

## HOUSE BILL NO. 406

INTRODUCED BY K. GILLAN, BOHLINGER, R. JOHNSON

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4 A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING INSURANCE COVERAGE ~~OF ALL MEDICALLY~~  
5 ~~NECESSARY EXPENSES ASSOCIATED WITH THE TREATMENT OF DIABETES; DEFINING "MEDICALLY~~  
6 ~~NECESSARY"; FOR OUTPATIENT SELF-MANAGEMENT TRAINING AND EDUCATION FOR THE TREATMENT~~  
7 ~~OF DIABETES AND A LIMITED BENEFIT FOR CERTAIN DIABETIC EQUIPMENT AND SUPPLIES; REQUIRING~~  
8 ~~THAT MANDATORY COVERAGE FOR MEDICALLY NECESSARY EXPENSES ASSOCIATED WITH THE~~  
9 ~~TREATMENT OF DIABETES APPLY TO COVERAGE BY HEALTH MAINTENANCE ORGANIZATIONS AND~~  
10 ~~TO COVERAGE OFFERED BY MULTIPLE EMPLOYER WELFARE ARRANGEMENTS; PROVIDING THAT~~  
11 ~~STATE AND LOCAL GOVERNMENT EMPLOYEE PLANS ARE NOT INCLUDED IF THE PLANS PROVIDE~~  
12 ~~EQUIVALENT OR GREATER COVERAGE; AMENDING SECTIONS 2-18-704, 33-31-102, AND 33-31-111,~~  
13 ~~AND 33-35-306, MCA; AND PROVIDING AN A DELAYED EFFECTIVE DATE AND AN APPLICABILITY~~  
14 DATE."

15

16 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

17

18 NEW SECTION. Section 1. Coverage for OUTPATIENT SELF-MANAGEMENT TRAINING AND EDUCATION FOR  
19 treatment of diabetes -- LIMITED BENEFIT FOR MEDICALLY NECESSARY EQUIPMENT AND SUPPLIES. (1) Each group or  
20 individual disability policy, certificate of insurance, and membership contract that is delivered, issued for  
21 delivery, renewed, extended, or modified in this state must provide coverage for the treatment of diabetes.  
22 ~~—— (2) Coverage must include all medically necessary and prescribed expenses related to diagnosis,~~  
23 ~~monitoring, treatment, control, OUTPATIENT SELF-MANAGEMENT TRAINING and education for self-management~~  
24 ~~THE TREATMENT of diabetes. Any education must be provided by a licensed health care professional with~~  
25 expertise in diabetes.

26 ~~(3) For the purposes of this section, "medically necessary" means services, including~~  
27 ~~self-management education and medical nutrition therapy, medicines, equipment, and supplies that are~~  
28 ~~necessary and appropriate for the diagnosis or treatment of a covered person's type 1, type 2, or~~  
29 ~~gestational diabetes according to accepted standards of medical practice.~~

30 ~~—— (4) The coverage in subsection (2) is subject to the terms of the applicable group or individual~~

1 ~~disability policy, certificate, or membership contract that establishes deductibles and copayment provisions~~  
 2 ~~as long as the terms are not less favorable than for physical illness generally.~~

3 (2) (A) COVERAGE MUST INCLUDE A \$250 BENEFIT FOR A PERSON EACH YEAR FOR MEDICALLY NECESSARY AND  
 4 PRESCRIBED OUTPATIENT SELF-MANAGEMENT TRAINING AND EDUCATION FOR THE TREATMENT OF DIABETES.

5 (B) NOTHING IN SUBSECTION (2)(A) PROHIBITS AN INSURER FROM PROVIDING A GREATER BENEFIT.

