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Senate BILL NO. 381

INTRODUCED BY

Benedict *Anna* *Werner* *James Swanson*
Bill *Scott* *Wright*

A BILL FOR AN ACT ENTITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCE BENEFIT PROVISIONS AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

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

Section 1. Section 33-22-245, MCA, is amended to read:

"33-22-245. Uniform health benefit plan -- individual. (1) Each insurer or health service corporation delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual shall make available a uniform health benefit plan providing the benefits and services required in subsection (2).

(2) The uniform health benefit plan must:

(a) provide coverage for the services and articles required by 33-22-1521(2);

(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed \$1,000 per person or \$2,000 per family;

(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket expenses for services covered; and

(d) be subject to a maximum lifetime benefit of \$1 million.

(3) Except as provided in this section, a health insurance issuer may exclude any category of licensed health care practitioner and any benefit or coverage for health care services otherwise required by law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."

Section 2. Section 33-22-522, MCA, is amended to read:

"33-22-522. Uniform health benefit plan -- group. (1) Each insurer or health service corporation delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to a group shall make available a uniform health benefit plan providing the benefits and services required in subsection (2).

1 (2) The uniform health benefit plan must:

2 (a) provide coverage for the services and articles required by 33-22-1521(2);

3 (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed
4 \$1,000 per person or \$2,000 per family;

5 (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket
6 expenses for services covered; and

7 (d) be subject to a maximum lifetime benefit of \$1 million.

8 (3) Except as provided in this section, a health insurance issuer may exclude any category of
9 licensed health care practitioner and any benefit or coverage for health care services otherwise required by
10 law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."

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12 NEW SECTION. Section 3. Effective date. [This act] is effective on passage and approval.

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Senate BILL NO. 381

INTRODUCED BY BENEDICT *James Swanson*
Individual Health Benefit

A BILL FOR AN ACT ENTITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCE BENEFIT PROVISIONS AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

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

Section 1. Section 33-22-245, MCA, is amended to read:

"33-22-245. Uniform health benefit plan -- individual. (1) Each insurer or health service corporation delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual shall make available a uniform health benefit plan providing the benefits and services required in subsection (2).

(2) The uniform health benefit plan must:

- (a) provide coverage for the services and articles required by 33-22-1521(2);
- (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed \$1,000 per person or \$2,000 per family;
- (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket expenses for services covered; and
- (d) be subject to a maximum lifetime benefit of \$1 million.

(3) Except as provided in this section, a health insurance issuer may exclude any category of licensed health care practitioner and any benefit or coverage for health care services otherwise required by law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state.

Section 2. Section 33-22-522, MCA, is amended to read:

"33-22-522. Uniform health benefit plan -- group. (1) Each insurer or health service corporation delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to a group shall make available a uniform health benefit plan providing the benefits and services required in subsection (2).

1 (2) The uniform health benefit plan must:

2 (a) provide coverage for the services and articles required by 33-22-1521(2);

3 (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed
4 \$1,000 per person or \$2,000 per family;

5 (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket
6 expenses for services covered; and

7 (d) be subject to a maximum lifetime benefit of \$1 million.

8 (3) Except as provided in this section, a health insurance issuer may exclude any category of
9 licensed health care practitioner and any benefit or coverage for health care services otherwise required by
10 law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."

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12 NEW SECTION. Section 3. Effective date. [This act] is effective on passage and approval.

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Senate BILL NO. 381

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INTRODUCED BY BENEDICT *James* Alvin James Swanson
Michael *Wright*

A BILL FOR AN ACT ENTITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCE BENEFIT PROVISIONS AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

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

Section 1. Section 33-22-245, MCA, is amended to read:

"33-22-245. Uniform health benefit plan -- individual. (1) Each insurer or health service corporation delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual shall make available a uniform health benefit plan providing the benefits and services required in subsection (2).

(2) The uniform health benefit plan must:

- (a) provide coverage for the services and articles required by 33-22-1521(2);
- (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed \$1,000 per person or \$2,000 per family;
- (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket expenses for services covered; and
- (d) be subject to a maximum lifetime benefit of \$1 million.

(3) Except as provided in this section, a health insurance issuer may exclude any category of licensed health care practitioner and any benefit or coverage for health care services otherwise required by law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."

