

HOUSE BILL 75

Introduced by T. Nelson

12/29	Introduced
12/30	Referred to Human Services & Aging
1/04	First Reading
1/08	Hearing
1/29	Tabled in Committee
2/16	Committee Report--Bill Passed as Amended
2/20	2nd Reading Passed as Amended
2/20	Taken from Engrossing and Rereferred to Appropriations
3/17	Tabled in Committee

## 1 HOUSE BILL NO. 75

2 INTRODUCED BY T. NELSON

3 BY REQUEST OF THE JOINT INTERIM SUBCOMMITTEE

4 ON MANDATED HEALTH INSURANCE BENEFITS

5  
6 A BILL FOR AN ACT ENTITLED: "AN ACT CREATING A COMMISSION  
7 TO REVIEW MANDATED BENEFITS; APPROPRIATING MONEY FOR THE  
8 COMMISSION; ESTABLISHING CRITERIA AND PROCEDURES FOR  
9 REVIEWING PROPOSALS TO REQUIRE A NEW MANDATED HEALTH  
10 INSURANCE BENEFIT OR TO AMEND OR REPEAL AN EXISTING MANDATED  
11 BENEFIT; ESTABLISHING REQUIRED CONTENTS FOR PROPOSALS;  
12 AMENDING SECTION 5-11-210, MCA; AND PROVIDING AN EFFECTIVE  
13 DATE."

14  
15 STATEMENT OF INTENT

16 A statement of intent is required for this bill because  
17 [section 2] grants rulemaking authority to the commission to  
18 review mandated benefits. The rules should address, at a  
19 minimum, the following areas:

20 (1) the style and format required for proposals;

21 (2) guidelines for use in reviewing the completeness  
22 and validity of each proposal;23 (3) the types of evidence or documentation required by  
24 the commission to determine the value of the proposed or  
25 existing mandated benefit; and

1 (4) the procedure for reviewing the proposal, including  
2 provisions for public comment.

3  
4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

5 NEW SECTION. **Section 1. Definitions.** As used in  
6 [sections 1 through 5], the following definitions apply:

7 (1) "Commission" means the commission to review  
8 mandated benefits provided for in [section 2].

9 (2) "Health care provider" means a person who is  
10 licensed, certified, or otherwise authorized by the laws of  
11 this state to provide health care in the ordinary course of  
12 business or the practice of a profession.

13 (3) "Mandated benefit" means state legislation that  
14 prescribes the content of disability insurance purchased  
15 from commercial insurers. The term includes extended  
16 coverages for certain categories of individuals; covered  
17 benefits, including mandated options and benefits limited to  
18 certain types of policies; and coverages for freedom of  
19 choice of practitioners.

20 NEW SECTION. **Section 2. Commission to review mandated**  
21 **benefits -- composition -- allocation -- rulemaking**  
22 **authority.**

23 (1) There is a commission to review mandated benefits.  
24 The commission consists of nine members. The commissioner of  
25 insurance or a designee and the director of the department

of health and environmental sciences or a designee shall serve as nonvoting members. The remaining seven members are voting members. The seven members must be appointed by the governor as follows:

(a) one representative of the general public who is not employed in the insurance industry or in the provision of health care and who is not an officer or employee of a labor organization;

(b) one administrator of a health care facility, as defined in 50-5-101;

(c) one health care provider who is not actively employed in the mental health, mental illness, or addictive disease treatment field;

(d) one licensed or certified mental health, mental illness, or addictive disease care provider;

(e) one employer who is not active in the health care or insurance field;

(f) one representative of a collective bargaining labor organization; and

(g) one representative or licensed insurance producer of a company or organization licensed to provide disability insurance in Montana.

(2) Each commission member appointed by the governor shall serve a 4-year term, except that the governor shall designate four of the initial members to serve 4-year terms

and three to serve 2-year terms. A member appointed to fill a vacancy shall serve until the end of that term.

(3) The commission shall elect one of its members as presiding officer and one as vice presiding officer.

(4) The commission is allocated to the commissioner of insurance for administrative purposes only as prescribed in 2-15-121.

(5) The commission shall adopt rules in accordance with the Montana Administrative Procedure Act to implement [sections 1 through 5].

#### NEW SECTION. Section 3. Commission review and report.

(1) The commission shall review and assess the merits of each proposal to:

(a) require a new mandated benefit; or

(b) amend or repeal an existing mandated benefit.

(2) A proposal subject to review under subsection (1) must be submitted to the commission at least 6 months before the first day of the next regular legislative session.

(3) After the commission has initiated its review, it may request additional information that it considers necessary to complete its assessment of the proposal.

(4) The commission shall hold at least one public hearing during which the applicant and members of the public have an opportunity to testify. The commission may consider more than one proposal at a public hearing.

(5) The commission shall prepare and, as provided in 5-11-210, submit a report to the legislature for its next regular session. The report must include but is not limited to the commission's recommendation as to whether the proposal merits consideration by the legislature. If the commission declines to recommend a proposal, the commission shall state in its report the reasons for its action. The report to the legislature may include more than one proposal review.

(6) The legislature may not consider a proposal to mandate a new health insurance benefit or to repeal or amend an existing mandated benefit unless the commission certifies no later than December 31 preceding the beginning of a regular session that the proposal has been reviewed.

**NEW SECTION. Section 4. Meetings -- compensation -- staff assistance.** (1) The commission shall meet when sufficient requests for reviews of proposals have been received or not later than the first day of August of the year preceding a regular session of the legislature, unless no requests have been received.

(2) Members of the commission are entitled to expenses as provided in 2-18-501 through 2-18-503.

(3) The commissioner of insurance and the department of health and environmental sciences shall provide staff assistance to the commission.

