, Jordon, Cohagen, Lame Deer, Colstrip or Broadus and any tiny town in between. Windshield time while traveling to and from these communities and expenses such as hotel and meals are part of the cost of doing business in Eastern Montana. The rate paid to providers is the same no matter if a Family Support Specialist travels 340 miles round trip to see one child from Glasgow to Westby or they see 20 children all in one city.

Another issue facing Eastern Montana is the lack of providers including physical therapists, occupational therapists, pediatricians, etc. Our staff are the front-line workers providing early intervention services so that these children can get diagnosed and a standard of care can be established at the earliest opportunity. Many issues can be resolved before they start school and mitigate the need for special services in the school setting.

The Developmental Educational Assistance Program (DEAP) and Hilene Homes are two of the agencies that provide these services. These are home grown nonprofit agencies that were started in the basements of eastern Montana citizens who saw a need and wanted to ensure that these services could be delivered to every family regardless of their income or ability to pay. Over the years, the cost of doing business has increased exponentially, and any cuts would affect the ability to provide these much-needed services to rural families and the agencies' ability to recruit and retain qualified staff. Despite the increase in housing costs, gas prices, and any other expenses, these professionals continue to drive in inclement weather, on hundreds of miles of gravel roads and to places school buses do not even go.”

-Carrie Etherington; Executive Director, DEAP”

January 25, 2023

- “Dear Chair Keenan and members of the Health and Human Services Appropriations Subcommittee,

My name is Matthew Richardson. I am a government affairs manager for Nurse-Family Partnership, which is one of the home visiting models funded in Montana through the Healthy Montana Families program under the Early Childhood and Family Support Division. Nurse-Family Partnership programs are offered in the four counties of Yellowstone, Silver Bow, Lewis and Clark, and Missoula, and we work alongside of the other home visiting models supported in Montana to empower families facing economic and social barriers to have success in life.

Home visiting is a voluntary, proven program where trained home visitors and parents work together to strengthen and support families in the child’s first years of life. Within the Nurse-Family Partnership model, low-income pregnant parents are partnered with a specially-trained registered nurse who visits this family until the new child is 2 years old. The nurse home visitor is a trusted resource whose goal is to empower parents to set a successful life course for themselves and their family.

**\*\*Outcomes of Nurse-Family Partnership\*\***

Home visiting services are critical to help families build resiliency, have healthy pregnancies, develop strong parenting skills, and build economic security for themselves and their families. Speaking specifically on the outcomes of the Nurse-Family Partnership model that I represent, an analysis of more than 40 studies of Nurse-Family Partnership by the Pacific Institute for Research and Evaluation (PIRE) predicts that when our model achieves scale in Montana, it can produce the following outcomes:

- Reduction of smoking in pregnancy by 25%
- Reduction of pregnancy-induced hypertension by 33%
- Reduction in closely spaced births (15 months postpartum) by 25%
- Reduction of emergency department use for childhood injuries by 34%
- Increase in rates of full immunization by 14%
- Reduction of language delays by 41%
- Reduction of first pre-term births by 15%
- Reduction of infant mortality by 48%
- Increase in rates of moms who attempt breastfeeding by 12%
- Decrease in TANF payments by 7% (13 years post-partum)
- Decrease of person-months on Medicaid by 8% (15 years post-partum)
- Reduction in costs if on Medicaid by 12% (through age 18)

As a result of these positive projected outcomes, PIRE’s model predicts that by a child’s 18th birthday, state, and federal cost savings due to Nurse-Family Partnership will average \$32,091 per family served, or 3.7 times the cost of the program. When less tangible savings (like potential gains in work, wages, and quality of life) along with resource cost savings (out-of-pocket payments including savings on medical care, child welfare, special education, and criminal justice) are taken into account, this return on investment rises to \$69,793 per family served, or an 8.2 to 1 benefit-cost ratio for every dollar invested in Nurse-Family Partnership.

January 25, 2023

I will include with my testimony further details on this data.

**\*\*Federal matching fund opportunity from MIECHV reauthorization\*\***

We are at an exciting stage in Montana where the state has a significant opportunity to expand the investment into evidence-based home visiting services. The majority of funding for home visiting in Montana comes from a federal program called the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. With the reauthorization of this federal MIECHV program in December 2022, there is great potential for Montana to significantly increase how much federal funding comes to the state.