6 (3) EACH GROUP DISABILITY POLICY, CERTIFICATE OF INSURANCE, AND MEMBERSHIP CONTRACT THAT IS  
 7 DELIVERED, ISSUED FOR DELIVERY, RENEWED, EXTENDED, OR MODIFIED IN THIS STATE MUST PROVIDE COVERAGE FOR  
 8 DIABETIC EQUIPMENT AND SUPPLIES THAT IS LIMITED TO INSULIN, SYRINGES, INJECTION AIDS, DEVICES FOR  
 9 SELF-MONITORING OF GLUCOSE LEVELS (INCLUDING THOSE FOR THE VISUALLY IMPAIRED), TEST STRIPS, VISUAL READING  
 10 AND URINE TEST STRIPS, ONE INSULIN PUMP FOR EACH WARRANTY PERIOD, ACCESSORIES TO INSULIN PUMPS, ONE  
 11 PRESCRIPTIVE ORAL AGENT FOR CONTROLLING BLOOD SUGAR LEVELS FOR EACH CLASS OF DRUG APPROVED BY THE UNITED  
 12 STATES FOOD AND DRUG ADMINISTRATION, AND GLUCAGON EMERGENCY KITS.

13 (4) ANNUAL COPAYMENT AND DEDUCTIBLE PROVISIONS ARE SUBJECT TO THE SAME TERMS AND CONDITIONS  
 14 APPLICABLE TO ALL OTHER COVERED BENEFITS WITHIN A GIVEN POLICY.

15 (5) This section does not apply to disability income, hospital indemnity, medicare supplement,  
 16 accident-only, vision, dental, ~~or~~ specific disease, OR LONG-TERM CARE policies.

17 (6) (A) THIS SECTION DOES NOT APPLY TO THE STATE EMPLOYEE GROUP INSURANCE PROGRAM, THE UNIVERSITY  
 18 EMPLOYEE GROUP INSURANCE PROGRAM, OR ANY EMPLOYEE GROUP INSURANCE PROGRAM OF A CITY, TOWN, COUNTY,  
 19 SCHOOL DISTRICT, OR OTHER POLITICAL SUBDIVISION OF THIS STATE THAT ON [THE EFFECTIVE DATE OF THIS ACT]  
 20 PROVIDES SUBSTANTIALLY EQUIVALENT OR GREATER COVERAGE FOR OUTPATIENT SELF-MANAGEMENT TRAINING AND  
 21 EDUCATION FOR THE TREATMENT OF DIABETES AND CERTAIN DIABETIC EQUIPMENT AND SUPPLIES PROVIDED FOR IN  
 22 SUBSECTION (3).

23 (B) THE STATE EMPLOYEE GROUP INSURANCE PROGRAM, THE UNIVERSITY EMPLOYEE GROUP INSURANCE  
 24 PROGRAM, OR ANY EMPLOYEE GROUP INSURANCE PROGRAM OF A CITY, TOWN, COUNTY, SCHOOL DISTRICT, OR OTHER  
 25 POLITICAL SUBDIVISION OF THIS STATE THAT REDUCES OR DISCONTINUES SUBSTANTIALLY EQUIVALENT OR GREATER  
 26 COVERAGE AFTER [THE EFFECTIVE DATE OF THIS ACT] IS SUBJECT TO THE PROVISIONS OF THIS SECTION.

27

28 **SECTION 2.** SECTION 2-18-704, MCA, IS AMENDED TO READ:

29 **"2-18-704. (Temporary) Mandatory provisions.** (1) An insurance contract or plan issued under this  
 30 part must contain provisions that permit:

1 (a) the member of a group who retires from active service under the appropriate retirement  
2 provisions provided by law to remain a member of the group until the member becomes eligible for  
3 medicare under the federal Health Insurance for the Aged Act, 42 U.S.C. 1395, as amended, unless the  
4 member is a participant in another group plan with substantially the same or greater benefits at an  
5 equivalent cost or unless the member is employed and, by virtue of that employment, is eligible to  
6 participate in another group plan with substantially the same or greater benefits at an equivalent cost;

