



AN ACT GENERALLY REVISING HEALTH CARE AND INSURANCE COVERAGE LAWS; AUTHORIZING APPLICATION FOR STATE INNOVATION WAIVERS; AUTHORIZING DEVELOPMENT OF PROGRAMS TO ENSURE AFFORDABLE CARE AND COVERAGE FOR HIGH-RISK INDIVIDUALS; PROVIDING RULEMAKING AUTHORITY; AND PROVIDING EFFECTIVE DATES AND A TERMINATION DATE.

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

Section 1. Legislative intent. It is the intent of the legislature that the state and disability insurers establish, pursuant to [sections 1 through 5], a mechanism to:

(1) provide health care and insurance coverage to high-risk individuals in Montana who cannot otherwise obtain comprehensive health insurance, using a state reinsurance program, a high-risk health insurance pool, or any other program or combination of programs identified by the commissioner or the legislature; and

(2) balance the need for providing comprehensive health care and insurance coverage at affordable rates to eligible persons with the need to be fiscally responsible to disability insurers and residents of this state.

Section 2. Waiver for state innovation. The commissioner may apply to the United States department of health and human services under 42 U.S.C. 18052 for a waiver of applicable provisions of Public Law 111-148 with respect to health care and insurance coverage in the state for a plan year beginning on or after January 1, 2018. The commissioner may implement a state plan meeting the waiver requirements in a manner consistent with state and federal law and as approved by the United States department of health and human services.

Section 3. Duties and authority of commissioner. (1) The commissioner shall develop a plan or program to meet the legislative intent of [sections 1 through 5] and report the development of the plan or program to legislative committees as requested.

(2) The commissioner may apply for federal funds available for the purpose of providing health care and insurance coverage to residents of this state. The funds must be deposited in the Montana comprehensive health insurance special revenue account provided for in [section 4].

(3) The commissioner may enter into any contract or agreement that the commissioner considers appropriate to carry out the purposes of [sections 1 through 5], including but not limited to a contract or agreement with:

- (a) a similar insurance fund or risk pool in another state for the joint performance of common administrative functions;
- (b) another organization for the performance of administrative functions;
- (c) a stop-loss insurance provider to insure against risks incurred under [sections 1 through 5]; or
- (d) a federal agency.

Section 4. Montana comprehensive health insurance special revenue accounts. (1) There are Montana comprehensive health insurance accounts in the state and federal special revenue funds to the credit of the department to assist residents of this state with obtaining access to quality health care at a minimum cost to the public.

(2) The account in the federal special revenue fund consists of federal funds obtained for the purposes of a high-risk insurance program, reinsurance program, or other effort funded through a state innovation grant or other federally approved program related to making health care and insurance coverage more affordable and obtainable.

(3) The account in the state special revenue fund consists of money appropriated by the legislature or obtained from other sources.

(4) Interest and earnings on the accounts must accrue to the accounts.

(5) Money in the accounts:

(a) must be used for the purposes designated in the federal grant or by the legislature, consistent with the intent of [sections 1 through 5]; and

(b) may be used to develop and disseminate information to the public about programs developed pursuant to [sections 1 through 5] and to facilitate enrollment strategies for the programs.

Section 5. Rulemaking authority. The commissioner shall adopt rules regarding the implementation of [sections 1 through 5], including but not limited to rules related to:

- (1) eligibility requirements for any plan or program established pursuant to [sections 1 through 5]; and
- (2) participation by insurers in programs established pursuant to [sections 1 through 5].

Section 6. Implementation. The state auditor's office shall implement [this act] within existing resources.

Section 7. Codification instruction. [Sections 1 through 5] are intended to be codified as an integral part of Title 33, chapter 22, and the provisions of Title 33 apply to [sections 1 through 5].

Section 8. Effective dates. (1) Except as provided in subsection (2), [this act] is effective on passage and approval.

- (2) [Section 6] is effective July 1, 2017.

Section 9. Termination. [This act] terminates June 30, 2023.

- END -

I hereby certify that the within bill,
HB 0652, originated in the House.

Speaker of the House

Signed this _____ day
of _____, 2017.

Chief Clerk of the House

President of the Senate

Signed this _____ day
of _____, 2017.

HOUSE BILL NO. 652
INTRODUCED BY R. COOK
BY REQUEST OF THE STATE AUDITOR

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