1	HOUSE BILL NO. 313
2	INTRODUCED BY J. ETCHART, J. WINDY BOY, T. MCGILLVRAY, K. REGIER, B. KEENAN, D. LENZ, J.
3	HINKLE, T. MANZELLA, S. HINEBAUCH, S. GUNDERSON, M. REGIER, L. SHELDON-GALLOWAY, J.
4	TREBAS, C. KNUDSEN, B. USHER, S. VINTON, B. BEARD, M. HOPKINS, N. DURAM, R. KNUDSEN, J.
5	DOOLING, M. WEATHERWAX, K. BOGNER, T. RUNNING WOLF, B. GILLESPIE, B. MERCER, T. MOORE,
6	B. LER, B. PHALEN, F. NAVE, J. CARLSON, L. BREWSTER, K. ZOLNIKOV, B. MITCHELL, A. REGIER, P.
7	FIELDER, S. GALLOWAY, S. GIST, J. SCHILLINGER, K. SEEKINS-CROWE, M. MALONE, J. GILLETTE, C.
8	HINKLE, M. BINKLEY, R. MARSHALL, C. FRIEDEL, S. ESSMANN, M. YAKAWICH, T. BROCKMAN, T.
9	SMITH, G. PARRY, G. OBLANDER, N. NICOL, L. DEMING, D. EMRICH, C. SPRUNGER, G. NIKOLAKAKOS,
10	P. TUSS, J. BERGSTROM, G. KMETZ, P. GREEN, B. BARKER, W. RUSK, L. HELLEGAARD, J.
11	FITZPATRICK, N. HASTINGS
12	
13	A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR INDEPENDENT PRACTICE OF PHYSICIAN
14	ASSISTANTS; CLARIFYING COVERAGE OF PHYSICIAN ASSISTANTS UNDER HEALTHY MONTANA
15	KIDS, HEALTH MAINTENANCE ORGANIZATIONS, AND MULTIPLE WELFARE EMPLOYER
16	ARRANGEMENTS; AMENDING SECTIONS 33-22-114, 33-31-111, 33-35-306, <del>37-20-101, </del> 37-20-104, <u>37-20-</u>
17	<u>203,</u> 37-20-301, 37-20-401, 37-20-403, 37-20-404, 37-20-405, 37-20-410, 37-20-411, 50-5-1301, 50-12-102,
18	50-19-403, 50-20-109, AND 53-4-1005, MCA; <u>REPEALING SECTION 37-20-101, MCA</u> ; AND PROVIDING AN
19	IMMEDIATE EFFECTIVE DATE."
20	
21	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
22	
23	Section 1. Section 33-22-114, MCA, is amended to read:
24	"33-22-114. Coverage required for services provided by physician assistants, advanced
25	practice registered nurses, and registered nurse first assistants. An insurer, a health service corporation,
26	or any employee health and welfare fund that provides accident or health insurance benefits to residents of this
27	state shall provide, in group and individual insurance contracts, coverage as well as payment or reimbursement
28	for health services provided by:



(1)	a physician assistant as normally covered by contracts for services supplied by a physician	ı Iİ
health care ser	ces that the physician assistant <del>is approved to perform performs</del> are covered by the contra	ct

- (2) an advanced practice registered nurse, defined in 37-8-102, as normally covered by contracts for services supplied by a physician or a physician assistant if health care services that the advanced practice registered nurse is approved to perform are covered by the contract; and
- (3) a registered nurse first assistant, licensed under Title 37, chapter 8, as normally covered by contracts for surgical services supplied by a physician, a physician assistant, or an advanced practice registered nurse if surgical services that the registered nurse first assistant is approved to perform are covered by the contract."

## Section 2. Section 33-31-111, MCA, is amended to read:

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

- (2) Solicitation of enrollees by a health maintenance organization granted a certificate of authority or its representatives is not a violation of any law relating to solicitation or advertising by health professionals.
- (3) A health maintenance organization authorized under this chapter is not practicing medicine and is exempt from Title 37, chapter 3, relating to the practice of medicine.
- 22 (4) This chapter does not exempt a health maintenance organization from the applicable certificate 23 of need requirements under Title 50, chapter 5, parts 1 and 3.
  - (5) This section does not exempt a health maintenance organization from the prohibition of pecuniary interest under 33-3-308 or the material transaction disclosure requirements under 33-3-701 through 33-3-704. A health maintenance organization must be considered an insurer for the purposes of 33-3-308 and 33-3-701 through 33-3-704.
    - (6) This section does not exempt a health maintenance organization from:



1 (a) prohibitions against interference with certain communications as provided under Title 33, 2 chapter 1, part 8; 3 the provisions of Title 33, chapter 22, parts 7 and 19; (b) 4 (c) the requirements of 33-22-134 and 33-22-135; 5 (d) network adequacy and quality assurance requirements provided under chapter 36; or 6 (e) the requirements of Title 33, chapter 18, part 9. 7 (7) Other chapters and provisions of this title apply to health maintenance organizations as follows: 8 Title 33, chapter 1, parts 6, 12, and 13; 33-2-1114; 33-2-1211 and 33-2-1212; Title 33, chapter 2, parts 13, 19, 9 23, and 24; 33-3-401; 33-3-422; 33-3-431; Title 33, chapter 3, part 6; Title 33, chapter 10; Title 33, chapter 12; 10 33-15-308; Title 33, chapter 17; Title 33, chapter 19; 33-22-107; 33-22-114; 33-22-128; 33-22-129; 33-22-131; 11 33-22-136 through 33-22-139; 33-22-141 and 33-22-142; 33-22-152 and 33-22-153; 33-22-156 through 33-22-12 159; 33-22-180; 33-22-244; 33-22-246 and 33-22-247; 33-22-514 and 33-22-515; 33-22-521; 33-22-523 and 13 33-22-524; 33-22-526; and Title 33, chapter 32." 14 15 **Section 3.** Section 33-35-306, MCA, is amended to read: 16 "33-35-306. Application of insurance code to arrangements. (1) In addition to this chapter, self-17 funded multiple employer welfare arrangements are subject to the following provisions: 18 (a) 33-1-111; 19 (b) Title 33, chapter 1, part 4, but the examination of a self-funded multiple employer welfare 20 arrangement is limited to those matters to which the arrangement is subject to regulation under this chapter; 21 (c) Title 33, chapter 1, part 7; 22 (d) Title 33, chapter 2, parts 23 and 24; 23 (e) 33-3-308; 24 (f) Title 33, chapter 7; 25 (g) Title 33, chapter 18, except 33-18-242; 26 (h) Title 33, chapter 19; 27 (i) 33-22-107, 33-22-114, 33-22-128, 33-22-131, 33-22-134, 33-22-135, 33-22-138, 33-22-139, 28 33-22-141, 33-22-142, 33-22-152, and 33-22-153;



1	(j)	33-22-512, 33-22-515, 33-22-525, and 33-22-526;	
2	(k)	Title 33, chapter 22, part 7; and	
3	(I)	33-22-707.	
4	(2)	Except as provided in this chapter, other provisions of Title 33 do not apply to a self-funded	
5	multiple emplo	yer welfare arrangement that has been issued a certificate of authority that has not been	
6	revoked."		
7			
8	Section	n 4. Section 37-20-101, MCA, is amended to read:	
9	<del>"37-20</del>	-101. Qualifications of supervising physician and physician assistant. (1) The supervising	
10	physician nam	ed in the supervision agreement required by 37-20-301 shall:	
11	<del>(a) p</del>	ossess a current, active license to practice medicine in this state; and	
12	<del>(b) e</del>	xercise supervision over the physician assistant in accordance with the rules adopted by the	
13	board and retain professional and legal responsibility for the care and treatment of patients by the physician		
14	assistant.		
15	<del>(2)</del> A	physician assistant named in the supervision agreement required by 37-20-301 must have a	
16	current, active	Montana physician assistant license. "	
17			
18	Section	on 4. Section 37-20-104, MCA, is amended to read:	
19	"37-20	-104. Unlicensed practice penalties. (1) A person who employs a physician assistant or	
20	holds out to the	e public that the person is a physician assistant without having been issued a Montana physician	
21	assistant licens	se is guilty of a misdemeanor and is punishable as provided in 46-18-212.	
22	(2)	Prior to being issued a license and submitting a supervision agreement to the board, a	
23	physician assis	stant may not practice as a physician assistant in this state, even under the supervision of a	
24	licensed physic	<del>cian</del> .	
25	(3)	The board may enforce the provisions of this section by the remedy of injunction and the	
26	application of	other penalties as provided by law."	
27			



SECTION 5. SECTION 37-20-203, MCA, IS AMENDED TO READ:

1	"37-20-203. Licensing of physician assistants. (1) The board may issue either an active or inactive
2	license to a physician assistant applying for a license or license renewal in Montana.
3	(2) A physician assistant with fewer than 8,000 hours of postgraduate clinical experience shall
4	practice medicine with a collaborative agreement between the physician assistant and one or more
5	collaborating providers, who may be:
6	(a) a licensed physician; or
7	(b) a licensed physician assistant with 8,000 or more hours of postgraduate clinical experience.
8	(3) "Collaborative agreement" as used in this section means the interaction and relationship that a
9	physician assistant has with a collaborating provider as described in subsection (2), in which:
10	(a) the physician assistant and collaborating provider are cognizant of the physician assistant's
11	qualifications and limitations in caring for patients:
12	(b) the physician assistant consults with the collaborating provider while remaining responsible for
13	care provided by the physician assistant; and
14	(c) the collaborating provider gives direction and guidance to the physician assistant.
15	(4) A physician assistant with a collaborative agreement under subsection (2) shall:
16	(a) practice under written policies and procedures established at a practice level that:
17	(i) describe how collaboration will occur in accordance with subsection (2); and
18	(ii) describe methods for evaluating the physician assistant's competency, knowledge, and skills;
19	<u>and</u>
20	(b) provide a copy of the written policies and procedures and documentation of compliance under
21	this subsection (4) to the board upon the board's request.
22	(5) A licensed physician assistant actively practicing for 8,000 hours prior to October 1, 2023, is
23	exempt from the collaborative agreement requirement."
24	
25	Section 6. Section 37-20-301, MCA, is amended to read:
26	"37-20-301. Requirements for use of physician assistant practice supervision agreement
27	duties and delegation agreement content approval filing. (1) A physician, office, firm, state institution
28	or professional service corporation may not employ or make use of the services of a physician assistant in the



HB0313.2

1	practice of medicine, as defined in 37-3-102, and as provided in this chapter and a physician assistant may no		
2	be employed or practice as a physician assistant unless the physician assistant:		
3	(a) is supervised by a physician licensed in this state;		
4	(b)(1) is licensed by the board; and		
5	(c) has submitted a physician assistant supervision agreement to the board on a form prescribed by		
6	the department; and		
7	(d)(2) has paid to the board the applicable fees required by the board; AND		
8	(3) ENGAGES IN PRACTICE FOR WHICH THE PHYSICIAN ASSISTANT IS EDUCATIONALLY PREPARED AND FOR		
9	WHICH THE PHYSICIAN ASSISTANT HAS ACHIEVED AND MAINTAINED COMPETENCY.		
10	(2) A supervising physician and the supervised physician assistant shall execute a duties and		
11	delegation agreement constituting a contract that defines the physician assistant's professional relationship with		
12	the supervising physician and the limitations on the physician assistant's practice under the supervision of the		
13	supervising physician. The agreement must be kept current, by amendment or substitution, to reflect changes		
14	in the duties of each party occurring over time. The board may by rule specify other requirements for the		
15	agreement. A physician assistant licensed by the board before October 1, 2005, shall execute a duties and		
16	delegation agreement with a supervising physician by October 1, 2006.		
17	(3) A physician assistant and the physician assistant's supervising physician shall keep the		
18	supervision agreement and the duties and delegation agreement at their place of work and provide a copy upor		
19	request to a health care provider, a health care facility, a state or federal agency, the board, and any other		
20	individual who requests one."		
21			
22	Section 7. Section 37-20-401, MCA, is amended to read:		
23	"37-20-401. Definitions. As used in this chapter, the following definitions apply:		
24	(1) "Board" means the Montana state board of medical examiners established in 2-15-1731.		
25	(2) "Duties and delegation agreement" means a written contract between the supervising physician		
26	and the physician assistant that meets the requirements of 37-20-301.		
27	(3)(2) "Physician assistant" means a member of a health care team, licensed by the board, an		
28	individual licensed pursuant to this chapter who provides medical services that may include but are not limited		



