

PRESENTATION TO THE 2025 HEALTH AND HUMAN SERVICES JOINT APPROPRIATIONS SUBCOMMITTEE

PUBLIC HEALTH AND SAFETY DIVISION

Public Health and Community
Affairs Practice

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OVERVIEW

Since the first state board of health was established by the 7th Montana legislature in 1901, public health has worked to protect and improve the health of Montanans. Public health aims to strengthen prevention and control efforts to promote the health and well-being of Montanans, increase health equity, increase access to timely, affordable, adequate health services, and improve public health system capacity. Staff in the Public Health and Safety Division (PHSD), local and tribal health departments, and other vital partners work toward these goals by implementing activities to prevent and control disease outbreaks; ensure clean indoor air, safe drinking water, and food; provide programs and services to support healthy living; ensure community emergency preparedness; and respond to emerging threats. Through the implementation of public health initiatives over this past century, life expectancy has increased by approximately 30 years. It has been accompanied by significant reductions in death rates due to disease and injury.

The mission of PHSD is to protect and improve the health of Montanans by advancing conditions for healthy living.

PHSD leads the state's public health efforts and provides state-level coordination and funding of critical public health services to support the health and well-being of communities. Public health programs and services are delivered in communities across the state by PHSD partners, including local and tribal health departments, health systems, community health centers, hospitals, community-based organizations, and various other organizations. The work of public health impacts the daily lives of all Montanans.

PHSD employs 218 Positions Budgeted (PB), with an annual budget of approximately 48 million dollars.

SUMMARY OF MAJOR FUNCTIONS

PHSD houses the core organizational components of public health (excluding maternal and child health): chronic and communicable disease prevention and control, public health emergency preparedness, public health planning, capacity and development, emergency medical services, trauma and injury prevention programs, the public health and environmental laboratories, and the office of vital records.

LABORATORY SERVICES

Montana's clinical public health and environmental laboratories provide testing to support newborn screening for metabolic disorders, infectious disease investigations, clean drinking water, and disease prevention and control efforts statewide. Residents and providers from the 58 local and tribal health jurisdictions around the state can

submit samples for laboratory testing services, including surveillance. The types of laboratory tests performed include diagnostic testing in support of disease control programs (such as for tuberculosis and HIV), enteric disease testing in support of outbreak investigations (such as Salmonella and Shiga-toxin-producing E. coli), surveillance testing in support of public health surveillance programs used to monitor disease trends (such as influenza, COVID, antimicrobial resistant bacteria), select agent testing in support of public health threats (such as tularemia, plague, and anthrax), and environmental testing in support of clean drinking water (such as for bacterial contamination and heavy metals). In addition, a newborn screening panel is performed for the approximately 12,000 babies born in Montana annually. The panel tests for 33 metabolic and genetic conditions, which helps provide early detection of potentially fatal or disabling conditions.

During the 2025 biennium, the Laboratory Services Bureau (LSB) has undertaken a comprehensive modernization effort to enhance its laboratory capabilities. The LSB has been working hard to expand its laboratory testing and emergency response capacity. Hence, they are in a better position to respond to public health threats rapidly and efficiently in Montana. This includes a new state-of-the-art laboratory information system that provides a platform for electronic test requests and results, the acquisition of new instrumentation, and an extensive remodel that provides additional laboratory space for public health emergency response.

FINANCIAL OPERATIONS AND SUPPORT SERVICES

The Financial Operations and Support Services Bureau (FOSSB) provides financial and contract management for PHSD and oversees the Office of Vital Records (OVR). FOSSB manages a budget of over \$48 million, sourced from the general fund, state special revenue, federal funds, and private foundations.

