

SURPRISE MEDICAL BILLS/ HEALTH CARE PRICE TRANSPARENCY

LEGISLATOR NOTICE

The Legislative Services Division is required to offer a brief history on the subject matter of a bill draft request prior to drafting. (5-4-105, MCA; [Chapter 309, Laws of 2017](#)) The history must include related legislation introduced over the last five sessions and hyperlinks to the bill, hearing information, and fiscal notes. The links below open to the page showing the status and history of bills introduced on this topic in the past. The bill text and any related fiscal notes can be accessed through the link at the top of that page.

Legislation can be complex and this history is not intended to be exhaustive. Please contact the drafter of the requested bill for more information.

Background Materials and Research

Topic Summary: Many states are taking steps to make accurate information about health care prices and health insurance coverage more readily available to consumers and to avoid what are commonly known as "surprise medical bills," where consumers are charged for services they incorrectly believed their health insurance plans would cover. The goals of these efforts are generally two-pronged: to help people obtain a clear picture of the costs they will be responsible for paying for their medical care and to reduce the overall cost of health care services. States have taken varying approaches to price transparency. Some efforts are aimed at helping policymakers spot health care cost trends and pressure points so they can enact laws or policies designed to reduce costs. Some approaches try to help patients avoid surprise bills. Other efforts include incentives designed to encourage consumers to select lower-cost health care services or providers.

Since 2009, Montana health care providers, facilities, and insurers have been required by law to provide certain cost information if people ask for it before they obtain a health care service. The information must be provided only if a medical treatment would cost more than \$500. Efforts to expand on the existing law have not succeeded in the past.

In 2019, lawmakers supported an ongoing public-private effort to establish a system allowing for the electronic exchange of clinical and payment information among health care providers, facilities, and insurers. The Legislature appropriated \$400,000 for the health information exchange.

Legislative Services Division Materials:

[Current Law and 2017 Legislation](#), August 2017

Montana Code Annotated:

[50-4-512, MCA](#): Disclosures Required of Health Care Providers

[50-4-518, MCA](#): Disclosures Required of Health Insurers

[Final Report on the HJR 20 Study: Health Care Price Transparency](#), June 2018

Other Materials:

[Lawmakers Grapple with Solutions to Surprise Medical Bills](#), NCSL, March 2020

[An Examination of Surprise Medical Bills and Proposals to Protect Consumers from Them](#), Peterson-KFF Health System Tracker, Feb. 10, 2020

[Hospital Price Transparency: Making it Useful for Patients](#), The Commonwealth Fund, Feb. 12, 2019

[Price Transparency & Physician Quality Report Card 2017](#), Altarum and Catalyst for Payment Reform

[Association Between Availability of a Price Transparency Tool and Outpatient Spending](#), Journal of American Medicine, 2016

Introduced Legislation

2019

[House Bill No. 152](#) (Tabled in House Committee) -- AN ACT REVISING HEALTH CARE PROVIDER NETWORK DISCLOSURE LAWS TO AVOID SURPRISE MEDICAL BILLS; PROVIDING ADDITIONAL INFORMATION AND CONTROL TO HEALTH CARE CONSUMERS; PROVIDING PROCEDURES FOR INFORMING CONSUMERS ABOUT OUT-OF-NETWORK HEALTH CARE COSTS AND ABOUT THE ABILITY TO OPT OUT OF SERVICES; ESTABLISHING LIMITS ON A CONSUMER'S OUT-OF-NETWORK COSTS UNDER CERTAIN CIRCUMSTANCES; AMENDING SECTIONS 50-4-504, 50-4-511, 50-4-512, 50-4-517, AND 50-4-518, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE AND AN APPLICABILITY DATE.

