1 SENATE BILL NO. 411
2 INTRODUCED BY

A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING THAT HEALTH INSURANCE COVERAGE PROVIDED TO FULFILL A CHILD SUPPORT ORDER OR AN ORDER OF ENROLLMENT MUST BE AVAILABLE TO THE CHILD AT BOTH RESIDENCES; REQUIRING THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES TO CONSIDER ALLOWING AN OBLIGEE TO PROVIDE EMPLOYMENT-BASED OR OTHER HEALTH CARE COVERAGE UPON FAILURE OF AN OBLIGOR TO PROVIDE COVERAGE; AND AMENDING SECTIONS 40-5-208, 40-5-440, AND 40-5-442, MCA."

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

Section 1. Section 40-5-208, MCA, is amended to read:

"40-5-208. Medical support -- obligation enforcement -- sanctions. (1) (a) (ii) In any proceeding initiated pursuant to this part to establish a child support order, whether final or temporary, and in each modification of an existing order, the department shall require the obligor to obtain and maintain for each child health insurance coverage for each child that is available and accessible to the child at all times, at both the residence of the obligor and the residence of the obligee, if health insurance coverage is available through the obligor's employment or other group health insurance plan. The order or modification of an order must include a statement that the insurance must be obtained and maintained whenever the department is providing support enforcement services and that the failure to do so may result in the imposition of sanctions under this section.

- (ii) The health maintenance organization, health care service provider, or insurer service area of the plan must be available in this state in order for the obligor to fulfill the requirements of this section.
- (b) If the support order or modification of an order does not include a provision requiring the obligor to provide health insurance coverage for a child, upon notice to the obligor that the child is receiving support enforcement services under Title IV-D of the Social Security Act, the obligor shall obtain and maintain health insurance coverage as provided for in subsection (1)(a). This insurance is in addition to:
 - (i) an order requiring the obligee to maintain health insurance coverage;
 - (ii) an agreement that the obligee will maintain health insurance coverage; or



1	(iii)	a failure or omission of the court order or modification of an order to require health insurance
2	coverage.	

- (2) (a) If the department is providing child support enforcement services and the obligor is required by an existing district court order or an administrative order under this section to provide health insurance coverage for a child, the department shall also enforce the health insurance obligation.
- (b) To ensure that health insurance coverage is available for the child, the obligor, upon written request by the department, shall provide the name of the insurance carrier, the policy identification name and number, the names of the persons covered, the service area covered by the plan, and any other pertinent information regarding coverage.
- (3) (a) The department may issue a notice commanding the obligor to appear at a hearing held by the department and show cause why a sum of not more than \$100 should not be assessed for each month that health insurance coverage is not secured or maintained if the department determines an obligor has failed to:
 - (i) obtain or maintain health insurance coverage as required under this section; or
 - (ii) provide information required under this section.
- (b) If the department finds, after hearing or the obligor's failure to appear, that health insurance coverage has not been obtained or maintained or that the obligor has failed to provide the information required, the department may assess against the obligor not more than \$100 for each month that health insurance coverage has not been obtained or maintained or for each month that information has not been provided. The amounts may be enforced by any administrative remedy available to the department for the enforcement of child support obligations, including warrant for distraint provided for in 40-5-247 and income withholding provided for in Title 40, chapter 5, part 4.
- (4) The health insurance coverage must be provided under this section even though it may reduce the amount of the child support obligation or reduce the obligor's ability to pay child support as required.
- (5) Any amounts collected pursuant to this section must be returned to the general fund to help offset expenditures for medicaid."

Section 2. Section 40-5-440, MCA, is amended to read:

"40-5-440. Health insurance coverage -- order of enrollment. (1) Whenever the obligor is required by a court or administrative order or is required under 40-5-208(1)(b) to provide health insurance coverage



for a child and the obligor fails to provide the coverage or lets it lapse, the department may enforce the obligation under this section if a payor of income to an obligor has a health insurance plan that can be extended to cover the obligor's child at all times at both the residence of the obligor and the residence of the obligoe.