The OVR maintains vital event registration and reporting for all Montana counties. It collects birth, death, adoption, marriage, marital termination, and paternity information and provides access to birth and death records. The OVR also develops and maintains statistical information and provides data and reports for county, tribal, state, and federal agencies, as well as various other data users statewide.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

The Communicable Disease Control and Prevention Bureau (CDCPB) includes the Immunization, Sexually Transmitted Disease (STD)/Human Immunodeficiency Virus (HIV), Environmental Health and Food Safety (EFHS), and Public Health Emergency Preparedness (PHEP) sections. The STD and HIV section works with local and tribal health departments and other partners to prevent and control outbreaks of sexually transmitted infections and diseases such as chlamydia, gonorrhea, and syphilis and to provide health and preventive services to under and uninsured persons living with HIV. From 2023 through October 2024, state and local public health agencies identified and responded to 9,157 reportable sexually transmitted infections and diseases. In addition,

the STD and HIV section responded to 32 cases of congenital syphilis in infants, marking an increase of 850% between 2020 and 2023. The immunization section implements activities to increase and maintain high immunization rates and address vaccine-preventable diseases among children, adolescents, and adults. The immunization section works closely with over 250 Vaccines for Children (VFC) providers to provide no-cost vaccines to eligible children. In 2023, over 150,000 doses of VFC were delivered throughout Montana.

The EHFS section licenses and tracks inspections for over 16,000 public establishments, including hotels, restaurants, and swimming pools, to ensure safe operations and prevent injury and the spread of infectious diseases and other illnesses. EHFS monitors the frequency and quality of mandated inspections and ensures that requirements and rules regulating businesses are reasonable and necessary for public safety.

The PHEP section assists in coordinating planning and response operations for emergencies and disasters with local and tribal public health departments and hospitals. Its mission is to promote preparedness in Montana through partnerships, innovation, and service. Essential elements such as incorporating training opportunities, developing exercises, and cultivating relationships will help prepare public health for the next emergency.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The Chronic Disease Prevention and Health Promotion Bureau (CDPHPB) protects and improves the health of Montanans in all stages of life by promoting healthy lifestyles through regular physical activity, nutrition, freedom from commercial tobacco/nicotine, and evidence-based disease self-management. CDPHPB does this through clinical preventive services (e.g., cancer screening and tobacco cessation counseling) and community programs for chronic disease prevention and self-management. CDPHPB programs also focus on improving outcomes for asthma, arthritis, cancer, cardiovascular disease, diabetes, and disabilities.

CDPHPB addresses acute injury prevention and response through the Emergency Medical Services (EMS), Trauma, and Injury Prevention programs. The EMS Program licenses EMS services across the state and provides coordination and training to ensure statewide access to high-quality EMS services. The Trauma Program oversees trauma hospital designation and collaborates with facilities statewide to improve trauma care. The Injury Prevention Program works with state and community partners to address leading causes of injury-related morbidity and mortality through activities designed to prevent falls, prescription and illicit drug abuse, and poisoning.

EPIDEMIOLOGY AND SCIENTIFIC SUPPORT

The Epidemiology and Scientific Support Bureau (ESSB) conducts disease surveillance and control activities for infectious diseases, provides infection control and prevention

expertise to healthcare facilities throughout the state, maintains several core public health surveillance systems, and leads efforts to modernize public health data systems throughout the PHSD. The bureau assists with investigating reports of infectious conditions, outbreaks, and novel events. The bureau also works with health care providers and local and tribal public health agencies to implement proper treatment and infection control practices to prevent additional illnesses. The ESSB also conducts infection prevention and control assessments in healthcare facilities and provides technical assistance for outbreak response in these facilities. Over the biennium (January 2023 through October 2024), state, local, and tribal public health departments identified and responded to over 6,836 cases of reportable conditions, including 299 outbreaks that sickened at least 4,832 people. These numbers exclude cases of COVID-19 and sexually transmitted infections (e.g., chlamydia, gonorrhea, or syphilis).

