



AN ACT ELIMINATING CERTAIN ADVISORY COUNCILS AND REPORTS THAT ARE REQUIRED BY LAW FOR THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES BUT HAVE BEEN INACTIVE OR HAVE NOT BEEN PUBLISHED; AMENDING SECTIONS 40-5-906, 50-4-803, 50-4-805, 53-1-703, 53-1-710, 53-1-711, 53-6-1005, AND 53-21-1002, MCA; REPEALING SECTIONS 50-4-810, 50-4-811, 53-1-704, 53-1-714, 53-10-201, 53-10-202, 53-10-203, 53-10-204, 53-10-211, AND 53-10-212, MCA; AND PROVIDING AN EFFECTIVE DATE.

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

Section 1. Section 40-5-906, MCA, is amended to read:

"40-5-906. Child support information and processing unit. (1) The department shall establish and maintain a centralized child support case registry and payment processing unit. The purpose of this unit is to facilitate mass case processing by utilizing computer technology to identify parents and their income and to initiate automated procedures to collect child support as it becomes due and payable.

(2) The case registry must include a database of information concerning child support orders, all cases receiving IV-D services, and all district court and administrative cases with support orders entered or modified after October 1, 1998.

(3) The case registry must use automated systems to obtain information from federal, state, and local databases with regard to the location of obligors and their income and assets. This information must be shared with the courts of this state and, upon request, may be shared with other IV-D agencies for the purpose of establishing paternity and establishing and enforcing child support obligations.

(4) To assist creditors, credit managers, and others who need timely verification of the existence of child support liens in IV-D cases, the case registry must include a directory of liens, which must include liens against an obligor's real and personal property filed by the department with other agencies and lien registries. Information in the lien registry may be made available through automated systems, which may include voice response units.

(5) Each IV-D case with a child support order must be electronically monitored so that when a timely

payment of support is not made, enforcement action may be taken. To accomplish this purpose, payments due under a child support order must be paid to the department for processing and disbursement.

(6) In either a IV-D income-withholding case in this state or a state non IV-D case, if immediate income withholding is authorized after January 1, 1994, an employer or other payor of income shall pay all support withheld from an obligor's income to one centralized location as specified by the department.

(7) To facilitate automated disbursement of support payments, automated enforcement actions, and service of notice when required, an obligor or obligee must be directed to provide, and update as necessary, information sufficient to locate the obligor and obligee and to locate the obligor's income and assets.

[(8) An employer or labor organization shall report a newly hired or rehired employee. Information reported by an employer must be electronically compared to the information database to align an obligor who owes a duty of support with a source of income. When a match is revealed in a IV-D case, a notice must, if appropriate to the case, be promptly transmitted to the employer directing the employer to commence withholding for the payment of the obligor's support obligation.]

(9) The department may enter into contracts or cooperative agreements with any person, business, firm, corporation, or state agency to establish, operate, or maintain the case registry and payment processing unit or any function or service afforded by the unit, provided that:

(a) the department is ultimately responsible for operation of the case registry and payment processing unit, including any function or service afforded by the unit; and

~~(b) there is a board to act in an advisory capacity to the case registry and payment processing unit. The board shall advise the department in the policy, direction, control, and management of the case registry and payment processing unit and in determining forms, data processing needs, terms of contracts and cooperative agreements, and other similar technical requirements. Board members who are not employed by the department shall serve without pay, but are entitled to reimbursement for travel, meals, and lodging while engaged in board business, as provided in 2-18-501 through 2-18-503. Except for members who represent the department, appointed board members shall serve for terms of 2 years. The board consists of six members as follows:~~

- ~~—— (i) a district court judge nominated by the district court judges' association;~~
- ~~—— (ii) a clerk of court nominated by the association of clerks of the district courts;~~
- ~~—— (iii) the supreme court administrator or the administrator's designee;~~
- ~~—— (iv) two members, appointed by the department director, one from the child support enforcement division~~

and one from the operations and technology division; and

~~— (v) a representative of a county data processing unit, nominated by the association of clerks of the district courts.~~

~~(e)(b)~~ the costs charged to the department under the contract or cooperative agreement ~~may~~ do not exceed the actual costs that the department would have incurred without the contract or cooperative agreement.