1	to examination, diagnosis, prescription of medications, and treatment under the supervision of a physician
2	licensed by the board.
3	(4) "Supervising physician" means a medical doctor or doctor of osteopathy licensed by the board
4	who agrees to a supervision agreement and a duties and delegation agreement.
5	(5) "Supervision agreement" means a written agreement between a supervising physician and a
6	physician assistant providing for the supervision of the physician assistant."
7	
8	Section 8. Section 37-20-403, MCA, is amended to read:
9	"37-20-403. Physician assistant as agent of supervising physician degree of supervision
10	required scope of practice. (1) A physician assistant is considered the agent of the supervising physician
11	with regard to all duties delegated to the physician assistant and is professionally and legally responsible for the
12	care and treatment of a patient by a physician assistant licensed in accordance with this chapter. A health care
13	provider shall consider the instructions of a physician assistant as being the instructions of the supervising
14	physician as long as the instructions concern the duties delegated to the physician assistant.
15	(2) Onsite or direct supervision of a physician assistant by a supervising physician is not required if
16	the supervising physician has provided a means of communication between the supervising physician and the
17	physician assistant or an alternate means of supervision in the event of the supervising physician's absence.
18	(3)(2) A physician assistant may A physician assistant may:
19	(a) diagnose, examine, and treat human conditions, ailments, diseases, injuries, or infirmities,
20	either physical or mental, by any means, method, device, or instrumentality authorized by the supervising
21	<del>physician</del> :
22	(b) obtain informed consent;
23	(c) supervise, delegate, and assign therapeutic and diagnostic measures;
24	(d) certify the health or disability of a patient as required by any local, state, or federal program;
25	<u>and</u>
26	(e) authenticate any document that a physician may authenticate."
27	
28	Section 9. Section 37-20-404, MCA, is amended to read:



1	"37-20-404.	Prescribing and dispensing authority discretion of supervising physician on
2	limitation of authori	ity. (1) A physician assistant may prescribe, dispense, and administer drugs to the extent
3	authorized by the sup	pervising physician.
4	(2) All d	ispensing activities allowed by this section must comply with 37-2-104 and with packaging
5	and labeling guideline	es developed by the board of pharmacy under Title 37, chapter 7.
6	(3) The	prescribing and dispensing authority granted for a physician assistant may include the
7	following:	
8	(a) Pres	cribing, dispensing, and administration of Schedule III drugs listed in 50-32-226, Schedule
9	IV drugs listed in 50-	32-229, and Schedule V drugs listed in 50-32-232 is authorized.
10	(b) Pres	cribing, dispensing, and administration of Schedule II drugs listed in 50-32-224 may be
11	authorized for limited	periods not to exceed 34 days.
12	(c) Reco	ords on the dispensing and administration of scheduled drugs must be kept.
13	(d) A ph	ysician assistant shall maintain registration with the federal drug enforcement
14	administration if the p	physician assistant is authorized by the supervising physician to prescribe controlled
15	substances.	
16	(e) A pre	escription written by a physician assistant must comply with regulations relating to
17	prescription requirem	nents adopted by the board of pharmacy."
18		
19	Section 10.	Section 37-20-405, MCA, is amended to read:
20	"37-20-405.	Billing. A supervising physician physician assistant, medical office, firm, institution, or
21	other entity may bill f	or a service provided by a <del>supervised</del> physician assistant."
22		
23	Section 11.	Section 37-20-410, MCA, is amended to read:
24	"37-20-410.	Participation in disaster and emergency care liability of physician assistant and
25	supervising physici	ian. (1) A physician assistant licensed in this state, licensed or authorized to practice in
26	another state, territor	y, or possession of the United States, or credentialed as a physician assistant by a federal
27	employer who provid	es medical care in response to an emergency or a federal, state, or local disaster may



provide that care either without supervision as required by this chapter or with whatever supervision is

available. The provision of care allowed by this subsection is limited to for the duration of the emergency or disaster.

- (2) A physician who supervises a physician assistant providing medical care in response to an emergency or disaster as described in subsection (1) need not comply with the requirements of this chapter applicable to supervising physicians.
- (3)(2) A physician assistant referred to in subsection (1) who voluntarily, gratuitously, and other than in the ordinary course of employment or practice renders emergency medical care during an emergency or disaster described in subsection (1) is not liable for civil damages for a personal injury resulting from an act or omission in providing that care if the injury is caused by simple or ordinary negligence and if the care is provided somewhere other than in a health care facility as defined in 50-5-101 or a physician's office where those services are normally provided.
- (4) A physician who supervises a physician assistant voluntarily and gratuitously providing emergency care at an emergency or disaster described in subsection (1) is not liable for civil damages for a personal injury resulting from an act or omission in supervising the physician assistant if the injury is caused by simple or ordinary negligence on the part of the physician assistant providing the care or on the part of the supervising physician."