As part of the reauthorization, all states will receive an increase to their base grant amount from MIECHV. Moreover, there will be additional federal dollars available over federal fiscal years 2024-2027 under a federal-state matching arrangement. The federal government would match non-federal matching funds at a 3-to-1 rate, up to a capped amount that increases each year over the next 4 years.

The non-federal match can include funding provided for intensive, evidence-based home visiting programs that are not used as a match for other federal funds. These non-federal match dollars can be administered by any state agency, local agency, or non-profit to "count" towards the match. However, in general, a state's ability to meet the full potential of the match will depend on general funds provided by the state legislature. It is my understanding that the state does not currently have any funds that would qualify as the non-federal match.

In federal FY2023, Montana will see an increase in federal MIECHV funding without any match required. However, in federal FY2024, my best estimate is that the state could receive an additional \$776,000 in federal funds if a non-federal match of \$258,710 is provided. Given the biennial meeting schedule of the legislature, steps would very likely need to be taken in this current session to avoid leaving the 3-to-1 match opportunity unclaimed.

I am happy to engage further with members on this committee about this opportunity for Montana to maximize the amount of MIECHV federal dollars that can support the proven home visiting programs in the state by appropriating the needed share of the non-federal match funding.

**\*\*TANF and home visiting funding shortfalls\*\***

There is also great potential to make use of uncommitted Temporary Assistance to Needy Families (TANF) dollars in Montana to grow home visiting services in the state. TANF is a funding source used in many other states to support home visiting.

The outcomes of home visiting programs around economic self-sufficiency mean that funding home visiting using TANF dollars fits easily into all the statutory goals of the TANF program to achieve the following:

- provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;

January 25, 2023

- end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
- prevent and reduce the incidence of out of wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and
- encourage the formation and maintenance of two parent families.

For example, the evidence-based outcomes of the Nurse-Family Partnership home visiting program include the following:

- Increased maternal employment
- Increased presence of the father in the home
- Increase in duration of mothers' relationship with current partners
- Reduced time receiving TANF dollars
- Reduced time using SNAP/food stamps
- Fewer arrests and convictions of mothers
- Reduced rate of subsequent pregnancies/births
- Increased interval of time between first and second pregnancies

While building a long-term plan to infuse TANF dollars into the home visiting programs of Montana on an ongoing basis would be an excellent step, there is also a more immediate need facing our Montana home visiting programs. A significant reduction in 2021 in the funding available to Montana home visiting programs has continued to impact programs. While our home visiting providers across the state have turned to several short-term funding sources to preserve their ability to serve families, many of these "band-aid" sources of funding are no longer available. As a result, there is a projected \$718,000 shortfall across all of the Montana programs for the current fiscal year.

Without some additional funding source, we will see the proven benefits of home visiting no longer be available in many places across the state. It is our request that the legislature direct unspent TANF funds to meet this immediate shortfall while we work out a long-term, sustainable plan for diverse and increased funding for Montana home visiting programs.

**\*\*Montana Home Visiting Coalition\*\***

Thankfully, the capacity of the home visiting programs in Montana to collaboratively partner to address challenges has increased thanks to the formation of a Montana Home Visiting Coalition. This has been made possible with philanthropic support from the Headwaters Foundation and with the partnership between the National Service Office for Nurse-Family Partnership and Healthy Mothers, Healthy Babies of Montana.

Members of the coalition include home visiting providers, philanthropic foundations, community-based organizations, and other stakeholders who value home visiting in Montana. This coalition has as a primary aim working collaboratively to diversify and increase the funding available to support home visiting in Montana. We stand ready to partner further with the legislature and other key stakeholders to address the funding needs for home visiting so that more Montana families can receive the proven benefits of home visiting.



January 25, 2023

I thank the members of this Subcommittee for their service to Montana families. I hope we can see continued and greater investment into our home visiting programs so that multiple generations of families can benefit from these proven services.”

-Matthew Richardson

- “Dear JAS HHS Committee, it is important currently to lean in and support the early intervention Part-C program that provides essential services to young children with disabilities in the community. Even what seem like minor reductions in appropriations can lead to fewer methods for these services to be delivered. In prior years, rates have been reduced with no restoration to previous levels. Taking away additional appropriations at this critical time will only further weaken this frail system.

Thank you for all the hard work you do.”

-Jackie Mohler