(10) The department may adopt rules to implement 19-2-909, 19-20-306, 40-5-291, 40-5-1046 through 40-5-1051, and this part. Rules must be drafted, adopted, and applied in a manner that:

(a) minimizes the personal intrusiveness on the employer or employee of any requested information;
 (b) minimizes the costs to the department and any employer or employee with respect to obtaining and submitting any requested information; and

(c) maximizes the confidentiality and security of any employer or employee information that the department gathers under 19-2-909, 19-20-306, 40-5-291, 40-5-1046 through 40-5-1051, and this part. (Bracketed language terminates on occurrence of contingency--sec. 1, Ch. 27, L. 1999.)"

Section 2. Section 50-4-803, MCA, is amended to read:

"50-4-803. Definitions. As used in this part, the following definitions apply:

~~(1) "Advisory group" means the community health centers advisory group provided for in 50-4-810.~~

~~(2)(1)~~ "Department" means the department of public health and human services provided for in Title 2, chapter 15, part 22.

~~(3)(2)~~ "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)(3)~~ "Federally qualified health center look-alike" 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)(4)~~ "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)(5) "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)(6) "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 3. Section 50-4-805, MCA, is amended to read:

"50-4-805. Program expenditures -- report to legislature. (1) Subject to appropriation by the legislature, the department shall provide competitive grants in accordance with 50-4-806 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 with state funding for a maximum of 6 years or until federal funds are granted. Successful applicants for the state grants shall also apply for federally qualified health center look-alike 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 look-alike 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 look-alike 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) The department shall report to the legislature, as provided for in 5-11-210, the following information for each year of the biennium:~~

- ~~_____ (a) the status of the expenditures made pursuant to this part;~~
- ~~_____ (b) the number of people served by the expenditure of funds; and~~
- ~~_____ (c) the costs to the state of the services provided pursuant to this part."~~

Section 4. Section 53-1-703, MCA, is amended to read:

"53-1-703. Definitions. As used in this part, the following definitions apply:

(1) "Approved 2-1-1 service provider" means a public or nonprofit agency or organization designated by the department to provide 2-1-1 services.

~~(2) "Coalition" means the Montana 2-1-1 community coalition provided for in 53-1-704.~~

~~(3)~~(2) "Department" means the department of public health and human services.

~~(4)~~(3) "2-1-1" means the abbreviated dialing code assigned by the federal communications commission on July 21, 2000, for consumer access to community information and referral services.

~~(5)~~(4) "2-1-1 service area" means an area of the state of Montana identified by the department as an area in which an approved 2-1-1 service provider will provide 2-1-1 services."

Section 5. Section 53-1-710, MCA, is amended to read:

"53-1-710. Approved 2-1-1 service providers. (1) Only an approved service provider may provide 2-1-1 telephone services after July 1, 2006. The department, ~~in consultation with the coalition,~~ shall approve 2-1-1 service providers after considering the following:

(a) the ability of the proposed 2-1-1 service provider to meet the national 2-1-1 standards recommended by the alliance of information and referral systems and adopted by the national 2-1-1 collaborative in October 2002;

(b) the financial stability of the proposed 2-1-1 service provider;

(c) the community support for the proposed 2-1-1 service provider;

(d) the proposed 2-1-1 service provider's relationships with other information and referral services;

(e) the proposed 2-1-1 service provider's record of providing existing 2-1-1 services; and

(f) the proposed 2-1-1 service area.

(2) An existing 2-1-1 service provider may apply for the geographical area in which the service provider is currently approved to offer 2-1-1 telephone services."

Section 6. Section 53-1-711, MCA, is amended to read:

"53-1-711. Scope of 2-1-1 service. (1) The statewide 2-1-1 system shall ensure provision of services in all counties of the state.

(2) The statewide 2-1-1 system must be administered by the department ~~in consultation with the coalition~~. The department, ~~in consultation with the coalition~~, shall approve a strategic plan for service delivery and divide the state into no more than 8 regions.

