

MINUTES

**MONTANA HOUSE OF REPRESENTATIVES
54th LEGISLATURE - REGULAR SESSION**

SELECT COMMITTEE ON HEALTH CARE

Call to Order: By **VICE CHAIRMAN CARLEY TUSS**, on February 9,
1995, at 3:05 p.m.

ROLL CALL

Members Present:

Rep. Scott J. Orr, Chairman (R)
Rep. Carley Tuss, Vice Chairman (D)
Rep. Beverly Barnhart (D)
Rep. John Johnson (D)
Rep. Royal C. Johnson (R)
Rep. Betty Lou Kasten (R)
Rep. Thomas E. Nelson (R)
Rep. Bruce T. Simon (R)
Rep. Richard D. Simpkins (R)
Rep. Liz Smith (R)

Members Excused:

Rep. Carolyn M. Squires (D)

Members Absent: None

Staff Present: David Niss, Legislative Council
Susan Fox, Legislative Council
Vivian Reeves, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: HB 446
Executive Action: None

{Tape: 1; Side: A}

HEARING ON 446

Opening Statement by Sponsor:

REP. SCOTT ORR, House District 82, Libby, Montana, stated that
HB 446 deals with the preexisting conditions of insurance reform.
There have been extensive and excruciating conversations with
insurance groups in the formulation of HB 446. He stated that a
proponent would provide amendments to the bill which would make a
good bill better.

Proponents' Testimony:

Tanya Ask, representing Blue Cross/Blue Shield of Montana (BCBS), stated that HB 446 "applies a uniform preexisting waiting period across the board with our amendments," to individual and group contracts. Currently, state law allows insurance companies who write group or individual business in Montana to look back a period of five years to see whether an individual who is receiving treatment for something and has just come on board to a contract has previously received treatment for that. **Ms. Ask** remarked insurance that is supposed to be an indemnification or a benefit for unforeseen risk. An individual should not buy insurance knowing they have a problem; they should buy insurance before they have a problem. **Ms. Ask** stated that if somebody receives a knee injury today and buys insurance tomorrow, their knee injury will not be covered for a period of one year. This particular law would continue that preexisting waiting period for one year. Under current law, insurance companies can look back five years. Did that knee injury occur three, four, or five years ago? **Ms. Ask** stated that HB 446 would modify the amount of time that insurance companies could look back from five years to three years. This shortening of the period of time that insurance companies may look back for preexisting conditions provides consumer protection.

Ms. Ask reviewed the amendments and presented them to the Committee. **EXHIBIT 1** She stated that HB 446 is a good bill which allows more people to receive benefits over a shorter period of time because insurance companies would look back only three years instead of five years. She indicated that other questions have surfaced with respect to HB 446 by the insurance department and additional clarifications may be necessary in addition to the submitted amendments.

Susan Good, representing Heal Montana, stated the purpose of HB 446 was to define preexisting language in Montana statutes. She stated that the function of preexisting conditions is to set the amount of time that an insurance company can look back to gather information on the health history of the proposed insured. She indicated that HB 446 does not prevent insurance companies from putting exclusionary riders on policies. She clarified that a rider is a provision that states an insurance company may choose to not cover a specific ailment for either a certain period of time, or in some cases it's been indefinitely; however, the individual's other health care expenses would be covered. She indicated that exclusionary riders in HB 446 would be exclusionary for four years; after that they would be covered. She stated HB 446 is consumer-friendly and allows insurance companies to function as they are designed.

Tom Hopgood, representing the Health Insurance Association of America, spoke in support of HB 446. He stated that he would endorse the amendments presented by **Ms. Ask**.

Larry Akey, representing the Montana Association of Life Underwriters, and the Independent Insurance Agents of Montana, spoke in support of HB 446.

Ed Grogan, representing the Montana Medical Benefit Plan (MMBP), stated that riders aren't just a benefit to the insurance company; but often are a large benefit to the insured. It allows an individual affordable coverage for health care, excluding the rider. **Mr. Grogan** strongly urged the Committee to differentiate between a preexisting condition and a preexisting riderable condition, as in 1994 the Insurance Commissioner's office determined that they are one and the same. The Commissioner's office stipulated that the Montana Medical Plan remove all riders at the end of 12 months from their insurance policies. "The problem in doing that, is that we have a lot of people that are riders for some very catastrophic conditions." He indicated that when the riders are removed, in many cases, MMBP has to rate people up 250%.

He stated that, "we think it's terrible to have to rate those people up like that, and we feel very badly." He urged the Committee to follow BCBS's recommendation of an amendment to allow riders. He indicated that MMBP had some concern about the 48 months, because "48 months from now we could still be in a catastrophic condition and have to give those people a huge rate." He recommended "that if an individual, at any time in the future, can give us medical evidence that this condition no longer exists or is no longer a catastrophic condition, that a petition to our underwriting people may be made to remove that rider. ... We would like to look at the possibility of removing the 48-month limit and make it a lifetime."

Dean Randash, NAPA Auto Parts, Helena, Montana, supported the concept of HB 446, but inquired why the rider should have a four year limit, whereas the small employer group has only a 12-month limit. He suggested that in fairness that these be made equal.

Opponents' Testimony: None.

Informational Testimony:

Claudia Clifford, Department of Insurance, discussed technical concerns about HB 446. EXHIBIT 2

Questions From Committee Members and Responses:

REP. TOM NELSON inquired if this will cover all enforced policies.

