CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES INTERIM COMMITTEE

DRAFT FINAL REPORT TO THE 70TH MONTANA LEGISLATURE

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MONTANA LEGISLATURE

Children, Families, Health, and Human Services

Milly Allen

July 2026

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This report is a summary of the work of the XXX Interim Committee, specific to the Children, Families, Health, and Human Services Interim Committee's 2025-2026 assigned studies as outlined in the Children, Families, Health, and Human Services Interim Committee's 2025-26 work plan. Members received additional information and public testimony on each subject, and this report is an effort to highlight key information and the processes followed by the Children, Families, Health, and Human Services Interim Committee's in reaching its conclusions. To review additional information, including the text of each study, audio minutes, and exhibits, visit the Children, Families, Health, and Human Services Interim Committee website: https://committees.legmt.gov/#/nonStandingCommittees/7

A full report, including links to the documents referenced in this print report, is available at the Children, Families, Health, and Human Services Interim Committee website: https://committees.legmt.gov/#/nonStandingCommittees/7

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FINAL REPORT TO THE MONTANA LEGISLATURE

OVERVIEW OF ASSIGNED STUDIES

Legislative Council assigned six study resolutions and no study bills to the Children, Families, Health, and Human Services Committee (CFHHS, or the committee) at the beginning of the interim. Study resolutions express the interest and concerns of the Legislature and provide the designated committee with a framework to conduct the study. Committees may follow the framework proposed by the resolution, narrow the scope of the study, or decline to add a study to their work plan.

When distributing its 1.0 FTE of staff time, CFHHS considered the results of the legislative poll that ranked the 36 study resolutions passed during the 2025 legislative session. The committee requested that Legislative Council reassign one study, SJ 29; Council agreed, and also assigned CFHHS an additional study (SJ 36) in October of 2025. At its November 2025 meeting, the committee decided not to revise its work plan to include this study. The table below lists the rank of each assigned study in this poll and the staff FTE assigned by the committee.

Study	Rank (out of 36)	FTE
HJ 26: Study guardianships and conservatorships	11	0.3
SJ 48: Interim study of the public health and safety impacts of marijuana legalization	20	0.2
SJ 13: Study resolution for emergency medical services	22	0.1
SJ 37: Interim survey of behavioral health services in Montana	26	0.2
SJ 49: Study of youth and family behavioral health prevention	35	0.05
SJ 29: Interim study resolution on coordinating efforts between OPI and DPHHS in addressing the impacts on children of prenatal exposure to meth and fentanyl	29	0.0♦
SJ 36: Study dependent neglect standards for prosecutors	36	0.0●

♦ CFHHS requested that Legislative Council reassign SJ 29 to the State-Tribal Relations Interim Committee

● SJ 36 reassigned to CFHHS from the Criminal Justice Oversight Council in October of 2025

COMMITTEE WORK AND CONCLUSIONS

HJ 26: STUDY GUARDIANSHIPS AND CONSERVATORSHIPS

HJ 26 directs the assigned committee to "study guardianship issues in Montana, including but not limited to training, licensing, certification, and auditing of guardians and conservators." The committee requested provisional draft legislation early in the process, so it would have ample time to refine it based on public comment and additional presentations.

STUDY TIMELINE

SEPTEMBER 2025

A panel of experts delivered a primer on guardianship issues at the committee's second regular meeting. Beth Russo, Government Affairs Director of AARP, provided an overview of guardianship and guardianship reform, including uniform act language and less restrictive options like supported decision-making. Denise Calabrese, Executive Director of the Center for Guardianship Certification, expanded on guardianship certification standards, including mandatory training and background checks. To offer a Montana-specific perspective, Molly Considine reviewed the work and recommendations of the Montana Working Interdisciplinary Network of Guardianship Stakeholders (WINGS), on which she served as chair. WINGS is an initiative of the Montana Supreme Court, which developed the guardianship forms currently published online by the Montana Supreme Court.

