

# MANDATED BENEFITS IN HEALTH INSURANCE PLANS

## LEGISLATOR NOTICE

The Legislative Services Division is required to offer a brief history on the subject matter of a bill draft request prior to drafting. (5-4-105, MCA; [Chapter 309, Laws of 2017](#)) The history must include related legislation introduced over the last five sessions and hyperlinks to the bill, hearing information, and fiscal notes. The links below open to the page showing the status and history of bills introduced on this topic in the past. The bill text and any related fiscal notes can be accessed through the link at the top of that page.

**Legislation can be complex and this history is not intended to be exhaustive. Please contact the drafter of the requested bill for more information.**

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## Background Materials and Research

**Topic Summary:** A health insurance mandate is created when a state requires health insurance plans to cover a certain type of health care service or provider. Montana legislatures have enacted a number of mandates in the past, such as coverage of autism spectrum disorders, coverage for care provided by chiropractors and various types of therapists, and coverage of services provided through telemedicine. These mandates can only be imposed on insurance plans regulated by the state. Those include state and local government employee plans, the state Medicaid program, the Healthy Montana Kids Plan, and some private insurance plans. The state cannot require plans that fall under the federal Employee Retirement Income Security Act (ERISA) to cover specific services or providers. Many Montanans are covered by ERISA-regulated plans.

The Patient Protection and Affordable Care Act of 2010 established an online marketplace for buying health insurance coverage. The federal law required states to cover the cost of any new state-imposed mandates for insurance plans sold in that marketplace. The U.S. Department of Health and Human Services has determined that a state-required benefit would be one specific to the care, treatment, and services that a state requires insurers to offer. Changes related to how those services are paid for or delivered are not considered new mandates.

### Other Materials:

- National Conference of State Legislatures Materials:
  - [Mandated Health Insurance Benefits and State Laws](#), December 2015
  - [State Insurance Mandates and the ACA Essential Health Benefits Provision](#), April 2018
- Affordable Care Act: Statutory Requirements and Related Regulations
  - [42 U.S. Code §18031: Affordable choice of health benefit plans](#) (see subsection (d)(3)(B))
  - [45 CFR 155.170: Additional Required Benefits](#), Code of Federal Regulations
- [Health Insurance Mandates in the States 2012](#), Council for Affordable Health Insurance, 2012

## Introduced Legislation

A status of "Chapter Number Assigned" means the bill was passed by the Legislature, signed by the governor, and became law.

### **2021**

[House Bill No. 43](#) (Chapter Number Assigned) -- AN ACT GENERALLY REVISING LAWS RELATING TO TELEHEALTH; PROHIBITING CERTAIN CONTRACT PROVISIONS THAT IMPOSE SITE RESTRICTIONS ON TELEHEALTH; PROVIDING THAT A PREVIOUSLY ESTABLISHED PATIENT-HEALTH CARE PROVIDER RELATIONSHIP IS NOT REQUIRED TO RECEIVE SERVICES BY TELEHEALTH; REVISING THE DEFINITION OF TELEMEDICINE; EXTENDING THE COVERAGE REQUIREMENT TO PUBLIC EMPLOYEE BENEFIT PLANS AND SELF-INSURED STUDENT HEALTH PLANS; PROVIDING RULEMAKING AUTHORITY; AMENDING SECTIONS 2-18-704, 20-25-1303, 20-25-1403, 33-22-138, 37-3-102, 37-11-101, 37-11-105, AND 50-46-302, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

[House Bill No. 291](#) (Chapter Number Assigned) -- AN ACT REQUIRING COVERAGE OF AMPLIFICATION DEVICES AND RELATED SERVICES FOR CHILDREN WITH HEARING LOSS; AMENDING SECTIONS 2-18-704, 33-31-111, AND 33-35-306, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE AND AN APPLICABILITY DATE.

