1	Senate BILL NO. 234
2	INTRODUCED BY Grande MARLUM Hallye
3	Butlet Jerke How Shen Deherty Frem El Comba
4	A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING DISCRIMINATION AGAINST VICTIMS OF ABUSE
5 ,	IN ALL LINES OF INSURANCE; PROVIDING FOR AN INDEPENDENT CAUSE OF ACTION; AMENDING
6	SECTION 33-18-242, MCA; AND PROVIDING AN EFFECTIVE DATE."
7	
8	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
9	
10	NEW SECTION. Section 1. Unfair discrimination against victims of abuse prohibited. (1) An
11	insurer, health maintenance organization, or health service corporation may not, in any manner, engage in
12	an unfair discriminatory act or practice against a victim of abuse.
13	(2) For purposes of this section, "abuse" means the occurrence of one or more of the following:
14	(a) purposely, knowingly, recklessly, or negligently subjecting or attempting to subject another
15	person, including a minor child, to bodily injury, substantial emotional distress, psychological trauma, sexual
16	assault, or sexual intercourse without consent;
17	(b) purposely or knowingly engaging in a course of conduct toward another person that constitutes
18	stalking in violation of 45-5-220;
19	(c) subjecting another person, including a minor child, to false imprisonment or unlawful restraint
20	or confinement; or
21	(d) purposely, knowingly, recklessly, or negligently causing or attempting to cause damage to
22	property so as to intimidate or attempt to control the behavior of another person, including a minor child.
23	(3) The following acts are prohibited as unfairly discriminatory:
24	(a) denying, refusing to issue, renew, or reissue, canceling, or otherwise terminating an insurance
25	policy, certificate of coverage, subscriber contract, or health care services agreement;
26	(b) restricting or excluding coverage under an insurance policy or certificate;
27	(c) adding a premium differential to any insurance policy or certificate on the basis that the
28	applicant or insured has been the victim of abuse; or
29	(d) excluding or limiting coverage for losses or denying a claim incurred by an individual, insured,

or participant as a result of abuse on the basis of the individual's, insured's, or participant's status as a

Wictim	വ	abuse.

- (4) An insurer that takes an action that adversely affects a victim of abuse on the basis of a medical condition that the insurer knows or has reason to know is related to abuse shall explain the reason for its action to the applicant or insured in writing and must be able to demonstrate that its action and any applicable policy provisions:
- (a) do not have the purpose or effect of treating abuse victim status as a medical condition or underwriting criterion;
- (b) are not based upon any actual or perceived correlation between a medical condition and abuse victim status;
- (c) are otherwise permissible by law and apply in the same manner and to the same extent to all applicants and insureds with similar medical conditions or property and casualty risk without regard to whether the condition or claim is related to abuse; and
- (d) are based on a determination made in conformance with sound actuarial principles and supported by actual or reasonably anticipated experience that demonstrates a correlation between the medical condition or the type of property and casualty risk and a material increase in insurance risk.
- (5) An applicant or insured claiming to be adversely affected by an act or practice of an insurer in violation of this section may maintain an action against the insurer. Upon proof of a violation of this section, the court may award appropriate relief, including temporary, preliminary, or permanent injunctive relief, compensatory and punitive damages, and costs including reasonable attorney and expert witness fees.
- (6) (a) This section does not prohibit an insurer from underwriting, classifying risk, or administering a contract of insurance as otherwise allowed by law based on medical information that the insurer knows or should know is related to abuse as long as the insurer underwrites, classifies risk, or administers the contract of insurance on the basis of the applicant's or insured's medical condition and not on the applicant's or insured's status as a victim of abuse.
- (b) This section does not prohibit or otherwise limit an insurer's ability to elicit information from or about an applicant's or insured's medical history as otherwise provided by law.

Section 2. Section 33-18-242, MCA, is amended to read:

"33-18-242. Independent cause of action -- burden of proof. (1) An insured or a third-party

claimant has an independent cause of action against an insurer for actual damages caused by the insurer's violation of subsection 33-18-201(1), (4), (5), (6), (9), or (13) of 33-18-201 or [section 1].

