

1 \_\_\_\_\_ BILL NO. \_\_\_\_\_

2 INTRODUCED BY \_\_\_\_\_  
3 (Primary Sponsor)

4 A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING CERTAIN AGREEMENTS BETWEEN INSURERS  
5 AND HEALTH CARE PROVIDERS; PROVIDING DEFINITIONS; AND PROVIDING AN APPLICABILITY  
6 DATE."

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

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10 NEW SECTION. Section 1. Prohibited agreements. (1) An agreement between an insurer and a  
11 health care provider may not:

12 (a) prohibit, or grant the insurer an option to prohibit, the health care provider from contracting with  
13 another insurer or payor to provide health care services at a rate that is equal to or lower than the payment  
14 specified in the contract;

15 (b) require, or grant the insurer an option to require, the health care provider to accept a lower  
16 payment rate if the health care provider agrees to provide health care services to another insurer or payor at a  
17 rate that is equal to or lower than the payment specified in the contract;

18 (c) require, or grant the insurer an option to require, termination or renegotiation of the existing  
19 contract if the health care provider agrees to provide health care services to another insurer or payor at a rate  
20 that is equal to or lower than the payment specified in the contract; or

21 (d) require, or grant the insurer an option to require, the health care provider to disclose the health  
22 care provider's contractual rates with another insurer or payor.

23 (2) As used in this section, the following definitions apply:

24 (a) "Health care provider" means a person, hospital, health care facility, organization, or corporation  
25 that is licensed, certified, accredited, or otherwise authorized by the laws of this state to provide health care  
26 services.

27 (b) "Insurer" means an insurer who provides disability insurance as defined in 33-1-207, a health  
28 service corporation as defined in 33-30-101, a health maintenance organization as defined in 33-31-102, a

1 fraternal benefit society as defined in 33-7-105, and any other entity regulated by the commissioner that  
2 provides health insurance.

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4 NEW SECTION. Section 2. Codification instruction. [Section 1] is intended to be codified as an  
5 integral part of Title 33, chapter 18, part 5, and the provisions of Title 33, chapter 18, part 5, apply to [section 1].

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7 NEW SECTION. Section 3. Applicability. [This act] applies to provider contracts executed, renewed,  
8 or amended on or after October 1, 2021, or that are in effect on January 1, 2022, whichever is earlier.

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