7 (b) the surviving spouse of a member to remain a member of the group as long as the spouse is  
8 eligible for retirement benefits accrued by the deceased member as provided by law unless the spouse is  
9 eligible for medicare under the federal Health Insurance for the Aged Act or unless the spouse has or is  
10 eligible for equivalent insurance coverage as provided in subsection (1)(a);

11 (c) the surviving children of a member to remain members of the group as long as they are eligible  
12 for retirement benefits accrued by the deceased member as provided by law unless they have equivalent  
13 coverage as provided in subsection (1)(a) or are eligible for insurance coverage by virtue of the  
14 employment of a surviving parent or legal guardian.

15 (2) An insurance contract or plan issued under this part must contain the provisions of subsection  
16 (1) for remaining a member of the group and also must permit:

17 (a) the spouse of a retired member the same rights as a surviving spouse under subsection (1)(b);

18 (b) the spouse of a retiring member to convert a group policy as provided in 33-22-508; and

19 (c) continued membership in the group by anyone eligible under the provisions of this section,  
20 notwithstanding the person's eligibility for medicare under the federal Health Insurance for the Aged Act.

21 (3) (a) A state insurance contract or plan must contain provisions that permit a legislator to remain  
22 a member of the state's group plan until the legislator becomes eligible for medicare under the federal  
23 Health Insurance for the Aged Act, 42 U.S.C. 1395, as amended, if the legislator:

24 (i) terminates service in the legislature and is a vested member of a state retirement system  
25 provided by law; and

26 (ii) notifies the department of administration in writing within 90 days of the end of the legislator's  
27 legislative term.

28 (b) A former legislator may not remain a member of the group plan under the provisions of  
29 subsection (3)(a) if the person:

30 (i) is a member of a plan with substantially the same or greater benefits at an equivalent cost; or

1 (ii) is employed and, by virtue of that employment, is eligible to participate in another group plan  
2 with substantially the same or greater benefits at an equivalent cost.

3 (c) A legislator who remains a member of the group under the provisions of subsection (3)(a) and  
4 subsequently terminates membership may not rejoin the group unless the person again serves as a  
5 legislator.

6 (4) (a) A state insurance contract or plan must contain provisions that permit continued  
7 membership in the state's group plan by a member of the judges' retirement system who leaves judicial  
8 office but continues to be an inactive vested member of the judges' retirement system as provided by  
9 19-5-301. The judge shall notify the department of administration in writing within 90 days of the end of  
10 the judge's judicial service of the judge's choice to continue membership in the group plan.

11 (b) A former judge may not remain a member of the group plan under the provisions of this  
12 subsection (4) if the person:

13 (i) is a member of a plan with substantially the same or greater benefits at an equivalent cost;

14 (ii) is employed and, by virtue of that employment, is eligible to participate in another group plan  
15 with substantially the same or greater benefits at an equivalent cost; or

16 (iii) becomes eligible for medicare under the federal Health Insurance for the Aged Act, 42 U.S.C.  
17 1395, as amended.

18 (c) A judge who remains a member of the group under the provisions of this subsection (4) and  
19 subsequently terminates membership may not rejoin the group plan unless the person again serves in a  
20 position covered by the state's group plan.

21 (5) A person electing to remain a member of the group under subsection (1), (2), (3), or (4) shall  
22 pay the full premium for coverage and for that of the person's covered dependents.

23 (6) An insurance contract or plan issued under this part that provides for the dispensing of  
24 prescription drugs by an out-of-state mail service pharmacy, as defined in 37-7-702:

25 (a) must permit any member of a group to obtain prescription drugs from a pharmacy located in  
26 Montana that is willing to match the price charged to the group or plan and to meet all terms and  
27 conditions, including the same professional requirements that are met by the mail service pharmacy for  
28 a drug, without financial penalty to the member; and

29 (b) may only be with an out-of-state mail service pharmacy that is registered with the board under  
30 Title 37, chapter 7, part 7, and that is registered in this state as a foreign corporation.

