

HOUSE BILL NO. 101

INTRODUCED BY B. EBINGER, C. KAUFMANN

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A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING INSURANCE COVERAGE OF HEARING AIDS FOR HEARING-IMPAIRED MINOR CHILDREN; AMENDING SECTIONS 33-22-101, 33-31-111, 33-35-306, AND 53-4-1005, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE AND A TERMINATION DATE."

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

NEW SECTION. Section 1. Coverage for hearing aids for hearing-impaired minor children. (1)

Each group or individual disability policy, certificate of insurance, or membership contract that is delivered, issued for delivery, renewed, extended, or modified in this state must provide coverage for hearing aids for a covered dependent under 18 years of age if the hearing aids are fitted and dispensed by an audiologist licensed by this state following medical clearance by a physician licensed to practice medicine and an age-appropriate audiological evaluation.

(2) Coverage required under this section is limited to one hearing aid for each ear every 3 years. Coverage required under this section includes necessary maintenance and supplies.

(3) Special deductible, coinsurance, copayment, or other limitations, including limitations that apply to durable medical equipment, that are not generally applicable to other medical care covered under the plan may not be imposed on the coverage for hearing aids provided for under this section.

(4) The allowable charge for hearing aids covered under this section must be determined in the same manner as the allowable charge for other covered medical care benefits in conformity with 33-22-308.

(5) This section applies to the state employee group insurance program, the university system employee group insurance program, any employee group insurance program of a city, town, school district, or other political subdivision of this state, and any self-funded multiple employer welfare arrangement that is not regulated by the Employee Retirement Income Security Act of 1974, 29 U.S.C. 1001, et seq.

(6) This section does not apply to disability income, hospital indemnity, medicare supplement, accident-only, vision, dental, specific disease, or long-term care policies.

Section 2. Section 33-22-101, MCA, is amended to read:



1 **"33-22-101. Exceptions to scope.** (1) Subject to subsection (2), parts 1 through 4 of this chapter,
2 except 33-22-107, 33-22-110, 33-22-111, 33-22-114, 33-22-125, 33-22-129, 33-22-130 through 33-22-136,
3 33-22-140, 33-22-141, 33-22-142, [section 1], 33-22-243, and 33-22-304, and part 19 of this chapter do not apply
4 to or affect:

5 (a) any policy of liability or workers' compensation insurance with or without supplementary expense
6 coverage;

7 (b) any group or blanket policy;

8 (c) life insurance, endowment, or annuity contracts or supplemental contracts that contain only those
9 provisions relating to disability insurance that:

10 (i) provide additional benefits in case of death or dismemberment or loss of sight by accident or
11 accidental means; or

12 (ii) operate to safeguard contracts against lapse or to give a special surrender value or special benefit
13 or an annuity if the insured or annuitant becomes totally and permanently disabled as defined by the contract or
14 supplemental contract;

15 (d) reinsurance.

16 (2) Sections 33-22-150, 33-22-151, and 33-22-301 apply to group or blanket policies."
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18 **Section 3.** Section 33-31-111, MCA, is amended to read:

19 **"33-31-111. (Temporary) Statutory construction and relationship to other laws.** (1) Except as
20 otherwise provided in this chapter, the insurance or health service corporation laws do not apply to a health
21 maintenance organization authorized to transact business under this chapter. This provision does not apply to
22 an insurer or health service corporation licensed and regulated pursuant to the insurance or health service
23 corporation laws of this state except with respect to its health maintenance organization activities authorized and
24 regulated pursuant to this chapter.

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

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

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

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

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

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

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

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

9 (d) network adequacy and quality assurance requirements provided under chapter 36, except as
10 provided in 33-22-262; or

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

12 (7) Except as provided in 33-22-262, Title 33, chapter 1, parts 12 and 13, Title 33, chapter 2, part 19,
13 33-2-1114, 33-2-1211, 33-2-1212, 33-3-422, 33-3-431, 33-15-308, Title 33, chapter 19, 33-22-107, 33-22-129,
14 33-22-131, 33-22-136, 33-22-141, 33-22-142, section 1, 33-22-244, 33-22-246, 33-22-247, 33-22-514,
15 33-22-521, 33-22-523, 33-22-524, 33-22-526, and 33-22-706 apply to health maintenance organizations.
16 (Terminates June 30, 2009--sec. 14, Ch. 325, L. 2003.)