**NEW SECTION. Section 5. Contents of proposal.** The proposal submitted by the applicant must include but is not limited to the following information, to the extent that it is available:

(1) the social impact of mandating the benefit, including:

(a) the extent to which the treatment or service is used by a significant portion of the population;

(b) the extent to which the treatment or service is available to the population;

(c) the extent to which insurance coverage for this treatment or service is already available;

(d) if coverage is not generally available, the extent to which the lack of coverage results in persons being unable to obtain necessary health care treatment;

(e) if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship on those persons needing treatment;

(f) the level of public demand and the level of demand from health care providers for the treatment or service;

(g) the level of public demand and the level of demand from health care providers for individual or group insurance coverage of the treatment or service;

(h) the level of interest of collective bargaining organizations in negotiating privately for inclusion of this

1 coverage in group contracts;

2 (i) the likelihood of achieving the objectives of  
3 meeting a consumer need as evidenced by the experience of  
4 other states;

5 (j) the relevant findings of the state health planning  
6 agency or the appropriate health system agency relating to  
7 the social impact of the mandated benefit;

8 (k) the alternatives to meeting the identified need;

9 (l) whether the benefit is a medical need or a broader  
10 social need and whether it is consistent with the role of  
11 health insurance;

12 (m) the impact on the market of any social stigma  
13 attached to the benefit;

14 (n) the impact of this benefit on the availability of  
15 other benefits currently being offered; and

16 (o) the impact of the benefit as it relates to  
17 employers shifting to self-insured plans;

18 (2) the financial impact of mandating the benefit,  
19 including:

20 (a) the extent to which the proposed insurance coverage  
21 would increase or decrease the cost of the treatment or  
22 service over the next 5 years;

23 (b) the extent to which the proposed coverage might  
24 increase the appropriate or inappropriate use of the  
25 treatment or service over the next 5 years;

1 (c) the extent to which the mandated benefit might  
2 serve as an alternative for more expensive or less expensive  
3 treatment or service;

4 (d) the methods that will be instituted to manage the  
5 use and costs of the proposed mandated benefit;

6 (e) the extent to which the insurance coverage may  
7 affect the number and types of providers of the mandated  
8 benefit over the next 5 years;

9 (f) the extent to which the insurance coverage of the  
10 health care service or provider may be reasonably expected  
11 to increase or decrease the insurance premium and  
12 administrative expenses of policyholders;

13 (g) the impact of indirect costs, which are costs other  
14 than premiums and administrative costs, on the question of  
15 the costs and benefits of coverage;

16 (h) the impact of this coverage on the total cost of  
17 health care; and

18 (i) the effects on the cost of health care to employers  
19 and employees, including the financial impact on small  
20 businesses, medium-sized businesses, and large businesses;

21 (3) the medical efficacy of mandating the benefit,  
22 including:

23 (a) the contribution of the benefit to the quality of  
24 patient care and the health status of the population, such  
25 as the results of any research demonstrating the medical

1 efficacy of the treatment or service compared to  
2 alternatives or to not providing the treatment or service;  
3 and

4 (b) if the legislation seeks to mandate coverage of an  
5 additional class of practitioners:

6 (i) the results of any professionally acceptable  
7 research demonstrating the medical results achieved by the  
8 additional class of practitioners relative to those already  
9 covered; and

10 (ii) the methods used by the appropriate professional  
11 organization to ensure clinical proficiency;

12 (4) the effects of balancing the social, economic, and  
13 medical efficacy considerations, including:

14 (a) the extent to which the need for coverage outweighs  
15 the costs of mandating the benefit for all policyholders;  
16 and

17 (b) the extent to which the problem of coverage may be  
18 solved by mandating the availability of the coverage as an  
19 option for policyholders.

20 **Section 6.** Section 5-11-210, MCA, is amended to read:

21 "5-11-210. Clearinghouse for reports to legislature.

22 (1) For the purposes of this section, "report" means:

23 (a) a document required to be prepared for the  
24 legislature as required in any of the sections listed in  
25 subsection (10); and

1 (b) unless otherwise provided by law, any other report  
2 required by law to be given to or filed with the  
3 legislature.

4 (2) On or before September 1 of each year preceding the  
5 convening of a regular session of the legislature, an entity  
6 required to report to the legislature shall provide, in  
7 writing, to the executive director of the legislative  
8 council:

9 (a) the final title of the report;

10 (b) an abstract or description of the contents of the  
11 report, not to exceed one page;

12 (c) a recommendation on how many copies of the report  
13 should be provided to the legislature;

14 (d) the reasons why the number of copies recommended  
15 is, in the opinion of the reporting entity, the appropriate  
16 number of copies;

17 (e) an estimated cost for each copy of the report; and

18 (f) the date on which the entity will deliver the  
19 final, published copies of the report to the legislature.

20 (3) After considering all of the information available  
21 about the report, including the number of legislators  
22 requesting copies of the report pursuant to subsection (7),  
23 the legislative council or the executive director shall, in  
24 writing, direct the reporting entity to provide a specific  
25 number of copies. The number of copies required is at the

sole discretion of the legislative council. The legislative council or the executive director may require the reporting entity to mail the copies of the report.

(4) The legislative council may require that the report be submitted in an electronic format useable on the legislature's current computer hardware, in a microform, such as microfilm or microfiche, or in a CD-ROM format, meaning compact disc read-only memory.

(5) Costs of preparing and distributing a report to the legislature, including writing, printing, postage, distribution, and all other costs, accrue to the reporting agency. Costs incurred in meeting the requirements of this section may not accrue to the legislative council.

(6) The executive director of the legislative council shall cause to be prepared a list of all reports required to be presented to the legislature from the list of titles received under subsection (2).

(7) The executive director shall, as soon as possible following a general election, mail to each holdover senator, senator-elect, and representative-elect a list of the titles of the reports, along with the abstracts prepared pursuant to subsection (2)(b), available from the legislative council. The list must include a form on which each member or member-elect receiving the list may indicate the report or reports that the member or member-elect would like to

receive.

(8) The executive director or the legislative council shall make copies of reports requested pursuant to subsection (7) available to those members or members-elect by either requiring that copies be mailed pursuant to subsection (3) or by delivering copies of the reports during the first week of the legislative session.

(9) The executive director of the legislative council may keep as many copies of a report as he considers necessary, and copies of the report may be discarded at his discretion.

(10) (a) A report to the legislature includes a report required to be made by a board, bureau, commission, committee, council, department, division, fund, authority, or officer of the state or a local government in 1-11-204, 2-4-411, 2-7-104, 2-8-112, 2-8-203, 2-8-207, 2-8-208, 2-15-2021, 2-18-209, 2-18-811, 2-18-1103, 3-1-702, 3-1-1126, 5-5-216, 5-13-304, 5-17-103, 5-18-203, 5-19-108, 10-4-102, 15-1-205, 17-4-107, 17-5-1650, 18-7-303, 19-4-201, 20-9-346, 20-25-236, 20-25-301, 22-3-107, 23-7-203, [section 3], 33-22-1513, 37-1-106, 39-6-101, 39-51-407, 44-2-304, 44-13-103, 46-23-316, 53-2-1107, 53-6-110, 53-20-104, 53-21-104, 53-24-204, 53-24-210, 53-30-133, 69-1-404, 72-16-202, 75-1-203, 75-1-1101, 75-7-304, 75-10-533, 75-10-704, 76-11-203, 76-12-109, 80-7-713, 80-12-402,

1 82-11-161, 85-1-621, 85-2-105, 87-2-724, 87-5-123, 90-3-203,  
2 or 90-4-111.