Section 2. Section 33-22-522, MCA, is amended to read:

"33-22-522. Uniform health benefit plan -- group. (1) Each insurer or health service corporation delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to a group shall make available a uniform health benefit plan providing the benefits and services required in subsection (2).

1 (2) The uniform health benefit plan must:

2 (a) provide coverage for the services and articles required by 33-22-1521(2);

3 (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed
4 \$1,000 per person or \$2,000 per family;

5 (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket
6 expenses for services covered; and

7 (d) be subject to a maximum lifetime benefit of \$1 million.

8 (3) Except as provided in this section, a health insurance issuer may exclude any category of
9 licensed health care practitioner and any benefit or coverage for health care services otherwise required by
10 law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."

11

12 NEW SECTION. Section 3. Effective date. [This act] is effective on passage and approval.

13

-END-

SENATE BILL NO. 381

INTRODUCED BY BENEDICT, SIMON, AHNER, GRIMES, SWANSON, MILLER, BECK, WYATT

A BILL FOR AN ACT ENTITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCE
BENEFIT PROVISIONS AND ~~FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS~~ FROM GROUP AND
INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522,
MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

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

Section 1. Section 33-22-245, MCA, is amended to read:

"33-22-245. Uniform health benefit plan -- individual. (1) Each insurer or health service corporation
delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual
shall make available a uniform health benefit plan providing the benefits and services required in subsection
(2).

(2) The uniform health benefit plan must:

(a) provide coverage for the services and articles required by 33-22-1521(2);

(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed
\$1,000 per person or \$2,000 per family;

(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket
expenses for services covered; and

(d) be subject to a maximum lifetime benefit of \$1 million.

(3) Except as provided in this section, a health insurance issuer may exclude any category of
licensed health care practitioner and any benefit or coverage for health care services otherwise required by
law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."

Section 2. Section 33-22-522, MCA, is amended to read:

"33-22-522. Uniform health benefit plan -- group. (1) Each insurer or health service corporation
delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to a group shall
make available a uniform health benefit plan providing the benefits and services required in subsection (2).

1 (2) The uniform health benefit plan must:

2 (a) provide coverage for the services and articles required by 33-22-1521(2);

3 (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed
4 \$1,000 per person or \$2,000 per family;

5 (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket
6 expenses for services covered; and

7 (d) be subject to a maximum lifetime benefit of \$1 million.

8 (3) Except as provided in this section, a health insurance issuer may exclude any category of
9 licensed health care practitioner and any benefit or coverage for health care services otherwise required by
10 law or rule from an individual. A GROUP uniform health benefit plan delivered or issued for delivery in this
11 state."

12

13 **NEW SECTION. Section 3. Effective date.** [This act] is effective on passage and approval.

14

-END-

SENATE BILL NO. 381

INTRODUCED BY BENEDICT, SIMON, AHNER, GRIMES, SWANSON, MILLER, BECK, WYATT

A BILL FOR AN ACT ENTITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCE BENEFIT PROVISIONS AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

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

Section 1. Section 33-22-245, MCA, is amended to read:

"33-22-245. Uniform health benefit plan -- individual. (1) Each insurer or health service corporation delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual shall make available a uniform health benefit plan providing the benefits and services required in subsection (2).

(2) The uniform health benefit plan must:

(a) provide coverage for the services and articles required by 33-22-1521(2);

(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed \$1,000 per person or \$2,000 per family;

(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket expenses for services covered; and

(d) be subject to a maximum lifetime benefit of \$1 million.

(3) Except as provided in this section, a health insurance issuer may exclude any category of licensed health care practitioner and any benefit or coverage for health care services otherwise required by law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."

Section 2. Section 33-22-522, MCA, is amended to read:

"33-22-522. Uniform health benefit plan -- group. (1) Each insurer or health service corporation delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to a group shall make available a uniform health benefit plan providing the benefits and services required in subsection (2).

1 (2) The uniform health benefit plan must:

2 (a) provide coverage for the services and articles required by 33-22-1521(2);

3 (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed
4 \$1,000 per person or \$2,000 per family;

5 (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket
6 expenses for services covered; and

7 (d) be subject to a maximum lifetime benefit of \$1 million.