NOVEMBER 2025

Hon. Gregory G. Pinski District Judge (Ret.) brought his experience as a judge and a national commissioner to the Uniform Law Commission to the committee. He presented on the Uniform Guardianship, Conservatorship, and Other Protective Arrangements Act. In addition to detailing the structure of this uniform law, he reviewed how it seeks to modernize protective arrangements through person-centered planning, enhanced personal protections for the ward, and promoting less restrictive alternatives to guardianship.

The committee weighed how best to address concerns raised by presenters and in public comment without creating an administratively onerous process, considering that family members are often called upon to serve as a guardian or conservator. The committee directed staff to compose provisional draft legislation that added training, background check, and credit check requirements for guardians and conservators, at the discretion of the court.

JANUARY 2026

The committee reviewed HJ26 1.1, the first provisional draft of its guardianship legislation. It opted to move forward with mandatory training, background check, and credit check requirements.

MARCH 2026

Before the committee reviewed the second provisional draft of its guardianship legislation, Amy Ready, Director of Care Management at Billings Clinic – Logan Health presented on guardianship issues in the patient discharge

process. She noted that providers who care for patients that cannot be safely discharged without a legally authorized decision-maker could be impacted by changes that make it difficult to appoint temporary guardians.

After reviewing the second provisional draft, HJ26 1.2, the committee decided to add:

- The exemptions for temporary guardians recommended by Billings Clinic – Logan Health;
- Financial limitations for temporary guardians, such as the inability to sell a ward's property, unless the court expressly grants the temporary guardian the ability to do so; and
- Additional language proposed by Disability Rights Montana, which establishes and clarifies several personal rights for a ward or protected person and requires the court to specify why less restrictive alternatives were not appropriate when it appoints a full guardian.

MAY 2026

In addition to the changes requested in March, HJ26 1.3 clarified that the existing crime of exploitation of incapacitated person or vulnerable adult, 45-5-804, MCA applies to any type of guardian. The committee approved the changes, and requested additional revisions:

- Add dementia-specific training for guardians and conservators, when it would benefit the ward or protected person; and
- Allow a nominated conservator or guardian to use the results of a prior background or credit check, when the court permits it.

FINDINGS AND RECOMMENDATIONS

Implementing additional regulation in the area of protective arrangements requires balance. People in these arrangements are vulnerable to financial exploitation and other abuse; however, complex processes designed to prevent malfeasance may hamper family and friends – the people prioritized for appointment – from serving their loved ones as a guardian or conservator. An established relationship with a ward or protected person helps a guardian or conservator make decisions that are more likely to reflect the individual's preferences and best interests. Family members and trusted friends are generally well positioned to serve as guardians and conservators due to their knowledge of the individual's healthcare needs, religious beliefs, personal values, financial affairs, and social support networks.

While third-party guardianship is a last resort in acute care settings, it can prevent unnecessarily extended hospital stays that increase the risk of poor outcomes. Temporary guardianship allows a patient to be discharged and settle into the community while the patient and the courts consider appropriate options for the long term. Introducing spending limits for temporary guardians protects the financial interests of wards during these provisional protective arrangements, while exempting temporary guardians from training requirements prevents delay in discharge and care.

Certification of professional guardians and conservators promotes competency, accountability, and consistent adherence to ethical and professional standards. Background and credit checks (or affidavits, at the discretion of

the court) and appropriate training promote ethical conduct and enhance public confidence in both lay and professional guardians and conservators.

Additional committee findings.

LEGISLATION

- HJ26 1 is provisional draft legislation that reforms guardianship and conservatorship law in Montana. Guardians and conservators will require background checks, credit checks, and training with a few exceptions; the rights of wards or protected persons are clarified or enhanced. The legislation is not yet approved or adopted by the committee.

RECOMMENDATIONS

- **Support lay guardians and conservators with training** in financial management, dementia-friendly communication, appropriate documentation, and the best practices for surrogate decision-making. This training safeguards both parties involved in a protective arrangement.
- **Revise temporary guardianship to introduce spending sidebars without creating barriers to patient discharge.** This promotes financial accountability and safeguards the ward's assets, while a flexible approach to training requirements prevents delays in patient care.
- **Certify professional guardians and conservators** to promote a heightened standard of care for wards and protected persons and their estates.