1 (7) An insurance contract or plan issued under this part must include coverage for treatment of  
2 inborn errors of metabolism, as provided for in 33-22-131.

3 (8) An insurance contract or plan issued under this part must include substantially equivalent or  
4 greater coverage for outpatient self-management training and education for the treatment of diabetes and  
5 certain diabetic equipment and supplies as provided in [section 1].

6 **2-18-704. (Effective on occurrence of contingency or July 1, 2002, whichever is earlier)**  
7 **Mandatory provisions.** (1) An insurance contract or plan issued under this part must contain provisions that  
8 permit:

9 (a) the member of a group who retires from active service under the appropriate retirement  
10 provisions of a defined benefit plan provided by law or, in the case of the defined contribution plan  
11 provided in Title 19, chapter 3, part 21, a member with at least 5 years of service and who is at least age  
12 50 while in covered employment to remain a member of the group until the member becomes eligible for  
13 medicare under the federal Health Insurance for the Aged Act, 42 U.S.C. 1395, as amended, unless the  
14 member is a participant in another group plan with substantially the same or greater benefits at an  
15 equivalent cost or unless the member is employed and, by virtue of that employment, is eligible to  
16 participate in another group plan with substantially the same or greater benefits at an equivalent cost;

17 (b) the surviving spouse of a member to remain a member of the group as long as the spouse is  
18 eligible for retirement benefits accrued by the deceased member as provided by law unless the spouse is  
19 eligible for medicare under the federal Health Insurance for the Aged Act or unless the spouse has or is  
20 eligible for equivalent insurance coverage as provided in subsection (1)(a);

21 (c) the surviving children of a member to remain members of the group as long as they are eligible  
22 for retirement benefits accrued by the deceased member as provided by law unless they have equivalent  
23 coverage as provided in subsection (1)(a) or are eligible for insurance coverage by virtue of the  
24 employment of a surviving parent or legal guardian.

25 (2) An insurance contract or plan issued under this part must contain the provisions of subsection  
26 (1) for remaining a member of the group and also must permit:

27 (a) the spouse of a retired member the same rights as a surviving spouse under subsection (1)(b);

28 (b) the spouse of a retiring member to convert a group policy as provided in 33-22-508; and

29 (c) continued membership in the group by anyone eligible under the provisions of this section,  
30 notwithstanding the person's eligibility for medicare under the federal Health Insurance for the Aged Act.

1           (3) (a) A state insurance contract or plan must contain provisions that permit a legislator to remain  
2 a member of the state's group plan until the legislator becomes eligible for medicare under the federal  
3 Health Insurance for the Aged Act, 42 U.S.C. 1395, as amended, if the legislator:

4           (i) terminates service in the legislature and is a vested member of a state retirement system  
5 provided by law; and

6           (ii) notifies the department of administration in writing within 90 days of the end of the legislator's  
7 legislative term.

8           (b) A former legislator may not remain a member of the group plan under the provisions of  
9 subsection (3)(a) if the person:

10          (i) is a member of a plan with substantially the same or greater benefits at an equivalent cost; or

11          (ii) is employed and, by virtue of that employment, is eligible to participate in another group plan  
12 with substantially the same or greater benefits at an equivalent cost.

13          (c) A legislator who remains a member of the group under the provisions of subsection (3)(a) and  
14 subsequently terminates membership may not rejoin the group plan unless the person again serves as a  
15 legislator.

16          (4) (a) A state insurance contract or plan must contain provisions that permit continued  
17 membership in the state's group plan by a member of the judges' retirement system who leaves judicial  
18 office but continues to be an inactive vested member of the judges' retirement system as provided by  
19 19-5-301. The judge shall notify the department of administration in writing within 90 days of the end of  
20 the judge's judicial service of the judge's choice to continue membership in the group plan.