- (2) In an action under this section, a plaintiff is not required to prove that the violations were of such frequency as to indicate a general business practice.
- (3) An insured who has suffered damages as a result of the handling of an insurance claim may bring an action against the insurer for breach of the insurance contract, for fraud, or pursuant to this section, but not under any other theory or cause of action. An insured may not bring an action for bad faith in connection with the handling of an insurance claim.
- (4) In an action under this section, the court or jury may award such damages as were proximately caused by the violation of subsection 33-18-201(1), (4), (5), (6), (9), or (13) of 33-18-201 or [section 1]. Exemplary damages may also be assessed in accordance with 27-1-221.
- (5) An insurer may not be held liable under this section if the insurer had a reasonable basis in law or in fact for contesting the claim or the amount of the claim, whichever is in issue.
- (6) (a) An insured may file an action under this section, together with any other cause of action that the insured has against the insurer. Actions may be bifurcated for trial where when justice so requires.
- (b) A third-party claimant may not file an action under this section until after the underlying claim has been settled or a judgment entered in favor of the claimant on the underlying claim.
 - (7) The period prescribed for commencement of an action under this section is:
 - (a) for an insured, within 2 years from the date of the violation of 33-18-201 or [section 1]; and
- (b) for a third-party claimant, within 1 year from the date of the settlement of or the entry of judgment on the underlying claim.
- (8) As used in this section, an insurer includes a person, firm, or corporation utilizing self-insurance to pay claims made against them."

NEW SECTION. Section 3. Codification instruction. [Section 1] is intended to be codified as an integral part of Title 33, chapter 18, part 2, and the provisions of Title 33, chapter 18, part 2, apply to [section 1].

<u>NEW SECTION.</u> Section 4. Saving clause. [This act] does not affect rights and duties that matured, penalties that were incurred, or proceedings that were begun before [the effective date of this



1 act].

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<u>NEW SECTION.</u> Section 5. Severability. If a part of [this act] is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from the invalid applications.

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NEW SECTION. Section 6. Effective date. [This act] is effective July 1, 1997.

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-END-

1	SENATE BILL NO. 234
2	INTRODUCED BY BROOKE, MAHLUM, HALLIGAN, BARTLETT, SHEA, DOHERTY, SQUIRES,
3	ELLINGSON, FRANKLIN, SANDS
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9	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
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12	insurer, health maintenance organization, or health service corporation may not, in any manner, engage in
13	an unfair discriminatory act or practice UNFAIRLY DISCRIMINATE against a victim of abuse.
14	(2) For purposes of this section, "abuse" means the occurrence BETWEEN FAMILY MEMBERS,
15	CURRENT OR FORMER HOUSEHOLD MEMBERS, OR INTIMATE PARTNERS of one or more of the following:
16	(a) purposely, knowingly, <u>OR</u> recklessly , or negligently subjecting or attempting to subject another
17	person, including a minor child, to bodily injury, substantial SEVERE emotional distress, psychological
18	trauma, sexual assault, or sexual intercourse without consent;
19	(b) purposely or knowingly engaging in a course of conduct toward another person that constitutes
20	stalking in violation of 45 5 220;
21	(e)(B) subjecting another person, including a minor child, to false imprisonment or unlawful restraint
22	or confinement ; or _
23	(d) purposely, knowingly, recklessly, or negligently causing or attempting to cause damage to
24	property so as to intimidate or attempt to control the behavior of another person, including a minor child.
25	(3) FOR PURPOSES OF THIS SECTION, "ABUSE" INCLUDES PURPOSELY OR KNOWINGLY
26	ENGAGING IN A COURSE OF CONDUCT TOWARD A FAMILY MEMBER, CURRENT OR FORMER
27	HOUSEHOLD MEMBER, OR INTIMATE PARTNER THAT CONSTITUTES STALKING IN VIOLATION OF
28	<u>45-5-220′.</u>
29	(3)(4) The following acts, WHEN BASED ON THE INSURED'S STATUS AS A VICTIM OF ABUSE,
30	are prohibited as upfairly discriminatory:

1	(a) denying, refusing to issue, renew, or reissue, canceling, or otherwise terminating an insurance
2	policy, certificate of coverage <u>DELIVERED OR ISSUED FOR DELIVERY IN MONTANA</u> , subscriber contract,
3	or health care services agreement;
4	(b) restricting or excluding coverage under an insurance policy or certificate <u>DELIVERED OR ISSUED</u>
5	FOR DELIVERY IN MONTANA;
6	(c) adding a premium differential to any insurance policy or certificate <u>DELIVERED OR ISSUED FOR</u>
7	<u>DELIVERY IN MONTANA</u> on the basis that the applicant or insured has been the victim of abuse; or
8	(d) excluding or limiting coverage for losses or denying a claim incurred by an individual; insured,
9	or participant as a result of abuse on the basis of the individual's, insured's, or participant's status as a
10	victim of abuse.
11	(4)(5) An UPON WRITTEN REQUEST OF THE INSURED OR AN APPLICANT, AN insurer that takes
12	an <u>UNDERWRITING</u> action that adversely affects a victim of abuse on the basis of a medical condition <u>OR</u>
13	PROPERTY OR CASUALTY RISK that the insurer knows or has reason to know is related to abuse shall
14	explain TO THE INSURED OR APPLICANT IN WRITING the reason for its THE INSURER'S action to the
15	applicant or insured in writing and must be able to demonstrate that its action and any applicable policy
16	provisions:
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2122232425	victim status; (a) are otherwise permissible by law and apply in the same manner and to the same extent to all applicants and insureds with similar medical conditions or property and casualty risk without regard to whether the condition or claim is related to abuse; and (d) are based on a determination made in conformance with sound actuarial principles and supported by actual or reasonably anticipated experience that demonstrates a correlation between the
21 22 23 24 25 26	victim status; (e) are otherwise permissible by law and apply in the same manner and to the same extent to all applicants and insureds with similar medical conditions or property and casualty risk without regard to whether the condition or claim is related to abuse; and (d)—are based on a determination made in conformance with sound actuarial principles and supported by actual or reasonably anticipated experience that demonstrates a correlation between the medical condition or the type of property and casualty risk and a material increase in insurance risk.
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- (6) (a) This section does not prohibit an insurer from underwriting, classifying risk, or administering a contract of insurance as otherwise allowed by law based on <u>PROPERTY OR CASUALTY RISK OR</u> medical information that the insurer knows or should know is related to abuse as long as the insurer underwrites, classifies risk, or administers the contract of insurance on the basis of the applicant's or insured's <u>PROPERTY OR CASUALTY RISK OR</u> medical condition and not on the applicant's or insured's status as a victim of abuse.
- (b) This section does not prohibit or otherwise limit an insurer's ability to elicit information from or about an applicant's APPLICANT or insured's medical history INSURED as otherwise provided by law.
- (7) AN INSURER MAY NOT BE HELD CIVILLY OR CRIMINALLY LIABLE FOR THE DEATH OF OR PHYSICAL INJURY TO AN INSURED THAT IS RELATED TO ACTS OF ABUSE RESULTING FROM ANY ACTION TAKEN IN A GOOD FAITH EFFORT TO COMPLY WITH THE REQUIREMENTS OF THIS SECTION.

14 Section 2. Section 33 18-242, MCA, is amended to read:

- "33-18-242. Independent cause of action burden of proof. (1) An insured or a third party claimant has an independent cause of action against an insurer for actual damages caused by the insurer's violation of subsection 33-18-201(1), (4), (5), (6), (9), or (13) of 33-18-201 or (section 1).
- (2) In an action under this section, a plaintiff is not required to prove that the violations were of such frequency as to indicate a general business practice.
- (3) An insured who has suffered damages as a result of the handling of an insurance claim may bring an action against the insurer for breach of the insurance contract, for fraud, or pursuant to this section, but not under any other theory or cause of action. An insured may not bring an action for bad faith in connection with the handling of an insurance claim.
- (4) In an action under this section, the court or jury may award such damages as were proximately caused by the violation of subsection 33-18-201(1), (4), (5), (6), (9), or (13) of 33-18-201 or [section 1]. Exemplary damages may also be assessed in accordance with 27-1-221.
- (5) An insurer may not be held liable under this section if the insurer had a reasonable basis in law or in fact for contesting the claim or the amount of the claim, whichever is in issue.
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6	judgment on the underlying claim.
7	(8) As used in this section, an insurer includes a person, firm, or corporation utilizing self-insurance
8	to pay claims made against them."
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10	NEW SECTION. Section 2. Codification instruction. [Section 1] is intended to be codified as an
11	integral part of Title 33, chapter 18, part 2, and the provisions of Title 33, chapter 18, part 2, apply to
12	[section 1].
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14	NEW SECTION. Section 3. Saving clause. [This act] does not affect rights and duties that
15	matured, penalties that were incurred, or proceedings that were begun before [the effective date of this
16	act].
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18	NEW SECTION. Section 4. Severability. If a part of [this act] is invalid, all valid parts that are
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20	applications, the part remains in effect in all valid applications that are severable from the invalid
21	applications.
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23	NEW SECTION. Section 6. Effective date. [This act] is effective July 1, 1997.
24	-END-