3 (b) The procedure outlined in this section may also be  
4 used for a report required to be made to the legislature  
5 under the Multistate Tax Compact contained in 15-1-601, the  
6 Vehicle Equipment Safety Compact contained in 61-2-201, the  
7 Multistate Highway Transportation Agreement contained in  
8 61-10-1101, or the Western Interstate Nuclear Compact  
9 contained in 90-5-201."

10 NEW SECTION. **Section 7. Appropriation.** There is  
11 appropriated for the biennium ending June 30, 1995, \$11,000  
12 from the general fund to the commissioner of insurance for  
13 use by the commission to review mandated benefits  
14 established in [section 2].

15 NEW SECTION. **Section 8. Effective date.** [This act] is  
16 effective July 1, 1993.

-End-



APPROVED BY COMM. ON  
HUMAN SERVICES AND AGING

HOUSE BILL NO. 75

INTRODUCED BY T. NELSON

BY REQUEST OF THE JOINT INTERIM SUBCOMMITTEE

ON MANDATED HEALTH INSURANCE BENEFITS

A BILL FOR AN ACT ENTITLED: "AN ACT CREATING--A--COMMISSION  
TO PROVIDING FOR REVIEW OF MANDATED BENEFITS BY THE  
INSURANCE COMMISSIONER; APPROPRIATING---MONEY---FOR---THE  
COMMISSION; ESTABLISHING CRITERIA AND PROCEDURES FOR  
REVIEWING PROPOSALS TO REQUIRE A NEW MANDATED HEALTH  
INSURANCE BENEFIT OR TO AMEND OR REPEAL AN EXISTING MANDATED  
BENEFIT; ESTABLISHING REQUIRED CONTENTS FOR PROPOSALS;  
APPROPRIATING MONEY; AMENDING SECTION 5-11-210, MCA; AND  
PROVIDING AN EFFECTIVE DATE."

STATEMENT OF INTENT

A statement of intent is required for this bill because  
[section 2] grants rulemaking authority to the commission  
INSURANCE COMMISSIONER to review mandated benefits. The  
rules should address, at a minimum, the following areas:

- (1) the style and format required for proposals;
- (2) guidelines for use in reviewing the completeness  
and validity of each proposal;
- (3) the types of evidence or documentation required by  
the commission COMMISSIONER to determine the value of the

proposed or existing mandated benefit; and

(4) the procedure for reviewing the proposal, including  
provisions for public comment.

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

NEW SECTION. Section 1. Definitions. As used in  
[sections 1 through 5], the following definitions apply:

(1) "ADVISORY COUNCIL" MEANS THE ADVISORY COUNCIL  
REQUIRED BY [SECTION 4].

(2) "Commission COMMISSIONER" means the commission  
to-review-mandated-benefits--provided--for--in--{section--2}  
COMMISSIONER OF INSURANCE PROVIDED FOR IN 2-15-1903.

(3) "Health care provider" means a person who is  
licensed, certified, or otherwise authorized by the laws of  
this state to provide health care in the ordinary course of  
business or the practice of a profession.

(4) "Mandated benefit" means state legislation that  
prescribes the content of POLICIES OF disability insurance  
purchased-from-commercial-insurers OR CERTIFICATES ISSUED  
PURSUANT TO THOSE POLICIES BY INSURERS OR HEALTH SERVICE  
CORPORATIONS. The term includes extended coverages for  
certain categories of individuals; covered benefits,  
including mandated options and benefits limited to certain  
types of policies; and coverages for freedom of choice of  
practitioners.

**NEW SECTION. Section 2.** Commission to review mandated benefits-----composition-----allocation-----rulemaking authority;

{1}--There--is--a--commission--to--review--mandated--benefits--The--commission--consists--of--nine--members--The--commissioner--of--insurance--or--a--designee--and--the--director--of--the--department--of--health--and--environmental--sciences--or--a--designee--shall--serve--as--nonvoting--members--The--remaining--seven--members--are--voting--members--The--seven--members--must--be--appointed--by--the--governor--as--follows:

{a}--one--representative--of--the--general--public--who--is--not--employed--in--the--insurance--industry--or--in--the--provision--of--health--care--and--who--is--not--an--officer--or--employee--of--a--labor--organization;

{b}--one--administrator--of--a--health--care--facility--as--defined--in--50-5-101;

{c}--one--health--care--provider--who--is--not--actively--employed--in--the--mental--health--mental--illness--or--addictive--disease--treatment--field;

{d}--one--licensed--or--certified--mental--health--mental--illness--or--addictive--disease--care--provider;

{e}--one--employer--who--is--not--active--in--the--health--care--or--insurance--field;

{f}--one--representative--of--a--collective--bargaining--labor--organization--and

{g}--one--representative--or--licensed--insurance--producer--of--a--company--or--organization--licensed--to--provide--disability--insurance--in--Montana;

{2}--Each--commission--member--appointed--by--the--governor--shall--serve--a--4--year--term--except--that--the--governor--shall--designate--four--of--the--initial--members--to--serve--4--year--terms--and--three--to--serve--2--year--terms--A--member--appointed--to--fill--a--vacancy--shall--serve--until--the--end--of--that--term.

{3}--The--commission--shall--elect--one--of--its--members--as--presiding--officer--and--one--as--vice--presiding--officer.

{4}--The--commission--is--allocated--to--the--commissioner--of--insurance--for--administrative--purposes--only--as--prescribed--in--2-15-121: COMMISSIONER REVIEW OF PROPOSAL FOR MANDATED BENEFITS. (1) AN INDIVIDUAL, PERSON, GROUP, OR ASSOCIATION INTENDING TO PRESENT A PROPOSAL FOR A MANDATED BENEFIT TO THE LEGISLATURE MAY PRESENT THE PROPOSAL TO THE COMMISSIONER AT LEAST 6 MONTHS BEFORE THE CONVENING OF A REGULAR SESSION OF THE LEGISLATURE. A PROPOSAL SUBMITTED TO THE COMMISSIONER MUST CONTAIN THOSE MATTERS REQUIRED BY [SECTION 5] AND MUST CONFORM TO THE RULES ADOPTED BY THE COMMISSIONER.

{5}(2) The commission COMMISSIONER shall adopt rules in accordance with the Montana Administrative Procedure Act to implement [sections 1 through 5].

**NEW SECTION. Section 3.** COMMISSION COMMISSIONER review and report. (1) The commission COMMISSIONER shall review and

1 assess the merits of each proposal to:

2 (a) require a new mandated benefit; or

3 (b) amend or repeal an existing mandated benefit.