In addition, ESSB works to reduce, eliminate, and prevent exposures to toxic substances across Montana. Working with the Montana Department of Environmental Quality, the Environmental Protection Agency, and the Centers for Disease Control and Prevention, the Toxicology and Environmental Public Health Section evaluates state and federal hazardous waste sites to determine whether communities could be harmed. This section also implements activities to increase blood lead screening and strategies to reduce and eliminate lead exposure among children.

PUBLIC HEALTH PLANNING, CAPACITY AND WORKFORCE

The Public Health System Improvement Office (PHSIO) provides funding and technical assistance to state, local, and tribal public health departments to improve health department operations, community health improvement planning, workforce development, and performance management. The PHSIO implements and monitors the public health system improvement plan and the public health workforce development plan. The PHSIO works with the National Public Health Accreditation Board to promote and assist health departments in achieving National Public Health Accreditation.

Montana has seven accredited health departments, and many more working towards nationally accredited status. DPHHS public health programs achieved national accreditation from the Public Health Accreditation Board in 2016.

Over the past biennium, the Centers for Disease Control and Prevention awarded DPHHS over \$15 million through the Public Health Infrastructure Grant. With this five-year grant, the PHSIO supports 38 positions at local health departments, provides training and education opportunities, supports community health improvement planning, and modernizes public health data systems.

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2025 BIENNIUM

EMERGENCY MEDICAL SERVICES, TRAUMA, AND INJURY PREVENTION: IMPROVED COMMUNICATION AND REDUCED BURDEN

Improved communication with stakeholders and the public by replacing static annual reports with web-based dashboards, including:

- [EMS Quality Improvement Dashboard](#)
- [Montana Trauma Registry Dashboard](#)
- [Violent Death Reporting System Dashboard](#)
- [Injury and Overdose Indicators Dashboard](#)

In accordance with the Regulative Reform Initiative criteria, EMS reduced regulatory burden by shortening and simplifying EMS Service Licensing rules and making them more user-friendly for emergency medical service providers. Many regulations had not been updated since the 1990s and no longer reflected industry best practices and federal standards. The updated rules decreased unnecessary regulatory barriers while maintaining requirements for the safe operation of emergency medical services.

MONTANA DIABETES PROGRAM: INCREASED ACCESS TO SELF- MANAGEMENT EDUCATION AND SUPPORT SERVICES

As a part of the PHSD's work to increase access to services, the Montana Diabetes Program (MDP) has worked with partners and healthcare systems to improve access to diabetes self-management education and support (DSMES) services across the state. DSMES is a program for people with diabetes to gain the knowledge and skills necessary to manage their diabetes and related conditions and to prevent complications. Through this work, the MDP partnered with the Association of Diabetes Care and Education Specialists (ADCES) to establish a statewide DSMES Umbrella Program. As an umbrella program, the MDP serves as a site sponsor to help current or new programs build the capacity to deliver DSMES services by providing technical assistance and administrative support. The Montana Diabetes Education and Accreditation (MT DEAP) Umbrella Program was established in July of 2022 as a resource to help sites achieve accreditation, increase sustainability, and improve access to services for priority populations and underserved areas.

Since implementing the MT DEAP Umbrella program, the MDP has provided support and assistance for six sites. These sites have now achieved recognition under the program, thereby increasing access to programs and services in several rural areas across the state and generating revenue for the covered organizations.

MONTANA TOBACCO USE PREVENTION PROGRAM: REDUCED CIGARETTE SMOKING RATES

The mission of the Montana Tobacco Use Prevention Program is to address the public health crisis caused by all forms of commercial tobacco product use. Montana has made significant progress in reducing the prevalence of cigarette smoking in the state. Current cigarette smoking is at an all-time low for adults statewide (12 percent) as well as for American Indian adults (25%) (*Data source: Montana Behavioral Risk Factor Surveillance System, 2023*). Cigarette smoking among Montana youth also continues to decline; only seven percent of Montana high school students reported currently smoking cigarettes in 2023. (*Data source: Montana Youth Risk Behavior Survey, 2023*).