[House Bill No. 299](#) (Tabled in Senate Committee) -- AN ACT REVISING INSURANCE COVERAGE REQUIREMENTS FOR SELF-MANAGEMENT TRAINING AND EDUCATION FOR DIABETES; AMENDING SECTIONS 2-18-704, 33-22-129, AND 33-35-306, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

[Senate Bill No. 369](#) (Tabled in Senate Committee) -- AN ACT GENERALLY REVISING HEALTH CARE INSURANCE LAWS; PROVIDING FOR PAY EQUITY FOR TELEMEDICINE SERVICES PROVIDED BY CERTAIN HEALTH CARE PROVIDERS; EXTENDING TELEMEDICINE COVERAGE AND PARITY REQUIREMENTS TO PUBLIC EMPLOYEE BENEFIT PLANS, STUDENT HEALTH PLANS, AND MEDICAID; AMENDING SECTIONS 2-18-704, 20-25-1403, 33-31-111, 33-35-306, AND 53-6-101, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

### **2019**

[House Bill No. 434](#) (Tabled in Senate Committee) -- AN ACT REVISING THE REQUIREMENTS FOR INSURANCE COVERAGE OF AUTISM SPECTRUM DISORDERS; AMENDING SECTIONS 33-22-515 AND 33-22-703, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

[House Bill No. 595](#) (Tabled in House Committee) -- AN ACT REQUIRING INSURANCE COVERAGE OF A 12-MONTH SUPPLY OF PRESCRIPTION CONTRACEPTIVES; AMENDING SECTIONS 33-22-101, 33-31-111, AND 33-35-306, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

[House Bill No. 771](#) (Tabled in House Committee) -- AN ACT CREATING THE "ENSURING ACCESS TO HIGH-QUALITY CARE FOR THE TREATMENT OF OPIOID USE DISORDER ACT"; REQUIRING INSURANCE AND MEDICAID COVERAGE OF MEDICATION-ASSISTED TREATMENT OF OPIOID USE DISORDER; ESTABLISHING REQUIREMENTS FOR FACILITIES TREATING OPIOID USE DISORDER; PROVIDING

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A PENALTY; AMENDING SECTIONS 33-22-502, 33-31-111, 33-35-306, 37-7-504, 50-5-103, 50-5-207, 53-6-101, AND 53-24-208, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

[Senate Bill No. 280](#) (Tabled in Senate Committee) -- AN ACT CREATING THE "ENSURING ACCESS TO HIGH-QUALITY CARE FOR THE TREATMENT OF SUBSTANCE USE DISORDERS ACT"; REQUIRING INSURANCE AND MEDICAID COVERAGE OF MEDICATION-ASSISTED TREATMENT; ESTABLISHING REQUIREMENTS FOR ASSESSMENTS BY SUBSTANCE USE DISORDER TREATMENT FACILITIES; AMENDING SECTIONS 2-18-704, 33-1-501, 33-22-201, 33-22-502, 33-31-111, 33-35-306, 50-5-103, 50-5-207, 53-6-101, AND 53-24-208, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE AND AN APPLICABILITY DATE.

### **2017**

[House Bill No. 142](#) (Chapter Number Assigned) -- AN ACT PROVIDING PARITY BETWEEN MENTAL HEALTH AND PHYSICAL HEALTH INSURANCE COVERAGE IN GROUP, INDIVIDUAL, HEALTH MAINTENANCE ORGANIZATION, AND MULTIPLE EMPLOYER WELFARE ARRANGEMENT PLANS AND POLICIES, INCLUDING STATE, LOCAL GOVERNMENT, AND MONTANA STATE UNIVERSITY PLANS AND POLICIES; REVISING DEFINITIONS; EXTENDING RULEMAKING AUTHORITY; REPEALING LIMITED POLICY APPLICATIONS; AMENDING SECTIONS 2-18-704, 33-22-701, 33-22-702, 33-22-703, 33-22-705, 33-31-111, AND 33-35-306, MCA; REPEALING SECTIONS 33-22-704 AND 33-22-706, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE .

[House Bill No. 453](#) (Died in Standing Committee) -- AN ACT REQUIRING THE STATE MEDICAID PROGRAM TO COVER SERVICES PROVIDED BY MARRIAGE AND FAMILY THERAPISTS; AMENDING SECTION 53-6-101, MCA; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 488](#) (Died in Standing Committee) -- AN ACT PROVIDING REQUIREMENTS FOR THE AMOUNT OF COPAYMENTS OR COINSURANCE FOR CHIROPRACTIC HEALTH CARE SERVICES; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND AN APPLICABILITY DATE.

[House Bill No. 505](#) (Died in Standing Committee) -- AN ACT ESTABLISHING REQUIREMENTS FOR INSURANCE COVERAGE OF PRESCRIPTION CONTRACEPTIVES, INCLUDING COVERAGE OF A 12-MONTH SUPPLY OF A CONTRACEPTIVE; AMENDING SECTIONS 2-18-704, 20-25-1403, 33-22-101, 33-31-111, 33-35-306, 53-4-1005, AND 53-6-101, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

[House Bill No. 637](#) (Died in Standing Committee) -- AN ACT PROVIDING REQUIREMENTS FOR THE AMOUNT OF COPAYMENTS OR COINSURANCE FOR CHIROPRACTIC HEALTH CARE SERVICES; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND AN APPLICABILITY DATE.

[Senate Bill No. 129](#) (Chapter Number Assigned) -- AN ACT REQUIRING INSURANCE COVERAGE FOR DENTAL SERVICES OFFERED BY TELEMEDICINE; AMENDING SECTION 33-22-138, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

[Senate Bill No. 199](#) (Chapter Number Assigned) -- AN ACT REQUIRING THE HEALTHY MONTANA KIDS PLAN TO COVER HABILITATIVE SERVICES; PROVIDING A DEFINITION; AMENDING SECTIONS 53-4-1005, 53-4-1103, AND 53-6-101, MCA; AND PROVIDING AN EFFECTIVE DATE AND A TERMINATION DATE.

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### **2015**

[House Bill No. 318](#) (Chapter Number Assigned) -- AN ACT REQUIRING COVERAGE OF CERTAIN THERAPIES FOR CHILDREN WITH DOWN SYNDROME; AMENDING SECTIONS 2-18-704, 33-31-111, AND 33-35-306, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE AND AN APPLICABILITY DATE.

[Senate Bill No. 192](#) (Chapter Number Assigned) -- AN ACT AMENDING HEALTH INSURANCE LAWS TO EXPAND FREEDOM OF CHOICE TO ADDITIONAL PRACTITIONERS; AMENDING SECTION 33-22-111, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE.

[Senate Bill No. 243](#) (Missed Deadline for General Bill Transmittal) -- AN ACT REQUIRING INSURERS AND HEALTH SERVICE CORPORATIONS TO PAY AT EQUAL RATES FOR THE EQUIVALENT SERVICE BY A HEALTH CARE PROVIDER; INCLUDING CHIROPRACTORS AMONG THE HEALTH CARE PROVIDERS THAT MAY BE COVERED BY HEALTH SERVICE CORPORATION CONTRACTS; AND AMENDING SECTIONS 33-22-111 AND 33-30-305, MCA.

[Senate Bill No. 366](#) (Died in Standing Committee) -- AN ACT REQUIRING THE CHILDREN'S HEALTH INSURANCE PROGRAM TO COVER TREATMENT OF AUTISM SPECTRUM DISORDER; AMENDING SECTION 53-4-1005, MCA; AND PROVIDING AN EFFECTIVE DATE AND A CONTINGENT TERMINATION DATE.

### **2013**

[House Bill No. 441](#) (Died in Standing Committee) -- AN ACT REQUIRING INSURANCE COVERAGE OF MAMMOGRAMS FOR CERTAIN WOMEN UNDER 35 YEARS OF AGE; EXTENDING THE COVERAGE REQUIREMENT TO STATE EMPLOYEES AND OFFICERS AND EMPLOYEES OF THE UNIVERSITY SYSTEM; AMENDING SECTIONS 2-18-704 AND 33-22-132, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

[Senate Bill No. 55](#) (Chapter Number Assigned) -- AN ACT CLARIFYING THAT ISSUERS OF HEALTH INSURANCE COVERAGE MAY NOT DENY ROUTINE PATIENT COSTS FOR INDIVIDUALS IN AN APPROVED CLINICAL TRIAL; PROVIDING DEFINITIONS; AMENDING SECTIONS 2-18-704, 33-22-101, 33-31-111, 33-35-306, 53-4-1005, AND 53-6-101, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A TERMINATION DATE.