- *Committee recommendations.*

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SJ 48: INTERIM STUDY OF THE PUBLIC HEALTH AND SAFETY IMPACTS OF MARIJUANA LEGALIZATION

Statewide sales of recreational marijuana began recently, in January 2022 (one year after legalization through ballot initiative). While data collection efforts are robust, there is a delay between when data is collected and when it is published. These two factors made it difficult for the committee to fulfill the study's request to identify and report on the impacts of legalized recreational marijuana Montana. Instead, the committee focused on recent data and research from several sources and reviewed current regulation efforts in Montana.

STUDY TIMELINE

NOVEMBER 2025

The study began with a presentation by the Cannabis and Alcohol Regulation Division (CARD), the arm of the Department of Revenue that oversees legal recreational and medical cannabis in Montana. Kristan Barbour, Cannabis and Alcohol Regulation Division Administrator and Kathy Wiegand-Palmer, Cannabis Laboratory Program Manager, discussed packaging and labelling; laboratory testing for mold, heavy metals, pesticides, and other contaminants; and worker permits and training, including consumer age verification training. CARD noted that, to date, there have been no substantiated claims of a licensed cannabis dispensary selling to an underage person.

JANUARY 2026

Dr. Ty Reidenbaugh, a physician board certified in general psychiatry, addiction psychiatry, and addiction medicine reviewed state-specific data from the Montana Department of Public Health and Human Services (DPHHS). Dr. Reidenbaugh noted that early cannabis initiation, frequent use, and heavy use all are associated with an increased likelihood of developing symptoms of psychosis. Cannabis co-use frequently occurs with several psychiatric illnesses, but research is required to determine if there is a causal relationship. For most people marijuana is not a "gateway drug" to harder, illicit drugs.

The committee reviewed marijuana use by age group in Montana, compared to national data. Only one year of data collected after adult-use sales began was available. According to the Youth Risk Behavior Survey, the percentage of Montana high school students who currently use marijuana is effectively the same in 2021 and 2023, just under 20%; this is slightly higher than the national average of 17% in 2023. The percentage of Montana high schoolers who have ever used marijuana decreased 1.2% after legalization (between 2021 and 2023), while national data showed an increase of 1.7%. However, the total percentage of Montana high schoolers who have ever used marijuana, 35.8%, is higher than the national average, 29.5%; Montana last fell below the national average for this measurement in 2015. The percentage of Montana high school students who tried marijuana before age 13 has climbed steadily but incrementally since 2017, while the national figure has fallen since 2015: in 2023, 8.6% of Montana high schoolers had tried marijuana before age 13, while nationally only 4.8% of high school students have done so.

Adult use data is collected by the National Survey on Drug Use and Health (NSDUH), which demonstrates a steady national climb in adult marijuana use in the past year beginning in 2007. Montana follows this trend, with a

consistently higher percentage of adults who have used marijuana in the past year than both the national and Western state averages. In 2023, 30.24% of Montana adults used marijuana in the past year, compared to 22.94% nationally and 26.35% in the West. See Appendix B for the complete chart.

MARCH 2026

Milly Allen, the committee's research analyst, compiled a list of key data sources that help researchers track marijuana use at the national and state level, within three primary areas of interest: public health, public safety, and administration. She presented a research summary of information from national and international peer-reviewed sources.

Joseph Baan with the Legislative Fiscal Division detailed the use of the marijuana tax state special revenue fund, which consistently provides about $60 million per year to bolster the general fund and support addiction recovery, outdoor recreation, veterans, and crime control. Much of this is generated by adult-use sales, which are taxed at 20% (compared to just 4% for medical sales). Counties may leverage an additional tax of up to 3%.

The committee requested two provisional drafts. The legislative proposals direct DPHHS to create a marijuana data dashboard and annual marijuana impact report, and provide a marijuana education grant program.

MAY 2026

The committee reviewed the first drafts of provisional legislation related to this study.

SJ48 1.1 directs the Legislative Services Division to establish and maintain a marijuana data dashboard, a slight deviation from the proposal (which assigned this duty to DPHHS). As in the proposal, the draft tasks DPHHS with the composition of a detailed annual report on the impacts of recreational marijuana. Staff offered the committee a "handshake option," where the Legislative Services Division would create a data dashboard without legislation. This option does not include an annual impact report.

