# SENATE BILL NO. 352

# INTRODUCED BY BLAYLOCK, HIMSL, TOWE, TURNAGE, ECK, McCALLUM BY REQUEST OF THE INSURANCE DEPARTMENT

# IN THE SENATE

Pebruary 2, 1981	Introduced and referred to Committee on Business and Industry.
February 5, 1981	Piscal note requested.
February 9, 1981	Piscal note returned.
February 13, 1981	Committee recommend bill do pass as amended. Report adopted.
February 14, 1981	Bill printed and placed on members' desks.
February 16, 1981	Second reading, do pass.
February 17, 1981	Correctly engrossed.
February 18, 1981	Third reading, passed. Ayes, 49; Noes, 0. Transmitted to House.

# IN THE HOUSE

February 19, 1981	Introduced and referred to Committee on Business and Industry.
March 13, 1981	Committee recommend bill be concurred in as amended. Report adopted.
March 20, 1981	Motion pass consideration until the 65th legislative day.

March 27, 1981 Second reading, concurred in. March 30, 1981 On motion rules suspended and bill allowed to be transmitted on the 71st legislative day. Motion adopted. March 31, 1981 Third reading, concurred in as amended. Ayes, 55; Roes, 42. IN THE SENATE April 1, 1981 Returned from House with amendments. April 10, 1981 Second reading, amendments not concurred in. April 11, 1981 On motion Conference Committee requested and appointed. April 15, 1981 Conference Committee reported. April 17, 1981 Second reading, Conference Committee report adopted. Third reading, Conference Committee report adopted. Ayes, 47; Noes, 0. Transmitted to House. IN THE HOUSE Conference Committee report April 21, 1981 adopted. IN THE SENATE Returned from House. Sent April 22, 1981 to enrolling. Reported correctly enrolled.

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5 A BILL FOR AN ACT ENTITLED: "AN ACT TO INSURE THE

6 AVAILABILITY OF BASIC LEVELS OF BENEFITS UNDER DISABILITY

INSURANCE POLICIES AND CONTRACTS FOR THE CARE AND TREATMENT

B OF MENTAL ILLNESS; AMENDING SECTIONS 33-22-701 THROUGH

9 33-22-704, MCA.

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

Section 1. Section 33-22-701, MCA, is amended to read:

"33-22-701. Purpose. The purpose of this part is to
encourage consumers to avail themselves of basic levels of
benefits under health insurance policies and contracts for
the care and treatment of <u>mental illness</u>, alcoholism, and
drug addiction and to preserve the rights of the consumer to

18 select such coverage according to his medical and economic

19 needs."

20 Section 2. Section 33-22-702, MCA, is amended to read:

"33-22-702. Definitions. For purposes of this part;

the following definitions apply:

23 (1) "Inpatient hospital benefits" means benefits
24 payable for charges made by a hospital, as defined in the
25 policy or contract, for the necessary care and treatment of

mental illness: alcoholism: or drug addiction furnished to a covered person while confined as a hospital inpatient and, with respect to major medical policies or contracts, also includes those benefits payable for charges made by a physician, as defined in the policy or contract, for the necessary care and treatment of mental illness, alcoholism: or drug addiction furnished to a covered person while confined as a hospital inpatient.

- (2) "Outpatient benefits" means benefits payable for;
- 10 (a) reasonable charges made by a hospital for the
  11 necessary care and treatment of mental illness. alcoholism.
  12 or drug addiction furnished to a covered person while not
  13 confined as a hospital inpatient;
  - (b) reasonable charges for services rendered or prescribed by a physician for the necessary care and treatment for mental\_illness\* alcoholism\* or drug addiction furnished to a covered person while not confined as a hospital inpatient; and
  - (c) reasonable charges made by an a mental illness:
    alcoholism, or drug addiction treatment center for the
    necessary care and treatment of a covered person provided in
    the treatment center.
  - (3) "Alcoholism treatment center" and "drug addiction treatment center" mean a treatment facility which provides a program for the treatment of alcoholism or drug addiction

1	pursuant	to a written	treatment	plan approved	and monitore
2	by a phys	ician, and wh	ich facilit	y is also:	
3	(a)	affiliated w	ith a hosp	ital under	a <b>c</b> ontractua