Work remains, however, to reduce overall tobacco product use and the use of new and emerging tobacco products, such as e-cigarettes and oral nicotine pouches. More than one quarter (26%) of Montana adults currently use at least one type of tobacco product (*Data source: Montana Behavioral Risk Factor Surveillance System, 2023*). E-cigarettes continue to be the most used tobacco product among youth in Montana, with 24% of high school students currently using the products compared to 6% of adults aged 25 and older (*Data source: Montana Behavioral Risk Factor Surveillance System, 2023, and Montana Youth Risk Behavior Survey, 2023*).

MODERNIZATION OF THE PUBLIC HEALTH DATA INFRASTRUCTURE

The PHSD embarked on a multi-year effort to modernize the public health data infrastructure from an outdated and siloed system to a connected, scalable, and adaptable response-ready system. The pandemic demonstrated that Montana's public health data systems could not keep pace with the volume of data coming into the department. The systems were challenged to produce timely information needed by the public and decision-makers to make informed decisions. The PHSD has invested \$13.3 million through federal cooperative agreements to automate clinical and laboratory reporting, exchange data between states, ensure interoperability among core public health data systems, and upgrade systems with modern technology. Modernization efforts have focused on data systems used for infectious disease response, administration of immunizations, laboratory test orders and results, and recording vital events (e.g., births and deaths). Modernizing the public health data and surveillance infrastructure will ensure that state, local, and tribal health departments have access to complete and timely information when making decisions to protect the public's health.

RESPONDING TO INFECTIOUS DISEASE OUTBREAKS

From January 2023 through October 2024, 299 infectious disease outbreaks were reported to public health, two-and-one-half times greater than the 80 outbreaks reported from 2021 to 2022. This increase was partly driven by improved reporting of outbreaks occurring in healthcare facilities, thanks to the PHSD infection prevention team established in 2021.

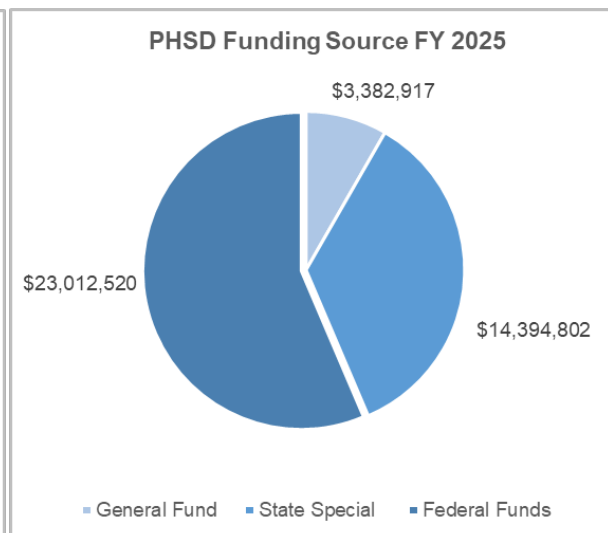
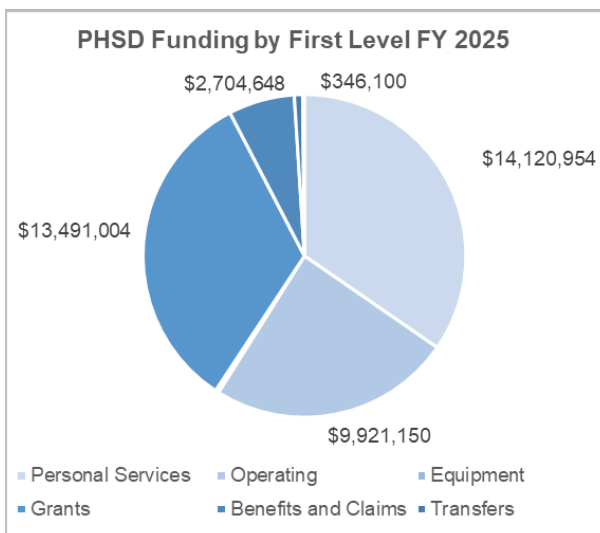
Outbreak response requires swift and coordinated responses among epidemiology, infection control, laboratory, and sanitarian staff working at the PHSD, along with staff from local and tribal health departments and other state and federal agency partners. For example, foodborne outbreaks and outbreaks in healthcare facilities can require extended, resource-intensive responses.

