

Spotlight on State: Montana

This is part of a [series of summaries](#) that highlight notable legislation and initiatives in health policy and reform of all 50 states. Check back on The Source as we roll out additional states each week.

See [Montana](#) page.

Montana promotes the use of telemedicine by providing coverage and cost-sharing parity between telemedicine and in-person services. Coverage for telemedicine services must be equivalent to the coverage for in-person services. To make telemedicine services more affordable to patients, cost-sharing requirements that are not generally applicable to in-person services may not be imposed on telemedicine services.

Montana continues to actively pursue legislation to promote price transparency, with multiple efforts focused on implementing surprise billing protections. In recent sessions, legislators introduced legislation that would have required certain health care facilities to provide cost information on services expected to exceed \$500, as well as establish procedures for informing consumers about out-of-network health care costs. A similar bill would have established limits on a consumer's out-of-network costs under certain circumstances and implemented procedures about informing consumers about the ability to opt out of services. In 2016, the state unsuccessfully attempted to create an All-Payer Claims Database (APCD), which would require health plans to submit claims information or be subject to a penalty. In another effort to improve transparency and drive down prices, the legislature proposed to study the effects of reference-based pricing on health care prices and transparency in health care pricing.

In the healthcare market, Montana exercises regulatory

oversight over provider mergers by requiring pre-transaction notice to and approval from the attorney general or court for transactions involving certain public benefit or religious corporations. The legislature repealed the state's certificate of public advantage law in 2019. Additionally, in 2013, the legislature approved a bill to grant the commissioner of insurance rate-setting authority.

To stabilize the individual insurance market, Montana enacted the Montana Reinsurance Association Act establishing the Montana Reinsurance Association and Program. The bill also authorized the state to apply for a State Innovation Waiver and federal pass-through funding to partially finance the reinsurance program under section 1332 of the Patient Protection and Affordable Care Act (PAACA). The state received an approved State Innovation Waiver from the federal government for the period January 1, 2020 through December 31, 2024. The reinsurance program will pay insurers up to 60% of claims paid between \$40,000 and an estimated \$101,750 cap.