

HOUSE BILL NO. 441

INTRODUCED BY R. NEILL

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A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING INSURANCE COVERAGE OF MAMMOGRAMS FOR CERTAIN WOMEN UNDER 35 YEARS OF AGE; EXTENDING THE COVERAGE REQUIREMENT TO STATE EMPLOYEES AND OFFICERS AND EMPLOYEES OF THE UNIVERSITY SYSTEM; AMENDING SECTIONS 2-18-704 AND 33-22-132, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE."

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

Section 1. Section 2-18-704, MCA, is amended to read:

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

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

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

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

(2) An insurance contract or plan issued under this part must contain the provisions of subsection (1)



1 for remaining a member of the group and also must permit:

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

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

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

6 (3) (a) A state insurance contract or plan must contain provisions that permit a legislator to remain a
7 member of the state's group plan until the legislator becomes eligible for medicare under the federal Health
8 Insurance for the Aged Act if the legislator:

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

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

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

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

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

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

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

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

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

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

1 (iii) becomes eligible for medicare under the federal Health Insurance for the Aged Act.

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

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

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

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

13 (b) may only be with an out-of-state mail service pharmacy that is registered with the board under Title
14 37, chapter 7, part 7, and that is registered in this state as a foreign corporation.

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

17 (8) (a) An insurance contract or plan issued under this part that provides coverage for an individual in
18 a member's family must provide coverage for well-child care for children from the moment of birth through 7 years
19 of age. Benefits provided under this coverage are exempt from any deductible provision that may be in force in
20 the contract or plan.

21 (b) Coverage for well-child care under subsection (8)(a) must include:

22 (i) a history, physical examination, developmental assessment, anticipatory guidance, and laboratory
23 tests, according to the schedule of visits adopted under the early and periodic screening, diagnosis, and treatment
24 services program provided for in 53-6-101; and

25 (ii) routine immunizations according to the schedule for immunization recommended by the immunization
26 practice advisory committee of the U.S. department of health and human services.

27 (c) Minimum benefits may be limited to one visit payable to one provider for all of the services provided
28 at each visit as provided for in this subsection (8).

29 (d) For purposes of this subsection (8):

30 (i) "developmental assessment" and "anticipatory guidance" mean the services described in the

1 Guidelines for Health Supervision II, published by the American academy of pediatrics; and

2 (ii) "well-child care" means the services described in subsection (8)(b) and delivered by a physician or
3 a health care professional supervised by a physician.

4 (9) Upon renewal, an insurance contract or plan issued under this part under which coverage of a
5 dependent terminates at a specified age must continue to provide coverage for any dependent, as defined in the
6 insurance contract or plan, until the dependent reaches 26 years of age. For insurance contracts or plans issued
7 under this part, the premium charged for the additional coverage of a dependent, as defined in the insurance
8 contract or plan, may be required to be paid by the insured and not by the employer.

9 (10) Prior to issuance of an insurance contract or plan under this part, written informational materials
10 describing the contract's or plan's cancer screening coverages must be provided to a prospective group or plan
11 member.

12 (11) The state employee group benefit plans and the Montana university system group benefits plans
13 must provide coverage for:

14 (a) minimum mammography examination as defined in 33-22-132; and

15 (b) hospital inpatient care for a period of time as is determined by the attending physician and, in the
16 case of a health maintenance organization, the primary care physician, in consultation with the patient to be
17 medically necessary following a mastectomy, a lumpectomy, or a lymph node dissection for the treatment of
18 breast cancer.

19 (12) (a) The state employee group benefit plans and the Montana university system group benefits plans
20 must provide coverage for outpatient self-management training and education for the treatment of diabetes. Any
21 education must be provided by a licensed health care professional with expertise in diabetes.

22 (b) Coverage must include a \$250 benefit for a person each year for medically necessary and prescribed
23 outpatient self-management training and education for the treatment of diabetes.

24 (c) The state employee group benefit plans and the Montana university system group benefits plans must
25 provide coverage for diabetic equipment and supplies that at a minimum includes insulin, syringes, injection aids,
26 devices for self-monitoring of glucose levels (including those for the visually impaired), test strips, visual reading
27 and urine test strips, one insulin pump for each warranty period, accessories to insulin pumps, one prescriptive
28 oral agent for controlling blood sugar levels for each class of drug approved by the United States food and drug
29 administration, and glucagon emergency kits.