CFHHS refined the information included in the dashboard and opted to make content required only when available, to ensure Legislative Services Division did not fall out of compliance due to changes in data publication or sharing.

SJ48 2.1 establishes a marijuana prevention education grant program within DPHHS. The draft included options to fund the program from the marijuana tax state special revenue fund, or from the HEART Fund.

The committee and staff reviewed the potential benefits of shifting from a grant provided by DPHHS to a program managed by the department. Recognizing its decades of experience spearheading tobacco prevention efforts in the state, the committee asked that the second draft house the program within DPHHS. CFHHS opted to fund the program with HEART Fund dollars.

FINDINGS AND RECOMMENDATIONS

Committee discussion recognized that both accepted research and anecdotal testimony demonstrate concerning outcomes for many marijuana users, especially in regard to their mental health.

Early in the study process, the committee acknowledged that Montanans directly legalized recreational marijuana sales through ballot initiative. There was no committee effort to reverse or modify the policy of adult-use recreational marijuana sales in Montana.

Additional findings from the committee.

LEGISLATION

The committee reviewed the first draft of two pieces of provisional draft legislation at its May 2026 meeting. Second drafts were reviewed at the July 2026 meeting. Neither provisional draft has been approved by the committee.

- **SJ48 1** would establish a marijuana data dashboard, housed in the Legislative Services Division. It would require data sharing between Legislative Services, the Department of Revenue, and the Department of Public Health and Human Services. It creates an additional report for DPHHS, an annual recreational marijuana impact report. In tandem with this provisional draft, committee staff presented the "handshake option," which does not require a bill; instead, legislative staff will use available data resources to create a database.
- **SJ48 2** would create a marijuana prevention education program within the Department of Public Health and Human Services, funded by the Healing and Ending Addiction through Recovery and Treatment (HEART) Fund. This fund is supported by marijuana tax revenue.

RECOMMENDATIONS

- **Continue state and federal data collection efforts.** Nationwide sources are a critical tool to monitor changes in substance use. Comparative assessments between Montana, states where marijuana remains illegal, and states with established legal markets can help determine whether changes observed in Montana are the result of legalization itself or of other factors related to legalization, like different regulatory processes.
- **Revisit a study of long-term impacts as soon as 2033, when approximately 10 years of data will be available.** This timeframe accounts for the initial "novelty spike" shortly after legalization, allowing for the stabilization of consumer behavior. With at least 10 years of data, the legislature can identify meaningful trends. More research on the effects of marijuana, including its relationship with psychiatric disorders, may also be available at this time.
- **Focus prevention efforts on people 30 and younger.** Delay age of marijuana initiation to prevent persistent use in adulthood and combat the perception of low risk to minimize use in young adults.
- *Additional recommendations from the committee.*

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SJ 37: INTERIM SURVEY OF BEHAVIORAL HEALTH SERVICES IN MONTANA

SJ 37 directs the assigned committee to survey of the number and geographic distribution of behavioral health services in Montana.

The bulk of staff FTE assigned by the committee was used in the retrieval, analysis, and visualization of information, including health licensure and an interactive map. The committee approved the use of licensure data instead of an independent survey.

STUDY TIMELINE

SEPTEMBER 2025

Jeff Folsom, LCSW, Director of Policy and Special Projects at the Center for Children, Families, and Workforce Development at the University of Montana (the Center), discussed barriers affecting behavioral health providers in Montana and described the evolution of the state's behavioral health system over the past 45 years. He stated that providers who focus on identifying solutions rather than limitations are better positioned to overcome service barriers. He also noted that recent actions by the Legislature and the executive branch have helped reduce barriers through more flexible funding and other policy changes.