A 2024 outbreak of Shiga toxin-producing *E. coli* (STEC) caused by the consumption of ground beef served at several Montana restaurants sickened 23 people from 11 states, including nine hospitalizations and one death. The Montana Department of Livestock issued a recall of the contaminated meat based on evidence collected through the public health investigation and meat testing conducted by the Montana Public Health Laboratory.

In 2023, two outbreaks of group A *Streptococcus* among residents living in long-term healthcare facilities sickened 14 people, including three deaths. Control of these outbreaks required collecting and testing specimens from 275 residents and healthcare personnel over a four- to ten-month period. It required a meticulous review of the infection control practices at these healthcare facilities by the infection control team at the PHSD.

FUNDING AND POSITIONS BUDGETED (PB) INFORMATION

PUBLIC HEALTH & SAFETY	FY 2025 BUDGET	FY 2026 REQUEST	FY 2027 REQUEST
PB	153.75	153.75	153.75
Personal Services	\$14,120,954	\$13,949,250	\$13,977,071
Operating	\$9,921,150	\$9,918,772	\$9,919,543
Equipment	\$141,821	\$141,821	\$141,821
Local Assistance	\$0	\$0	\$0
Grants	\$13,491,004	\$12,785,854	\$12,785,949
Benefits and Claims	\$2,704,648	\$2,704,648	\$2,704,648
Transfers	\$346,100	\$346,100	\$346,100
Debt Services	\$64,562	\$64,562	\$64,562
TOTAL COSTS	\$40,790,239	\$39,911,007	\$39,939,694
	FY 2025 BUDGET	FY 2026 REQUEST	FY 2027 REQUEST
General Fund	\$3,382,917	\$3,357,262	\$3,324,954
State Special Fund	\$14,394,802	\$14,441,694	\$14,433,171
Federal Fund	\$23,012,520	\$22,112,051	\$22,181,569
TOTAL FUNDS	\$40,790,239	\$39,911,007	\$39,939,694



CHANGE PACKAGES

PRESENT LAW ADJUSTMENTS

SWPL 1 – PERSONAL SERVICES

The budget includes a reduction of \$171,704 in FY 2026 and \$143,883 in FY 2027 to annualize various personal services costs including FY 2025 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	(\$24,865)	\$46,892	(\$193,731)	(\$171,704)
FY 2027	(\$57,429)	\$38,369	(\$124,823)	(\$143,883)
Biennium Total	(\$82,294)	\$85,261	(\$318,554)	(\$315,587)

SWPL 3 – INFLATION DEFLATION

This change package includes a reduction of \$2,378 in FY 2026 and \$1,607 in FY 2027 to reflect budgetary changes generated from the application of deflation to state motor pool accounts.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	(\$790)	\$0	(\$1,588)	(\$2,378)
FY 2027	(\$534)	\$0	(\$1,073)	(\$1,607)
Biennium Total	(\$1,324)	\$0	(\$2,661)	(\$3,985)

NEW PROPOSALS

NP 7001 - REALIGN APPROPRIATION FOR RYAN WHITE ADAP

This new proposal reduces the appropriation of federal funds for the Ryan White ADAP Shortfall fund to align appropriation with anticipated expenditures. This change package requests a reduction of \$1,410,205 in federal funds over the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2026	\$0	\$0	(\$705,150)	(\$705,150)
FY 2027	\$0	\$0	(\$705,055)	(\$705,055)
Biennium Total	\$0	\$0	(\$1,410,205)	(\$1,410,205)