4 (2) A proposal subject to review under subsection (1)  
5 must be submitted to the commission COMMISSIONER at least 6  
6 months before the first day of the next regular legislative  
7 session.

8 (3) After the commission COMMISSIONER has initiated its  
9 A review, it THE COMMISSIONER may request FROM THE ENTITY  
10 PRESENTING THE PROPOSAL FOR A MANDATED BENEFIT OR FROM ANY  
11 STATE AGENCY additional information that it THE  
12 COMMISSIONER considers necessary to complete its THE  
13 assessment of the proposal.

14 (4) The commission COMMISSIONER shall hold at least one  
15 public hearing during which the applicant ENTITY PRESENTING  
16 THE PROPOSAL FOR A MANDATED BENEFIT and members of the  
17 public have an opportunity to testify. The commission  
18 COMMISSIONER may consider more than one proposal at a public  
19 hearing. THE ADVISORY COUNCIL REQUIRED BY [SECTION 4] SHALL  
20 ATTEND THE HEARING AND ADVISE THE COMMISSIONER CONCERNING  
21 THE MATTERS CONTAINED IN THE PROPOSAL SUBMITTED TO THE  
22 COMMISSIONER.

23 (5) The commission COMMISSIONER shall prepare and, as  
24 provided in 5-11-210, submit a report to the legislature for  
25 its next regular session. The report must include but is not

1 limited to the commission's COMMISSIONER'S recommendation as  
2 to whether the proposal merits consideration by the  
3 legislature. If the commission COMMISSIONER declines to  
4 recommend a proposal, the commission COMMISSIONER shall  
5 state in its THE report the reasons for its THE action. The  
6 report to the legislature may include more than one proposal  
7 review.

8 ~~(6) The legislature may not consider a proposal to~~  
9 ~~mandate a new health insurance benefit or to repeal or amend~~  
10 ~~an existing mandated benefit unless the commission certifies~~  
11 ~~no later than December 31 preceding the beginning of a~~  
12 ~~regular session that the proposal has been reviewed.~~

13 NEW SECTION. Section 4. Meetings ~~compensation~~  
14 ~~staff assistance. (1) The commission shall meet when~~  
15 ~~sufficient requests for reviews of proposals have been~~  
16 ~~received or not later than the first day of August of the~~  
17 ~~year preceding a regular session of the legislature, unless~~  
18 ~~no requests have been received.~~

19 ~~(2) Members of the commission are entitled to expenses~~  
20 ~~as provided in 2-18-501 through 2-18-503.~~

21 ~~(3) The commissioner of insurance and the department of~~  
22 ~~health and environmental sciences shall provide staff~~  
23 ~~assistance to the commission.~~ ADVISORY COUNCIL -- MEMBERSHIP  
24 -- COMPENSATION -- MEETINGS. (1) THE COMMISSIONER SHALL  
25 APPOINT AN ADVISORY COUNCIL TO ADVISE THE COMMISSIONER

1 CONCERNING THE DUTIES OF THE COMMISSIONER UNDER [SECTION 3].  
 2 THE COUNCIL CONSISTS OF EIGHT MEMBERS. THE DIRECTOR OF  
 3 HEALTH AND ENVIRONMENTAL SCIENCES OR THE DIRECTOR'S DESIGNEE  
 4 IS AN EX OFFICIO MEMBER. THE OTHER SEVEN MEMBERS MUST BE  
 5 APPOINTED BY THE COMMISSIONER AS FOLLOWS:

6 (A) ONE REPRESENTATIVE OF THE GENERAL PUBLIC WHO IS NOT  
 7 EMPLOYED IN THE INSURANCE INDUSTRY OR IN THE PROVISION OF  
 8 HEALTH CARE AND WHO IS NOT AN OFFICER OR EMPLOYEE OF A LABOR  
 9 ORGANIZATION;

10 (B) ONE ADMINISTRATOR OF A HEALTH CARE FACILITY, AS  
 11 DEFINED IN 50-5-101;

12 (C) ONE HEALTH CARE PROVIDER WHO IS NOT ACTIVELY  
 13 EMPLOYED IN THE MENTAL HEALTH, MENTAL ILLNESS, OR ADDICTIVE  
 14 DISEASE TREATMENT FIELD;

15 (D) ONE LICENSED OR CERTIFIED MENTAL HEALTH, MENTAL  
 16 ILLNESS, OR ADDICTIVE DISEASE CARE PROVIDER;

17 (E) ONE EMPLOYER WHO IS NOT ACTIVE IN THE HEALTH CARE  
 18 OR INSURANCE FIELD;

19 (F) ONE REPRESENTATIVE OF A COLLECTIVE BARGAINING LABOR  
 20 ORGANIZATION; AND

21 (G) ONE REPRESENTATIVE OR LICENSED INSURANCE PRODUCER  
 22 OF A COMPANY OR ORGANIZATION LICENSED TO PROVIDE DISABILITY  
 23 INSURANCE IN MONTANA.

24 (2) EACH COUNCIL MEMBER APPOINTED BY THE COMMISSIONER  
 25 SHALL SERVE A 4-YEAR TERM, EXCEPT THAT THE COMMISSIONER

1 SHALL DESIGNATE FOUR OF THE INITIAL MEMBERS TO SERVE 4-YEAR  
 2 TERMS AND THREE TO SERVE 2-YEAR TERMS. A MEMBER APPOINTED TO  
 3 FILL A VACANCY SHALL SERVE UNTIL THE END OF THAT TERM.

4 (3) THE COUNCIL SHALL ELECT ONE OF ITS MEMBERS AS  
 5 PRESIDING OFFICER AND ONE AS VICE PRESIDING OFFICER.

6 (4) EXCEPT AS PROVIDED IN THIS SECTION, THE COUNCIL  
 7 MUST BE APPOINTED, COMPENSATED, REIMBURSED, AND ADMINISTERED  
 8 AS PROVIDED IN 2-15-122.

9 (5) THE COUNCIL SHALL MEET AT THE TIME REQUIRED BY  
 10 [SECTION 3(4)] AND AT OTHER TIMES AS REQUESTED BY THE  
 11 COMMISSIONER.

