

## HOUSE BILL NO. 400

INTRODUCED BY G. HERTZ, E. BUTTREY, A. CURTIS, C. SMITH, T. WOODS

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.

~~(1)~~(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.

~~(2)~~(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.

~~(3)~~(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) (A) Within  
8 5 days of receiving a request FROM A PATIENT OR A PATIENT'S AGENT, a health care provider or health care facility  
9 shall make available to a THE patient or patient's agent, in written or AN electronic form, COPY OF the most recent  
10 chargemaster used by the provider or facility. If the provider or facility does not use a chargemaster, the provider  
11 or facility shall provide AN ELECTRONIC COPY OF the billed charges for each health care service or item offered by  
12 the provider or facility.

13           (B) A PATIENT OR THE PATIENT'S AGENT MAY REQUEST A WRITTEN COPY OF THE CHARGEMASTER OR BILLED  
14 CHARGES.

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

18           (1)(3)(2) (a) Upon A WRITTEN request of a patient or a patient's agent, a health care provider, outpatient  
19 center for surgical services, clinic, or hospital or health care facility shall provide the patient or the patient's agent  
20 with its the estimated billed charge, including all applicable current procedural terminology codes, for a all health  
21 care service or course services or courses of treatment sought by a patient that exceeds \$500 THAT EXCEED \$500.  
22 The estimate must: be provided for a service that a patient is receiving or has been recommended to receive.

23           (i) INDICATE NETWORK STATUS, IF KNOWN, UNDER THE PATIENT'S HEALTH PLAN FOR A HEALTH CARE SERVICE  
24 OR COURSE OF TREATMENT AND, IF UNKNOWN, PROVIDE THE PATIENT WITH CONTACT INFORMATION FOR THE PATIENT'S  
25 INSURER;

26           (ii) INDICATE WHETHER THE SERVICES OF OTHER HEALTH CARE PROVIDERS MAY BE NECESSARY TO COMPLETE  
27 THE REQUIRED SERVICE OR COURSE OF TREATMENT AND INFORM THE PATIENT THAT AN ESTIMATE OF THOSE CHARGES  
28 AND INFORMATION ON NETWORK STATUS MUST BE OBTAINED SEPARATELY FROM THE OTHER HEALTH CARE PROVIDERS  
29 OR ANOTHER HEALTH PLAN; AND

30           (iii) ADVISE PATIENTS OF THEIR RIGHTS UNDER 50-4-518 AND THIS SECTION.

1 ~~(B)~~ (B) The estimate must be provided ~~at the time the service is scheduled or~~ within ~~40~~ 5 business days of  
 2 RECEIPT OF the patient's or agent's request.

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

5 ~~(3)(c)(D)~~ (3)(c)(D) The estimated ~~charge~~ billed charges:

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

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

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

11 ~~(d)(E)~~ (d)(E) This section does not apply to emergency medical services provided for the treatment of an  
 12 emergent medical condition.

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

15 ~~(4)~~ (4) A health care provider or health care facility shall advise a patient of the patient's rights under this  
 16 section:

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

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

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

21 ~~(5)~~ (5) A health care provider or health care facility shall inform the patient if services of other providers or  
 22 facilities may be necessary to complete the required health care procedure or treatment and indicate that the  
 23 estimate of the billed charges must be obtained from those providers and facilities separately.

24 ~~(6)(3)~~ (6)(3) A health care provider or health care facility that does not make a disclosure required by this  
 25 section prior to providing health care to a patient is prohibited from:

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

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

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

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

3           ~~(7)~~(4) The provisions of this section may not be waived, voided, or nullified by a contract or an agreement  
4 between a health care provider or a health care facility and a patient.

5           (5) A PERSON MAY ACT AS A PATIENT'S AGENT ONLY IF:

6           (A) THE PERSON IS AUTHORIZED UNDER FEDERAL OR STATE LAW TO RECEIVE HEALTH CARE INFORMATION ABOUT  
7 THE PATIENT; AND

8           (B) THE PATIENT HAS PROVIDED A WRITTEN AUTHORIZATION FOR THE PERSON TO OBTAIN INFORMATION UNDER  
9 THIS SECTION."

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

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