[Senate Bill No. 270](#) (Chapter Number Assigned) -- AN ACT REQUIRING INSURANCE COVERAGE FOR HEALTH CARE SERVICES PROVIDED VIA TELEMEDICINE; AMENDING SECTIONS 33-22-101, 33-31-111, AND 33-35-306, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE.

### **2011**

[House Bill No. 239](#) (Died in Standing Committee) -- A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR REVIEW OF A PROPOSED MANDATED HEALTH INSURANCE BENEFIT, A PROPOSED CHANGE TO A MANDATED BENEFIT, AND EXISTING MANDATED BENEFITS BY THE COMMISSIONER OF INSURANCE; REQUIRING SUBMISSION OF LEGISLATION TO REPEAL EXISTING MANDATED BENEFITS THAT ARE NOT COST-EFFECTIVE; AND PROVIDING AN EFFECTIVE DATE.

[House Bill No. 547](#) (Chapter; Number Assigned) -- AN ACT PROVIDING INSURANCE COVERAGE FOR ADVANCED PRACTICE REGISTERED NURSES AND REGISTERED NURSE FIRST ASSISTANTS IN A MANNER SIMILAR TO PHYSICIAN ASSISTANTS; INCLUDING REGISTERED NURSE FIRST ASSISTANTS AS PROVIDERS IN HEALTH MAINTENANCE ORGANIZATIONS; REQUIRING THE BOARD OF NURSING TO

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SPECIFY CRITERIA FOR A REGISTERED NURSE FIRST ASSISTANT; AMENDING SECTIONS 33-22-114, 33-31-102, AND 37-8-202, MCA; AND PROVIDING AN EFFECTIVE DATE.

[Senate Bill No. 249](#) (Died in Standing Committee) -- A BILL FOR AN ACT ENTITLED: "AN ACT SETTING THE MINIMUM INSURANCE PAYMENT FOR MAMMOGRAPHY EXAMINATIONS; AMENDING SECTIONS 2-18-704, 33-22-132, 33-22-1827, AND 33-31-102, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE."

[Senate Bill No. 370](#) (Vetoed by Governor) -- AN ACT REQUIRING A COST-BENEFIT ANALYSIS BEFORE ENACTMENT OF HEALTH INSURANCE MANDATES; LIMITING INITIAL MANDATES TO STATE EMPLOYEE HEALTH BENEFIT PLANS; REQUIRING TERMINATION DATES AND CONDITIONS FOR CONTINUATION; REQUIRING THE DEPARTMENT OF ADMINISTRATION AND THE COMMISSIONER OF INSURANCE TO PROVIDE SEPARATE COST-BENEFIT ANALYSES.

### **2009**

[House Bill No. 325](#) (Died in Standing Committee) -- AN ACT PROVIDING INSURANCE COVERAGE FOR COLORECTAL CANCER EARLY DETECTION SCREENING; AMENDING SECTIONS 33-22-101, 33-31-111, AND 33-35-306, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE AND AN APPLICABILITY DATE.

[House Bill No. 599](#) (Died in Standing Committee) -- AN ACT PROVIDING THAT INSURANCE COVERAGE FOR A PRESCRIBED, ORALLY ADMINISTERED ANTICANCER MEDICATION MUST BE PROVIDED ON A BASIS THAT IS NOT LESS FAVORABLE THAN THE COVERAGE FOR INTRAVENOUSLY ADMINISTERED OR INJECTED CANCER MEDICATIONS.

[Senate Bill No. 234](#) (Chapter Number Assigned) -- AN ACT REQUIRING INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS; AMENDING SECTIONS 33-1-102, 33-22-706, 33-31-111, AND 33-35-306, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE AND AN APPLICABILITY DATE.

### **Prepared By:**

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