

**Amendment - 2nd Reading-yellow - Requested by: Jonathan Windy Boy - (S) Committee of the Whole**

- 2025

69th Legislature 2025

Drafter: Chanan Brown,

SB0526.001.002

1 SENATE BILL NO. 526

2 INTRODUCED BY J. WINDY BOY, S. NOVAK, T. CROWE, S. FYANT, J. SOOKTIS, J. MORIGEAU, F.  
3 SMITH, C. SPRUNGER, S. WEBBER, M. FOX, J. COHENOUR, P. FLOWERS, T. FRANCE, D. HAWK, C.  
4 KEOGH, A. OLSEN

5  
6 A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING THE COMMUNITY HEALTH AIDE PROVIDER  
7 EDUCATION GRANT PROGRAM; PROVIDING ELIGIBILITY CRITERIA; PROVIDING MAXIMUM GRANT  
8 AMOUNTS; PROVIDING RECIPIENT REPORTING REQUIREMENTS; REQUIRING REPORTS TO THE  
9 LEGISLATURE; PROVIDING AN ALLOCATION; AND PROVIDING AN EFFECTIVE DATE."

10

11 WHEREAS, there is a primary care crisis in Indian Country; and

12 WHEREAS, American Indian and Alaska Native people in Montana have very limited access to health  
13 care services and are disproportionately affected by oral health care, primary health care, and behavioral health  
14 care disparities, which are directly attributed to a lack of health care professionals in Indian communities and  
15 have caused a serious access issue and backlog of many health care services for American Indian and Alaska  
16 Native citizens in Montana; and

17 WHEREAS, the tribes of Montana successfully partnered to provide training and education for dental  
18 health aide practitioners who will go on to serve urban and rural American Indian populations with the specific  
19 purpose of improving population oral health through filling service gaps, community outreach, and offering  
20 culturally responsive care; and

21 WHEREAS, tribal clinics are often the only dental clinic that accepts Medicaid-eligible patients in rural  
22 areas. Increasing provider capacity at tribal clinics will benefit the entire community. Even in instances where  
23 the tribe does not provide health care to nonbeneficiaries, increasing provider capacity at clinics serving  
24 Medicaid-eligible individuals benefits all patients because of the overall increases in capacity; and

25 WHEREAS, many tribes in Montana have great difficulty and face challenges in recruiting and retaining  
26 health care professionals in their communities, resulting in further challenges to ensure continuity and  
27 comprehensive health care for all people in Montana under Article II, section 3, of the Montana Constitution;

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1 and

2 WHEREAS, tribes in Montana are implementing the community health aide program. The Alaska  
3 community health aide program has been in existence since the 1960s and is a program of the Indian Health  
4 Service. The community health aide program has been an effective method for diminishing health disparities of  
5 Alaska Natives and promoting access to health care services and health care provider education for Alaska  
6 Natives residing in rural and remote communities. The program also provides opportunities to incorporate social  
7 determinants of health; and

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

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

19

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

21

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

27 (2) The community health aide provider education grant program must involve the development of

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1 a community health aide or dental health aide provider education program that qualifies graduates to practice  
2 within the scope authorized under 25 U.S.C. 1616l.

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

4 (a) expand or maintain an existing education program for community health aide or dental health  
5 aide providers; or

6 (b) develop a new education program for community health aide or dental health aide providers.

7 (4) (a) It is the intent of the legislature that the commissioner award grants in the following  
8 amounts:

9 (i) a one-time amount of up to \$1 million to a recipient for startup costs for developing a new  
10 provider education program; and

11 (ii) an amount of up to \$500,000 to a recipient each year, reoccurring for up to 4 years, for the  
12 ongoing maintenance of the program as well as for data collection and reporting in accordance with subsection  
13 (5).

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

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

18 (5) A tribal college awarded a grant under this section shall evaluate the impact of the use of  
19 community health aide and dental health aide providers on the delivery of and access to primary care or  
20 primary oral health care. Grantees shall report to the commissioner on the outcomes of a program supported by  
21 the grant program including, at minimum:

22 (a) the number of annual graduates of the community health aide or dental health aide program;

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

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

27 (d) in collaboration with tribal health clinics, the cost-effectiveness of community health aide and

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1 dental health aide providers; and

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

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

6 (ii) types of health care services provided by clinics employing community health aide and dental  
7 health aide providers;

8 (iii) utilization data for local emergency medical services;

9 (iv) chronic care disease management data;

10 (v) medicaid utilization;

11 (vi) numbers of new patients served;

12 (vii) clinic wait time trends; and

13 (viii) distances traveled by patients to receive care.

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

18  
19 **NEW SECTION. Section 2. Community health aide provider education account.** (1) There is a  
20 community health aide provider education account in the state special revenue fund established in 17-2-102.  
21 The account is administered by the commissioner of higher education.

22 (2) Money transferred from any lawful source, including but not limited to gifts, grants, donations,  
23 securities, and other assets, public or private, may be deposited in the account.

24 (3) Money deposited in the account must be used for the purposes described in [section 1].

25 (4) Interest and income earned on the account and any unspent or unencumbered money in the  
26 account at the end of the fiscal year must remain in the account.

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1        NEW SECTION. Section 3. Transfer of funds. By June 30, 2025, the state treasurer shall transfer  
2 \$1 from the general fund to the account provided for in [section 2].  
3

4        NEW SECTION. Section 4. Allocation. ~~(1)~~ There is allocated ~~\$1.5 million~~ \$1 from the general fund  
5 community health aide provider education account established in [section 2] to the commissioner of higher  
6 education for the biennium beginning July 1, 2025, for the purposes described in [section 1].

7        ~~(2) — The legislature intends that the allocation in this section be considered part of the ongoing base~~  
8 ~~for the next legislative session.~~  
9

10        NEW SECTION. Section 5. Notification to tribal governments. The secretary of state shall send a  
11 copy of [this act] to each federally recognized tribal government in Montana.  
12

13        NEW SECTION. Section 6. Codification instruction. [Section 1] is intended to be codified as an  
14 integral part of Title 20, chapter 25, part 4, and the provisions of Title 20, chapter 25, part 4, apply to [section 1].  
15

16        NEW SECTION. Section 7. Effective date. [This act] is effective July 1, 2025.  
17

- END -