12 NEW SECTION. Section 5. Contents of proposal. The  
 13 proposal submitted-by-the-applicant FOR THE MANDATED BENEFIT  
 14 must include but is not limited to the following  
 15 information, to the extent that it is available:

16 (1) the social impact of mandating the benefit,  
 17 including:

18 (a) the extent to which the treatment or service is  
 19 used by a significant portion of the population;

20 (b) the extent to which the treatment or service is  
 21 available to the population;

22 (c) the extent to which insurance coverage for this  
 23 treatment or service is already available;

24 (d) if coverage is not generally available, the extent  
 25 to which the lack of coverage results in persons being

1 unable to obtain necessary health care treatment;

2 (e) if coverage is not generally available, the extent

3 to which the lack of coverage results in unreasonable

4 financial hardship on those persons needing treatment;

5 (f) the level of public demand and the level of demand

6 from health care providers for the treatment or service;

7 (g) the level of public demand and the level of demand

8 from health care providers for individual or group insurance

9 coverage of the treatment or service;

10 (h) the level of interest of collective bargaining

11 organizations in negotiating privately for inclusion of this

12 coverage in group contracts;

13 (i) the likelihood of achieving the objectives of

14 meeting a consumer need as evidenced by the experience of

15 other states;

16 (j) the relevant findings of the state health planning

17 agency or the appropriate health system agency relating to

18 the social impact of the mandated benefit;

19 (k) the alternatives to meeting the identified need;

20 (l) whether the benefit is a medical need or a broader

21 social need and whether it is consistent with the role of

22 health insurance;

23 (m) the impact on the market of any social stigma

24 attached to the benefit;

25 (n) the impact of this benefit on the availability of

1 other benefits currently being offered; and

2 (o) the impact of the benefit as it relates to

3 employers shifting to self-insured plans;

4 (2) the financial impact of mandating the benefit,

5 including:

6 (a) the extent to which the proposed insurance coverage

7 would increase or decrease the cost of the treatment or

8 service over the next 5 years;

9 (b) the extent to which the proposed coverage might

10 increase the appropriate or inappropriate use of the

11 treatment or service over the next 5 years;

12 (c) the extent to which the mandated benefit might

13 serve as an alternative for more expensive or less expensive

14 treatment or service;

15 (d) the methods that will be instituted to manage the

16 use and costs of the proposed mandated benefit;

17 (e) the extent to which the insurance coverage may

18 affect the number and types of providers of the mandated

19 benefit over the next 5 years;

20 (f) the extent to which the insurance coverage of the

21 health care service or provider may be reasonably expected

22 to increase or decrease the insurance premium and

23 administrative expenses of policyholders;

24 (g) the impact of indirect costs, which are costs other

25 than premiums and administrative costs, on the question of

1 the costs and benefits of coverage;

2 (h) the impact of this coverage on the total cost of

3 health care; and

4 (i) the effects on the cost of health care to employers

5 and employees, including the financial impact on small

6 businesses, medium-sized businesses, and large businesses;

7 (3) the medical efficacy of mandating the benefit,

8 including:

9 (a) the contribution of the benefit to the quality of

10 patient care and the health status of the population, such

11 as the results of any research demonstrating the medical

12 efficacy of the treatment or service compared to

13 alternatives or to not providing the treatment or service;

14 and

15 (b) if the legislation seeks to mandate coverage of an

16 additional class of practitioners:

17 (i) the results of any professionally acceptable

18 research demonstrating the medical results achieved by the

19 additional class of practitioners relative to those already

20 covered; and

21 (ii) the methods used by the appropriate professional

22 organization to ensure clinical proficiency;

23 (4) the effects of balancing the social, economic, and

24 medical efficacy considerations, including:

25 (a) the extent to which the need for coverage outweighs

1 the costs of mandating the benefit for all policyholders;

2 and

3 (b) the extent to which the problem of coverage may be

4 solved by mandating the availability of the coverage as an

5 option for policyholders.

6 **Section 6.** Section 5-11-210, MCA, is amended to read:

7 "5-11-210. Clearinghouse for reports to legislature.

8 (1) For the purposes of this section, "report" means:

9 (a) a document required to be prepared for the

10 legislature as required in any of the sections listed in

11 subsection (10); and

12 (b) unless otherwise provided by law, any other report

13 required by law to be given to or filed with the

14 legislature.

15 (2) On or before September 1 of each year preceding the

16 convening of a regular session of the legislature, an entity

17 required to report to the legislature shall provide, in

18 writing, to the executive director of the legislative

19 council:

20 (a) the final title of the report;

21 (b) an abstract or description of the contents of the

22 report, not to exceed one page;

23 (c) a recommendation on how many copies of the report

24 should be provided to the legislature;

25 (d) the reasons why the number of copies recommended

1 is, in the opinion of the reporting entity, the appropriate  
2 number of copies;

3 (e) an estimated cost for each copy of the report; and

4 (f) the date on which the entity will deliver the  
5 final, published copies of the report to the legislature.

6 (3) After considering all of the information available  
7 about the report, including the number of legislators  
8 requesting copies of the report pursuant to subsection (7),  
9 the legislative council or the executive director shall, in  
10 writing, direct the reporting entity to provide a specific  
11 number of copies. The number of copies required is at the  
12 sole discretion of the legislative council. The legislative  
13 council or the executive director may require the reporting  
14 entity to mail the copies of the report.

15 (4) The legislative council may require that the report  
16 be submitted in an electronic format useable on the  
17 legislature's current computer hardware, in a microform,  
18 such as microfilm or microfiche, or in a CD-ROM format,  
19 meaning compact disc read-only memory.

20 (5) Costs of preparing and distributing a report to the  
21 legislature, including writing, printing, postage,  
22 distribution, and all other costs, accrue to the reporting  
23 agency. Costs incurred in meeting the requirements of this  
24 section may not accrue to the legislative council.

25 (6) The executive director of the legislative council

1 shall cause to be prepared a list of all reports required to  
2 be presented to the legislature from the list of titles  
3 received under subsection (2).

4 (7) The executive director shall, as soon as possible  
5 following a general election, mail to each holdover senator,  
6 senator-elect, and representative-elect a list of the titles  
7 of the reports, along with the abstracts prepared pursuant  
8 to subsection (2)(b), available from the legislative  
9 council. The list must include a form on which each member  
10 or member-elect receiving the list may indicate the report  
11 or reports that the member or member-elect would like to  
12 receive.

13 (8) The executive director or the legislative council  
14 shall make copies of reports requested pursuant to  
15 subsection (7) available to those members or members-elect  
16 by either requiring that copies be mailed pursuant to  
17 subsection (3) or by delivering copies of the reports during  
18 the first week of the legislative session.

19 (9) The executive director of the legislative council  
20 may keep as many copies of a report as he considers  
21 necessary, and copies of the report may be discarded at his  
22 discretion.