Reviewing the results of a recent Montana behavioral health workforce survey, Mr. Folsom reported that 46% of respondents were at high risk of turnover. The Center examined compensation, supportive supervision, and burnout prevention as three potential factors in behavioral health workforce retention:

1. Compensation increased across all surveyed positions over the three-year period, with the largest gains occurring in leadership roles. Survey respondents in most positions consistently reported seeking approximately $10,000 more in annual compensation than they were receiving; however, the survey found that higher wages alone did not significantly reduce employee turnover.
2. Survey findings and feedback from a behavioral health provider work group identified supportive supervision as one of the strongest predictors of employee retention. In response, the Center developed leadership initiatives focused on skills such as emotional regulation, employee recognition, and effective staff support through organizational coaching and leadership training. Adoption of these initiatives was limited, with relatively few organizations implementing the recommendations or participating in the available training.
3. The Center also developed additional workforce support initiatives, including a burnout prevention app. Although providers initially expressed strong interest in these resources, participation and sustained utilization were lower than anticipated.

Mr. Folsom suggested the legislature consider efforts to keep children in-state, so they maintain family and community connections; bolster mental health efforts in schools; and provide in-home supports like respite care for families. He noted that HB76, family peer support legislation developed by CFHHS and passed during the 2025 session, provides in-home support to families.

MAY 2026

Committee staff presented an analysis of behavioral health services in Montana, using facility licensure data, Montana is home to 129 licensed behavioral health-related facilities with approximately 404 secured beds, 247 inpatient behavioral health hospital beds, and more than 4,000 licensed beds across all facility types. Services are concentrated in Montana's larger population centers, while rural areas have limited access to specialized behavioral health care and often rely on long-distance transfers. Adult group homes and lower-acuity services are more geographically dispersed than inpatient psychiatric care, and youth residential treatment services are concentrated in a handful of communities.

There are significant data gaps related to behavioral health providers. Existing licensure data does not identify providers' specialties, practice settings, or geographic service areas, limiting the state's ability to assess workforce capacity.

JULY 2026

The committee reviewed SB 140 (2025), the Social Work Licensure Compact. This is a licensure compact agreement between member states that would allow licensed clinical social workers to practice across state lines without needing separate licenses for each jurisdiction. The Department of Labor and Industry (DLI) presented the legislation, represented by Kevin Bragg, Bureau Chief of the Professional & Occupational Licensing Bureau and Erin Sullivan, DLI's Policy Analyst.

Committee staff also presented an analysis of substance use disorder treatment in Montana.

FINDINGS AND RECOMMENDATIONS

Committee findings.

LEGISLATION

- *Committee legislation.* *(The compact will be added here if the committee requests it as provisional draft legislation.)*

RECOMMENDATIONS

- *Committee recommendations.*

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SJ 13: STUDY RESOLUTION FOR EMERGENCY MEDICAL SERVICES

SJ 13 asks its assigned committee to assess several areas of emergency medical services (EMS), including the current capabilities and future demands in the state, service deserts, and funding.

STUDY TIMELINE

SEPTEMBER 2025

The study began with a meticulous overview of EMS in Montana from DPHHS. Shari Graham, EMS System Manager and licensed paramedic, and Terry Mullins, EMS System Manager reviewed current capabilities, future demands, and risks. Montana has 267 licensed EMS agencies, including ground transport, non-transport, and air medical providers, with a mix of advanced life support and basic life support capabilities. Volunteer services dominate ground ambulance and non-transport EMS services, while all air ambulance services are paid. 911 responses and transports have generally increased since 2019, indicating sustained or growing demand for emergency medical services. Annual 911 responses rose from 103,838 in 2019 to 116,511 in 2024 – an approximately 12% increase. Patient transports increased nearly 20% in the same time period, from 62,312 to 74,655. Interfacility transports remain relatively stable. Forecasts project continued demand on the EMS system.

Maps showed the location of EMS agencies, estimated 25-minute ambulance service areas, and regions identified as underserved based on multiple risk factors. Department staff reviewed workforce data and current federal funding that supports EMS education and workforce development, including grants from the U.S. Departments of Transportation and Health and Human Services.

Public comment from EMS providers and community members noted the challenges of long response times, including delays that result from staffing or resource shortages. Many service areas require that a certain number of ground ambulances remain within the boundaries of the area; while this ensures consistent service within the area, it creates challenges when an acute interfacility transport need arises. Concerned that individual EMS providers may be held liable for long response times beyond their control, the committee requested a legal memo on this issue at its next meeting.

