

Montana Strategies to Prevent Medical Debt

Balance Billing and Short-Term Insurance

The federal No Surprises Act (NSA) protects patients from surprise medical bills (also referred to as “balance bills”), which are unexpected costs from out-of-network providers. Under the federal legislation, patients receiving emergency care or who are unknowingly treated by out-of-network providers during an in-network procedure are only required to pay the in-network cost-sharing amount for services provided. Effective January 1, 2022, the No Surprises Act applies to most health plans but not all care sites and services. States can legislate additional protections for balance bills not covered under the NSA, such as for ground ambulances, or limit the number of short-term, limited duration health plans available in the state, which traditionally cover fewer services putting enrollees at greater risk of incurring balance bills. Strategies examine in this section include:

- Prohibitions on Balance Billing for Ground Ambulance Services

- Prohibitions on Short-Term, Limited Duration Health Plans

Charity Care and Community Benefit Requirements

This section reviews state laws aimed at preventing medical debt, including mandates for hospitals and health care providers to offer financial assistance policies, screen patients for insurance and charity care eligibility, and inform patients of charity care policies before collecting payment. Strategies examined in this section include:

- Mandated Hospital Charity Care

- Hospital Charity Care Screening Requirements

- Hospital Charity Care Notification Requirements

- Hospital Community Benefit Reporting Requirements

Reducing Financial Consequences

This section examines how a state regulates providers’ ability to collect medical debt once it has been incurred. States can mitigate the financial harm of medical debt by regulating how and when providers and collection agencies pursue repayment or by limited aggressive collection actions. Strategies examined in this section include:

- Mandated Waiting Period Prior to Sending a Bill to Collections

- Limits on Liens or Foreclosures due to Medical Debt

- Limits on Wage Garnishment due to Medical Debt

- Limits on the Amount of Interest Charged to Medical Debt



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	



State Has Active Policy or Program



Policy or Program Partially Implemented



State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

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.



State Has Active Policy or Program



Policy or Program Partially Implemented



State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

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	

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