4 agreement with an established system for patient referral;
5 or

6

7

- (b) licensed, certified, or approved as an alcoholism or drug addiction treatment center by the state.
- 8 (4) "Mental health treatment center" means a treatment
  9 facility organized to provide care and treatment for mental
  10 illness through multiple modalities or techniques pursuant
  11 to a written treatment plan approved and monitored by an
  12 interdisciplinary teams including a licensed physicians
  13 psychiatric social workers and psychologists and which
  14 facility is also:
- 15 (a) licensed as a mental health treatment center by
  16 the state:
- 17 (b) funded or eligible for funding under federal or
  18 state law: or
- 19 (c) affiliated with a bospital under a contractual
  20. agreement with an established system for patient referral.
- 21 (5) "Mental illness" means neurosis, psychoneurosis.
- 22 psychopathy. psychosis. or personality disorder.
- 23 Section 3. Section 33-22-703, MCA, is amended to read:
- 24 \*33-22-703. Availability of coverage for mental
- 25 <u>illness\*</u> alcoholism\* and drug addiction\* Insurers and health

- 1 service corporations transacting health insurance in this
- 2 state must make available under hospital and medical
- 3 expenses incurred insurance policies and under hospital and
- 4 medical service plan contracts the level of benefit:
- 5 specified in this section for the necessary care and
- 6 treatment of mental illness: alcoholism: and drug addiction
- 7 subject to the right of the applicant for a group or
- a individual policy or contract to reject the coverage or to
  - select any alternative level of benefits as may be offered
- 10 by the insurer or service plan corporation.
- 11 (1) Under basic hospital expense policies or
- 12 contracts, inpatient hospital benefits consisting
- 13 durational limits, dollar limits, deductibles, and
- 14 coinsurance factors that are not less favorable than for
- 15 physical illness generally, except that benefits may be
- 16 limited to not less than 30 calendar days per year as
  - defined in the policy or contract.

- 18 (2) Under major medical policies or contracts,
- 19 inpatient hospital benefits and outpatient benefits
- 20 consisting of durational limits, dollar limits, deductibles,
- 21 and coinsurance factors that are not less favorable than for
- 22 physical illness generally, except that:
- (a) inpatient hospital benefits may be limited to 30
- 24 calendar days per year as defined in the policy or contract.
- 25 If inpatient hospital benefits are provided beyond 30

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calendar days per year, the durational limits, dollar limits, deductibles, and coinsurance factors applicable thereto need not be the same as applicable to physical illness generally.

2.3

- (a) for outpatient benefits, the coinsurance factor may not exceed 50% or the coinsurance factor applicable for physical illness generally, whichever is greater, and the maximum benefit for mental illness, alcoholism, and drug addiction in the aggregate during any applicable benefit period may be limited to not less than \$1,000.
- (c) Maximum lifetime benefits may, for mental\_illness.
  alcoholism. and drug addiction in the aggregate, be no less
  than an amount equal to the lesser of \$10,000 or 25% of the
  lifetime policy limit.\*\*
- P33-22-704• Applicability• (11) Except as provided in subsection (21) this This part applies to policies or contracts delivered or issued for delivery in this state more than 120 days after July 1, 1979• but does not apply to blanket• short term travel• accident only• limited or spacified disease• individual conversion policies or contracts• or to policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act• known as medicare•, or any other similar coverage under state or federal governmental plans•

2 (2) With respect to mental illness, this part applies
3 to policies or contracts delivered or issued for delivery in
4 this state after [120 days after the effective date of this
5 actle\*

### STATE OF MONTANA

REQUEST NO. 305-81

# FISCAL NOTE

Form BD 15

In compliance with a written request received February 5, , 19 1 , there is hereby submitted a Fiscal Note
for SB 352 pursuant to Title 5, Chapter 4, Part 2 of the Montana Code Annotated (MCA).
Background information used in developing this Fiscal Note is available from the Office of Budget and Program Planning, to members
of the Legislature upon request.

<u>Description of Proposed Legislation</u>: "An act to insure the availability of basic levels of benefits under disability insurance policies and contracts for the care and treatment of mental illness; amending sections 33-22-701 through 33-22-704, MCA."