23 (10) (a) A report to the legislature includes a report  
24 required to be made by a board, bureau, commission,  
25 committee, council, department, division, fund, authority,

1 or officer of the state or a local government in 1-11-204,  
 2 2-4-411, 2-7-104, 2-8-112, 2-8-203, 2-8-207, 2-8-208,  
 3 2-15-2021, 2-18-209, 2-18-811, 2-18-1103, 3-1-702, 3-1-1126,  
 4 5-5-216, 5-13-304, 5-17-103, 5-18-203, 5-19-108, 10-4-102,  
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 6 20-25-236, 20-25-301, 22-3-107, 23-7-203, [section 3],  
 7 33-22-1513, 37-1-106, 39-6-101, 39-51-407, 44-2-304,  
 8 44-13-103, 46-23-316, 53-2-1107, 53-6-110, 53-20-104,  
 9 53-21-104, 53-24-204, 53-24-210, 53-30-133, 69-1-404,  
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 13 or 90-4-111.

14 (b) The procedure outlined in this section may also be  
 15 used for a report required to be made to the legislature  
 16 under the Multistate Tax Compact contained in 15-1-601, the  
 17 Vehicle Equipment Safety Compact contained in 61-2-201, the  
 18 Multistate Highway Transportation Agreement contained in  
 19 61-10-1101, or the Western Interstate Nuclear Compact  
 20 contained in 90-5-201."

21 NEW SECTION. Section 7. Appropriation. There is  
 22 appropriated for the biennium ending June 30, 1995, \$11,000  
 23 from the general fund to the commissioner of insurance for  
 24 use by the commission COMMISSIONER to review mandated  
 25 benefits established-in-{section-2}.

1 NEW SECTION. Section 8. Effective date. [This act] is  
 2 effective July 1, 1993.

-End-



## HOUSE BILL NO. 75

INTRODUCED BY T. NELSON

BY REQUEST OF THE JOINT INTERIM SUBCOMMITTEE

ON MANDATED HEALTH INSURANCE BENEFITS

A BILL FOR AN ACT ENTITLED: "AN ACT CREATING--A--COMMISSION  
 TO PROVIDING FOR REVIEW OF MANDATED BENEFITS BY THE  
 INSURANCE COMMISSIONER; APPROPRIATING---MONEY---FOR---THE  
 COMMISSION; ESTABLISHING CRITERIA AND PROCEDURES FOR  
 REVIEWING PROPOSALS TO REQUIRE A NEW MANDATED HEALTH  
 INSURANCE BENEFIT OR TO AMEND OR REPEAL AN EXISTING MANDATED  
 BENEFIT; ESTABLISHING REQUIRED CONTENTS FOR PROPOSALS;  
 APPROPRIATING MONEY; AMENDING SECTION 5-11-210, MCA; AND  
 PROVIDING AN EFFECTIVE DATE AND A TERMINATION DATE."

## STATEMENT OF INTENT

A statement of intent is required for this bill because  
 [section 2] grants rulemaking authority to the commission  
 INSURANCE COMMISSIONER to review mandated benefits. The  
 rules should address, at a minimum, the following areas:

- (1) the style and format required for proposals;
- (2) guidelines for use in reviewing the completeness  
 and validity of each proposal;
- (3) the types of evidence or documentation required by  
 the commission COMMISSIONER to determine the value of the

proposed or existing mandated benefit; and

- (4) the procedure for reviewing the proposal, including  
 provisions for public comment.

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

NEW SECTION. Section 1. Definitions. As used in  
 [sections 1 through 5], the following definitions apply:

(1) "ADVISORY COUNCIL" MEANS THE ADVISORY COUNCIL  
 REQUIRED BY [SECTION 4].

(2) "Commission COMMISSIONER" means the commission  
 to-review-mandated-benefits--provided--for--in--[section--2]  
 COMMISSIONER OF INSURANCE PROVIDED FOR IN 2-15-1903.

(3) "Health care provider" means a person who is  
 licensed, certified, or otherwise authorized by the laws of  
 this state to provide health care in the ordinary course of  
 business or the practice of a profession.

(4) "Mandated benefit" means state legislation that  
 prescribes the content of POLICIES OF disability insurance  
 purchased-from-commercial-insurers OR CERTIFICATES ISSUED  
 PURSUANT TO THOSE POLICIES BY INSURERS OR HEALTH SERVICE  
 CORPORATIONS. The term includes extended coverages for  
 certain categories of individuals; covered benefits,  
 including mandated options and benefits limited to certain  
 types of policies; and coverages for freedom of choice of  
 practitioners.

**NEW SECTION. Section 2. Commission** to review mandated benefits-----composition-----allocation-----rulemaking authority.

(1) There is a commission to review mandated benefits. The commission consists of nine members. The commissioner of insurance or a designee and the director of the department of health and environmental sciences or a designee shall serve as nonvoting members. The remaining seven members are voting members. The seven members must be appointed by the governor as follows:

(a) one representative of the general public who is not employed in the insurance industry or in the provision of health care and who is not an officer or employee of a labor organization;

(b) one administrator of a health care facility, as defined in 50-5-101;

(c) one health care provider who is not actively employed in the mental health, mental illness, or addictive disease treatment field;

(d) one licensed or certified mental health, mental illness, or addictive disease care provider;

(e) one employer who is not active in the health care or insurance field;

(f) one representative of a collective bargaining labor organization; and

(g) one representative or licensed insurance producer of a company or organization licensed to provide disability insurance in Montana.

(2) Each commission member appointed by the governor shall serve a 4-year term, except that the governor shall designate four of the initial members to serve 4-year terms and three to serve 2-year terms. A member appointed to fill a vacancy shall serve until the end of that term.

(3) The commission shall elect one of its members as presiding officer and one as vice-presiding officer.

(4) The commission is allocated to the commissioner of insurance for administrative purposes only as prescribed in 2-15-121. COMMISSIONER REVIEW OF PROPOSAL FOR MANDATED BENEFITS. (1) AN INDIVIDUAL, PERSON, GROUP, OR ASSOCIATION INTENDING TO PRESENT A PROPOSAL FOR A MANDATED BENEFIT TO THE LEGISLATURE MAY PRESENT THE PROPOSAL TO THE COMMISSIONER AT LEAST 6 MONTHS BEFORE THE CONVENING OF A REGULAR SESSION OF THE LEGISLATURE. A PROPOSAL SUBMITTED TO THE COMMISSIONER MUST CONTAIN THOSE MATTERS REQUIRED BY [SECTION 5] AND MUST CONFORM TO THE RULES ADOPTED BY THE COMMISSIONER.

(5)(2) The commission COMMISSIONER shall adopt rules in accordance with the Montana Administrative Procedure Act to implement [sections 1 through 5].