21          (b) A former judge may not remain a member of the group plan under the provisions of this  
22 subsection (4) if the person:

23          (i) is a member of a plan with substantially the same or greater benefits at an equivalent cost;

24          (ii) is employed and, by virtue of that employment, is eligible to participate in another group plan  
25 with substantially the same or greater benefits at an equivalent cost; or

26          (iii) becomes eligible for medicare under the federal Health Insurance for the Aged Act, 42 U.S.C.  
27 1395, as amended.

28          (c) A judge who remains a member of the group under the provisions of this subsection (4) and  
29 subsequently terminates membership may not rejoin the group plan unless the person again serves in a  
30 position covered by the state's group plan.

1 (5) A person electing to remain a member of the group under subsection (1), (2), (3), or (4) shall  
2 pay the full premium for coverage and for that of the person's covered dependents.

3 (6) An insurance contract or plan issued under this part that provides for the dispensing of  
4 prescription drugs by an out-of-state mail service pharmacy, as defined in 37-7-702:

5 (a) must permit any member of a group to obtain prescription drugs from a pharmacy located in  
6 Montana that is willing to match the price charged to the group or plan and to meet all terms and  
7 conditions, including the same professional requirements that are met by the mail service pharmacy for  
8 a drug, without financial penalty to the member; and

9 (b) may only be with an out-of-state mail service pharmacy that is registered with the board under  
10 Title 37, chapter 7, part 7, and that is registered in this state as a foreign corporation.

11 (7) An insurance contract or plan issued under this part must include coverage for treatment of  
12 inborn errors of metabolism, as provided for in 33-22-131.

13 (8) An insurance contract or plan issued under this part must include substantially equivalent or  
14 greater coverage for outpatient self-management training and education for the treatment of diabetes and  
15 certain diabetic equipment and supplies as provided in [section 1]."

16

17 **Section 3.** Section 33-31-102, MCA, is amended to read:

18 **"33-31-102. Definitions.** As used in this chapter, unless the context requires otherwise, the  
19 following definitions apply:

20 (1) "Affiliation period" means a period that, under the terms of the health insurance coverage  
21 offered by a health maintenance organization, must expire before the health insurance coverage becomes  
22 effective.

23 (2) "Basic health care services" means:

24 (a) consultative, diagnostic, therapeutic, and referral services by a provider;

25 (b) inpatient hospital and provider care;

26 (c) outpatient medical services;

27 (d) medical treatment and referral services;

28 (e) accident and sickness services by a provider to each newborn infant of an enrollee pursuant  
29 to 33-31-301(3)(e);

30 (f) care and treatment of mental illness, alcoholism, and drug addiction;

- 1 (g) diagnostic laboratory and diagnostic and therapeutic radiologic services;
- 2 (h) preventive health services, including:
- 3 (i) immunizations;
- 4 (ii) well-child care from birth;
- 5 (iii) periodic health evaluations for adults;
- 6 (iv) voluntary family planning services;
- 7 (v) infertility services; and
- 8 (vi) children's eye and ear examinations conducted to determine the need for vision and hearing
- 9 correction;
- 10 (i) minimum mammography examination, as defined in 33-22-132; ~~and~~
- 11 ~~(j) medically necessary~~ OUTPATIENT SELF-MANAGEMENT TRAINING AND EDUCATION FOR THE treatment for
- 12 OF diabetes ALONG WITH CERTAIN DIABETIC EQUIPMENT AND SUPPLIES as provided in [section 1]; and
- 13 ~~(j)(k)~~ treatment and medical foods for inborn errors of metabolism. "Medical foods" and
- 14 "treatment" have the meanings provided for in 33-22-131.
- 15 (3) "Commissioner" means the commissioner of insurance of the state of Montana.
- 16 (4) "Enrollee" means a person:
- 17 (a) who enrolls in or contracts with a health maintenance organization;
- 18 (b) on whose behalf a contract is made with a health maintenance organization to receive health
- 19 care services; or
- 20 (c) on whose behalf the health maintenance organization contracts to receive health care services.
- 21 (5) "Evidence of coverage" means a certificate, agreement, policy, or contract issued to an
- 22 enrollee setting forth the coverage to which the enrollee is entitled.
- 23 (6) "Health care services" means:
- 24 (a) the services included in furnishing medical or dental care to a person;
- 25 (b) the services included in hospitalizing a person;
- 26 (c) the services incident to furnishing medical or dental care or hospitalization; or
- 27 (d) the services included in furnishing to a person other services for the purpose of preventing,
- 28 alleviating, curing, or healing illness, injury, or physical disability.
- 29 (7) "Health care services agreement" means an agreement for health care services between a
- 30 health maintenance organization and an enrollee.

