

CHAPTER NO. 101

HOUSE BILL NO. 692

INTRODUCED BY DUSSAULT

BY REQUEST OF THE DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

IN THE HOUSE

February 9, 1979	Introduced and referred to Committee on Human Services.
February 17, 1979	Committee recommend bill do pass. Report adopted.
February 20, 1979	Second reading, pass consideration. On motion placed back on second reading this day. Second reading, pass consideration. On motion taken from second reading and referred to Committee on Appropriations.
March 24, 1979	Committee recommend bill do pass. Report adopted.
March 26, 1979	Printed and placed on members' desks. Second reading, do pass.
March 27, 1979	Considered correctly engrossed. Third reading, passed. Transmitted to second house.

IN THE SENATE

March 27, 1979	Introduced and referred to Committee on Rules.
March 29, 1979	Rereferred to Committee on Finance and Claims.

House BILL NO. 692

INTRODUCED BY N. Wisniewski

BY REQUEST OF THE DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

A BILL FOR AN ACT ENTITLED: "AN ACT TO ENSURE THAT MEDICAID
ELIGIBLE PERSONS MAY NOT RECEIVE COUNTY MEDICAL ASSISTANCE;
AMENDING SECTION 53-3-103, MCA."

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

Section 1. Section 53-3-103, MCA, is amended to read:

"53-3-103. Medical aid and hospitalization for indigent. (1) Except as provided in other parts of this title, medical aid and hospitalization for county residents and nonresidents within the county unable to provide these necessities for themselves are the legal and financial duty and responsibility of the board of county commissioners and are payable from the county poor fund. The board of county commissioners shall make provisions for competent and skilled medical or surgical services as are approved by the department of health and environmental sciences or the state medical association or, in the case of osteopathic practitioners, by the state osteopathic association or chiropractors by the state chiropractic association or optometrical services as approved by the Montana optometric

association or dental services as approved by the dental association. "Medical" or "medicine" as used in this section refers to the healing art as practiced by licensed practitioners.

(2) The board, in arranging for medical care for those unable to provide it for themselves, may have the care provided by physicians appointed by the board who shall be known as county physicians or deputy county physicians and may fix a rate of compensation for the furnishing of the medical attendance.

(3) The department may promulgate rules to determine under what circumstances persons in the county are unable to provide medical aid and hospitalization for themselves, including the power to define the term "medically needy". However, the definition may not allow payment by a county for general assistance--medical for persons whose income exceeds 300% of the limitation for obtaining regular county general relief assistance or for persons who are eligible for medicaid in accordance with Title 53, chapter 6, part 1.

(4) In any case where the county or state pays medical expenses or hospitalization for an individual, the county or state is subrogated to the claims of the physician or hospital to the extent of payment. To the extent necessary for reimbursement of medical benefits paid to or on behalf of an individual, the county or state is subrogated to the

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1 rights of the individual to recover from a third party who
2 may be liable to pay the medical expenses. The provisions of
3 53-2-612 which relate to medical benefits provided under
4 Titles XIX and XX of the Social Security Act apply to
5 medical benefits provided for in this section."

-End-

STATE OF MONTANA

REQUEST NO. 464-79

FISCAL NOTE

Form BD-15

In compliance with a written request received March 9, 19 79, there is hereby submitted a Fiscal Note for House Bill 692 pursuant to Chapter 53, Laws of Montana, 1965 - Thirty-Ninth Legislative Assembly.

Background information used in developing this Fiscal Note is available from the Office of Budget and Program Planning, to members of the Legislature upon request.

DESCRIPTION OF PROPOSED LEGISLATION:

House Bill 692 is an act to ensure that Medicaid eligible persons may not receive county medical assistance.

ASSUMPTIONS:

1. There will be no fiscal impact unless there is a reduction in Medicaid services.
2. If service reductions are implemented, then 40% of the persons denied services would seek relief from the county medical program. County medical program benefits would be extended to one-half of persons seeking such assistance.
3. The costs shifted to the counties would in some cases be sufficient to cause that county to request a grant-in-aid. Because those counties with mill levies at the maximum also experience the highest county medical costs, it is assumed that one-half of increased county medical costs will actually be paid from the general fund.
4. Fiscal impact is shown for each \$1 of Medicaid service reductions. These figures can be multiplied by the actual anticipated amount of Medicaid service reductions to derive the total fiscal impact.

FISCAL IMPACT:

	<u>Without HB 692</u>	<u>With HB 692</u>
Medicaid Service Reduction	\$1.00	\$1.00
Federal Funds Saved	.64	.64
General Funds Saved	.26*	.36
Additional Cost to Counties	.10	-0-

*General Fund expenditures in the Medicaid program are reduced \$.36, but \$.10 in General Fund expenditures is added for increased grant-in-aid.

Richard L. Drury
BUDGET DIRECTOR

Office of Budget and Program Planning

Date: 3/15/79

Approved by Comm.
On Human Services

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2 INTRODUCED BY M. [Signature]
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 20 OR FOR PERSONS WHO HAVE THE RIGHT OR ARE ENTITLED TO MEDICAL
 21 AID AND HOSPITALIZATION FROM THE FEDERAL GOVERNMENT OR ANY
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11 SECTION 2. EFFECTIVE DATE. THIS ACT IS EFFECTIVE ON
12 ITS PASSAGE AND APPROVAL.

-End-

April 10, 1979

SENATE STANDING COMMITTEE REPORT
(Finance and Claims)

That House Bill No. 692, third reading bill, be amended as follows:

1. Amend page 2, line 19.

Following: "1"

Insert: ", or for persons who have the right or are entitled to medical aid and hospitalization from the Federal Government or any agency thereof or for persons who have insurance coverage that provides medical aid and hospitalization."