

HOUSE BILL NO. 400

INTRODUCED BY G. HERTZ

A BILL FOR AN ACT ENTITLED: "AN ACT REVISING THE PATIENT'S RIGHT TO KNOW THE COSTS OF MEDICAL PROCEDURES ACT; REQUIRING HEALTH CARE PROVIDERS AND HEALTH CARE FACILITIES TO PROVIDE CERTAIN PRICE INFORMATION TO PATIENTS; PROVIDING PENALTIES FOR FAILURE TO PROVIDE THE INFORMATION; PROVIDING DEFINITIONS; AMENDING SECTIONS 50-4-504, 50-4-511, AND 50-4-512, MCA; AND PROVIDING AN EFFECTIVE DATE."

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

Section 1. Section 50-4-504, MCA, is amended to read:

"50-4-504. Definitions. As used in this part, the following definitions apply:

(1) "Billed charge" means the total dollar amount that is charged by a health care provider or health care facility for health care provided to a patient and that the provider or facility will accept as payment in full, regardless of payer type and regardless of the anticipated amount of net revenue to be received or the anticipated source of payment.

(2) "Chargemaster" means a comprehensive uniform schedule of charges represented by a health care provider or health care facility as the gross billed charges for a given service or item, regardless of payer type.

(3) "Health care" means any procedure, service, or course of treatment provided to a patient by a health care provider or health care facility. The term includes both physical health care and mental health care.

(4) "Health care facility" or "facility" has the meaning provided in 50-4-605.

(5) "Health care provider" or "provider" means a person an individual who is licensed, certified, or otherwise authorized by the laws of this state to provide health care in the ordinary course of business or practice of a profession.

(6) "Health insurer" means any health insurance company, health service corporation, health maintenance organization, insurer providing disability insurance as described in 33-1-207, and to the extent permitted under federal law, any administrator of an insured, self-insured, or publicly funded health care benefit plan offered by public and private entities."

1           **Section 2.** Section 50-4-511, MCA, is amended to read:

2           **"50-4-511. Legislative purpose.** The purpose of 50-4-510 through 50-4-512 is to provide health care  
3 consumers with better information on and control over the cost of their medical care and to introduce elements  
4 of competition into the marketplace."  
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6           **Section 3.** Section 50-4-512, MCA, is amended to read:

7           **"50-4-512. Disclosures required of health care providers and health care facilities.** (1) Within 5 days  
8 of receiving a request, a health care provider or health care facility shall make available to a patient or patient's  
9 agent, in written or electronic form, the most recent chargemaster used by the provider or facility. If the provider  
10 or facility does not use a chargemaster, the provider or facility shall provide the billed charges for each health care  
11 service or item offered by the provider or facility.

12           (2) Health care providers and health care facilities shall publish and make available to the public, in  
13 written or electronic form, the billed charges for the 100 most common inpatient and 100 most common outpatient  
14 health care procedures and services as grouped by medicare diagnostic-related group.

15           ~~(1)(3)~~ (a) Upon request of a patient or a patient's agent, a health care provider, ~~outpatient center for~~  
16 surgical services, clinic, or hospital or health care facility shall provide the patient or the patient's agent with its  
17 the estimated billed charge, including all applicable current procedural terminology codes, for a ~~all~~ health care  
18 service or course services or courses of treatment sought by a patient that exceeds \$500. The estimate must be  
19 provided for a service that a patient is receiving or has been recommended to receive. The estimate must be  
20 provided at the time the service is scheduled or within ~~40~~ 5 business days of the patient's or agent's request.

21           ~~(2)(b)~~ (b) The patient or patient's agent may request that the information required under this section be  
22 provided in writing or electronically.

23           ~~(3)(c)~~ (c) The estimated ~~charge~~ billed charges:

24           ~~(a)(i)~~ (i) must represent a good faith effort to provide accurate information to the patient or the patient's  
25 agent;

26           ~~(b)(ii)~~ (ii) is ~~are~~ not a binding contract upon the parties; and

27           ~~(c)(iii)~~ (iii) is ~~are~~ not a guarantee that the estimated amount will be the charged amount or will account for  
28 unforeseen conditions.

29           (d) This section does not apply to emergency medical services provided for the treatment of an emergent  
30 medical condition.

1 (e) When providing the estimate, the provider or facility shall provide the patient or the patient's agent  
2 with contact information for the provider's or facility's billing office.

3 (4) A health care provider or health care facility shall advise a patient of the patient's rights under this  
4 section:

5 (a) at the time the health care services are scheduled, either in writing or orally;

6 (b) if any correspondence is delivered to the patient prior to receiving health care, in writing or  
7 electronically; and

8 (c) by posting a notice, prominently displayed, in the provider's or facility's waiting room and billing office.

9 (5) A health care provider or health care facility shall inform the patient if services of other providers or  
10 facilities may be necessary to complete the required health care procedure or treatment and indicate that the  
11 estimate of the billed charges must be obtained from those providers and facilities separately.

12 (6) A health care provider or health care facility that does not make a disclosure required by this section  
13 prior to providing health care to a patient is prohibited from:

14 (a) transferring or selling to a third party the right to collect any billed charges that may otherwise be  
15 owed by the patient for the health care received;

16 (b) furnishing adverse information to a consumer reporting agency regarding any billed charges that may  
17 otherwise be owed by the patient for the health care received;

18 (c) taking any other action that may impair the credit rating of the patient; or

19 (d) attempting to collect from the patient through litigation or another means the billed charges that may  
20 otherwise be owed by the patient for the health care received.

21 (7) The provisions of this section may not be waived, voided, or nullified by a contract or an agreement  
22 between a health care provider or a health care facility and a patient."

23

24 **NEW SECTION. Section 4. Effective date.** [This act] is effective July 1, 2017.

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