



**MONTANA  
ADMINISTRATIVE  
REGISTER**



**DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**

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**NOTICE OF PROPOSED RULEMAKING**

**MAR NOTICE NO. 2025-526.1**

**Summary**

Amendment of ARM 37.81.304 pertaining to the Big Sky Rx Program

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**Hearing Date and Time**

Thursday, August 14, 2025, at 9:00 a.m.

**Virtual Hearing Information**

Join Zoom Meeting- <https://mt-gov.zoom.us/j/87539203380?pwd=3MI8nHoD4CB3DIJkmJJdYt6oUapbhB.1>

Meeting ID: 875 3920 3380 and Password: 827847

Dial by Telephone +1 646 558 8656

Meeting ID: 875 3920 3380 and Password: 827847

Find your local number: <https://mt-gov.zoom.us/j/87539203380?pwd=3MI8nHoD4CB3DIJkmJJdYt6oUapbhB.1>

**Comments**

Concerned persons may submit their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may be submitted using the contact information below. Comments must be received by Friday, August 22, 2025, at 5:00 p.m.

## Accommodations

The agency will make reasonable accommodations for persons with disabilities who wish to participate in this rulemaking process or need an alternative accessible format of this notice. Requests must be made by Thursday, July 31, 2025, at 5:00 p.m.

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## Contact

Bailey Yuhas  
(406) 329-7913  
hhsadminrules@mt.gov  
Fax: (406) 444-9744

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## Rulemaking Actions

### AMEND

The rule proposed to be amended is as follows, stricken matter interlined, new matter underlined:

#### **37.81.304 AMOUNT OF THE BIG SKY RX BENEFIT**

- (1) An applicant eligible for the Big Sky Rx PDP premium assistance may receive a benefit not to exceed ~~\$42.20~~ \$50.60 per month. The benefit amount will not exceed ~~\$42.20~~ \$50.60 regardless of the cost of the premium for the PDP the individual chooses.
  - (a) If a portion of the applicant's PDP premium is paid through the Extra Help Program, the Big Sky Rx Program will pay the applicant's portion of the PDP premium up to ~~\$42.20~~ \$50.60 per month.
  - (b) Big Sky Rx does not pay for the cost of an enrollee's drugs or the cost of an enrollee's deductible, coinsurance, or copayments.
  - (c) All expenditures are contingent on legislative appropriation. The amount of the monthly benefit, ~~\$42.20~~ \$50.60, extends the Social Security Extra Help benefit amount to Montana residents with income up to 200% FPL. The department's total expenditure for the program will be based on appropriation and the number of enrolled applicants.

**Authorizing statute(s):** 53-2-201, 53-6-1004, MCA

**Implementing statute(s):** 53-2-201, 53-6-1001, 53-6-1004, 53-6-1005, MCA

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### **General Reasonable Necessity Statement**

The Department of Public Health and Human Services (department) proposes to amend ARM 37.81.304 to increase the maximum amount the Big Sky Rx program contributes toward the monthly premium for eligible enrollees of the Medicare Prescription Drug Plan (PDP).

The department is proposing to increase the maximum benefit from \$42.20 per month to \$50.60 per month to align with the 2025 Low Income Subsidy (LIS) monthly benefit benchmark established by the Centers for Medicare & Medicaid Services (CMS) and published at: <https://www.cms.gov/files/document/regional-rates-and-benchmarks-2025.pdf>. The Big Sky Rx program follows the LIS premium benchmark to ensure a reasonable and prudent monthly benefit for enrolled members. This proposed benefit adjustment is necessary to ensure the Big Sky Rx benefit aligns with the LIS benchmark set by CMS.

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### **Effective Date**

The department intends to apply this rule amendment retroactively to January 1, 2025.

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### **Small Business Impact**

Pursuant to 2-4-111, MCA, the agency has determined there is no class or group of small businesses affected by the proposed rule amendment and that the proposed rule will not have a significant and direct effect upon small businesses.

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### **Fiscal Impact**

This rule proposal will affect 877 persons enrolled in the Big Sky Rx Program by increasing the amount of monthly assistance by \$8.40. This rule proposal will increase the state special fund spending by \$7,366.80 per month or \$88,401.60 on an annual basis.

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### **Interested Persons**

The department maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by the department. Persons who wish to have their name added to the list shall make a written request that includes the name, e-mail, and mailing address of the person to receive notices and specifies for which program the person wishes to receive

notices. Notices will be sent by e-mail unless a mailing preference is noted in the request. Such written request may be emailed, mailed or otherwise delivered to the contact person above.

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### **Bill Sponsor Notification**

The bill sponsor contact requirements do not apply.

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### **Rule Reviewer**

Robert Lishman

### **Approval**

Charles T. Brereton, Director  
Department of Public Health and Human Services