# Assumptions:

- 1) This legislation is essentially identical to SB 61 (1979), except that it requires insurance carriers to offer optional <u>mental illness</u> coverages, instead of alcoholism coverages, as enacted in 1979.
- 2) This legislation will affect the private insurance reimbursement revenues of Warm Springs State Hospital and of the Community Mental Health Centers in the same proportion as the passage of SB 61 (1979) affected those revenues of alcoholism treatment programs.
- 3) All of the increases in insurance revenues received by alcoholism treatment progrems since 1979 are attributable to the passage of SB 61 (1979).

#### Fiscal Impact:

The increase in reimbursements to the General Fund for Warm Springs State Hospital would be as follows:

		1982	1983
Increased	Revenue	\$ 18,577	\$ 56,791

# Local Impact:

The passage of this legislation will also increase the private insurance revenues of the Community Mental Health Centers, as follows:

		1982	1983
Increased	Revenue	\$ 66,044	\$201,549

#### Long-Range Effects:

The increased revenue to the Community Mental Health Centers, as discussed above, is expected to reduce their dependence on State General Fund in the long run.

There is currently no data to predict whether the revenues from this coverage will continue to increase beyond FY 1983.

BUDGET DIRECTOR

Office of Budget and Program Planning

Date: 2 - 4 - 8

# Approved by Committee on Business and Industry

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2	INTRODUCED BY BLAYLOCK, HIMSL, TOWE, TURNAGE, ECK, McCALLUM
3	BY REQUEST OF THE INSURANCE DEPARTMENT
4	
5	A BILL FOR AN ACT ENTITLED: "AN ACT TO INSURE THE
6	AVAILABILITY OF BASIC LEVELS OF BENEFITS UNDER DISABILITY
7	INSURANCE POLICIES AND CONTRACTS FOR THE CARE AND TREATMENT
В	OF MENTAL ILLNESS: AMENDING SECTIONS 33-22-701 THROUGH
9	33-22-704. MCA."
10	
11	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
12	Section 1. Section 33~22-701. MCA, is amended to read:
13	#33-22-701. Purpose. The purpose of this part is to
14	encourage consumers to avail themselves of basic levels of
15	benefits under health insurance policies and contracts for
16	the care and treatment of mental illness, alcoholism, and
17	drug addiction and to preserve the rights of the consumer to
18	select such coverage according to his medical and economic
19	needs."
20	Section 2. Section 33-22-702, MCA, is amended to read:
21	"33-22-702. Definitions. For purposes of this part,
22	the following definitions apply:
23	(1) "Inpatient hospital benefits" means benefits
24	payable for charges made by a hospital, as defined in the
2 <b>5</b>	policy or contract, for the necessary care and treatment of

Ŀ	mental illness, alcoholism, or drug addiction furnished to	a
2	covered person while confined as a hospital inpatient and	đ,
3	with respect to major medical policies or contracts, al	50
4	includes those benefits payable for charges made by	a
5	physician, as defined in the policy or contract, for the	he
6	necessary care and treatment of mental illness, alcoholis	Æ <u>•</u>
7	or drug addiction furnished to a covered person whi	1e
8	confined as a hospital impatient.	

- 9 (2) "Outpatient benefits" means benefits payable for:
  10 (a) reasonable charges made by a hospital for the
  11 necessary care and treatment of mental illness; alcoholism;
  12 or drug addiction furnished to a covered person while not
  13 confined as a hospital inpatient;
- 14 (b) reasonable charges for services rendered or
  15 prescribed by a physician for the necessary care and
  16 treatment for mental illness, alcoholism, or drug addiction
  17 furnished to a covered person while not confined as a
  18 hospital inpatient; and
- 19 (c) reasonable charges made by an <u>a mental ithness</u>
  20 <u>HEALIH</u> alcoholism or drug addiction treatment center for
  21 the necessary care and treatment of a covered person
  22 provided in the treatment center.
- 23 (3) "Alcoholism treatment center" and "drug addiction
  24 treatment center" mean a treatment facility which provides a
  25 program for the treatment of alcoholism or drug addiction