(3) The statewide 2-1-1 system shall ensure that all approved 2-1-1 service providers provide the following scope of service:

(a) provide information and referral services to each inquirer for the inquirer's designated geographic area through well-trained staff or volunteers who are knowledgeable about local resources;

(b) create and maintain a database of community resources and referrals for the service provider's designated geographic area;

(c) provide appropriate services to crisis callers, which includes stabilization or safety assessment and connection to further resources such as crisis lines, domestic violence shelters, and rape victim advocates;

(d) provide information to the department regarding 2-1-1 service usage including data on callers, service needs, and resource gaps;

(e) provide support to community and disaster and emergency services providers in the case of a disaster or emergency; and

(f) participate in any publicity plan for the statewide 2-1-1 system in Montana."

Section 7. Section 53-6-1005, MCA, is amended to read:

"53-6-1005. Department administration -- pharmacy access. ~~(1)~~ The department shall administer the pharmacy access program. The department shall provide for outreach and enrollment in the pharmacy access program. The department shall integrate the enrollment and outreach procedures with other services provided to individuals and families eligible for other related programs.

~~(2) The department shall report on Montana's prescription drug use, needs, and trends and submit a report with recommendations to the governor and to the legislature by September 15, 2006."~~

Section 8. Section 53-21-1002, MCA, is amended to read:

"53-21-1002. Duties of department. The department:

- (1) shall take cognizance of matters affecting the mental health of the citizens of the state;
- (2) shall initiate mental health care and treatment, prevention, and research as can best be accomplished by community-centered services. The department shall initiate and operate services in cooperation with local agencies, service area authorities, mental health professionals, and other entities providing services to persons with mental illness.
- (3) shall specifically address:
 - (a) provider contracting;
 - (b) service planning;
 - (c) preadmission screening and discharge planning;
 - (d) quality management;
 - (e) utilization management and review;
 - (f) consumer and family education; and
 - (g) rights protection;
- (4) shall collect and disseminate information relating to mental health;
- (5) shall prepare and maintain a comprehensive plan to develop public mental health services in the state and to establish service areas;
- (6) must receive from agencies of the United States and other state agencies, persons or groups of persons, associations, firms, or corporations grants of money, receipts from fees, gifts, supplies, materials, and contributions for the development of mental health services within the state;
- (7) shall establish qualified provider certification standards by rule, which may include requirements for national accreditation for mental health programs that receive funds from the department;
- (8) shall perform an annual review and evaluation of mental health needs and services within the state by region and evaluate the performance of programs that receive funds from the department for compliance with federal and state standards;

(9) shall coordinate state and community resources to ensure comprehensive delivery of services to children with emotional disturbances, as provided in Title 52, chapter 2, part 3, ~~and submit at least a biennial report to the governor and the legislature concerning the activities and recommendations of the department and service providers; and~~

(10) shall coordinate the establishment of service area authorities, as provided in 53-21-1006, to collaborate with the department in the planning and oversight of mental health services in a service area."

Section 9. Repealer. The following sections of the Montana Code Annotated are repealed:

- 50-4-810. Advisory group.
- 50-4-811. Advisory group -- purpose and role.
- 53-1-704. Montana 2-1-1 community coalition -- advisory capacity.
- 53-1-714. Reporting.
- 53-10-201. Legislative findings, purpose, and intent.
- 53-10-202. Definitions.
- 53-10-203. Commission on provider rates and services.
- 53-10-204. Duties of commission on provider rates and services.
- 53-10-211. Department to assist and cooperate with commission on provider rates and services -- records privacy.
- 53-10-212. Commission findings, recommendations, and reports.

Section 10. Effective date. [This act] is effective July 1, 2017.

- END -

I hereby certify that the within bill,
SB 0004, originated in the Senate.

President of the Senate

Signed this _____ day
of _____, 2017.

Secretary of the Senate

Speaker of the House

Signed this _____ day
of _____, 2017.

SENATE BILL NO. 4

INTRODUCED BY D. SANDS

BY REQUEST OF THE CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES INTERIM COMMITTEE

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