FISCAL NOTE

Bill #: HB0110 **Title:** Limit worker liability for subsequent medical visits

Primary Sponsor: Lange, M **Status:** As Introduced

Sponsor signature Date Chuck Swysgood, Budget Director Date

Fiscal Summary

	FY 2004 Difference	FY 2005 Difference
Expenditures:		
General Fund	$0	$0
Revenue:		
General Fund	$0	$0
Net Impact on General Fund Balance:	$0	$0

- ☐ Significant Local Gov. Impact
- ☐ Included in the Executive Budget
- ☐ Dedicated Revenue Form Attached
- ☒ Technical Concerns
- ☐ Significant Long-Term Impacts
- ☐ Needs to be included in HB 2

Fiscal Analysis

ASSUMPTIONS:

1. There is no fiscal impact associated with this proposed legislation.
2. After the initial visit to a medical service provider, the worker would be responsible for 20 percent, not to exceed $10, of the cost of each subsequent visit.
3. The co-pay does not apply if the visit is to a medical service provider in a managed care organization or preferred provider organization, as requested by the insurer.
4. Montana State Fund predominately utilizes managed care organizations and preferred provider organizations for delivery of services from medical providers.
5. The maximum $200 co-payment as provided for in Section 1 amending 39-71-704 (7)(a) and (b), MCA, would not have a material impact on Montana State Fund.

TECHNICAL NOTES:

1. Section 2 provides for an immediate effective date and applicability to "to claims for treatment filed on or after [the effective date of this act]." Instead of saying "claims for treatment", it would appear more appropriate to either refer to treatments or services rendered after the effective date, **or** to claims for benefits filed on or after the effective date. The phrase "claims for treatment filed" appears ambiguous.