1 (8) "Health maintenance organization" means a person who provides or arranges for basic health  
2 care services to enrollees on a prepaid basis, either directly through provider employees or through  
3 contractual or other arrangements with a provider or a group of providers. This subsection does not limit  
4 methods of provider payments made by health maintenance organizations.

5 (9) "Insurance producer" means an individual, partnership, or corporation appointed or authorized  
6 by a health maintenance organization to solicit applications for health care services agreements on its  
7 behalf.

8 (10) "Person" means:

9 (a) an individual;

10 (b) a group of individuals;

11 (c) an insurer, as defined in 33-1-201;

12 (d) a health service corporation, as defined in 33-30-101;

13 (e) a corporation, partnership, facility, association, or trust; or

14 (f) an institution of a governmental unit of any state licensed by that state to provide health care,  
15 including but not limited to a physician, hospital, hospital-related facility, or long-term care facility.

16 (11) "Plan" means a health maintenance organization operated by an insurer or health service  
17 corporation as an integral part of the corporation and not as a subsidiary.

18 (12) "Point-of-service option" means a delivery system that permits an enrollee of a health  
19 maintenance organization to receive health care services from a provider who is, under the terms of the  
20 enrollee's contract for health care services with the health maintenance organization, not on the provider  
21 panel of the health maintenance organization.

22 (13) "Provider" means a physician, hospital, hospital-related facility, long-term care facility, dentist,  
23 osteopath, chiropractor, optometrist, podiatrist, psychologist, licensed social worker, registered  
24 pharmacist, or advanced practice registered nurse, as specifically listed in 37-8-202, who treats any illness  
25 or injury within the scope and limitations of the provider's practice or any other person who is licensed or  
26 otherwise authorized in this state to furnish health care services.

27 (14) "Provider panel" means those providers with whom a health maintenance organization  
28 contracts to provide health care services to the health maintenance organization's enrollees.

29 (15) "Purchaser" means the individual, employer, or other entity, but not the individual certificate  
30 holder in the case of group insurance, that enters into a health care services agreement.

1 (16) "Uncovered expenditures" mean the costs of health care services that are covered by a health  
2 maintenance organization and for which an enrollee is liable if the health maintenance organization  
3 becomes insolvent."

4

5 **Section 4.** Section 33-31-111, MCA, is amended to read:

6 **"33-31-111. Statutory construction and relationship to other laws.** (1) Except as otherwise  
7 provided in this chapter, the insurance or health service corporation laws do not apply to a health  
8 maintenance organization authorized to transact business under this chapter. This provision does not apply  
9 to an insurer or health service corporation licensed and regulated pursuant to the insurance or health  
10 service corporation laws of this state except with respect to its health maintenance organization activities  
11 authorized and regulated pursuant to this chapter.

12 (2) Solicitation of enrollees by a health maintenance organization granted a certificate of authority  
13 or its representatives is not a violation of any law relating to solicitation or advertising by health  
14 professionals.

15 (3) A health maintenance organization authorized under this chapter is not practicing medicine and  
16 is exempt from Title 37, chapter 3, relating to the practice of medicine.

