64th Legislature

1	HOUSE BILL NO. 503
2	INTRODUCED BY T. BERRY
3	
4	A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING THAT LOSS INFORMATION RELATED TO
5	INSURANCE MUST BE PROVIDED TO THE POLICYHOLDER ON REQUEST; INCLUDING LOSS RESERVES
6	AS PART OF LOSS INFORMATION; INCLUDING LOSS RESERVES AS PART OF LOSS INFORMATION FOR
7	$\underline{WORKERS'COMPENSATION CLAIMS;} LIMITING THE USES OF LOSS INFORMATION BY POLICYHOLDERS$
8	AND PROHIBITING FURTHER DISCLOSURE OF LOSS INFORMATION; AMENDING SECTIONS 33-19-308
9	AND SECTION 39-71-606, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."
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11	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
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13	NEW SECTION. Section 1. Disclosure of certain claim information on insurance policies. (1)
14	Except as provided in Title 33, chapter 19, on ON request of a policyholder, an insurer shall provide to the
15	policyholder, or to an insurance producer designated by the policyholder, a list of claims charged against the
16	policy.
17	(2) The information must include:
18	(a) the date and description of the claim;
19	(b) details relating to the cause and disposition of the claim; and
20	(c) a list of the claims charged against the policy, including payments made and reserves established
21	on each claim.
22	(3) The information must be provided within $\frac{20}{10}$ days of the policyholder's request.
23	(4) The information provided under this section is confidential insurance information. The information may
24	be used by the policyholder for internal management purposes or for procuring insurance products but may not
25	be disclosed for any other purpose without the express written consent of the insurer.
26	(5) This section does not apply to workers' compensation insurance.
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28	Section 2. Section 33-19-308, MCA, is amended to read:
29	"33-19-308. Disclosure of underwriting information. (1) An insurance institution or insurance-support
30	organization shall, within 30 days of receiving a written request from an entity listed in subsection (2) that it
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- 1 provides coverage for, disclose to that entity the following information that the entity specifically requests about
- 2 the entity's coverage:
- 3 (a) total premiums collected from the entity for the policy year; and
- 4 (b) total losses paid out with respect to the entity for the policy year.
- 5 (2) Any of the following entities may request information about the entity's coverage pursuant to this
- 6 section:
- 7 (a) an association having a group health insurance program for its members;
- 8 (b) a group purchasing cooperative;
- 9 (c) a group health plan that is a multiple employer welfare arrangement;
- 10 (d) a self-insured group; and
- 11 (e) a business that provides group health insurance for its employees, except that a business with
- 12 between 2 and 50 employees is not subject to the provisions of this section.
- 13 (3) Information disclosed pursuant to this section may not include any personal information pertaining
- 14 to an individual covered by a group plan that has been obtained or administered by an entity listed in subsection
- 15 <del>(2).</del>
- (4) Information that is obtainable pursuant to the provisions of this section may not be requested more
  than once during any calendar year.
- 18 (5) An association provided for in subsection (2)(a) must be provided with reasonable information by its
- 19 insurance institution or insurance support organization to enable the association to receive a bid or quote for
- 20 coverage from other insurance entities."
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- 22

Section 2. Section 39-71-606, MCA, is amended to read:

23 "39-71-606. Insurer to accept or deny claim within 30 days of receipt -- notice of benefits and 24 entitlements to claimants -- notice of denial -- notice of reopening -- notice to employer -- employer's right 25 to loss information. (1) Each insurer under any plan for the payment of workers' compensation benefits shall, 26 within 30 days of receipt of a claim for compensation signed by the claimant or the claimant's representative, 27 either accept or deny the claim and, if denied, shall inform the claimant and the department in writing of the denial. 28 (2) The department shall make available to insurers for distribution to claimants sufficient copies of a 29 document describing current benefits and entitlements available under Title 39, chapter 71. Upon On receipt of 30 a claim, each insurer shall promptly notify the claimant in writing of potential benefits and entitlements available

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1	by providing the claimant a copy of the document prepared by the department.
2	(3) Each insurer under plan No. 2 or No. 3 for the payment of workers' compensation benefits shall notify
3	the employer of the reopening of the claim within 14 days of after the reopening of a claim for the purpose of
4	paying compensation benefits.
5	(4) <u>(a)</u> <del>Upon the request of</del> <u>When requested by</u> an employer that <del>it</del> <u>an insurer currently</u> insures <u>or has</u>
6	insured in the immediately preceding 5 years or when requested by the employer's designated insurance
7	producer, an insurer shall notify the employer of provide the loss information listed in subsection (4)(b) within <del>20</del>
8	10 days of the request.
9	(b) Loss information provided under this subsection (4) must include for the period requested:
10	(i) all date of injury or occupational disease data for the employer's claims;
11	(ii) payment data on the employer's closed claims; and
12	(iii) payment data <del>and loss reserve amounts</del> AND LOSS RESERVE AMOUNTS on the employer's open claims,
13	including all compensation benefits that are ongoing and are being charged against that employer's account.
14	(c) The information provided under this subsection (4) is confidential insurance information. The
15	information may be used by the employer for internal management purposes or for procuring insurance products
16	but may not be disclosed for any other purpose without the express written consent of the insurer.
17	(5) Failure of an insurer to comply with the time limitations required in this section subsections (1) and
18	(3) does not constitute an acceptance of a claim as a matter of law. However, an insurer who fails to comply with
19	39-71-608 or this section subsections (1) and (3) OF THIS SECTION may be assessed a penalty under 39-71-2907
20	if a claim is determined to be compensable by the workers' compensation court."
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22	NEW SECTION. Section 3. Codification instruction. [Section 1] is intended to be codified as an
23	integral part of Title 33, chapter 15, part 4 PART 11, and the provisions of Title 33, chapter 15, part 4 PART 11,
24	apply to [section 1].
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26	NEW SECTION. Section 4. Effective date. [This act] is effective on passage and approval.
27	- END -



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