30 (d) Nothing in subsection (12)(a), (12)(b), or (12)(c) prohibits the state or the Montana university group

1 benefit plans from providing a greater benefit or an alternative benefit of substantially equal value, in which case
2 subsection (12)(a), (12)(b), or (12)(c), as appropriate, does not apply.

3 (e) Annual copayment and deductible provisions are subject to the same terms and conditions applicable
4 to all other covered benefits within a given policy.

5 (f) This subsection (12) does not apply to disability income, hospital indemnity, medicare supplement,
6 accident-only, vision, dental, specific disease, or long-term care policies offered by the state or the Montana
7 university system as benefits to employees, retirees, and their dependents.

8 (13) (a) The state employee group benefit plans and the Montana university system group benefits plans
9 that provide coverage to the spouse or dependents of a peace officer as defined in 45-2-101, a game warden as
10 defined in 19-8-101, a firefighter as defined in 19-13-104, or a volunteer firefighter as defined in 19-17-102 shall
11 renew the coverage of the spouse or dependents if the peace officer, game warden, firefighter, or volunteer
12 firefighter dies within the course and scope of employment. Except as provided in subsection (13)(b), the
13 continuation of the coverage is at the option of the spouse or dependents. Renewals of coverage under this
14 section must provide for the same level of benefits as are available to other members of the group. Premiums
15 charged to a spouse or dependent under this section must be the same as premiums charged to other similarly
16 situated members of the group. Dependent special enrollment must be allowed under the terms of the insurance
17 contract or plan. The provisions of this subsection (13)(a) are applicable to a spouse or dependent who is insured
18 under a COBRA continuation provision.

19 (b) The state employee group benefit plans and the Montana university system group benefits plans
20 subject to the provisions of subsection (13)(a) may discontinue or not renew the coverage of a spouse or
21 dependent only if:

22 (i) the spouse or dependent has failed to pay premiums or contributions in accordance with the terms
23 of the state employee group benefit plans and the Montana university system group benefits plans or if the plans
24 have not received timely premium payments;

25 (ii) the spouse or dependent has performed an act or practice that constitutes fraud or has made an
26 intentional misrepresentation of a material fact under the terms of the coverage; or

27 (iii) the state employee group benefit plans and the Montana university system group benefits plans are
28 ceasing to offer coverage in accordance with applicable state law. (See compiler's comments for contingent
29 termination of certain text.)"

30

1 **Section 2.** Section 33-22-132, MCA, is amended to read:

2 **"33-22-132. Coverage for mammography examinations.** (1) Each group or individual medical
3 expense, cancer, and blanket disability policy, certificate of insurance, and membership contract that is delivered,
4 issued for delivery, renewed, extended, or modified in this state must provide minimum mammography
5 examination coverage.

6 (2) For the purpose of this section, "minimum mammography examination" means:

7 (a) a mammogram each year for a woman who is under 35 years of age if:

8 (i) the woman has two or more first-degree family members diagnosed with breast cancer or ovarian
9 cancer;

10 (ii) genetic tests indicate the woman is at higher risk for breast cancer; or

11 (iii) the woman's physician recommends the test;

12 ~~(a)~~(b) one baseline mammogram for a woman who is 35 years of age or older and under 40 years of
13 age;

14 ~~(b)~~(c) a mammogram every 2 years for any woman who is 40 years of age or older and under 50 years
15 of age or more frequently if recommended by the woman's physician; and

16 ~~(c)~~(d) a mammogram each year for a woman who is 50 years of age or older.

17 (3) A minimum \$70 payment or the actual charge if the charge is less than \$70 must be made for each
18 mammography examination performed before the application of the terms of the applicable group or individual
19 disability policy, certificate of insurance, or membership contract that establish durational limits, deductibles, and
20 copayment provisions as long as the terms are not less favorable than for physical illness generally.

21 (4) This section does not apply to disability income, hospital indemnity, medicare supplement,
22 accident-only, vision, dental, or specified disease policies."

23

24 NEW SECTION. **Section 3. Effective date.** [This act] is effective January 1, 2014.

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