- pursuant to a written treatment plan approved and monitored by a physician, and which facility is also:
- (a) affiliated with a hospital under a contractual
   agreement with an established system for patient referral;
   or
- (b) licensed, certified, or approved as an alcoholismor drug addiction treatment center by the state.
- 8 [4] "Mental health treatment center" means a treatment
  9 facility organized to provide care and treatment for mental
- 10 illness through multiple modalities or techniques pursuant
- 11 to a written treatment plan approved and monitored by an
- 12 interdisciplinary team, including a licensed physician,
- 13 psychiatric social worker+ and psychologist+ and which
- 14 facility is also:
- (a) licensed as a mental health treatment center by
  the state;
- 17 (b) funded or eligible for funding under federal or
  18 state law; or
- (c) affiliated with a hospital under a contractual
   agreement with an established system for patient referral.
- 21 (5) "Mental illness" means neurosis, psychoneurosis, psychoneurosis, psychoneurosis, or personality disorder."
- 23 Section 3. Section 33-22-703. MCA, is amended to read:
- 24 "33-22-703. Availability of coverage for <u>mental</u>
- 25 illness, alcoholism, and drug addiction. Insurers and health

service corporations transacting health insurance in this

state must make available under hospital and medical

expenses incurred insurance policies and under hospital and

medical service plan contracts the level of benefits

specified in this section for the necessary care and

treatment of mental illness, alcoholism, and drug addiction

subject to the right of the applicant for a group or

individual policy or contract to reject the coverage or to

select any alternative level of denefits as may be offered

(1) Under basic hospital expense policies or 11 inputient hospital benefits consisting of 12 contracts: limits, dollar limits, deductibles, 1.3 Jurational coinsurance factors that are not less favorable than for 14 physical illness generally, except that benefits may be 15 16 limited to not less than 30 calendar days per year as defined in the policy or contract. 17

by the insurer or service plan corporation.

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- 18 (2) Under major medical policies or contracts.

  19 impatient hospital benefits and outpatient benefits

  20 consisting of durational limits, dollar limits, deductibles,

  21 and coinsurance factors that are not less favorable than for

  22 physical illness generally, except that:
  - (a) inpatient hospital benefits may be limited to -30 calendar days per year as defined in the policy or contract.

    If inpatient hospital benefits are provided beyond 30

calendar days per year, the durational limits, dollar limits, deductibles, and coinsurance factors applicable thereto need not be the same as applicable to physical illness generally.

- (b) for outpatient benefits, the coinsurance factor may not exceed 50% or the coinsurance factor applicable for physical illness generally, whichever is greater, and the maximum benefit for mental illness, alcoholism, and drug addiction in the aggregate during any applicable benefit period may be limited to not less than \$1,000.
- (c) Maximum lifetime benefits may, for <u>mental illness</u>, alcoholism, and drug addiction in the aggregate, be no less than an amount equal to the lesser of \$10,000 or 25% of the lifetime policy limit.\*\*

Section 4. Section 33-22-704. MCA, is amended to read:

"33-22-704. Applicability. (11 Except as provided in subsection (2) this This part applies to policies or contracts delivered or issued for delivery in this state more than 120 days after July 1. 1979, but does not apply to blanket. Short term travel, accident only, limited or specified disease, individual conversion policies or contracts, or to policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as medicare, or any other similar coverage under state or federal governmental plans.

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3 to policies or contracts delivered or issued for delivery in
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hospital inpatient; and

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1	with respect to major medical policies or contracts:	al s
+	includes those benefits payable for charges made	by a
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•	or drug addiction furnished to a covered person w	hilo
3	confined as a hospital inpatient.	

- (2) "Outpatient benefits" means benefits payable for: (a) reasonable charges made by a hospital for the necessary care and treatment of mental illness; alcoholism;
- necessary care and treatment of <u>mental illness</u>, alcoholism,
  or drug addiction furnished to a covered person while not
  confined as a hospital inpatient;
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  prescribed by a physician for the necessary care and

  treatment for mental illness+ alcoholismy or drug addiction

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- 19 (c) reasonable charges made by an a mental illness
  20 HEALTH; alcoholism; or drug addiction treatment center for
  21 the necessary care and treatment of a covered person
  22 provided in the treatment center.
- 23 {3} "Alcoholism treatment center" and "drug addiction 24 treatment center" mean a treatment facility which provides a 25 program for the treatment of alcoholism or drug addiction

ł	pursuant to a written treatment plan approved and	monitored
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   agreement with an established system for patient referral;
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- to a written treatment plan approved and monitored by an interdisciplinary team, including a licensed physician,
- 13 psychiatric social worker, and psychologist, and which
- 14 <u>facility is also</u>:
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- 9 select any alternative level of benefits as may be offered
- 10 by the insurer or service plan corporation.

