

SENATE BILL NO. 151

INTRODUCED BY D. RYAN

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A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING INSURANCE COVERAGE FOR HEARING AIDS; 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. Insurance coverage for hearing aids. (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 of hearing aids fitted and dispensed by an audiologist licensed by this state.

(2) Coverage required under this section is limited to \$400 for an individual hearing aid for each ear every 3 years.

(3) Additional hearing aid coverage must be made available for purchase as an optional rider.

(4) 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 the 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.

(5) 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:

"33-22-101. Exceptions to scope. (1) Subject to subsection (2), parts 1 through 4 of this chapter, 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, 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 to or affect:

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

- 1 (b) any group or blanket policy;
- 2 (c) life insurance, endowment, or annuity contracts or supplemental contracts that contain only those
- 3 provisions relating to disability insurance that:
- 4 (i) provide additional benefits in case of death or dismemberment or loss of sight by accident or
- 5 accidental means; or
- 6 (ii) operate to safeguard contracts against lapse or to give a special surrender value or special benefit
- 7 or an annuity if the insured or annuitant becomes totally and permanently disabled as defined by the contract or
- 8 supplemental contract;
- 9 (d) reinsurance.
- 10 (2) Sections 33-22-150, 33-22-151, and 33-22-301 apply to group or blanket policies."
- 11

12 **Section 3.** Section 33-31-111, MCA, is amended to read:

13 **"33-31-111. (Temporary) Statutory construction and relationship to other laws.** (1) Except as

14 otherwise provided in this chapter, the insurance or health service corporation laws do not apply to a health

15 maintenance organization authorized to transact business under this chapter. This provision does not apply to

16 an insurer or health service corporation licensed and regulated pursuant to the insurance or health service

17 corporation laws of this state except with respect to its health maintenance organization activities authorized and

18 regulated pursuant to this chapter.

19 (2) Solicitation of enrollees by a health maintenance organization granted a certificate of authority or its

20 representatives is not a violation of any law relating to solicitation or advertising by health professionals.

21 (3) A health maintenance organization authorized under this chapter is not practicing medicine and is

22 exempt from Title 37, chapter 3, relating to the practice of medicine.

23 (4) This chapter does not exempt a health maintenance organization from the applicable certificate of

24 need requirements under Title 50, chapter 5, parts 1 and 3.

25 (5) This section does not exempt a health maintenance organization from the prohibition of pecuniary

26 interest under 33-3-308 or the material transaction disclosure requirements under 33-3-701 through 33-3-704.

27 A health maintenance organization must be considered an insurer for the purposes of 33-3-308 and 33-3-701

28 through 33-3-704.

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

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

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

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

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

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

6 (7) Except as provided in 33-22-262, Title 33, chapter 1, parts 12 and 13, Title 33, chapter 2, part 19,
7 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,
8 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,
9 33-22-521, 33-22-523, 33-22-524, 33-22-526, and 33-22-706 apply to health maintenance organizations.
10 (Terminates June 30, 2009--sec. 14, Ch. 325, L. 2003.)

11 **33-31-111. (Effective July 1, 2009) Statutory construction and relationship to other laws.** (1) Except
12 as otherwise provided in this chapter, the insurance or health service corporation laws do not apply to a health
13 maintenance organization authorized to transact business under this chapter. This provision does not apply to
14 an insurer or health service corporation licensed and regulated pursuant to the insurance or health service
15 corporation laws of this state except with respect to its health maintenance organization activities authorized and
16 regulated pursuant to this chapter.

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

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

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

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

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

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

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

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

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

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

3 (7) Title 33, chapter 1, parts 12 and 13, Title 33, chapter 2, part 19, 33-2-1114, 33-2-1211, 33-2-1212,
4 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,
5 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,
6 33-22-526, and 33-22-706 apply to health maintenance organizations."

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

9 **"33-35-306. Application of insurance code to arrangements.** (1) In addition to this chapter,
10 self-funded multiple employer welfare arrangements are subject to the following provisions:

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

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

14 (c) 33-3-308;

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

16 (e) Title 33, chapter 19;

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

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

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

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

23 **"53-4-1005. (Temporary) Benefits provided.** (1) Benefits provided to participants in the program may
24 include but are not limited to:

25 (a) inpatient and outpatient hospital services;

26 (b) physician and advanced practice registered nurse services;

27 (c) laboratory and x-ray services;

28 (d) well-child and well-baby services;

29 (e) immunizations;

30 (f) clinic services;

- 1 (g) dental services;
2 (h) prescription drugs;
3 (i) mental health and substance abuse treatment services;
4 (j) hearing and vision exams; ~~and~~
5 (k) eyeglasses; and
6 (l) hearing aids fitted and dispensed by an audiologist licensed by this state. Coverage is limited to \$400
7 for a hearing aid for each ear every 3 years.

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

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11 NEW SECTION. Section 6. Codification instruction. [Section 1] is intended to be codified as an
12 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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14 NEW SECTION. Section 7. Effective date. [This act] is effective January 1, 2008.

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

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

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

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