

HOUSE BILL NO. 246
INTRODUCED BY D. KOTTEL

A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING DISCLOSURE WHEN A PREFERRED PROVIDER ORGANIZATION USES SERVICES FROM A HEALTH PROFESSIONAL OUTSIDE THE NETWORK; ASSIGNING COSTS WHEN OUT-OF-NETWORK REFERRALS ARE NOT DISCLOSED; AND PROVIDING A DELAYED EFFECTIVE DATE."

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

NEW SECTION. Section 1. Disclosure of services by provider outside network -- liability. (1) A preferred provider organization shall:

(a) disclose to the insured or subscriber when a health care professional outside the network will be performing services ordered by a provider within the preferred provider network;

(b) offer to refer the insured or subscriber to a member of the network, if one is available, for the services required; and

(c) obtain the insured's or subscriber's consent for receiving nonemergency services of the out-of-network provider.

(2) A preferred provider organization that fails to meet the requirements of subsection (1) is liable for the difference in costs to the insured or subscriber for any amount of the service that is not covered by the health care insurer.

NEW SECTION. Section 2. Codification instruction. [Section 1] is intended to be codified as an integral part of Title 33, chapter 22, part 17, and the provisions of Title 33, chapter 22, apply to [section 1].

NEW SECTION. Section 3. Effective date. [This act] is effective on January 1, 2008.

- END -