17 **33-31-111. (Effective July 1, 2009) Statutory construction and relationship to other laws.** (1) Except
18 as otherwise provided in this chapter, the insurance or health service corporation laws do not apply to a health
19 maintenance organization authorized to transact business under this chapter. This provision does not apply to
20 an insurer or health service corporation licensed and regulated pursuant to the insurance or health service
21 corporation laws of this state except with respect to its health maintenance organization activities authorized and
22 regulated pursuant to this chapter.

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

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

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

29 (5) This section does not exempt a health maintenance organization from the prohibition of pecuniary
30 interest under 33-3-308 or the material transaction disclosure requirements under 33-3-701 through 33-3-704.

1 A health maintenance organization must be considered an insurer for the purposes of 33-3-308 and 33-3-701
2 through 33-3-704.

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

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

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

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

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

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

9 (7) Title 33, chapter 1, parts 12 and 13, Title 33, chapter 2, part 19, 33-2-1114, 33-2-1211, 33-2-1212,
10 33-3-422, 33-3-431, 33-15-308, Title 33, chapter 19, 33-22-107, 33-22-129, 33-22-131, 33-22-136, 33-22-141,
11 33-22-142, [section 1], 33-22-244, 33-22-246, 33-22-247, 33-22-514, 33-22-521, 33-22-523, 33-22-524,
12 33-22-526, and 33-22-706 apply to health maintenance organizations."

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14 **Section 4.** Section 33-35-306, MCA, is amended to read:

15 **"33-35-306. Application of insurance code to arrangements.** (1) In addition to this chapter,
16 self-funded multiple employer welfare arrangements are subject to the following provisions:

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

19 (b) Title 33, chapter 1, part 7;

20 (c) 33-3-308;

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

22 (e) Title 33, chapter 19;

23 (f) 33-22-107, 33-22-131, 33-22-134, ~~and~~ 33-22-135, and [section 1]; and

24 (g) 33-22-525 and 33-22-526.

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

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28 **Section 5.** Section 53-4-1005, MCA, is amended to read:

29 **"53-4-1005. (Temporary) Benefits provided.** (1) Benefits provided to participants in the program may
30 include but are not limited to:

- 1 (a) inpatient and outpatient hospital services;
- 2 (b) physician and advanced practice registered nurse services;
- 3 (c) laboratory and x-ray services;
- 4 (d) well-child and well-baby services;
- 5 (e) immunizations;
- 6 (f) clinic services;
- 7 (g) dental services;
- 8 (h) prescription drugs;
- 9 (i) mental health and substance abuse treatment services;
- 10 (j) hearing and vision exams; ~~and~~
- 11 (k) eyeglasses; and
- 12 (l) hearing aids fitted and dispensed by an audiologist licensed by this state following medical clearance
- 13 by a physician licensed to practice medicine and an age-appropriate audiological evaluation. Coverage is limited
- 14 to one hearing aid for each ear every 3 years.

15 (2) The department is specifically prohibited from providing payment for birth control contraceptives
 16 under this program. (Terminates on occurrence of contingency--sec. 15, Ch. 571, L. 1999.)"

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

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 21 **NEW SECTION. Section 7. Effective date.** [This act] is effective January 1, 2008.

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 23 **NEW SECTION. Section 8. Termination.** (1) [Section 5] terminates on the date that the director of the
 24 department of public health and human services certifies to the governor that the federal government has
 25 terminated the program or that federal funding for the program has been discontinued.

26 (2) The governor shall transmit a copy of the certification to the code commissioner.

27 (3) Any excess funds remaining upon the termination of the program must be transferred to the general
 28 fund.

29 - END -