1	SENATE BILL NO. 234
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30	relief, compensatory and punitive damages, and costs including reasonable attorney and expert witness



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- (6) (a) This section does not prohibit an insurer from underwriting, classifying risk, or administering a contract of insurance as otherwise allowed by law based on <u>PROPERTY OR CASUALTY RISK OR</u> medical information that the insurer knows or should know is related to abuse as long as the insurer underwrites, classifies risk, or administers the contract of insurance on the basis of the applicant's or insured's <u>PROPERTY OR CASUALTY RISK OR</u> medical condition and not on the applicant's or insured's status as a victim of abuse.
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- (4) In an action under this section, the court or jury may award such damages as were proximately caused by the violation of subsection 33 18-201(1), (4), (6), (6), (9), or (13) of 33 18-201 or [section 1]. Exemplary damages may also be assessed in accordance with 27 1-221.
- (5) An insurer may not be held liable under this section if the insurer had a reasonable basis in law or in fact for contesting the claim or the amount of the claim, whichever is in issue.
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 that the insured has against the insurer. Actions may be bifurcated for trial where when justice so requires.



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20	stalking in violation of 45-5-220;
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17	(a) do not have the purpose or effect of treating abuse victim status as a medical condition or
18	underwriting critorion;
19	(b) are not based upon any actual or perceived correlation between a medical condition and abuse
20	victim status;
21	(c) are otherwise permissible by law and apply in the same manner and to the same extent to all
22	applicants and insureds with similar medical conditions or property and casualty risk without regard to
23	whether the condition or claim is related to abuse; and
24	(d) are based on a determination made in conformance with sound actuarial principles and
25	supported by actual or reasonably anticipated experience that demonstrates a correlation between the
26	medical condition or the type of property and casualty risk and a material increase in insurance risk.
27	(5) An applicant or insured claiming to be adversely affected by an act or practice of an insurer in
28	violation of this section may maintain an action against the insurer. Upon proof of a violation of this



section, the court may award appropriate relief, including temporary, preliminary, or permanent injunctive

relief, compensatory and punitive damages, and costs including reasonable attorney and expert witness

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- (6) (a) This section does not prohibit an insurer from underwriting, classifying risk, or administering a contract of insurance as otherwise allowed by law based on <u>PROPERTY OR CASUALTY RISK OR</u> medical information that the insurer knows or should know is related to abuse as long as the insurer underwrites, classifies risk, or administers the contract of insurance on the basis of the applicant's or insured's <u>PROPERTY OR CASUALTY RISK OR</u> medical condition and not on the applicant's or insured's status as a victim of abuse.
- (b) This section does not prohibit or otherwise limit an insurer's ability to elicit information from or about an applicant's APPLICANT or insured's medical history INSURED as otherwise provided by law.
- (7) THIS SECTION MAY NOT BE CONSTRUED TO ALTER OR MODIFY ANY CONDITIONS, EXCLUSIONS, OR LIMITATIONS CLEARLY STATED IN AN INSURANCE POLICY OR CERTIFICATE DELIVERED OR ISSUED FOR DELIVERY IN MONTANA THAT ARE NOT OTHERWISE INCONSISTENT WITH THE PROVISIONS OF SUBSECTION (4).
- (7)(8) AN INSURER MAY NOT BE HELD CIVILLY OR CRIMINALLY LIABLE FOR THE DEATH OF OR PHYSICAL INJURY TO AN INSURED THAT IS RELATED TO ACTS OF ABUSE RESULTING FROM ANY ACTION TAKEN IN A GOOD FAITH EFFORT TO COMPLY WITH THE REQUIREMENTS OF THIS SECTION.

- Section 2. Section 33-18-242, MCA, is amended to read:
- "33-18-242. Independent cause of action burden of proof. (1) An insured or a third-party claimant has an independent cause of action against an insurer for actual damages caused by the insurer's violation of subsection 33-18-201(1), (4), (5), (6), (9), or (13) of 33-18-201 or [section 1].
- (2) In an action under this section, a plaintiff is not required to prove that the violations were of such frequency as to indicate a general business practice.
- (3) An insured who has suffered damages as a result of the handling of an insurance claim may bring an action against the insurer for breach of the insurance contract, for fraud, or pursuant to this section, but not under any other theory or cause of action. An insured may not bring an action for bad faith in connection with the handling of an insurance claim.
- (4) In an action under this section, the court or jury may award such damages as were proximately caused by the violation of subsection 33-18-201(1), (4), (5), (6), (9), or (13) of 33-18-201 or [section 1]. Exemplary damages may also be assessed in accordance with 27-1-221.



