

MONTANA

ADDRESS CONSOLIDATION AND PROMOTE COMPETITION	Consolidation Oversight	Facility Fee Limits	Anti-Competitive Contract Provisions		
MEDICAL DEBT PREVENTION	Balance Billing and Short-Term Insurance	Charity Care and Community Benefit	Reducing Financial Consequences		
CURB EXCESS COSTS IN THE SYSTEM	Premium Rate Review	Hospital Price Regulation	Affordable Coverage	Prescription Drug Pricing	Medicaid Costs
MEDICAID SERVICES AND IMMIGRANT COVERAGE	Medicaid Administration	Medicaid Covered Services	Medicaid Eligibility	Immigrant Coverage	
IMPROVE OVERSIGHT, ACCOUNTABILITY AND TRANSPARENCY	Health Care Spending Oversight	Prescription Drug Affordability Board	All-Payer Claims Database	Price Transparency	
REDUCE COST-SHARING FOR PATIENTS	Prescription Drugs	Behavioral Health	Preventive Care	Maternal and Reproductive Health Care	Cancer Screening and Testing Services

The Health Care Value Hub (“the Hub”) is proud to launch the 2025 Health Care Affordability Policy Snapshot (“Affordability Snapshot”). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state’s health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable [Data and Source Document](#) available on the [Dashboard](#) page. Definitions and descriptions for each policy category can be found in the Glossary.

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	 Requires health systems or providers to notify the state of consolidation transactions	The Montana Attorney General must be notified of any mergers involving nonprofit, public benefit corporations at least twenty days before the transaction is finalized. This requirement is satisfied when the proposed plan of merger is delivered to the Attorney General. The notification requirement for conversions of nonprofit health entities to a for-profit or mutual benefit corporation is satisfied when an application is filed.
Authority to Modify or Reject Consolidation Transactions	 Has authority to approve, set conditions, or disapprove consolidation transactions	Montana law requires approval from the Commissioner of Insurance and the Attorney General before a nonprofit health entity may be acquired by a for-profit or mutual benefit association.
Affordability Criteria included in Transaction Review	 Includes consumer affordability or price growth in review criteria, approval conditions, or both	The commissioner may not approve a conversion transaction unless the conversion transaction includes sufficient safeguards to ensure that the affected community will have continued access to affordable health care.



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Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	 State does not prohibit providers from charging any facility fees	
Facility Fee Transparency Laws	 State does not require providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	
Limits Cost-Sharing for Facility Fees	 The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	



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Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	 No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	 No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	 Non-competes generally unenforceable or prohibited	Montana law voids most non-competes except in business sales or partnership dissolutions and has expanded its bans for health care providers. As of April 2025, noncompete prohibitions apply to additional providers like nurses and physician assistants, and starting January 1, 2026, they will extend to all licensed physicians, with exceptions for business sales and repayment provisions.
Restricts Most-Favored Nation Contract Provisions	 No law restricting Most Favored Nation contract provisions	



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Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	Does not prohibit balance billing for out-of-network ground ambulance services	
Prohibits Short-Term, Limited Duration Health Plans	Short-term, limited duration health plans are not prohibited or eliminated	

Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	❌ State law does not require hospitals to provide free or discounted care to low-income patients	Nonprofit hospitals in Montana are required to maintain a written financial assistance policy, but the state does not set specific income-based eligibility criteria for charity care.
Hospital Charity Care Screening Requirements	❌ State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	❌ State does not require health care providers to notify patients of charity care options before collecting payment	Hospitals in Montana must make their financial assistance and community benefit policies publicly available. However, state law does not define what constitutes “publicly available,” leaving the method and extent of disclosure unspecified.
Hospital Community Benefit Reporting Requirement	● State law requires hospitals to annually report the amount of charity care provided	Hospitals in Montana are required to submit their financial assistance policy and community benefit plan to the state each year, along with a detailed financial report that must include information on charity care, such as the total amount and type of financial assistance provided, the number of individuals who received assistance, the average amount per person, and the services offered at no or reduced cost.