- Section 12. Section 37-20-411, MCA, is amended to read:
- "37-20-411. Unlawful acts. A person who performs acts constituting the practice of medicine in this state acts unlawfully if the person:
  - (1)— has not been issued a license pursuant to this chapter and is not exempt from the licensing requirement of this chapter; or
  - (2) has received a license pursuant to this chapter but has not completed a duties and delegation agreement or a supervision agreement."

- **Section 13.** Section 50-5-1301, MCA, is amended to read:
- 27 "50-5-1301. **Definitions.** As used in this part, the following definitions apply:
- 28 (1) "Adult" means any person 18 years of age or older.



1	(2)	"Advanced practice registered nurse" means an individual who is licensed under 1 itle 37,
2	chapter 8, to p	practice professional nursing in this state and who has fulfilled the requirements of the board of
3	nursing pursuant to 37-8-202 and 37-8-409.	
4	(3)	"Attending health care provider" means the physician, advanced practice registered nurse, or
5	physician assi	stant, whether selected by or assigned to a patient, who has primary responsibility for the
6	treatment and	care of the patient.
7	(4)	"Decisional capacity" means the ability to provide informed consent to or refuse medical
8	treatment or th	ne ability to make an informed health care decision as determined by a health care provider
9	experienced in	this type of assessment.
10	(5)	"Health care facility" means a hospital, critical access hospital, or facility providing skilled
11	nursing care a	s those terms are defined in 50-5-101.
12	(6)	"Health care provider" means any individual licensed or certified by the state to provide health
13	care.	
14	(7)	"Interested person" means a patient's:
15	(a)	spouse;
16	(b)	parent;
17	(c)	adult child, sibling, or grandchild; or
18	(d)	close friend.
19	(8)	"Medical proxy decisionmaker" means a physician or advanced practice registered nurse
20	designated by	the attending health care provider.
21	(9)	"Physician" means an individual licensed pursuant to Title 37, chapter 3.
22	(10)	"Physician assistant" means an individual licensed pursuant to Title 37, chapter 20, whose
23	duties and del	egation agreement authorizes the individual to undertake the activities allowed under this part.
24	(11)	(a) "Lay proxy decisionmaker" means an interested person selected pursuant to this part
25	authorized to	make medical decisions and discharge and transfer dispositions for a patient who lacks decisional
26	capacity.	



(b)

27

28

The term does not include the patient's attending health care provider."

1	Section 14. Section 50-12-102, MCA, is amended to read:	
2	"50-12	2-102. <b>Definitions.</b> As used in this part, the following definitions apply:
3	(1)	"Eligible patient" means an individual who meets the requirements of 50-12-104.
4	(2)	"Health care facility" has the meaning provided in 50-5-101.
5	(3)	"Health care provider" means any of the following individuals licensed pursuant to Title 37:
6	(a)	a physician;
7	(b)	an advanced practice registered nurse authorized by the board of nursing to prescribe
8	medicine; and	
9	(c)	a physician assistant whose duties and delegation agreement allows the physician assistant to
10	undertake the	activities allowed under this part.
11	(4)	"Investigational drug, biological product, or device" means a drug, biological product, or device
12	that:	
13	(a)	has successfully completed phase 1 of a clinical trial but has not yet been approved for general
14	use by the Un	ited States food and drug administration; and
15	(b)	remains under investigation in a United States food and drug administration-approved clinical
16	trial.	
17	(5)	"Terminal illness" means a progressive disease or medical or surgical condition that:
18	(a)	entails significant functional impairment;
19	(b)	is not considered by a treating health care provider to be reversible even with administration of
20	a treatment cu	rrently approved by the United States food and drug administration; and
21	(c)	without life-sustaining procedures, will result in death.
22	(6)	"Written informed consent" means a written document that meets the requirements of 50-12-
23	105."	
24		
25	Section	on 15. Section 50-19-403, MCA, is amended to read:
26	"50-19	9-403. Local fetal, infant, child, and maternal mortality review team. (1) A local fetal, infant,
27	child, and mat	ernal mortality review team must be approved by the department of public health and human
28	services. Appi	oval may be given if:



- 11 -

1	(a)	the county health department, a tribal health department if the tribal government agrees, or
2	both are repres	sented on the team and the plan provided for in subsection (1)(e) includes the roles of the county
3	health department, tribal health department, or both;	
4	(b)	a lead person has been designated for the purposes of management of the review team;
5	(c)	at least five of the individuals listed in subsection (2) have agreed to serve on the review team;
6	(d)	a team reviewing a maternal death includes at least one obstetrician, one family practice
7	physician, or or	ne physician assistant whose duties and delegation agreement experience includes obstetrical
8	care; and	
9	(e)	the team has developed a plan that includes, at a minimum, operating policies of the review
10	team covering	collection and destruction of information obtained pursuant to 44-5-303(4) or 50-19-402(2).
11	(2)	If a local fetal, infant, child, and maternal mortality review team is established, the team must
12	be multidiscipli	nary and may include only:
13	(a)	the county attorney or a designee;
14	(b)	a law enforcement officer;
15	(c)	the medical examiner or coroner for the jurisdiction;
16	(d)	a physician;
17	(e)	a school district representative;
18	(f)	a representative of the local health department;
19	(g)	a representative from a tribal health department, appointed by the tribal government;
20	(h)	a representative from a neighboring county or tribal government if there is an agreement to
21	review deaths f	for that county or tribe;
22	(i)	a representative of the department of public health and human services;
23	(j)	a forensic pathologist;
24	(k)	a pediatrician;
25	(I)	a family practice physician;
26	(m)	an obstetrician;
27	(n)	a nurse practitioner;
28	(o)	a public health nurse:



23 HB0313.2

1	(p)	a mental health professional;
2	(q)	a local trauma coordinator;
3	(r)	a representative of the bureau of Indian affairs or the Indian health service, or both, who is
4	located within t	he county;
5	<u>(s)</u>	a physician assistant; and
6	<del>(s)</del> (t)	representatives of the following:
7	(i)	local emergency medical services;
8	(ii)	a local hospital;
9	(iii)	a local hospital medical records department;
10	(iv)	a local governmental fire agency organized under Title 7, chapter 33; and
11	(v)	the local registrar.
12	(3)	The designated lead person for the team shall submit membership lists to the department of
13	public health a	nd human services annually."
14		
15	Sectio	n 16. Section 50-20-109, MCA, is amended to read:
16	"50-20	-109. Control of practice of abortion. (1) Except as provided in 50-20-401, an abortion may
17	not be perform	ed within the state of Montana:
18	(a)	except by a licensed physician or physician assistant;
19	(b)	on an unborn child capable of feeling pain, except as provided in 50-20-603.
20	<del>(2) T</del>	ne supervision agreement of a physician assistant may provide for performing abortions.
21	<del>(3)</del> (2)	Violation of subsection (1) is a felony."
22		
23	Sectio	n 17. Section 53-4-1005, MCA, is amended to read:
24	"53-4-1	005. (Temporary) Benefits provided. (1) Benefits provided to participants in the program
25	may include bu	at are not limited to:
26	(a)	inpatient and outpatient hospital services;
27	(b)	physician, physician assistant, and advanced practice registered nurse services;
28	(c)	laboratory and x-ray services;



1	(d)	well-child and well-baby services;	
2	(e)	immunizations;	
3	(f)	clinic services;	
4	(g)	dental services;	
5	(h)	prescription drugs;	
6	(i)	mental health and substance abuse treatment services;	
7	(j)	habilitative services as defined in 53-4-1103;	
8	(k)	hearing and vision exams; and	
9	(1)	eyeglasses.	
10	(2)	The program must comply with the provisions of 33-22-153.	
11	(3)	The department shall adopt rules, pursuant to its authority under 53-4-1009, allowing it to cover	
12	significant dental needs beyond those covered in the basic plan. Expenditures under this subsection may not		
13	exceed \$100,0	00 in state funds, plus any matched federal funds, each fiscal year.	
14	(4)	The department is specifically prohibited from providing payment for birth control	
15	contraceptives	under this program.	
16	(5)	The department shall notify enrollees of any restrictions on access to health care providers, of	
17	any restrictions	s on the availability of services by out-of-state providers, and of the methodology for an out-of-	
18	state provider t	to be an eligible provider. (Terminates on occurrence of contingencysec. 15, Ch. 571, L. 1999;	
19	sec. 3, Ch. 169	9, L. 2007; sec. 10, Ch. 97, L. 2013; sec. 5, Ch. 399, L. 2017.)"	
20			
21	NEW S	SECTION. Section 18. Repealer. The following section of the Montana Code Annotated	
22	IS REPEALED:		
23	<u>37-20-</u>	101. QUALIFICATIONS OF SUPERVISING PHYSICIAN AND PHYSICIAN ASSISTANT.	
24			
25	NEW S	SECTION. Section 19. Effective date. [This act] is effective on passage and approval.	
26		- END -	

