

# HB 43

Expand practice of telemedicine. An act generally revising laws relating to telehealth; prohibiting certain contract provisions that impose site restrictions on telehealth; providing that a previously established patient-health care provider relationship is not required to receive services by telehealth; revising the definition of telemedicine; extending the coverage requirement to public employee benefit plans and self-insured student health plans; providing rulemaking authority; amending sections 2-18-704, 20-25-1303, 20-25-1403, 33-22-138, 37-3-102, 37-11-101, 37-11-105, and 50-46-302, MCA; and providing a delayed effective date.

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# HB 484

Require state programs to participate in a health information exchange. A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING STATE-RELATED HEALTH BENEFIT PROGRAMS TO PARTICIPATE IN A SECURE STATEWIDE HEALTH INFORMATION EXCHANGE; ENABLING STATE AGENCIES TO PRIVATELY AND SECURELY SHARE INFORMATION WITH THE EXCHANGE; AND AMENDING SECTIONS 2-18-811, 20-25-1303, AND 20-25-1403, MCA."

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# HB 485

Establish reporting requirements for Medicaid/CHIP quality measures. A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING REPORTING REQUIREMENTS FOR PROGRAM INTEGRITY AND QUALITY

MEASURES FOR THE MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAMS."

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## **HB 664**

Create insulin safety net program. A BILL FOR AN ACT ENTITLED: "AN ACT CREATING AN INSULIN SAFETY NET PROGRAM; ESTABLISHING REQUIREMENTS FOR PROGRAM PARTICIPATION; REQUIRING LICENSING OF MANUFACTURERS OF INSULIN SOLD IN MONTANA; REQUIRING MANUFACTURERS TO REIMBURSE OR REPLACE INSULIN DISPENSED UNDER THE PROGRAM; ESTABLISHING REPORTING REQUIREMENTS; PROVIDING RULEMAKING AUTHORITY; PROVIDING DEFINITIONS; AND PROVIDING AN EFFECTIVE DATE AND A TERMINATION DATE."

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## **HJ 50**

Interim study on health care. A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA REQUESTING AN INTERIM STUDY OF THE HEALTH CARE DELIVERY SYSTEM; AND REQUIRING THAT FINAL RESULTS OF THE STUDY BE REPORTED TO THE 68TH LEGISLATURE.

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## **SB 137**

Establishing requirements for transparency in prescription drug costs. A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING

THE PRESCRIPTION DRUG COST TRANSPARENCY ACT; ESTABLISHING REPORTING REQUIREMENTS FOR PRESCRIPTION DRUG MANUFACTURERS, PHARMACY BENEFIT MANAGERS, AND HEALTH INSURANCE ISSUERS; REQUIRING ESTABLISHMENT OF A WEBSITE FOR PRESCRIPTION DRUG COST INFORMATION; PROVIDING PENALTIES; PROVIDING RULEMAKING AUTHORITY; AND PROVIDING A DELAYED EFFECTIVE DATE.”

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## **SB 357**

Generally revising requirements related to telehealth. AN ACT GENERALLY REVISING LAWS RELATED TO TELEHEALTH SERVICES; ALLOWING HEALTH CARE PROVIDERS TO PROVIDE SERVICES BY MEANS OF TELEHEALTH; ALLOWING MEDICAID COVERAGE OF SERVICES PROVIDED BY MEANS OF TELEHEALTH; PROVIDING DEFINITIONS; CLARIFYING RULEMAKING AUTHORITY; AND AMENDING SECTIONS 37-7-101, 37-7-201, 37-11-101, 37-11-105, 37-15-102, 37-15-202, 37-15-314, 37-15-315, 53-6-113, AND 53-6-155, MCA.

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## **SB 369**

Generally revise laws related to insurance coverage of telemedicine services. A BILL FOR AN ACT ENTITLED: “AN ACT GENERALLY REVISING HEALTH CARE INSURANCE LAWS; PROVIDING FOR PAY EQUITY FOR TELEMEDICINE SERVICES PROVIDED BY CERTAIN HEALTH CARE PROVIDERS; EXTENDING TELEMEDICINE COVERAGE AND PARITY REQUIREMENTS TO PUBLIC EMPLOYEE BENEFIT PLANS, STUDENT HEALTH PLANS, AND MEDICAID; AMENDING SECTIONS 2-18-704, 20-25-1403, 33-31-111, 33-35-306, AND 53-6-101, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.”

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## HB 345

Establish Prescription Drug Pay-for-Delay Transparency Act. Each manufacturer of a brand-name prescription drug that is transacting business in this state or whose brand-name prescription drugs are otherwise sold or distributed in this state shall notify the attorney general if the manufacturer enters into an arrangement, through agreement or otherwise, with another manufacturer for the purpose or effect of delaying or preventing the other manufacturer from introducing a generic-name drug as a substitute for the brand-name drug in the Montana market.

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## HB 222

Establish limits on cost-sharing for insulin. Each individual policy of disability insurance or certificate issued that contains coverage for prescription drugs must limit the insured's required copayment or other cost-sharing requirement to \$35 for each 30-day supply of insulin, regardless of the amount or type of insulin prescribed. And coverage of insulin prescribed for an insured is not subject to a deductible.