Amendment - 1st Reading-white - Requested by: Ed Buttrey - (H) Appropriations

- 2025

69th Legislature 2025 Drafter: Julie Johnson, HB0056.002.003

1	HOUSE BILL NO. 56	
2	INTRODUCED BY E. BUTTREY	
3		BY REQUEST OF THE ECONOMIC AFFAIRS INTERIM COMMITTEE
4		
5	A BILL FOR A	N ACT ENTITLED: "AN ACT ESTABLISHING AN AMBULANCE PROVIDER ASSESSMENT
6	FEE; ESTABL	ISHING PROCEDURES FOR COLLECTING AND DISTRIBUTING THE ASSESSMENT FEE;
7	ALLOWING AUDITING OF AMBULANCE PROVIDER REPORTS AND PAYMENTS; ALLOWING FOR	
8	PENALTIES AND INTEREST; REQUIRING REVENUES GENERATED BY THE ASSESSMENT FEE TO BE	
9	USED FOR S	UPPLEMENTING AMBULANCE PROVIDER MEDICAID PAYMENTS; PROVIDING
10	DEFINITIONS	; PROVIDING RULEMAKING AUTHORITY; PROVIDING A STATUTORY APPROPRIATION;
11	PROVIDING A	APPROPRIATIONS FOR THE DEPARTMENT OF REVENUE TO IMPLEMENT AND
12	ADMINISTER	THE COLLECTION OF THE ASSESSMENT FEE; PROVIDING FOR REIMBURSEMENT TO
13	THE GENERAL FUND FROM THE STATE SPECIAL REVENUE ACCOUNT; AMENDING SECTION 17-7-502,	
14	MCA; PROVID	DING FOR CONTINGENT VOIDNESS; AND PROVIDING A CONTINGENT EFFECTIVE DATE."
15		
16	BE IT ENACT	ED BY THE LEGISLATURE OF THE STATE OF MONTANA:
17		
18	NEW	SECTION. Section 1. Definitions. As used in [sections 1 through 13], the following definitions
19	apply:	
20	(1)	(a) "Ambulance provider" means a person licensed pursuant to 50-6-306 to provide ground
21	ambulance transport, including transport for a municipal fire or police department or other government entity.	
22	(b)	The term does not include:
23	(i)	an entity that exclusively provides air ambulance services; or
24	(ii)	an entity operated by the United States, an Indian tribe, or any facility authorized under the
25	Indian Health Care Improvement Act.	
26	(2)	"Assessment fee" means the ambulance provider assessment fee as provided in [section 2].
27	(3)	"Department" means the department of revenue provided for in 2-15-1301.
28	(4)	"Emergency ambulance services" means any service delivered by an ambulance provider other



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1 liability or payment reasonably assumed to be imposed under [sections 1 through 13] is not considered an 2 overpayment with respect to which interest is allowable. 3 NEW SECTION. Section 13. Warrant for distraint. If the assessment fee is not paid when due, the 4 5 department may issue a warrant for distraint as provided in Title 15, chapter 1, part 7. 6 7 NEW SECTION. Section 14. Ambulance medicaid reimbursement special revenue account --8 statutory appropriation. (1) There is an ambulance medicaid reimbursement account in the state special 9 revenue account provided for in 17-2-102 to the credit of the department of public health and human services. 10 (2) The account consists of: 11 (a) money from the assessment fee provided for in [section 2]; any penalties and interest on penalties collected pursuant to [sections 1 through 13]; 12 (b) other money authorized by the legislature to be credited to the account; and 13 (c) 14 (d) income earned on the account. Money in the account must be used by the department of public health and human services as 15 (3) 16 follows: 17 (a) to first reimburse the general fund through a transfer from this account to the general fund for 18 appropriations made to the department of revenue to implement, collect, and administer the ambulance 19 provider assessment fee; and 20 to provide funding no later than June 30 SEPTEMBER 30 of each year for increases in medicaid 21 payments to emergency ambulance services up to the average commercial rate for the service and for the cost 22 of collection of the fees and other administrative activities associated with the implementation of increases in 23 the medicaid payments to ambulance providers. 24 (4) Money remaining in the account at the end of a fiscal year may not be expended or transferred 25 for any other purpose except as provided in subsection (3)(a). 26 (5)Money in the account is statutorily appropriated, as provided in 17-7-502, for the purposes



provided for in this section.

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1	department of revenue to delay collection of the assessment fee provided for in [section 2] until the department
2	of public health and human services notifies the department of revenue that the centers for medicare and
3	medicaid services has approved the payments provided for in [section 14].
4	

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

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

<u>NEW SECTION.</u> **Section 18. Appropriations.** (1) For the biennium beginning July 1, 2025, there is appropriated \$637,828 from the general fund to the department of revenue for start-up and operating costs to implement [this act].

- (2) For the fiscal year beginning July 1, 2025, there is appropriated \$131,000 from the general fund to the department of revenue for personal services to implement [this act].
- (3) For the fiscal year beginning July 1, 2026, there is appropriated \$131,000 from the general fund to the department of revenue for personal services to implement [this act].
- (4) The legislature intends that the appropriations for personal services in this section be considered part of the ongoing base for the next legislative session.

NEW SECTION. Section 19. Contingent effective date. [This act] is effective on approval by the United States department of health and human services of all waivers and approvals necessary to implement the assessment fee and supplemental payments as provided in [sections 1 through 15]. The department of public health and human services shall notify the code commissioner within 15 days of the occurrence of the contingency.

NEW SECTION. Section 20. Contingent voidness. (1) [Sections 1 through 15] are void on the date that federal law or policy is amended so that the assessment fee collected pursuant to [sections 1 through 15] may not be considered as the state's share in claiming federal financial participation under the medicaid

