

HOUSE BILL NO. 222

INTRODUCED BY J. KARJALA

A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING LIMITS ON INSURANCE COST-SHARING AMOUNTS FOR INSULIN PRESCRIPTIONS; AMENDING SECTIONS 33-22-129 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. Limitations on cost sharing for insulin. (1) Each individual policy of disability insurance or certificate issued that contains coverage for prescription drugs must limit the insured's required copayment or other cost-sharing requirement to \$35 for each 30-day supply of insulin, regardless of the amount or type of insulin prescribed.

(2) Nothing in this section prevents a health insurance issuer from establishing a lower cost-sharing amount.

(3) Coverage of insulin prescribed for an insured is not subject to a deductible. Cost-sharing amounts paid by the insured for insulin must be counted toward the insured's deductible.

(4) This section does not apply to disability income, hospital indemnity, medicare supplement, accident-only, vision, dental, specific disease, or long-term care policies.

Section 2. Section 33-22-129, MCA, is amended to read:

"33-22-129. Coverage for treatment of diabetes -- outpatient self-management training and education for treatment of diabetes-- limited benefit for medically necessary equipment and supplies -- limitations on cost-sharing requirements for insulin. (1) Each group disability policy, certificate of insurance, and membership contract that is delivered, issued for delivery, renewed, extended, or modified in this state must provide coverage for outpatient self-management training and education for the treatment of diabetes. Any education must be provided by a licensed health care professional with expertise in diabetes.

(2) (a) Coverage must include a \$250 benefit for a person each year for medically necessary and

1 prescribed outpatient self-management training and education for the treatment of diabetes.

2 (b) Nothing in subsection (2)(a) prohibits an insurer from providing a greater benefit.

3 (3) (a) Each group disability policy, certificate of insurance, and membership contract that is
4 delivered, issued for delivery, renewed, extended, or modified in this state must provide coverage for diabetic
5 equipment and supplies that is limited to insulin, syringes, injection aids, devices for self-monitoring of glucose
6 levels (including those for the visually impaired), test strips, visual reading and urine test strips, one insulin
7 pump for each warranty period, accessories to insulin pumps, one prescriptive oral agent for controlling blood
8 sugar levels for each class of drug approved by the United States food and drug administration, and glucagon
9 emergency kits.

10 (b) Coverage for insulin must limit the insured's required copayment or other cost-sharing requirement
11 to \$35 for each 30-day supply of insulin, regardless of the amount or type of insulin prescribed.

12 (c) Nothing in subsection (3)(b) prevents a health insurance issuer from establishing a lower cost-
13 sharing amount.

14 (4) (a) Annual Except as provided in subsection (4)(b), annual copayment and deductible provisions
15 are subject to the same terms and conditions applicable to all other covered benefits within a given policy.

16 (b) Coverage of insulin prescribed for an insured is not subject to a deductible. Cost-sharing amounts
17 paid by the insured for insulin must be counted toward the insured's deductible.

18 (5) This section does not apply to disability income, hospital indemnity, medicare supplement,
19 accident-only, vision, dental, specific disease, or long-term care policies.

20 (6) (a) This section does not apply to any employee group insurance program of a city, town, county,
21 school district, or other political subdivision of this state that on January 1, 2002, provides substantially
22 equivalent or greater coverage for outpatient self-management training and education for the treatment of
23 diabetes and certain diabetic equipment and supplies provided for in subsection (3).

24 (b) Any employee group insurance program of a city, town, county, school district, or other political
25 subdivision of this state that reduces or discontinues substantially equivalent or greater coverage after January
26 1, 2002, is subject to the provisions of this section."
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28 **Section 3.** Section 33-35-306, MCA, is amended to read:

1 **"33-35-306. Application of insurance code to arrangements.** (1) In addition to this chapter, self-
2 funded multiple employer welfare arrangements are subject to the following provisions:
3 (a) 33-1-111;
4 (b) Title 33, chapter 1, part 4, but the examination of a self-funded multiple employer welfare
5 arrangement is limited to those matters to which the arrangement is subject to regulation under this chapter;
6 (c) Title 33, chapter 1, part 7;
7 (d) Title 33, chapter 2, part 23;
8 (e) 33-3-308;
9 (f) Title 33, chapter 7;
10 (g) Title 33, chapter 18, except 33-18-242;
11 (h) Title 33, chapter 19;
12 (i) 33-22-107, 33-22-129, 33-22-131, 33-22-134, 33-22-135, 33-22-138, 33-22-139, 33-22-141, 33-22-
13 142, 33-22-152, and 33-22-153; and
14 (j) 33-22-512, 33-22-515, 33-22-525, and 33-22-526.
15 (2) Except as provided in this chapter, other provisions of Title 33 do not apply to a self-funded
16 multiple employer welfare arrangement that has been issued a certificate of authority that has not been
17 revoked."

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19 NEW SECTION. Section 4. Codification instruction. [Section 1] is intended to be codified as an
20 integral part of Title 33, chapter 22, part 3, and the provisions of Title 33, chapter 22, part 3, apply to [section 1].
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22 NEW SECTION. Section 5. Effective date. [This act] is effective January 1, 2022.
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