NOVEMBER 2025

The committee's attorney, Emily McKay, reviewed a legal memo assessing if a provider can be held liable when an ambulance arrives late to a medical emergency due to short staffing or resource allocation triage. To hold an EMS provider civilly liable, a plaintiff would have to prove that the EMS provider was negligent, although that is unlikely in a case based solely on delayed response times due to verifiable staffing and resource shortages or triage.

DPHHS responded to committee requests for information on EMS services, including treat no transfer services.

JANUARY 2026

A panel of emergency medical service providers explained the unique perspectives of paid urban ground ambulance, air ambulance, and volunteer rural fire and rescue services:

Don Whalen, Manager of Missoula Emergency Services (MESI) and President of the Montana Ambulance Association (MTAA) detailed the evolution of EMS, provider certification levels, and the role ambulance services play within the broader healthcare system, including lift assistance and treat-no-transport services that prevent unnecessary emergency department visits. The presentation described the personnel, equipment, and financial resources required to operate ambulance services, using MESI as an example of staffing and operational capacity. He discussed ambulance reimbursement, presenting examples of payer mixes that show a large proportion of patients are covered by Medicare and Medicaid, along with commercial insurance, veterans' benefits, and self-pay or uninsured patients. The presentation emphasized the costs associated with maintaining ambulance readiness and providing emergency medical services throughout Montana.

Dominic Pomponio, Regional Vice President of Life Flight Network stated that the air ambulance service transports more than 1,700 critically ill or injured Montanans each year, with approximately 18.9% of patients covered by Medicaid. Current Medicaid reimbursement does not cover the cost of providing air ambulance services. Citing a 2022 Guidehouse rate study, he noted that Montana's Medicaid reimbursement for air ambulance services is below Medicare rates and lower than many neighboring states. Life Flight Network requested that Montana increase Medicaid reimbursement for all ambulance services to 84% of Medicare rates, and air ambulance services to 90% of Medicare rates.

Rich Cowger, Fire Chief of Columbus Fire Rescue (CFR), noted that EMS service is a national issue; however, Montana's vast geography presents additional challenges, and ambulance deserts will continue to exist in some areas due to the distances EMS providers must travel. Columbus, like many small communities throughout Montana, combined its volunteer fire, EMS, and rescue services, creating efficiencies and reducing competition for volunteers from the same limited pool. Approximately 80% of calls received by combined departments are EMS-related, compared to 20% involving fire response.

Staffing for Adequate Fire and Emergency Response (SAFER) grants provided funding for paid EMS staffing in Columbus, ensuring adequate staff coverage to respond to EMS calls. When grant funding ended, CFR sought a sustainable local funding solution. He noted that the Montana Code Annotated provides clear authority for fire funding but contains less specific guidance for EMS funding. Columbus created an EMS district that includes Columbus and surrounding communities served by CFR. Voters approved the EMS district levy in 2017; this provides a consistent funding base for services, although the district falls under the broader category of a special district in statute. Chief Cowger highlighted county-wide EMS funding models as another potential approach, noting that Flathead County collects an EMS tax that is distributed amongst EMS providers throughout the county. As a potential statewide solution, he suggested that Montana law could specifically authorize the creation of EMS districts, similar to existing provisions for fire districts, to provide communities with a dedicated and sustainable mechanism for funding emergency medical services.

MARCH 2026

Staff from the Montana Emergency Communications Program within the Department of Justice presented on the statewide public safety communications network. Laura Schultz, Administrator, and Jamin Howell, Technical Manager presented two maps that illustrate the network in 2024 and after an expansion of the system intended to

improve radio coverage and network connectivity across Montana. The expanded, trunked network allows for seamless, interoperable communication between local, county, and state emergency services, including fire, law enforcement, and medical services.

JULY 2026

The committee reviewed the standard language of the Emergency Medical Services Compact, a licensure compact agreement between member states that would allow licensed EMS professionals to practice across state lines without needing separate licenses for each jurisdiction. Donnie Woodyard, Jr., Executive Director of the Interstate Commission for EMS Personnel Practice, presented the language.