- (2) (a) Prior to service of an initial order of enrollment on a payor, the department shall serve the obligor, by certified mail or by personal service, a notice of its intent to order an enrollment, by certified mail or by personal service.
- (b) Within 20 days after service of the notice, the obligor may provide written proof to the department that health insurance coverage for the child that provides full coverage for the child at the residence of the obligor and the residence of the obligee has been obtained or applied for. If proof is received by the department within 20 days after service, further action may not be taken by the department except in the event of a lapse of coverage as provided in subsection (3). If proof of health insurance coverage is not timely received by the department, an order of enrollment may be issued in accordance with subsection (3).
- (3) If the obligor fails to timely provide proof of coverage or if after timely proof of coverage the obligor lets the coverage lapse, the department may, without further notice to the obligor, serve an order of enrollment on the payor. The payor may be the same payor who is subject to an order to withhold under this part or any other payor or subsequent payor.
- (4) (a) Upon receipt of an order of enrollment, the payor shall respond to the department within 20 days and confirm that the child:
- (i) has been enrolled in and is covered at both the residence of the obligor and the residence of the obligee by the health insurance plan;
- (ii) will be enrolled in the next enrollment period and the plan will cover the child at the residence of the obligor and the residence of the oblige; or
- (iii) cannot be covered because the child resides outside the plan's service area or the contracted terms of the plan do not permit an extension of coverage to the child.
- (b) Upon enrollment of the child, the payor shall withhold from the obligor's income an amount equal to the required premium, if any, and apply the withheld amount to the premium as necessary.
- (c) If more than one plan is offered by the payor and each plan may be extended to the child, the child must be enrolled in the same plan as the obligor. If the obligor's plan does not provide coverage that



- is accessible to the child, the child must be enrolled in the least expensive plan available to the obligor that is available at the residence of the obligor and the residence of the obligee.
- (d) Once an initial order of enrollment is authorized under this section, the authority to issue orders to subsequent payors and to bind payors to the orders terminates only when:
 - (i) the department is no longer providing enforcement services;
 - (ii) the obligation to provide health insurance coverage is terminated according to law; or
- (iii) the department finds under subsection (5) that the premium charged to the obligor is not reasonable under the circumstances of the obligor's case.
- (e) A payor served with an order of enrollment shall inform the department of the name of the health insurance coverage provider or insurer and, the extent of the coverage, and the service area of the plan. The payor shall make available to the department or obligee any necessary claim forms or enrollment membership cards. If coverage is terminated for any reason, the payor shall inform the department of the termination within 20 days of the termination date.
- (5) (a) Whenever an obligor is being charged with a premium under subsection (4) and the obligor believes the amount of the premium to be unreasonable under the circumstances, the obligor may make a written request to the department for an administrative hearing to determine the reasonableness of the premium charge.
- (b) The department shall schedule the hearing within 20 days after receipt of the obligor's request. The hearing must be conducted by telephone conferencing methods unless the hearing officer determines that an in-person hearing is appropriate.
- (c) If the hearing officer finds that the premium charged the obligor is causing an undue hardship on the obligor or the child, the department shall withdraw any order of enrollment served on a payor. A withdrawal is temporary and remains in effect only until a significant change in circumstances occurs, such as an improvement in the obligor's ability to pay the premium or an increase in the child's need for health insurance coverage. Upon a change of circumstances, the department may again serve the order of enrollment on the payor. After service of the order, the obligor may request an administrative hearing to determine the reasonableness of premiums considering the new circumstances.
- (d) If the hearing officer finds that the premium is reasonable under the circumstances, the obligor may not request any further hearings under this subsection (5) unless there is a significant change in circumstances from that existing at the time the finding was made.



(6) A notice under this section may be combined with a notice of intent to withhold income under
40-5-413 or with any other notice served on an obligor under part 2 of this chapter.

- (7) This section may not be construed to limit the right of an obligee or the department to bring any other action available under the law to enforce an obligation to provide health insurance coverage for a child.
- (8) This section may not be construed to require a health maintenance organization, health care service provider, or insurer to extend coverage to a child who resides outside its service area or to deviate from contractual provisions and restrictions.
- (9) An obligor whose child is enrolled in a health insurance plan under this section shall cooperate with the insurer, health care service provider, department, and child's custodian to obtain and use the health insurance plan."

Section 3. Section 40-5-442, MCA, is amended to read:

- "40-5-442. Health insurance coverage -- notice of intent to purchase or allow obligee purchase.