17 (4) This chapter does not exempt a health maintenance organization from the applicable certificate  
18 of need requirements under Title 50, chapter 5, parts 1 and 3.

19 (5) This section does not exempt a health maintenance organization from the prohibition of  
20 pecuniary interest under 33-3-308 or the material transaction disclosure requirements under 33-3-701  
21 through 33-3-704. A health maintenance organization must be considered an insurer for the purposes of  
22 33-3-308 and 33-3-701 through 33-3-704.

23 (6) This section does not exempt a health maintenance organization from:

24 (a) prohibitions against interference with certain communications as provided under chapter 1, part  
25 8;

26 (b) the provisions of Title 33, chapter 22, part 19;

27 (c) the requirements of 33-22-134 and 33-22-135;

28 (d) network adequacy and quality assurance requirements provided under chapter 36; or

29 (e) the requirements of Title 33, chapter 18, part 9.

30 (7) Chapter 1, parts 12 and 13, of this title, 33-3-431, 33-15-308, 33-22-131, 33-22-136,

1 33-22-141, 33-22-142, 33-22-246, 33-22-247, 33-22-514, 33-22-523, 33-22-524, 33-22-526, and  
 2 33-22-706, and [section 1] apply to health maintenance organizations."

3

4 ~~Section 5. Section 33-35-306, MCA, is amended to read:~~

5 ~~"33-35-306. Application of insurance code to arrangements. (1) In addition to this chapter,~~  
 6 ~~self-funded multiple employer welfare arrangements are subject to the following provisions of Title 33:~~

7 ~~(a) Title 33, chapter 1, part 4, but the examination of a self-funded multiple employer welfare~~  
 8 ~~arrangement is limited to those matters to which the arrangement is subject to regulation under this~~  
 9 ~~chapter;~~

10 ~~(b) Title 33, chapter 1, part 7;~~

11 ~~(c) 33-3-308;~~

12 ~~(d) Title 33, chapter 18, except 33-18-242;~~

13 ~~(e) 33-22-131, 33-22-134, and 33-22-135<sub>1</sub>; and~~

14 ~~(f) 33-22-525<sub>1</sub> and 33-22-526, and [section 1].~~

15 ~~(2) Except as provided in this chapter, other provisions of Title 33 do not apply to a self-funded~~  
 16 ~~multiple employer welfare arrangement that has been issued a certificate of authority that has not been~~  
 17 ~~revoked."~~

18

19 NEW SECTION. SECTION 5. APPLICATION TO TYPES OF INSURANCE. THE PROVISIONS OF [SECTION 1(1) AND  
 20 (2)] APPLY IF THE STATE EMPLOYEE GROUP INSURANCE PROGRAM, THE UNIVERSITY EMPLOYEE GROUP INSURANCE  
 21 PROGRAM, OR ANY EMPLOYEE GROUP INSURANCE PROGRAM OF A CITY, TOWN, COUNTY, SCHOOL DISTRICT, OR OTHER  
 22 POLITICAL SUBDIVISION OF THIS STATE REDUCES OR DISCONTINUES SUBSTANTIALLY EQUIVALENT OR GREATER COVERAGE  
 23 FOR OUTPATIENT SELF-MANAGEMENT TRAINING AND EDUCATION FOR THE TREATMENT OF DIABETES AND CERTAIN DIABETIC  
 24 EQUIPMENT AND SUPPLIES.

25

26 NEW SECTION. Section 6. Codification instruction. [Section 1] is intended to be codified as an  
 27 integral part of Title 33, chapter 22, and the provisions of Title 33, chapter 22, apply to [section 1].

28

29 NEW SECTION. Section 7. Effective date -- applicability. [This act] is effective ~~July 1, 2001~~  
 30 JANUARY 1, 2002, and applies to all policies, contracts, plans, or certificates issued or renewed on or after

1 that date.

2

- END -