

**Amendment - 1st Reading/2nd House-blue - Requested by: (S) Public Health, Welfare and Safety**

- 2025

69th Legislature 2025

Drafter: Julie Johnson,

HB0185.003.001

HOUSE BILL NO. 185

INTRODUCED BY E. STAFMAN, R. MARSHALL, T. RUNNING WOLF, M. YAKAWICH, S. HOWELL, G.  
NIKOLAKAKOS

A BILL FOR AN ACT ENTITLED: "AN ACT DIRECTING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO APPLY FOR AND IMPLEMENT CONTINUOUS ELIGIBILITY FOR CHILDREN UNDER 6 YEARS OF AGE IN THE HEALTHY MONTANA KIDS PLAN; REQUIRING REPORTS TO THE LEGISLATURE; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

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

**NEW SECTION. Section 1. Continuous eligibility for young children enrolled in healthy Montana kids plan -- legislative findings and purpose.** (1) The legislature finds that Montana voters approved a ballot initiative in 2008 to create the healthy Montana kids plan, which coordinated access to health coverage for children enrolled in the Montana medicaid program and the children's health insurance program and increased eligibility standards for those programs.

(2) The legislature further finds that fluctuations in family income can result in a child being disenrolled and subsequently reenrolled in the programs making up the healthy Montana kids plan multiple times before the child reaches 19 years of age.

(3) The legislature further finds that Montana experienced one of the largest percentage increases of children losing coverage under the medicaid program and children's health insurance program during the recent eligibility unwinding, and, as a result, large numbers of uninsured children are eligible but not enrolled in the medicaid program and the children's health insurance program.

(4) The legislature further finds that pediatrician-recommended checkups are more frequent in the earliest months and years of a child's life to monitor developmental milestones and address small complications before they become complex conditions.

(5) The legislature further finds that ~~3 YEARS~~ 1 YEAR 2 years OF continuous eligibility FROM THE DATE

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1 OF INITIAL ENROLLMENT OR SUBSEQUENT REENROLLMENT for healthy Montana kids plan enrollees under 6 years of  
2 age:

3 (a) will provide consistent, predictable access to health care services at a time of critical early  
4 childhood development;

5 (b) will improve health outcomes by providing children with ongoing preventive care and by  
6 preventing gaps in care that can occur when a family loses coverage and cannot afford necessary health care  
7 services, including medications;

8 (c) may reduce the costs of health care services by allowing children to receive the right level of  
9 care at the right time in the right setting and by lessening the chances that they will need emergency care or  
10 treatment for conditions that have worsened because of a lack of care; and

11 (d) may improve a child's readiness for school because regular, preventive care may identify  
12 physical, behavioral, and developmental concerns that can be addressed before the conditions affect school  
13 performance.

14 (6) The legislature further finds that providing ~~3 YEARS~~ 1 YEAR 2 years OF continuous eligibility until  
15 ~~the child reaches~~ FROM THE DATE OF ENROLLMENT OR REENROLLMENT FOR A CHILD UNDER 6 years of age will  
16 reduce administrative costs for the department of public health and human services by reducing the need to  
17 redetermine a child's eligibility for renewed or continued coverage under the healthy Montana kids plan.

18 (7) It is the purpose of the legislature to allow a child UNDER 6 YEARS OF AGE enrolled in the healthy  
19 Montana kids plan to remain CONTINUOUSLY enrolled in the program ~~until 6 years of age~~ FOR 3 YEARS 1 YEAR 2  
20 years FROM THE DATE OF INITIAL ENROLLMENT OR REENROLLMENT, OR UNTIL THE CHILD REACHES 6 YEARS OF AGE,  
21 WHICHEVER OCCURS FIRST, even if a change in family circumstances occurs that would otherwise make the child  
22 ineligible for the program.

23 (8) The department of public health and human services may conduct audits to ensure compliance  
24 with this section.

25 (9) The legislature directs the department of public health and human services to apply to the  
26 centers for medicare and medicaid services for the necessary waivers and state plan amendments to allow for  
27 ~~3 YEARS~~ 1 YEAR 2 years OF continuous eligibility as provided in this section for children enrolled in the programs

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making up the healthy Montana kids plan through the end of the month in which a child attains 6 years of age. Among other elements, the department's research and demonstration waiver applications must include but are not limited to testing of the following hypotheses:

(a) whether ongoing enrollment will:

(i) reduce the percentage of children under 6 years of age who are disenrolled and reenrolled in the programs making up the healthy Montana kids plan;

(ii) increase the number of enrollees participating in well-baby and well-child visits, including developmental assessments to the extent those assessments can be quantified; and

(iii) increase access to early intervention or other services that can prevent or lessen developmental delays before kindergarten; and

(b) whether continuous eligibility will reduce administrative costs for the department.

(10) The department shall:

(a) submit requests for the necessary waivers and amendments required under subsection (9) no later than July 1, 2025;

(b) notify the appropriate interim or standing committees of the legislature when the department has received a decision from the centers for medicare and medicaid services on a waiver or amendment request and include a copy of the decision with the certification. The department shall submit the notification within 30 days from the date the decision is received and shall submit a copy of the notification to the code commissioner.

(c) if the necessary waiver and amendment requests are approved, implement ~~3 YEARS~~ 1 YEAR 2 years OF continuous eligibility for eligible children no later than 6 months from the date the approval from the centers for medicare and medicaid services is received by the department.

NEW SECTION. **Section 2. Effective date.** [This act] is effective on passage and approval.

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