- 11 (1) Under basic hospital expense policies or
- 12 contracts, inpatient hospital benefits consisting of
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- 16 limited to not less than 30 calendar days per year as
- 17 defined in the policy or contract.
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- 21 and coinsurance factors that are not less favorable than for
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- 23 (a) inpatient hospital benefits may be limited to 30
- 24 calendar days per year as defined in the policy or contract.
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calendar days per year, the durational limits, dollar limits, deductibles, and coinsurance factors applicable thereto need not be the same as applicable to physical illness generally.

- (b) for outpatient benefits, the coinsurance factor may not exceed 50% or the coinsurance factor applicable for physical illness generally, whichever is greater, and the maximum benefit for mental illness, alcoholism, and drug addiction in the aggregate during any applicable benefit period may be limited to not less than \$1,000.
- (c) Maximum lifetime benefits may, for <u>mental illness</u>, alcoholism, and drug addiction in the aggregate, be no less than an amount equal to the lesser of \$10,000 or 25% of the lifetime policy limit."
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  contracts, or to policies or contracts designed for issuance

  to persons eligible for coverage under Title XVIII of the

  Social Security Act. known as medicare, or any other similar

  coverage under state or federal governmental plans.

2 (2) with respect to mental illness, this part applies
3 to policies or contracts delivered or issued for delivery in
4 this state after [120 days after the effective date of this
5 act].\*

-End-

-6- SB 352

47th Legislature

25

SB 0352/03

SB 0352/03

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  20 consisting of durational limits, dollar limits, deductibles,

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- 12 (1) MENTAL ILLNESS;
- 13 (II) ALCOHOLISH AND DRUG ADDICTION.
- 14 (c) Maximum lifetime benefits mayv-for mental-illnessy
  15 alcoholismy and-drug-addiction-in-the-aggregates be no less
  16 than an amount equal to the lesser of \$10,000 or 25% of the
  17 lifetime policy limit FOR EACH OF THE FOLLOWING:
  - (I) MENTAL ILLNESS;

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- 19 (II) ALCOHOLISM AND DRUG ADDICTION."
- 20 Section 4. Section 33-22-704. MCA: is amended to read:
- 21 \*33-22-704. Applicability. 11) Except as provided in
- 22 subsection (2) this This part applies to policies or
- 23 contracts delivered or issued for delivery in this state
- 24 more than 120 days after July 1, 1979, but does not apply to
- 25 blanket, short term travel, accident only, limited or

- l specified disease, individual conversion policies or
  - contracts, or to policies or contracts designed for issuance
- 3 to persons eliqible for coverage under Title XVIII of the
- 4 Social Security Act, known as medicare, or any other similar
- 5 coverage under state or federal governmental plans.
- 6 (21 With respect to mental illness, this part applies
- 7 to policies or contracts delivered or issued for delivery in
- 8 this state after (120 days after the effective date of this
- 9 <u>act ].</u>\*

1 1 10 to 10

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1	SENATE BILL NO. 352		
2	INTRODUCED BY BLAYLOCK, HIMSL, TOWE, TURNAGE, ECK, McCALLUM		
3	BY REQUEST OF THE INSURANCE DEPARTMENT		
4			
5	A BILL FOR AN ACT ENTITLED: "AN ACT TO INSURE THE		
6	AVAILABILITY OF BASIC LEVELS OF BENEFITS UNDER DISABILITY		
7	INSURANCE POLICIES AND CONTRACTS FOR THE CARE AND TREATMENT		
8	OF MENTAL ILLNESS; AMENDING SECTIONS 33-22-701 THROUGH		
9	33-22-704. MCA."		
10			
11	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:		
12	Section 1. Section 33-22-701, MCA, is amended to read:		
13	m33-22-701. Purpose. The purpose of this part is to		
14	encourage consumers to avail themselves of basic levels of		
15	benefits under health insurance policies and contracts for		
16	the care and treatment of mental illness, alcoholism, and		
17	drug addiction and to preserve the rights of the consumer to		
18	select such coverage according to his medical and economic		
19	needs."		
20	Section 2. Section 33-22-702, MCA, is amended to read:		
21	M33-22-702. Definitions. For purposes of this part.		
22	the following definitions apply:		
23	(1) "Inpatient hospital benefits" means benefits		
24	payable for charges made by a hospital, as defined in the		