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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	State law does not require a waiting period before sending medical debts to collections	
Limits on Liens or Foreclosures due to Medical Debt	State law does not prohibit initiating a lien or foreclosure to collect medical debt	
Limits Wage Garnishment due to Medical Debt	State law does not exceed federal wage garnishment protections for residents with medical debt	
Limits on the Amount of Interest Charged to Medical Debt	The state has not enacted a law to limit interest rates for medical debt	

Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	 Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	 Does not have the authority to modify or reject premium rate increases	Montana does not have the authority to approve or deny rate filings in the individual, small group, or large group market. If a proposed rate is found to be excessive, inadequate, unjustified, or unfairly discriminatory, the carrier may voluntarily lower the rate increase. If the insurer decides to use the rate anyway, the commissioner will issue a public finding announcing that the rate is unjustified.
Affordability Criteria Included in Premium Rate Review	 Does not incorporate affordability criteria into premium rate review	



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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	 State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	From 2016 to 2023, Montana’s State Employee Benefit Plan used a reference-based pricing strategy, contracting with hospitals to reimburse inpatient services at 220–225% of Medicare rates and outpatient services at 230–250%. The program ended in 2023 after the state moved its employee health plan to Blue Cross Blue Shield, which allowed the insurer to use reference-based pricing or other negotiated reimbursement models, in some cases exceeding the original caps. In 2025, lawmakers considered SB 554, which proposed limiting nonprofit hospitals to 300% of Medicare rates and imposing an excise tax on hospitals exceeding that threshold, but the bill did not pass.
Hospital Global Budgets	 State has not implemented hospital global budgets	



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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	✗ State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	✗ State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	✗ State does not operate a Basic Health Plan	
State-Based Premium Subsidies	✗ State does not offer supplementary state-funded premium subsidies	

Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	 State does not require express authorization for biologic substitution	
Biologic Substitution Laws: Prescriber Notification Requirements	 Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in Montana are required to notify the prescribing physician of a substitution within five business days.
Drug Purchasing Consortium	 State participates in a drug purchasing consortium (see note)	Montana is a member of the National Medicaid Pooling Initiative.
Drug Coupon Prohibitions	 State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	 State Medicaid does not carve out any drug classes from their MCO benefits*	
Mandatory Generics in Medicaid Fee-for-Service (FFS)	 Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	Montana has policies or tools to promote mandatory generics.



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Curb Excess Costs in the System

Prescription Drug Pricing		
Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	Pharmacy benefit managers are required to report rebate data to the state	
Spread Pricing Restrictions	State does not prohibit pharmacy benefit managers from engaging in spread pricing	Montana passed a law in 2025 that effectively bans spread pricing in the state by requiring PBMs to reimburse pharmacies at standardized rates beginning October 1, 2025.
Pharmacy Benefit Manager Reimbursement and Clawbacks	State does not prohibit PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	State does not prohibit copay accumulator programs	

Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	 State does not use managed care, with or without MLR remittances	Montana does not use Medicaid MCOs.
Medicaid Site Neutral Payments	 State has not enacted Medicaid site neutral payment legislation*	



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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	 State does not partner with MCOs to operate their Medicaid program	
Medicaid Vendor — Eligibility and Enrollment	 State contracts with a vendor for Medicaid enrollment or eligibility	
Integrated Medicaid-Medicare	 State does not integrate Medicare-Medicaid to coordinate care for the dually eligible population	



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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	 State Medicaid program covers infertility treatments, fertility preservation, or both (see notes)	SB 516, An Act Generally Revising Laws Related to Fertility Preservation Services for People Diagnosed with Cancer,” required Medicaid coverage for fertility preservation services for cancer patients at risk of iatrogenic infertility, effective January 1, 2024.
Medicaid Coverage for Doula Services	 The state has received approval to reimburse doula services under Medicaid but is still implementing the program	Montana's Governor signed SB 319 in February 2025 which allows the Dept of Public Health and Human Services to provide Medicaid coverage of doula services with an effective date of 01/01/2026.
Medicaid Coverage for Abortion Care	 State Medicaid program utilizes state-based funds to cover abortion care	
Medicaid Coverage for Transition-Related Care	 State Medicaid program explicitly covers any transition-related care for adults	
Medicaid Coverage for Hearing Aids	 State Medicaid program covers hearing aids for all adults	
Medicaid Coverage for Eye Exams and Glasses	 State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Exams and glasses covered biannually.
Medicaid Coverage for Dental Services	 State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	



