

1 Service. The community health aide program has been an effective method for diminishing health disparities of
 2 Alaska Natives and promoting access to health CARE services and health CARE provider education for Alaska
 3 Natives residing in rural and remote communities. THE PROGRAM also provides opportunities to incorporate
 4 social determinants of health; and

5 WHEREAS, the community health aide program educates providers from within tribal communities to
 6 provide valued, patient-centered, AND quality care. These providers understand the history, culture, and, in
 7 some cases, the language of their patients and can integrate that knowledge into their care. Community health
 8 aide program providers offer routine, preventative, and emergent health care through community health aides
 9 and practitioners, behavioral health aides and practitioners, and dental health aides and practitioners; and

10 WHEREAS, tribes are investing in higher education, wealth generation activities, and health care for
 11 their citizens, thereby incorporating social determinates of health. However, college attainment during the
 12 previous 20-year period only rose 3.9% compared to 7.6% in the rest of the United States. Approximately 15%
 13 of American Indian and Alaska Native adults in the northwest region of the United States have less than a high
 14 school degree, and, compared to the general population, a smaller proportion have attained a baccalaureate or
 15 graduate degree.

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

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19 **NEW SECTION. Section 1. Community health aide provider education grant program –**
 20 **eligibility – recipient reporting – administration – reports to the legislature.** (1) There is a community
 21 health aide provider education grant program administered by the commissioner of higher education. The
 22 purpose of the grant program is to develop, implement, and maintain education programs for community health
 23 aide or dental health aide providers.

24 (2) The community health aide provider education grant program must involve the development of
 25 a community health aide or dental health aide provider education program that qualifies graduates to practice
 26 within the scope authorized under 25 U.S.C. 1616l.

27 (3) A tribal college located in the state may apply for a grant to:

28 (a) expand or maintain an existing education program for community health aide or dental health

1 aide providers; or

2 (b) develop a new EDUCATION program for community health aide or dental health aide providers.

3 (4) (a) It is the intent of the legislature that the commissioner award grants in the following

4 amounts:

5 (i) A ONE-TIME AMOUNT OF up to \$1 MILLION to a recipient for startup costs FOR DEVELOPING a new
6 provider education program; and

7 (ii) AN AMOUNT OF up to \$500,000 to a recipient each year, reoccurring FOR up to 4 years, for the
8 ongoing maintenance of the program as well as FOR data collection and reporting IN ACCORDANCE WITH
9 subsection (5).

10 (b) The maximum total amount a recipient may receive under the community health aide provider
11 education grant program is \$ 3 MILLION.

12 (c) Funding preference may be given to tribal colleges with experience with either community
13 health aide or dental health aide provider education programs.

14 (5) A tribal college awarded a grant under this section SHALL evaluate the impact of the use of
15 community health aide and dental health aide providers on the delivery of and access to primary care or
16 primary ORAL HEALTH CARE. Grantees shall report to the commissioner on the outcomes of A program supported
17 by the grant program including, at minimum:

18 (a) the number of annual graduates of the community health aide or dental health aide PROGRAM;

19 (b) the number of community health aide or dental health aide providers annually certified by the
20 appropriate federal certification board;

21 (c) the settings where certified community health aide and dental health aide providers are
22 practicing and the patient populations and tribes served;

23 (d) in collaboration with tribal health clinics, the COST-EFFECTIVENESS of community health aide and
24 dental health aide providers; and

25 (e) population health data describing the effectiveness of community health aide and dental health
26 aide providers in improving access to primary care and primary oral health care, including:

27 (i) numbers and service categories of patients served compared to years without community
28 health aide or dental health aide providers;

- 1 (ii) types of health care services provided by clinics employing community health aide and dental
- 2 health aide providers;
- 3 (iii) utilization data for local emergency medical services;
- 4 (iv) chronic care disease management data;
- 5 (v) medicaid utilization;
- 6 (vi) numbers of new patients served;
- 7 (vii) clinic wait time trends; and
- 8 (viii) distances traveled by patients to receive care.

9 (6) The commissioner shall create and administer a grant program that meets the goals and
 10 requirements of this section. The commissioner shall utilize the data reported under subsection (5) and shall
 11 submit an annual report on the administration and outcomes of the program to the education interim committee
 12 and TO THE children, families, health, and human services interim committee in accordance with 5-11-210.

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 14 NEW SECTION. Section 2. Allocation. (1) There is allocated \$1.5 MILLION from the general fund to
 15 the commissioner of higher education for the biennium beginning July 1, 2025, for the purposes described in
 16 [section 1].

17 (2) The legislature intends that the allocation in this section be considered part of the ongoing base
 18 for the next legislative session.

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 20 NEW SECTION. Section 3. Notification to tribal governments. The secretary of state shall send a
 21 copy of [this act] to each federally recognized tribal government in Montana.

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 23 NEW SECTION. Section 4. Codification instruction. [Section 1] is intended to be codified as an
 24 integral part of Title 20, chapter 25, part 4, and the provisions of Title 20, chapter 25, part 4, apply to [section 1].

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 26 NEW SECTION. Section 5. Effective date. [This act] is effective July 1, 2025.

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