8 ~~(3) Except as provided in this section, a health insurance issuer may exclude any category of~~
9 ~~licensed health care practitioner and any benefit or coverage for health care services otherwise required by~~
10 ~~law or rule from an individual. A GROUP uniform health benefit plan delivered or issued for delivery in this~~
11 ~~state."~~

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13 **NEW SECTION. Section 3. Effective date.** [This act] is effective on passage and approval.

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-END-



CONFERENCE COMMITTEE

on Senate Bill 381
Report No. 1, April 15, 1997

Page 1 of 1

Mr. President and Mr. Speaker:

We, your Conference Committee on Senate Bill 381, met and considered the amendments to Senate Bill 381.

We recommend that Senate Bill 381 (reference copy - salmon) be amended as follows:

1. Title, line 5.

Following: "PROVISIONS"

Insert: "AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS"

2. Page 1, line 24.

Following: "and"

Insert: "any category of licensed health care practitioner and"

3. Page 2, line 9.

Following: "and"

Insert: "any category of licensed health care practitioner and"

And that this Conference Committee report be adopted.

For the Senate:

Senator Steve Benedict, Chair

Senator Robert DePratu

Senator Eve Franklin

Amd. Coord.

Sec. of Senate

For the House:

Rep. Duane Grimes

Rep. Billie Krenzler

Rep. ~~William E. Boharski~~

W.E. Boharski

ADOPT

REJECT

**CCR#1
SB 381**

801301CC.SRF



MINORITY CONFERENCE COMMITTEE REPORT

on Senate Bill 381

Report No. 1, April 16, 1997

Page 1 of 1

Mr. President and Mr. Speaker:

We, the minority members of the Conference Committee on Senate Bill 381, wish to submit this minority report.

We oppose the exclusion of the "freedom of choice" provision as provided in Senate Bill 381 (reference copy - salmon).

RATIONALE: The freedom of choice measure should not be strictly interpreted as a "mandated benefit." It provides an avenue for consumers to access the provider that is most appropriate to meet their health needs in a cost-effective way. We opposed the conference committee motion to reverse the house action.

We recommend that the Conference Committee Report No. 1 not be adopted.

For the Senate:

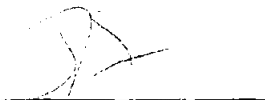


Senator Eve Franklin

For the House:



Rep. Billie Krenzler



Amd. Coord.



Sec. of Senate

ADOPT

REJECT

MCCR#1

SB 381

810951CC.SRF

SENATE BILL NO. 381

INTRODUCED BY BENEDICT, SIMON, AHNER, GRIMES, SWANSON, MILLER, BECK, WYATT

A BILL FOR AN ACT ENTITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCE BENEFIT PROVISIONS ~~AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS~~ AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

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

Section 1. Section 33-22-245, MCA, is amended to read:

"33-22-245. Uniform health benefit plan -- individual. (1) Each insurer or health service corporation delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual shall make available a uniform health benefit plan providing the benefits and services required in subsection (2).

(2) The uniform health benefit plan must:

(a) provide coverage for the services and articles required by 33-22-1521(2);

(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed \$1,000 per person or \$2,000 per family;

(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket expenses for services covered; and

(d) be subject to a maximum lifetime benefit of \$1 million.

(3) Except as provided in this section, a health insurance issuer may exclude any category of licensed health care practitioner and ANY CATEGORY OF LICENSED HEALTH CARE PRACTITIONER AND any benefit or coverage for health care services otherwise required by law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."

Section 2. Section 33-22-522, MCA, is amended to read:

"33-22-522. Uniform health benefit plan -- group. (1) Each insurer or health service corporation

1 delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to a group shall
2 make available a uniform health benefit plan providing the benefits and services required in subsection (2).

3 (2) The uniform health benefit plan must:

4 (a) provide coverage for the services and articles required by 33-22-1521(2);

5 (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed
6 \$1,000 per person or \$2,000 per family;

7 (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket
8 expenses for services covered; and

9 (d) be subject to a maximum lifetime benefit of \$1 million.

10 (3) Except as provided in this section, a health insurance issuer may exclude any category of
11 licensed health care practitioner and ANY CATEGORY OF LICENSED HEALTH CARE PRACTITIONER AND
12 any benefit or coverage for health care services otherwise required by law or rule from an individual A
13 GROUP uniform health benefit plan delivered or issued for delivery in this state."

14

15 NEW SECTION. Section 3. Effective date. [This act] is effective on passage and approval.

16

-END-