policy or contract, for the necessary care and treatment of

SENATE BILL NO. 352

- 1 mental illness, alcoholism, or drug addiction furnished to a covered person while confined as a hospital inpatient and, 2 3 with respect to major medical policies or contracts, also includes those benefits payable for charges made by a physician, as defined in the policy or contract, for the 5 necessary care and treatment of mental illness, alcoholism, 7 or drug addiction furnished to a covered person while 8 confined as a hospital inpatient.
- 10 (a) reasonable charges made by a hospital for the necessary care and treatment of mental illness, alcoholisme 11

(2) "Gutpatient benefits" means benefits payable for:

- or drug addiction furnished to a covered person while not 12
- 13 confined as a hospital impatient;

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- 14 (b) reasonable charges for services rendered or 15 prescribed by a physician for the necessary care and 16 treatment for mental illness, alcoholism, or drug addiction 17 furnished to a covered person while not confined as a 18 hospital inpatient; and
- 19 (c) reasonable charges made by an a mental illness 20 HEALTH, alcoholism, or drug addiction treatment center for 21 the necessary care and treatment of a covered person 22 provided in the treatment center.
- 23 (3) "Alcoholism treatment center" and "drug addiction treatment center" mean a treatment facility which provides a 24 program for the treatment of alcoholism or drug addiction 25

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1	pursuant to a written treatment plan approved and	monitored
2	by a physician, and which facility is also:	

- (a) affiliated with a hospital under a contractual
   agreement with an established system for patient referral;
  - (b) licensed, certified, or approved as an alcoholism or drug addiction treatment center by the state.

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- facility organized to provide care and treatment for mental
  illness through multiple modalities or techniques pursuant
  to a written treatment plan approved and monitored by an
  interdisciplinary team, including a licensed physician,
  psychiatric social worker, and psychologist, and which
  facility is also:
- 15 [a] licensed as a mental health treatment center by
  16 the state;
- 17 (b) funded or eligible for funding under federal or
  18 state law; or
- (c) affiliated with a hospital under a contractual
   agreement with an established system for patient referral.
- 21 <u>[5] "Mental illness" means neurosis, psychoneurosis,</u>
  22 psychopathy, psychosis, or personality disorder."
- Section 3. Section 33-22-703. MCA. is amended to read:

  4 "33-22-703. Availability of coverage for mental

  illness, alcoholism, and drug addiction. Insurers and health

- 3-

- service corporations transacting health insurance in this

  tate must make available under hospital and medical

  medical service plan contracts the level of benefits

  specified in this section for the necessary care and

  treatment of mental illness; alcoholism; and drug addiction

  subject to the right of the applicant for a group or

  individual policy or contract to reject the coverage or to

  select any alternative level of benefits as may be offered
- 11 (1) Under basic hospital expense policies or 12 contracts. inpatient hospital benefits consisting of 13 durational limits. dollar limits, deductibles, 14 coinsurance factors that are not less favorable than for 15 physical illness generally, except that benefits may be 16 limited to not less than 30 calendar days per year as 17 defined in the policy or contract.

by the insurer or service plan corporation.

- 18 (2) Under major medical policies or contracts,
  19 inpatient hospital benefits and outpatient benefits
  20 consisting of durational limits, dollar limits, deductibles,
  21 and coinsurance factors that are not less favorable than for
  22 physical illness generally, except that:
- 23 (a) inpatient hospital benefits may be limited to 30
  24 calendar days per year as defined in the policy or contract.
  25 If inpatient hospital benefits are provided beyond 30

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calendar days per year, the durational limits, dollar limits, deductibles, and coinsurance factors applicable thereto need not be the same as applicable to physical lilness generally.