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Medicaid Services and Immigrant Coverage

Medicaid Eligibility		
Policy	Status as of June 2025	Summary
Medicaid Expansion	 State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	Montana has a trigger law in place that requires termination of the expansion if the enhanced federal matching rate drops.
Retroactive Medicaid	 State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	
Adult Medicaid Continuous Eligibility	 State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	 State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	 State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	Under the state HEART Section 1115 Demonstration, incarcerated residents in Montana are eligible to receive select Medicaid benefits, including care management and counseling, thirty days prior to release.
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	 State has not expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond \$2,000 for an individual applicant and \$3,000 for joint applicants	
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	 Life insurance exemption limits exceed \$1,500	Montana's Medicaid asset limit exemption for life insurance is \$5,000.
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	 State does not exempt retirement savings from Medicaid eligibility determinations	

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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	 Does not cover pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option or post-partum coverage	
Immigrant Children without a Five-Year Bar	 State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	 Does not offer coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	 Does not offer coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	 Does not offer coverage for adults regardless of immigration status	



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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	❌ State does not have a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	❌ The state does not have an APCD operated by the state or another entity	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	❌ The state has not established or passed legislation to establish a prescription drug affordability board	
Prescription Drug Upper Payment Limits	❌ The state has not established Upper Payment Limits for prescription drugs	

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Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	 State operates a public-facing price transparency tool that reports chargemaster rates, but not negotiated rates	
Prescription Drug Price Reporting Requirement	 Organizations are not required to report prescription drug price information to a state entity	

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	 State has not established a health care spending benchmark for providers, insurance carriers, or both	
Authority to Enforce Health Care Spending Benchmark	 State has not established a health care spending benchmark, with or without enforcement mechanisms	
Hospital or Primary Care Spending Oversight Entity	 State does not monitor and report hospital spending, primary care spending, or both	



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Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	 State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Montana caps the out-of-pocket costs for a 30-day supply of insulin at \$35.00, regardless of type or quantity prescribed.
Waives or Reduces Cost-Sharing for Asthma Inhalers	 State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	 State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector(s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	 State has not enacted legislation to limit cost-sharing for specialty drugs	

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	 State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	



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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	 State does not mandate private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	 The state requires individual and small group health plans to offer coverage for fertility preservation services, but not for in-vitro fertilization	Montana requires all individual and group health insurance policies to cover medically necessary fertility preservation services for individuals with cancer or who are undergoing medical treatments that may cause iatrogenic infertility. The full in-vitro fertilization (IVF) process is not required to be covered.
Individual and Small Group Health Plans Required to Cover Doula Services	 State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	 The state does not require individual and small group health plans to cover abortion services	



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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	 State law does not require coverage or waive cost-sharing for colorectal cancer screening exams	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	 State law does not require coverage or waive cost-sharing for follow-up colorectal cancer screening exams	Montana does not have legislation requiring insurers to cover supplemental colorectal cancer screenings; however, the state Commissioner of Securities and Insurance released an advisory memorandum in 2022 following the passage of federal laws clarifying that health insurance carriers must cover these services without cost-sharing under Section 2713 of the Public Health Service Act (the Affordable Care Act).
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	 State law does not require coverage or waive cost-sharing for lung cancer screening exams*	



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No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law does not require coverage or waive cost-sharing for cervical cancer screening exams*	
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening but allows cost-sharing	Health insurance carriers in Montana are required to cover minimum mammography. Under state law, "a minimum \$70 payment or the actual charge if the charge is less than \$70 must be made for each minimum mammography examination performed before the application of the terms of the applicable group or individual disability policy, certificate of insurance, or membership contract that establish durational limits, deductibles, and copayment provisions."
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening with no cost-sharing	Montana law prohibits cost-sharing for any diagnostic or supplemental breast cancer examination.

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law does not require coverage or waive cost-sharing for prostate cancer screening exams*	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State does not require coverage or waive cost-sharing for biomarker testing	