



AN ACT ESTABLISHING LIMITS ON COST-SHARING AMOUNTS FOR INSULIN PRESCRIPTIONS;
AMENDING SECTIONS 33-22-129 AND 33-35-306, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE
AND AN APPLICABILITY DATE.

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

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 up to a 30-day supply of insulin, regardless of the amount or type of insulin prescribed.

(2) The limitation in this section applies to insulin covered by the insurer's formulary.

(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

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

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

(3) (a) 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 diabetic equipment and supplies that is limited to insulin, syringes, injection aids, devices for self-monitoring of glucose levels (including those for the visually impaired), test strips, visual reading and urine test strips, one insulin pump for each warranty period, accessories to insulin pumps, one prescriptive oral agent for controlling blood sugar levels for each class of drug approved by the United States food and drug administration, and glucagon emergency kits.

(b) Coverage for insulin must limit the insured's required copayment or other cost-sharing requirement for insulin to \$35 for up to a 30-day supply of insulin, regardless of the amount or type of insulin prescribed. The limitation in this subsection (3)(b) applies to insulin covered by the insurer's or group health plan's formulary.

(4) Annual copayment and deductible provisions are subject to the same terms and conditions applicable to all other covered benefits within a given policy.

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

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

(b) Any employee group insurance program of a city, town, county, school district, or other political subdivision of this state that reduces or discontinues substantially equivalent or greater coverage after January 1, 2002, is subject to the provisions of this section."

Section 3. Section 33-35-306, MCA, is amended to read:

"33-35-306. Application of insurance code to arrangements. (1) In addition to this chapter, self-funded multiple employer welfare arrangements are subject to the following provisions:

- (a) 33-1-111;
 - (b) Title 33, chapter 1, part 4, but the examination of a self-funded multiple employer welfare arrangement is limited to those matters to which the arrangement is subject to regulation under this chapter;
 - (c) Title 33, chapter 1, part 7;
 - (d) Title 33, chapter 2, parts 23 and 24;
 - (e) 33-3-308;
 - (f) Title 33, chapter 7;
 - (g) Title 33, chapter 18, except 33-18-242;
 - (h) Title 33, chapter 19;
 - (i) 33-22-107, 33-22-128, 33-22-129, 33-22-131, 33-22-134, 33-22-135, 33-22-138, 33-22-139, 33-22-141, 33-22-142, 33-22-152, and 33-22-153;
 - (j) 33-22-512, 33-22-515, 33-22-525, and 33-22-526;
 - (k) Title 33, chapter 22, part 7; and
 - (l) 33-22-707.
- (2) Except as provided in this chapter, other provisions of Title 33 do not apply to a self-funded multiple employer welfare arrangement that has been issued a certificate of authority that has not been revoked."

Section 4. Codification instruction. [Section 1] is intended to be codified as an integral part of Title 33, chapter 22, part 3, and the provisions of Title 33, chapter 22, part 3, apply to [section 1].

Section 5. Effective date. [This act] is effective January 1, 2024.

Section 6. Applicability. [This act] applies to plans and policies issued on or after January 1, 2024.

- END -

I hereby certify that the within bill,
SB 340, originated in the Senate.

Secretary of the Senate

President of the Senate

Signed this _____ day
of _____, 2023.

Speaker of the House

Signed this _____ day
of _____, 2023.

SENATE BILL NO. 340

INTRODUCED BY J. SMALL

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