

HOUSE BILL NO. 595

INTRODUCED BY L. BISHOP

A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING INSURANCE COVERAGE OF A 12-MONTH SUPPLY OF PRESCRIPTION CONTRACEPTIVES; AMENDING SECTIONS 33-22-101, 33-31-111, AND 33-35-306, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE."

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

NEW SECTION. Section 1. Coverage of contraceptives. (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 that includes coverage for prescription contraceptives must provide reimbursement for up to a 12-month supply of any drug, device, or product for contraception that is prescribed and that has been approved by the U.S. food and drug administration.

(2) The coverage under this section must allow for an insured to receive up to a 12-month supply for a prescription contraceptive regardless of whether the insured was enrolled in the policy, certificate, or contract at the time the contraceptive was first prescribed or dispensed.

(3) The coverage under this section must allow the insured to receive the 12-month supply at one time unless the insured requests less than a 12-month supply or a health care provider specifically prescribes less than a 12-month supply.

(4) If the insured's prescriber recommends a specific contraceptive drug, device, or product approved by the U.S. food and drug administration based on medical necessity, the insurer must defer to the prescriber's determination and provide coverage for the prescribed contraceptive.

(5) Coverage required under this section may not:

(a) in the absence of clinical contraindications, impose utilization controls or other forms of medical management to limit the supply of contraceptives that will be reimbursed to less than a 12-month supply;

(b) require prior authorization for coverage of prescription contraceptives;

(c) impose a waiting period for the coverage required under this section; or

(d) impose a special deductible, coinsurance, copayment or other limitation on prescription contraceptives covered under this section that are not generally applicable to other medical care covered under the plan.

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

3 **"33-22-101. Exceptions to scope.** (1) Subject to subsection (2), parts 1 through 4 of this chapter,
4 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,
5 33-22-138, 33-22-140, 33-22-141, 33-22-142, 33-22-153, 33-22-243, and 33-22-304, and part 19 of this chapter
6 do not apply to or affect:

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

9 (b) any group or blanket policy;

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

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

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

17 (d) reinsurance.

18 (2) Sections 33-22-137, 33-22-150 through 33-22-152, [section 1], and 33-22-301 apply to group or
19 blanket policies."

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

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

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

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

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

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

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

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

9 (a) prohibitions against interference with certain communications as provided under Title 33, chapter 1,
10 part 8;

11 (b) the provisions of Title 33, chapter 22, parts 7 and 19;

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

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

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

15 (7) Title 33, chapter 1, parts 12 and 13, 33-2-1114, 33-2-1211, 33-2-1212, Title 33, chapter 2, parts 13,
16 19, and 23, 33-3-401, 33-3-422, 33-3-431, Title 33, chapter 3, part 6, 33-15-308, Title 33, chapter 17, Title 33,
17 chapter 19, 33-22-107, 33-22-129, 33-22-131, 33-22-136, 33-22-137, 33-22-138, 33-22-139, 33-22-141,
18 33-22-142, 33-22-152, 33-22-153, section 1, 33-22-156 through 33-22-159, 33-22-244, 33-22-246, 33-22-247,
19 33-22-514, 33-22-515, 33-22-521, 33-22-523, 33-22-524, 33-22-526, and Title 33, chapter 32, apply to health
20 maintenance organizations."

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

23 **"33-35-306. Application of insurance code to arrangements.** (1) In addition to this chapter,
24 self-funded multiple employer welfare arrangements are subject to the following provisions:

25 (a) 33-1-111;

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

28 (c) Title 33, chapter 1, part 7;

29 (d) Title 33, chapter 2, part 23;

30 (e) 33-3-308;

- 1 (f) Title 33, chapter 7;
2 (g) Title 33, chapter 18, except 33-18-242;
3 (h) Title 33, chapter 19;
4 (i) 33-22-107, 33-22-131, 33-22-134, 33-22-135, 33-22-138, 33-22-139, 33-22-141, 33-22-142,
5 33-22-152, ~~and 33-22-153,~~ and [section 1]; and
6 (j) 33-22-512, 33-22-515, 33-22-525, and 33-22-526.
7 (2) Except as provided in this chapter, other provisions of Title 33 do not apply to a self-funded multiple
8 employer welfare arrangement that has been issued a certificate of authority that has not been revoked."
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10 **NEW SECTION. Section 5. Codification instruction.** [Section 1] is intended to be codified as an
11 integral part of Title 33, chapter 22, part 1, and the provisions of Title 33, chapter 22, part 1, apply to [section 1].
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13 **NEW SECTION. Section 6. Effective date.** [This act] is effective January 1, 2020.
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