**NEW SECTION. Section 3. Commission** COMMISSIONER review and report. (1) The commission COMMISSIONER shall review and

1 assess the merits of each proposal to:

- 2 (a) require a new mandated benefit; or  
 3 (b) amend or repeal an existing mandated benefit.

4 (2) A proposal subject to review under subsection (1)  
 5 must be submitted to the commission COMMISSIONER at least 6  
 6 months before the first day of the next regular legislative  
 7 session.

8 (3) After the commission COMMISSIONER has initiated its  
 9 A review, it THE COMMISSIONER may request FROM THE ENTITY  
 10 PRESENTING THE PROPOSAL FOR A MANDATED BENEFIT OR FROM ANY  
 11 STATE AGENCY additional information that it THE  
 12 COMMISSIONER considers necessary to complete its THE  
 13 assessment of the proposal.

14 (4) The commission COMMISSIONER shall hold at least one  
 15 public hearing during which the applicant ENTITY PRESENTING  
 16 THE PROPOSAL FOR A MANDATED BENEFIT and members of the  
 17 public have an opportunity to testify. The commission  
 18 COMMISSIONER may consider more than one proposal at a public  
 19 hearing. THE ADVISORY COUNCIL REQUIRED BY [SECTION 4] SHALL  
 20 ATTEND THE HEARING AND ADVISE THE COMMISSIONER CONCERNING  
 21 THE MATTERS CONTAINED IN THE PROPOSAL SUBMITTED TO THE  
 22 COMMISSIONER.

23 (5) The commission COMMISSIONER shall prepare and, as  
 24 provided in 5-11-210, submit a report to the legislature for  
 25 its next regular session. The report must include but is not

1 limited to the commission's COMMISSIONER'S recommendation as  
 2 to whether the proposal merits consideration by the  
 3 legislature. If the commission COMMISSIONER declines to  
 4 recommend a proposal, the commission COMMISSIONER shall  
 5 state in its THE report the reasons for its THE action. The  
 6 report to the legislature may include more than one proposal  
 7 review.

8 ~~{6}--The legislature may not consider a proposal to~~  
 9 ~~mandate a new health insurance benefit or to repeal or amend~~  
 10 ~~an existing mandated benefit unless the commission certifies~~  
 11 ~~no later than December 31 preceding the beginning of a~~  
 12 ~~regular session that the proposal has been reviewed.~~

13 NEW SECTION. Section 4. Meetings ~~compensation~~  
 14 ~~staff assistance. {1}--The commission shall meet when~~  
 15 ~~sufficient requests for reviews of proposals have been~~  
 16 ~~received or not later than the first day of August of the~~  
 17 ~~year preceding a regular session of the legislature, unless~~  
 18 ~~no requests have been received.~~

19 ~~{2}--Members of the commission are entitled to expenses~~  
 20 ~~as provided in 2-18-501 through 2-18-503.~~

21 ~~{3}--The commissioner of insurance and the department of~~  
 22 ~~health and environmental sciences shall provide staff~~  
 23 ~~assistance to the commission.~~ ADVISORY COUNCIL -- MEMBERSHIP  
 24 -- COMPENSATION -- MEETINGS. (1) THE COMMISSIONER SHALL  
 25 APPOINT AN ADVISORY COUNCIL TO ADVISE THE COMMISSIONER

1 CONCERNING THE DUTIES OF THE COMMISSIONER UNDER [SECTION 3].  
 2 THE COUNCIL CONSISTS OF EIGHT MEMBERS. THE DIRECTOR OF  
 3 HEALTH AND ENVIRONMENTAL SCIENCES OR THE DIRECTOR'S DESIGNEE  
 4 IS AN EX OFFICIO MEMBER. THE OTHER SEVEN MEMBERS MUST BE  
 5 APPOINTED BY THE COMMISSIONER AS FOLLOWS:

6 (A) ONE REPRESENTATIVE OF THE GENERAL PUBLIC WHO IS NOT  
 7 EMPLOYED IN THE INSURANCE INDUSTRY OR IN THE PROVISION OF  
 8 HEALTH CARE AND WHO IS NOT AN OFFICER OR EMPLOYEE OF A LABOR  
 9 ORGANIZATION;

10 (B) ONE ADMINISTRATOR OF A HEALTH CARE FACILITY, AS  
 11 DEFINED IN 50-5-101;

12 (C) ONE HEALTH CARE PROVIDER WHO IS NOT ACTIVELY  
 13 EMPLOYED IN THE MENTAL HEALTH, MENTAL ILLNESS, OR ADDICTIVE  
 14 DISEASE TREATMENT FIELD;

15 (D) ONE LICENSED OR CERTIFIED MENTAL HEALTH, MENTAL  
 16 ILLNESS, OR ADDICTIVE DISEASE CARE PROVIDER;

17 (E) ONE EMPLOYER WHO IS NOT ACTIVE IN THE HEALTH CARE  
 18 OR INSURANCE FIELD;

19 (F) ONE REPRESENTATIVE OF A COLLECTIVE BARGAINING LABOR  
 20 ORGANIZATION; AND

21 (G) ONE REPRESENTATIVE OR LICENSED INSURANCE PRODUCER  
 22 OF A COMPANY OR ORGANIZATION LICENSED TO PROVIDE DISABILITY  
 23 INSURANCE IN MONTANA.

24 (2) EACH COUNCIL MEMBER APPOINTED BY THE COMMISSIONER  
 25 SHALL SERVE A 4-YEAR 2-YEAR TERM,---EXCEPT---THAT---THE

1 COMMISSIONER---SHALL-DESIGNATE-FOUR-OF-THE-INITIAL-MEMBERS-TO  
 2 SERVE-4-YEAR-TERMS-AND-THREE-TO-SERVE-2-YEAR-TERMS. A MEMBER  
 3 APPOINTED TO FILL A VACANCY SHALL SERVE UNTIL THE END OF  
 4 THAT TERM.

5 (3) THE COUNCIL SHALL ELECT ONE OF ITS MEMBERS AS  
 6 PRESIDING OFFICER AND ONE AS VICE PRESIDING OFFICER.

7 (4) EXCEPT AS PROVIDED IN THIS SECTION, THE COUNCIL  
 8 MUST BE APPOINTED, COMPENSATED, REIMBURSED, AND ADMINISTERED  
 9 AS PROVIDED IN 2-15-122.

10 (5) THE COUNCIL SHALL MEET AT THE TIME REQUIRED BY  
 11 [SECTION 3(4)] AND AT OTHER TIMES AS REQUESTED BY THE  
 12 COMMISSIONER.

