

SENATE BILL NO. 186  
INTRODUCED BY LEWIS

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING THAT AN INSURANCE INSTITUTION OR INSURANCE-SUPPORT ORGANIZATION PROVIDING COVERAGE TO AN ELEMENTARY OR HIGH SCHOOL DISTRICT SHALL PROVIDE THE DISTRICT UPON REQUEST WITH SUFFICIENT SUMMARY HEALTH INFORMATION TO ENABLE THE DISTRICT TO USE THE INFORMATION TO OBTAIN A PREMIUM BID OR QUOTE FOR GROUP HEALTH INSURANCE COVERAGE FROM ANOTHER INSURER OR INSURANCE PRODUCER; ~~AND~~ AMENDING SECTION 33-19-308, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

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

**Section 1.** Section 33-19-308, MCA, is amended to read:

**"33-19-308. Disclosure of underwriting information.** (1) An insurance institution or insurance-support organization shall, within 30 days of receiving a written request from an entity listed in subsection (2) or (3) that it provides coverage for, disclose to that entity the following information that the entity specifically requests about the entity's coverage:

- (a) total premiums collected from the entity for the policy year; and
- (b) total losses paid out with respect to the entity for the policy year.

(2) Any of the following entities may request information about the entity's coverage pursuant to this section:

- (a) an association having a group health insurance program for its members;
- (b) a group purchasing cooperative;
- (c) a group health plan that is a multiple employer welfare arrangement;
- (d) a self-insured group; and

(e) a business that provides group health insurance for its employees, except that a business with between 2 and 50 employees is not subject to the provisions of this section.

(3) (a) An insurance institution or insurance-support organization that provides coverage to an elementary district or high school district, as defined in 20-6-101, or a K-12 district, as defined in 20-6-701, WITH 25 OR MORE EMPLOYEES, upon request of the district and in addition to the information provided for in subsections (1)(a) and

(1)(b), shall provide ONLY TO INSURERS OR ASSOCIATIONS SPECIFICALLY IDENTIFIED BY THE DISTRICT sufficient summary health information, including large claim information, to enable the district to use the information to obtain a premium bid or quote for group health insurance coverage from another insurer or insurance producer and for the purpose of underwriting, premium rating, or another activity related to the creation, renewal, or replacement of a contract of health insurance or health benefits.

(B) ANY INSURER OR ASSOCIATION THAT RECEIVES SUMMARY HEALTH INFORMATION AND LARGE CLAIM INFORMATION SHALL PROVIDE A FAIR AND REASONABLE BID AND MAY NOT REFUSE TO PROVIDE COVERAGE TO THE DISTRICT AS PART OF THE GROUP OR ASSOCIATION.

(b)(c) As used in this subsection (3), "summary health information" has the meaning provided in 45 CFR 164.504.

~~(3)~~(4) Information disclosed pursuant to this section may not include any personal information pertaining to an individual covered by a group plan that has been obtained or administered by an entity listed in subsection (2).

~~(4)~~(5) Information that is obtainable pursuant to the provisions of this section may not be requested more than once during any calendar year.

~~(5)~~(6) An association provided for in subsection (2)(a) must be provided with reasonable information by its insurance institution or insurance support organization to enable the association to receive a bid or quote for coverage from other insurance entities."

NEW SECTION. SECTION 2. EFFECTIVE DATE. [THIS ACT] IS EFFECTIVE ON PASSAGE AND APPROVAL.

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