[House Bill No. 344](#) (2nd Reading Indefinitely Postponed) -- AN ACT REQUIRING PHARMACY BENEFIT MANAGER TRANSPARENCY REPORT; ~~ALLOWING TRADE SECRET DESIGNATION~~; PROVIDING PENALTIES; PROVIDING RULEMAKING AUTHORITY; PROVIDING DEFINITIONS; AMENDING SECTION 33-22-170, MCA; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 499](#) (Tabled in House Committee) -- AN ACT REVISING HEALTH CARE PROVIDER NETWORK DISCLOSURE LAWS TO AVOID SURPRISE MEDICAL BILLS; PROVIDING ADDITIONAL INFORMATION AND CONTROL TO HEALTH CARE CONSUMERS; PROVIDING PROCEDURES FOR INFORMING CONSUMERS ABOUT OUT-OF-NETWORK HEALTH CARE COSTS AND ABOUT THE ABILITY TO OPT OUT OF SERVICES; ESTABLISHING LIMITS ON A CONSUMER'S OUT-OF-NETWORK COSTS UNDER CERTAIN CIRCUMSTANCES; AMENDING SECTIONS 50-4-504, 50-4-510, 50-4-511, 50-4-512, AND 50-4-518, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE AND AN APPLICABILITY DATE.

[House Bill No. 560](#) (Tabled in Senate Committee) -- AN ACT REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO PARTICIPATE IN A SECURE HEALTH INFORMATION EXCHANGE; AND

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ENABLING THE DEPARTMENT TO PRIVATELY AND SECURELY SHARE INFORMATION WITH THE EXCHANGE.

House Bill No. 620 (Tabled in House Committee) -- AN ACT REQUIRING HEALTH CARE PROVIDERS AND INSURERS TO PROVIDE CERTAIN BILLING AND PAYMENT INFORMATION TO PATIENTS; ALLOWING PATIENTS TO DELAY PAYMENT WHEN INFORMATION IS NOT PROVIDED; PROHIBITING COLLECTION OF DELAYED PATIENT PAYMENTS; PROVIDING RULEMAKING AUTHORITY; AMENDING SECTIONS 33-22-101, 33-31-111, AND 33-35-306, MCA; AND PROVIDING EFFECTIVE DATES.

2017

House Bill No. 123 (2nd Reading Conference Committee Report Adopt Motion Failed) -- AN ACT REVISING HEALTH CARE PROVIDER NETWORK DISCLOSURE LAWS; PROVIDING ADDITIONAL INFORMATION AND CONTROL TO HEALTH CARE CONSUMERS; PROVIDING PROCEDURES FOR INFORMING CONSUMERS ABOUT OUT-OF-NETWORK HEALTH CARE COSTS; PROVIDING PROCEDURES FOR INSURERS TO PROVIDE INFORMATION ABOUT OUT-OF-NETWORK HEALTH CARE COSTS; INFORMING PATIENTS ABOUT OPTING OUT OF PROCEDURES; CREATING AN INCENTIVE PROGRAM FOR HEALTH CARE CONSUMERS TO SHOP FOR HEALTH CARE SERVICES; REQUIRING INSURERS TO NOTIFY HEALTH PLAN MEMBERS OF THE AVAILABILITY OF THE SHARED SAVINGS INCENTIVE PROGRAM; PROVIDING DEFINITIONS; PROVIDING RULEMAKING AUTHORITY; AMENDING SECTIONS 33-18-209, 33-35-306, 45-5-214, 50-4-504, 50-4-511, 50-4-512, MCA; REPEALING SECTIONS 50-4-516, 50-4-517, AND 50-4-518, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE DATES AND AN APPLICABILITY DATE DATES.

House Bill No. 400 (Died in Standing Committee) -- 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.