 (1) The department may serve a notice of intent to purchase health insurance coverage on an obligor, by certified mail or personal service, when:
- (a) the obligor is ordered by a court or administrative order or is required under 40-5-208(1)(b) to provide health insurance coverage for a child;
 - (b) the obligor fails to provide such health insurance coverage or lets it lapse;
 - (c) there is no payor upon whom an order of enrollment under 40-5-440 is applicable; and
 - (d) the child is currently eligible for medical assistance benefits under Title 53.
- (2) If the conditions of subsection (1)(b) or (1)(c) occur, the department shall first consider allowing the obligee to enroll the child in the obligee's health insurance plan if health insurance coverage is available through the obligee's employment or other group health insurance plan. If the department considers the plan viable, it shall provide notice to the obligor.
- (3) The notice <u>required under subsection (1) or (2)</u> must specify the type and cost of the proposed health insurance coverage.
 - (4) Within 20 days of the date of service of the notice, the obligor shall:
- (a) provide written proof to the department that the obligor has either applied for or obtained coverage accessible to the child at the residence of the obligor and the residence of the obligee; or



(b)	request a	an administrative	hearing	to show	that the	proposed	purchase of	coverage	and	the
premium c	hargeable	to the obligor wil	ll cause <u>a</u>	an undue	hardship					

(3)(5) If a hearing is requested, the department shall schedule the hearing within 20 days of the receipt of the request. The hearing must be held by telephone conferencing methods unless the hearing officer determines that an in-person hearing is appropriate.

(4)(6) If the obligor fails to timely provide written proof of coverage or if the hearing officer finds that the proposed purchase of coverage will not cause an undue hardship on the obligor, the department shall purchase the health insurance coverage specified in the notice or allow the obligee to provide health insurance coverage as specified in subsection (2). The amount of the premium for department-purchased coverage or the amount of the additional premium necessary to cover the child for obligee-purchased coverage may be added to the obligor's child support debt and may be collected without further notice by income withholding under this part or by any other remedy available to the department.

(5)(7) Health insurance coverage purchased under this section must be continued by the department until:

- (a) the child is no longer eligible for medical assistance benefits;
- (b) the obligor is no longer responsible under the law for providing coverage for the child;
- (c) the obligor provides written proof to the department that other coverage accessible to the child at both the residence of the obligor and the residence of the obligee has been obtained; or
 - (d) relief is granted under subsection (6) (8).

(6)(8) (a) If a change of circumstances occurs after health insurance coverage is purchased by the department or provided by the obligee and the obligor believes the change makes the provision of health insurance coverage an undue hardship, the obligor may make a written request for an administrative hearing to reconsider the matter of continuing to purchase pay the premium chargeable for coverage purchased by the department or obligee eoverage.

- (b) If a hearing is requested, the department shall schedule the hearing within 20 days of the receipt of the request. The hearing must be conducted by telephone conferencing methods unless the hearing officer determines that an in-person hearing is appropriate.
- (c) If the hearing officer finds that the continued purehase of <u>payment of premiums chargeable for</u> coverage will cause <u>an</u> undue hardship on the obligor, the department shall terminate the coverage.
 - (d) If the hearing officer finds that the continued purchase of payment of premiums chargeable for



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coverage will not cause an undue hardship, the department shall continue to provide for the purchase the
of coverage, as appropriate, under the provisions of subsection (5) (7).

(7)(9) An obligor whose child is enrolled in a health insurance plan under this section shall cooperate with the insurer, health care provider, department, and child's custodian to obtain and use the health insurance plan."

6 -END-



STATE OF MONTANA - FISCAL NOTE

Fiscal Note for SB0411, as introduced

DESCRIPTION OF PROPOSED LEGISLATION:

An act requiring health insurance coverage provided to fulfill a child support order or an order of enrollment must be available to the child at both residences and requiring the Department of Social and Rehabilitation Services (SRS) to consider allowing an obligee to provide employment-based or other health care coverage upon failure of an obligor to provide coverage.

ASSUMPTIONS:

- 1. The Executive Budget present law base serves as the starting point from which to calculate any fiscal impact due to this proposed legislation.
- 2. The proposed bill would expand accessibility of coverage of children covered by child support orders.
- 3. Requirements for obligors in obtaining health insurance would be clarified.
- 4. The Department of Social and Rehabilitation Services is unable to determine the fiscal impact of SB411.

FISCAL IMPACT:

Unknown.

DAVE LEWIS, BUDGET DIRECTOR DATE
Office of Budget and Program Planning

EVE FRANKLIN, PRIMARY SPONSOR

DATE

Fiscal Note for SB0411, as introduced

5B411