1	(b). An insurer may not be neld liable under this section if the insurer had a reasonable basis in law
2	or in fact for contesting the claim or the amount of the claim, whichever is in issue.
3	(6) (a) An insured may file an action under this section, together with any other cause of action
4	that the incured hac against the incurer. Actions may be bifurcated for trial where when justice so requires.
5	(b) A third party claimant may not file an action under this section until after the underlying claim
6	has been settled or a judgment entered in favor of the claimant on the underlying claim.
7	(7) The period prescribed for commencement of an action under this section is:
8	(a) for an insured, within 2 years from the date of the violation of 33-18-201 or [section-1]; and
9	(b) for a third party claimant, within 1 year from the date of the settlement of or the entry of
10	judgment on the underlying claim.
11	(8) As used in this section, an insurer includes a person, firm, or corporation utilizing self-insurance
12	to pay claims made against them."
13	
14	NEW SECTION. Section 2. Codification instruction. [Section 1] is intended to be codified as an
15	integral part of Title 33, chapter 18, part 2, and the provisions of Title 33, chapter 18, part 2, apply to
16	[section 1].
17	
18	NEW SECTION. Section 3. Saving clause. [This act] does not affect rights and duties that
19	matured, penalties that were incurred, or proceedings that were begun before [the effective date of this
20	actl.
21	
22	NEW SECTION. Section 4. Severability. If a part of [this act] is invalid, all valid parts that are
23	severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its
24	applications, the part remains in effect in all valid applications that are severable from the invalid
25	applications.
26	
27	NEW SECTION. Section 6. Effective date. [This act] is effective July 1, 1997.
28	-END-



1	SENATE BILL NO. 234
2	INTRODUCED BY BROOKE, MAHLUM, HALLIGAN, BARTLETT, SHEA, DOHERTY, SQUIRES,
3	ELLINGSON, FRANKLIN, SANDS
4	
5	A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING DISCRIMINATION AGAINST VICTIMS OF ABUSE
6	IN ALL LINES OF INSURANCE; PROVIDING FOR AN INDEPENDENT CAUSE OF ACTION; AMENDING
7	SECTION 33-18-242, MCA; AND PROVIDING AN EFFECTIVE DATE."
8	
9	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
10	
11	NEW SECTION. Section 1. Unfair discrimination against victims of abuse prohibited. (1) An
12	insurer, health maintenance organization, or health service corporation may not, in any manner, engage in
13	an unfair discriminatory act or practice UNFAIRLY DISCRIMINATE against a victim of abuse.
14	(2) For purposes of this section, "abuse" means the occurrence BETWEEN FAMILY MEMBERS,
15	CURRENT OR FORMER HOUSEHOLD MEMBERS, OR INTIMATE PARTNERS of one or more of the following:
16	(a) purposely, knowingly, <u>OR</u> recklessly , or negligently subjecting or attempting to subject another
17	person, including a minor child, to bodily injury, substantial SEVERE emotional distress, psychological
18	trauma, sexual assault, or sexual intercourse without consent;
19	(b) purposely or knowingly engaging in a course of conduct toward another person that constitutes
20	stalking in violation of 45-5-220;
21	(e)(B) subjecting another person, including a minor child, to false imprisonment or unlawful restraint
22	or confinement ; or .
23	(d) purposely, knowingly, recklosely, or negligently causing or attempting to cause damage to
24	property so as to intimidate or attempt to control the behavior of another person, including a minor child.
25	(3) FOR PURPOSES OF THIS SECTION, "ABUSE" INCLUDES PURPOSELY OR KNOWINGLY
26	ENGAGING IN A COURSE OF CONDUCT TOWARD A FAMILY MEMBER, CURRENT OR FORMER
27	HOUSEHOLD MEMBER, OR INTIMATE PARTNER THAT CONSTITUTES STALKING IN VIOLATION OF
28	<u>45-5-220.</u>
29	(3)(4) The following acts, WHEN BASED ON THE INSURED'S STATUS AS A VICTIM OF ABUSE,
30	are prohibited as unfairly discriminatory:

1	(a) denying, refusing to issue, renew, or reissue, canceling, or otherwise terminating an insurance
2	policy, certificate of coverage <u>DELIVERED OR ISSUED FOR DELIVERY IN MONTANA</u> , subscriber contract,
3	or health care services agreement;
4	(b) restricting or excluding coverage under an insurance policy or certificate <u>DELIVERED OR ISSUED</u>
5	FOR DELIVERY IN MONTANA;
6	(c) adding a premium differential to any insurance policy or certificate <u>DELIVERED OR ISSUED FOR</u>
7	DELIVERY IN MONTANA on the basis that the applicant or insured has been the victim of abuse; or
8	(d) excluding or limiting coverage for losses or denying a claim incurred by an individual, insured,
9	or participant as a result of abuse on the basis of the individual's, insured's, or participant's status as a
10	vistim of abuse .
11	(4)(5) An UPON WRITTEN REQUEST OF THE INSURED OR AN APPLICANT, AN insurer that takes
12	an UNDERWRITING action that adversely affects a victim of abuse on the basis of a medical condition OR
13	PROPERTY OR CASUALTY RISK that the insurer knows or has reason to know is related to abuse shall
14	explain TO THE INSURED OR APPLICANT IN WRITING the reason for its THE INSURER'S action to the
15	applicant or insured in writing and must be able to demonstrate that its action and any applicable policy
16	provisions:
17	(a) do not have the purpose or effect of treating abuse victim status as a medical condition or
18	underwriting-critorion;
19	(b) are not based upon any actual or perceived correlation between a medical condition and abuse
20	victim-status;
21	(c) are otherwise permissible by law and apply in the same manner and to the same extent to all
22	applicants and insureds with similar medical conditions or property and casualty risk without regard to
23	whether the condition or claim is related to abuse; and
24	(d) are based on a determination made in conformance with sound actuarial principles and
25	supported by actual or reasonably anticipated experience that demonstrates a correlation between the
26	medical condition or the type of property and casualty rick and a material increase in insurance rick.
27	(5) An applicant or insured claiming to be adversely affected by an act or practice of an insurer in
28	violation of this section may maintain an action against the insurer. Upon proof of a violation of this
29	section, the court may award appropriate relief, including temporary, proliminary, or permanent injunctive



relief, componsatory and punitive damages, and costs including reasonable attorney and export witness

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- (6) (a) This section does not prohibit an insurer from underwriting, classifying risk, or administering a contract of insurance as otherwise allowed by law based on <u>PROPERTY OR CASUALTY RISK OR</u> medical information that the insurer knows or should know is related to abuse as long as the insurer underwrites, classifies risk, or administers the contract of insurance on the basis of the applicant's or insured's <u>PROPERTY OR CASUALTY RISK OR</u> medical condition and not on the applicant's or insured's status as a victim of abuse.
- (b) This section does not prohibit or otherwise limit an insurer's ability to elicit information from or about an applicant's APPLICANT or insured's medical history INSURED as otherwise provided by law.
- (7) THIS SECTION MAY NOT BE CONSTRUED TO ALTER OR MODIFY ANY CONDITIONS, EXCLUSIONS, OR LIMITATIONS CLEARLY STATED IN AN INSURANCE POLICY OR CERTIFICATE DELIVERED OR ISSUED FOR DELIVERY IN MONTANA THAT ARE NOT OTHERWISE INCONSISTENT WITH THE PROVISIONS OF SUBSECTION (4).
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- (3) An insured who has suffered damages as a result of the handling of an insurance claim may bring an action against the insurer for breach of the insurance contract, for fraud, or pursuant to this section, but not under any other theory or cause of action. An insured may not bring an action for bad faith in connection with the handling of an insurance claim.
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2	or in fact for contesting the claim or the amount of the claim, whichever is in issue.
3	(6) (a) An insured may file an action under this section, together with any other cause of action
4	that the incured has against the insurer. Actions may be bifurcated for trial where when justice so requires.
5	(b) A third-party claimant may not file an action under this section until after the underlying claim
6	has been settled or a judgment entered in favor of the claimant on the underlying claim.
7	(7) The period prescribed for commencement of an action under this section is:
8	(a) for an incured, within 2 years from the date of the violation of 33-18-201 or [section 1]; and
9	(b) for a third party claimant, within 1 year from the date of the settlement of or the entry of
10	judgment on the underlying claim.
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