FINDINGS AND RECOMMENDATIONS

EMS coverage is more continuous in and around larger communities and along major transportation corridors; rural and frontier areas fall outside of a 25-minute service area. Distribution of the public safety communications system echoes this pattern. Though there is operational coverage throughout most of the state, mountainous areas and large rural regions have comparatively limited radio coverage. Challenging terrain and low population density create difficulties with EMS service delivery.

During public comment, there was broad support for designating EMS as an essential service; however, commenters provided limited specificity regarding what an essential service designation should require, establish, or change in practice. Montana currently does not have a statewide essential services framework for EMS, leaving questions regarding the potential implications for funding, service expectations, provider responsibilities, and local government authority. Other states have established essential service models with varying approaches:

- Connecticut General Statutes §19a-181b requires municipalities to establish local EMS plans. Each plan details mutual aid and other agreements, primary service area responders, public safety answering points, basic and advanced life support entities, and other information. Plans are reviewed by the regional emergency medical services council.
- Washington provides statutory authority for local EMS systems in RCW 35.21.766. In the "Notes" section, the legislative intent declares that EMS is an essential service; however, this language is not codified.

Montana's "unfunded mandate" laws prohibit the Legislature from enacting legislation "that requires a local government unit to perform an activity or provide a service or facility that requires the direct expenditure of additional funds and that is not expected of local governments in the scope of their usual operations," unless the legislation provides "a specific means to finance the activity, service, or facility other than a mill levy" (1-2-112, MCA). Proposed legislation that requires the expenditure of a substantial amount by local governments must expressly state that the proposed law supersedes the unfunded mandate laws in the title of the bill, unless those mandates are required of local governments as a matter of constitutional law or federal statute, or are considered necessary for the operation of local governments. Legislation that requires local governments to provide EMS, including any legislation that establishes an "essential service" framework, must consider Montana's unfunded mandate laws.

Additional committee findings.

LEGISLATION

- *Committee legislation. (The compact will be added here if the committee requests it as provisional draft legislation.)*

RECOMMENDATIONS

- **Remain mindful of unfunded mandate laws** when considering legislation that requires local governments to provide emergency medical services.
- *Committee recommendations.*

SJ 49: STUDY OF YOUTH AND FAMILY BEHAVIORAL HEALTH PREVENTION

SJ 49 directed the assigned committee to "undertake a comprehensive review of the elements of Montana's behavioral health prevention programs, including systems serving youth and families." The Behavioral Health Advisory Council, housed within DPHHS, offered to undertake the review. Staff FTE assigned to this study provided only for minimal contact with BHAC staff, including organizing one presentation from a BHAC representative. The presentation is tentatively set for September 2026.

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APPENDIX A:
CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES INTERIM COMMITTEE MEMBERS

Before the close of each legislative session, House and Senate leadership appoint lawmakers to interim committees. The members of the Children, Families, Health, and Human Services Interim Committee, like most other interim committees, serve one 20-month term. Members who are reelected to the Legislature, subject to overall term limits and if appointed, may serve again on an interim committee. This information is included in order to comply with 2-15-155, MCA.

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APPENDIX B:
MARIJUANA USE IN PAST YEAR (ADULTS 18+)

Year	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Montana	12.97%	11.99%	13.02%	13.89%	12.06%	11.95%	11.90%	14.39%	15.98%	15.75%
United States	10.24%	10.11%	10.11%	10.05%	9.94%	9.97%	10.61%	11.22%	11.27%	11.62%
West	11.37%	10.79%	10.95%	10.94%	10.79%	11.27%	12.25%	13.17%	13.46%	13.83%

2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	*2021-2022**	2022-2023
15.78%	14.13%	15.45%	18.54%	19.86%	20.07%	20.44%	*26.87%*	30.24%
12.22%	12.87%	13.41%	13.85%	14.73%	15.77%	17.10%	*21.43%*	22.94%
14.55%	15.24%	15.75%	16.80%	18.64%	20.14%	21.23%	*25.32%*	26.35%

**2021-2022 not comparable to previous years due to changes in NSDUH methodology.*

Data from: NSDUH State Estimates, Substance Abuse and Mental Health Services Administration, https://datatools.samhsa.gov/saes/state. Accessed 12/30/2025

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