Senate Bill No. 96 (Died in Standing Committee) -- AN ACT ESTABLISHING THE MONTANA RIGHT TO SHOP ACT; CREATING AN INCENTIVE PROGRAM FOR HEALTH CARE CONSUMERS TO SHOP FOR HEALTH CARE SERVICES; REQUIRING INSURERS TO ALLOW FOR COMPARISON SHOPPING BY CONSUMERS; REQUIRING HEALTH CARE PROVIDERS AND HEALTH INSURERS TO PROVIDE INFORMATION ON COSTS BEFORE TREATMENT IS PROVIDED; PROVIDING PENALTIES FOR HEALTH CARE PROVIDERS WHO FAIL TO PROVIDE INFORMATION; REQUIRING INSURERS TO NOTIFY HEALTH PLAN MEMBERS OF THE AVAILABILITY OF THE SHARED SAVINGS INCENTIVE PROGRAM; PROVIDING DEFINITIONS; PROVIDING RULEMAKING AUTHORITY; AMENDING SECTIONS 33-18-201, 33-18-209, 33-18-242, 45-5-214, 50-4-504, 50-4-512, 50-4-516, 50-4-517, AND 50-4-518, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

Senate Bill No. 362 (Vetoed by Governor; Veto Override Failed) -- AN ACT REQUIRING TRANSPARENCY IN PRICING OF HEALTH CARE SERVICES; REQUIRING COST DISCLOSURES BY HEALTH CARE PROVIDERS AND HEALTH INSURERS; REQUIRING HEALTH INSURERS TO OFFER TRANSPARENCY TOOLS FOR HEALTH CARE CONSUMERS; REQUIRING PUBLIC EMPLOYEE GROUP BENEFIT PLANS TO COMPLY WITH TRANSPARENCY REQUIREMENTS; PROVIDING PENALTIES; PROVIDING DEFINITIONS; AMENDING

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SECTIONS 2-18-702, 2-18-811, 20-25-1303, 33-22-101, 33-28-207, 33-35-306, 45-5-214, 50-4-504, 50-4-512, AND 50-4-518, MCA; AND PROVIDING EFFECTIVE DATES.

2015

[House Bill No. 498](#) (Missed Deadline for General Bill Transmittal) -- AN ACT REVISING HEALTH CARE PROVIDER NETWORK DISCLOSURE LAWS; PROVIDING ADDITIONAL INFORMATION AND CONTROL TO HEALTH CARE CONSUMERS; PROVIDING CONSUMER NOTICE PROCEDURES FOR NONNETWORK HEALTH CARE COSTS; PROVIDING CONDITIONS FOR A CONSUMER REQUESTING INFORMATION REGARDING NONNETWORK HEALTH CARE COSTS; AMENDING SECTIONS 50-4-504, 50-4-511, 50-4-512, 50-4-517, AND 50-4-518, MCA; AND PROVIDING AN EFFECTIVE DATE.

2013:

[House Bill No. 489](#) (Died in Standing Committee) -- AN ACT ESTABLISHING THE MONTANA HEALTH CARE DATABASE BOARD AND THE MONTANA HEALTH CARE DATABASE; ESTABLISHING REQUIREMENTS FOR SUBMISSION OF INFORMATION TO THE DATABASE; ESTABLISHING OVERSIGHT RESPONSIBILITIES AND RULEMAKING AUTHORITY FOR THE COMMISSIONER OF INSURANCE; REQUIRING PARTICIPATION OF HEALTH PLANS; PROVIDING DEFINITIONS; PROVIDING RULEMAKING AUTHORITY; PROVIDING AN APPROPRIATION; AMENDING SECTIONS 2-18-702, 33-31-111, 53-4-1104, AND 53-6-111, MCA; AND PROVIDING AN EFFECTIVE DATE.

2011: None

2009:

[House Bill No. 263](#) (Chapter Number Assigned) -- AN ACT REQUIRING CERTAIN HEALTH CARE PROVIDERS AND FACILITIES TO DISCLOSE ESTIMATED COSTS OF TREATMENT.

[House Bill No. 264](#) (Chapter Number Assigned) -- AN ACT REQUIRING HEALTH INSURERS TO DISCLOSE PREAUTHORIZATION OR PREAPPROVAL REQUIREMENTS AND ESTIMATED COVERED AND OUT-OF-POCKET COSTS FOR CERTAIN HEALTH CARE SERVICES; AMENDING SECTIONS 33-22-244 AND 33-22-521, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

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