13 NEW SECTION. Section 5. Contents of proposal. The  
 14 proposal submitted-by-the-applicant FOR THE MANDATED BENEFIT  
 15 must include but is not limited to the following  
 16 information, to the extent that it is available:

17 (1) the social impact of mandating the benefit,  
 18 including:

19 (a) the extent to which the treatment or service is  
 20 used by a significant portion of the population;

21 (b) the extent to which the treatment or service is  
 22 available to the population;

23 (c) the extent to which insurance coverage for this  
 24 treatment or service is already available;

25 (d) if coverage is not generally available, the extent

1 to which the lack of coverage results in persons being  
2 unable to obtain necessary health care treatment;

3 (e) if coverage is not generally available, the extent  
4 to which the lack of coverage results in unreasonable  
5 financial hardship on those persons needing treatment;

6 (f) the level of public demand and the level of demand  
7 from health care providers for the treatment or service;

8 (g) the level of public demand and the level of demand  
9 from health care providers for individual or group insurance  
10 coverage of the treatment or service;

11 (h) the level of interest of collective bargaining  
12 organizations in negotiating privately for inclusion of this  
13 coverage in group contracts;

14 (i) the likelihood of achieving the objectives of  
15 meeting a consumer need as evidenced by the experience of  
16 other states;

17 (j) the relevant findings of the state health planning  
18 agency or the appropriate health system agency relating to  
19 the social impact of the mandated benefit;

20 (k) the alternatives to meeting the identified need;

21 (l) whether the benefit is a medical need or a broader  
22 social need and whether it is consistent with the role of  
23 health insurance;

24 (m) the impact on the market of any social stigma  
25 attached to the benefit;

1 (n) the impact of this benefit on the availability of  
2 other benefits currently being offered; and

3 (o) the impact of the benefit as it relates to  
4 employers shifting to self-insured plans;

5 (2) the financial impact of mandating the benefit,  
6 including;

7 (a) the extent to which the proposed insurance coverage  
8 would increase or decrease the cost of the treatment or  
9 service over the next 5 years;

10 (b) the extent to which the proposed coverage might  
11 increase the appropriate or inappropriate use of the  
12 treatment or service over the next 5 years;

13 (c) the extent to which the mandated benefit might  
14 serve as an alternative for more expensive or less expensive  
15 treatment or service;

16 (d) the methods that will be instituted to manage the  
17 use and costs of the proposed mandated benefit;

18 (e) the extent to which the insurance coverage may  
19 affect the number and types of providers of the mandated  
20 benefit over the next 5 years;

21 (f) the extent to which the insurance coverage of the  
22 health care service or provider may be reasonably expected  
23 to increase or decrease the insurance premium and  
24 administrative expenses of policyholders;

25 (g) the impact of indirect costs, which are costs other

1 than premiums and administrative costs, on the question of  
2 the costs and benefits of coverage;

3 (h) the impact of this coverage on the total cost of  
4 health care; and

5 (i) the effects on the cost of health care to employers  
6 and employees, including the financial impact on small  
7 businesses, medium-sized businesses, and large businesses;

8 (3) the medical efficacy of mandating the benefit,  
9 including:

10 (a) the contribution of the benefit to the quality of  
11 patient care and the health status of the population, such  
12 as the results of any research demonstrating the medical  
13 efficacy of the treatment or service compared to  
14 alternatives or to not providing the treatment or service;  
15 and

16 (b) if the legislation seeks to mandate coverage of an  
17 additional class of practitioners:

18 (i) the results of any professionally acceptable  
19 research demonstrating the medical results achieved by the  
20 additional class of practitioners relative to those already  
21 covered; and

22 (ii) the methods used by the appropriate professional  
23 organization to ensure clinical proficiency;

24 (4) the effects of balancing the social, economic, and  
25 medical efficacy considerations, including:

1 (a) the extent to which the need for coverage outweighs  
2 the costs of mandating the benefit for all policyholders;  
3 and

4 (b) the extent to which the problem of coverage may be  
5 solved by mandating the availability of the coverage as an  
6 option for policyholders.

7 **Section 6.** Section 5-11-210, MCA, is amended to read:

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9 (1) For the purposes of this section, "report" means:

10 (a) a document required to be prepared for the  
11 legislature as required in any of the sections listed in  
12 subsection (10); and

13 (b) unless otherwise provided by law, any other report  
14 required by law to be given to or filed with the  
15 legislature.

16 (2) On or before September 1 of each year preceding the  
17 convening of a regular session of the legislature, an entity  
18 required to report to the legislature shall provide, in  
19 writing, to the executive director of the legislative  
20 council:

21 (a) the final title of the report;

22 (b) an abstract or description of the contents of the  
23 report, not to exceed one page;

24 (c) a recommendation on how many copies of the report  
25 should be provided to the legislature;

1 (d) the reasons why the number of copies recommended  
2 is, in the opinion of the reporting entity, the appropriate  
3 number of copies;

4 (e) an estimated cost for each copy of the report; and

5 (f) the date on which the entity will deliver the  
6 final, published copies of the report to the legislature.

7 (3) After considering all of the information available  
8 about the report, including the number of legislators  
9 requesting copies of the report pursuant to subsection (7),  
10 the legislative council or the executive director shall, in  
11 writing, direct the reporting entity to provide a specific  
12 number of copies. The number of copies required is at the  
13 sole discretion of the legislative council. The legislative  
14 council or the executive director may require the reporting  
15 entity to mail the copies of the report.

16 (4) The legislative council may require that the report  
17 be submitted in an electronic format useable on the  
18 legislature's current computer hardware, in a microform,  
19 such as microfilm or microfiche, or in a CD-ROM format,  
20 meaning compact disc read-only memory.

21 (5) Costs of preparing and distributing a report to the  
22 legislature, including writing, printing, postage,  
23 distribution, and all other costs, accrue to the reporting  
24 agency. Costs incurred in meeting the requirements of this  
25 section may not accrue to the legislative council.

1 (6) The executive director of the legislative council  
2 shall cause to be prepared a list of all reports required to  
3 be presented to the legislature from the list of titles  
4 received under subsection (2).

5 (7) The executive director shall, as soon as possible  
6 following a general election, mail to each holdover senator,  
7 senator-elect, and representative-elect a list of the titles  
8 of the reports, along with the abstracts prepared pursuant  
9 to subsection (2)(b), available from the legislative  
10 council. The list must include a form on which each member  
11 or member-elect receiving the list may indicate the report  
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15 shall make copies of reports requested pursuant to  
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2 NEW SECTION. Section 8. Effective date. [This act] is  
 3 effective July 1, 1993.

4 NEW SECTION. SECTION 9. TERMINATION. [THIS ACT]  
 5 TERMINATES JANUARY 1, 1995.

-End-