(b) for outpatient benefits, the coinsurance factor may not exceed 50% or the coinsurance factor applicable for physical illness generally, whichever is greater, and the maximum benefit for mental—illness alcoholismy and—drug addiction—in—the-aggregate FOR MENTAL ILLNESS: ALCOHOLISM:

AND DRUG ADDICTION IN THE AGGREGATE during any applicable benefit period may be limited to not less than \$1,000 FBR EACH-OF-THE-FOLLOWING:

#### +f}--MENTAL-ILLNESS+

#### +fit-ALEBHSLISH-AND-BRUG-ABBIEFIBN.

(c) Maximum lifetime benefits may-for mental-illness; alcoholismy and-drug-addiction-in-the-aggregater; FOR MENTAL ILLNESS: ALCOHOLISM: AND DRUG ADDICTION IN THE AGGREGATE; be no less than an amount equal to the lesser of \$10,000 or 25% of the lifetime policy limit FOR-EACH-OF-THE-FOLLOWING:

#### 20 <u>+1)--HENTAL-ILLNESS</u>

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#### ZI <del>(II)-ALEGHOLISM-AND-BRUG-ABBICTION."</del>

- 25 contracts delivered or issued for delivery in this state

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- more than 120 days after July 1, 1979, but does not apply to
  - blanket, short term travel, accident only, limited or
- 3 specified disease, individual conversion policies or
- 4 contracts, or to policies or contracts designed for issuance
- 5 to persons eligible for coverage under Title XVIII of the
  - Social Security Act: known as medicare, or any other similar
- 7 coverage under state or federal governmental plans.
- 8 (2) With respect to mental illness, this part applies
- 9 to policies or contracts delivered or issued for delivery in
- 10 this state after [120 days after the effective date of this
- 11 <u>act ]."</u>

# JOINT CONFERENCE COMMITTEE ON HOUSE AMENDMENTS TO SENATE BILL NO. 352

(Report No. 1, April 14, 1981)

MR. PRESIDENT AND SPEAKER OF THE HOUSE:

We, your Joint Conference Committee on Senate Bill No. 352, met April 14, 1981, and considered:

House Business and Industry Committee Amendments to the third reading copy, dated March 12, 1981, and recommend as follows:

That the House recede from Committee amendment nos. 1 through 4;

That the reference copy of Senate Bill No. 352 read as specified in the CLERICAL INSTRUCTIONS:

And, that the Conference Committee Report to Senate Bill No. 352 be adopted.

# CLERICAL INSTRUCTIONS:

1. Page 5, line 9.

Following: "aggregate"

Insert: "for mental illness, alcoholism, and drug addiction in the aggregate"

2. Page 5, lines 10 through 13.

Following: "\$1,000"

Strike: all underlined language.

3. Page 5, line 15.
Following: "aggregate,"

Insert: ", for mental illness, alcoholism, and drug addiction in the aggregate,"

4. Page 5, lines 17 through 19.
Following: "limit"

Strike: all underlined language

beline. all anacrimed language.	
FOR THE SENATE:	FOR THE HOUSE:
Laty Goodon	Oaron W. andreason
Goodover Chairman	Andreason, Chairman
Blanlock	Toni Baroline
Blaylock	Bergene
Olson	Oberg

SENATE BILL 352 March 12, 1981

THE HOUSE BUSINESS AND INDUSTRY COMMITTEE amends SB 352 in the third reading copy as follows:

1. Page 5, lines 8 and 9.

Following: "benefit" on line 8

Strike: remainder of line 8 through "aggregate" on line 9

2. Page 5, line 10. Following: "\$1,000"

Insert: "for each of the following:

- (i) mental illness;
- (ii) alcoholism and drug addiction"
- 3. Page 5, lines 11 and 12.

Following: "may" on line 11

Strike: remainder of line 11 through "aggregate," on line 9

4. Page 5, line 14.

Following: "limit"

Insert: "for each of the following"

- (i) mental illness;
- (ii) alcoholism and drug addiction"

# BE CONCURRED IN AS AMENDED