Ms. Ask stated that usually modified laws applied to contracts issued from that point forward or from the effective date of the law.

REP. NELSON inquired if putting a 48-month limit on "elimination riders" would encourage companies to leave all elimination riders on for at least 48 months.

{Tape: 1; Side: B}

Ms. Ask stated that in the past, exclusionary riders were not limited and could last for the life of the policy. She indicated that a company would not be excluding a particular condition forever, but would only be excluding it for up to 48 months. She stated that putting a 48-month limit on exclusionary riders would allow more people to be covered than if it had a 24-month limit.

REP. NELSON indicated that it would be inflationary if the riders are limited.

Ms. Ask stated that is correct. If a company is not allowed a rider a condition forever, eventually claims would be heard as a result of that medical condition which would make the policy more expensive than it may otherwise have been.

REP. RICHARD SIMPKINS inquired about rider diabetes which can lead to a variety of other medical complications.

Ms. Ask stated that it would depend on the individual companies underwriting that particular condition.

REP. SIMPKINS inquired if pregnancy could be written in so that it would not be covered until the policy has been in effect for ten months.

Ms. Ask stated that was the purpose for including pregnancy. She stated that medical policies do not always cover disease only. She stated that bone injuries are not necessarily a disease, and pregnancy is a condition treated by medical care. She stated that the reason that pregnancy was included is to clarify that an individual cannot discover that they are pregnant, purchase an insurance policy after the fact and expect that insurance policy to cover it.

REP. SIMPKINS inquired if the pregnancy condition could be worded differently.

Ms. Ask said, "That was our best effort at addressing the situation. There may be other language which would also address it." She stated that a pregnancy may be subject to the 12-month waiting period.

REP. SIMPKINS stated that it is not included in HB 446.

Ms. Ask said she believed that the contained language does include that, however, if it is not clear they are open to suggestions.

REP. SIMPKINS inquired what proposal the Insurance Commission office may offer to cover pregnancy.

Carol Roy, Insurance Commissioner office, stated their effort to go by the Montana Supreme Court rule on maternity be treated as any other illness.

REP. SIMPKINS stated that if pregnancy is treated as an illness, it would fall under the preexisting clause. **Ms. Roy** answered yes.

REP. SIMPKINS concluded that therefore it would not be covered for 12 months.

Ms. Roy stated if there is medical advisor treatment, currently it would have to be carefully looked at.

REP. SIMPKINS indicated that there is no way to give a time period for pregnancy.

Ms. Roy stated that pregnancy is very difficult to cover on an equitable situation. It is not intended that insurance companies should cover preexisting pregnancies. However, a woman may not know that she is pregnant for a few weeks and those people should be covered. She said just because a condition exists, it doesn't mean that the individual knows that.

REP. SIMPKINS inquired if there is a determined period of time which is acceptable that a woman should know of a pregnancy.

REP. NELSON stated that the attending physician would determine when a pregnancy occurred.

VICE CHAIRMAN TUSS indicated that some of this should be discussed in executive action and to limit this to questions.

REP. SIMPKINS stated that the way this would read is that a woman who is six months pregnant and sought no medical attention, would be covered under this policy.

REP. NELSON said, "Not necessarily."

Ms. Roy stated that maternity is currently treated as any other illness on the policy unless there is medical documentation. The current preexisting condition law does put the company in the position to cover a pregnancy which an individual knows about. However, the application form asks "Are you pregnant, or is anyone to be covered pregnant?" If a woman answers no to that question when, in fact, she knows she is pregnant, then the policy itself will be questioned, and may be rescinded because it's a material misrepresentation on the application.

REP. BEVERLY BARNHART inquired about the people **Mr. Randash** represents, ie., his 14 employees and the 25,000 other individuals.

Mr. Randash stated that the 25,000 have communicated to him, but he had not spoken to all of them.

REP. BARNHART inquired if it was an organization.

Mr. Randash stated that they are not a formal association, but a part of his business.

REP. BARNHART inquired if Mr. Randash was a paid lobbyist.

Mr. Randash replied, "As far as wages from my business, yes."

REP. BARNHART inquired if he was registered as a paid lobbyist.

Mr. Randash stated that he is registered as a paid lobbyist.

REP. BARNHART restated, "You registered as a paid lobbyist, like a citizen's lobbyist."

Mr. Randash stated that NAPA Auto Parts is the principal agent and that he is the registered lobbyist for NAPA Auto Parts. He inquired if REP. BARNHART would like to see his license.

REP. BARNHART assured him that she believed him and explained that she was just trying to determine who he represented. She inquired if NAPA Auto Parts was a business in Helena, Montana.

Mr. Randash indicated that was correct.

REP. LIZ SMITH inquired about the current preexisting conditions law.

Ms. Ask stated that in the current law there is a provision allowing insurance companies to exclude a preexisting condition for 12 months on both group and individual contracts. The company may look back a period of five years to determine if a condition is preexisting.

REP. L. SMITH inquired why it's necessary to insert the rider amendment into this bill if it's already in current law.

Ms. Ask explained that the rider definition was included because for a number of years exclusionary riders have been an industry practice for individual policies. She indicated that there have been changes over the last couple of sessions regarding the preexisting law. This was done for clarification. It was requested, however, that the exclusionary riders be limited to four years.

REP. L. SMITH indicated that the amendment states that an individual policy of disability insurance may exclude coverage for specific conditions through use of one or more elimination riders. She inquired if disability is not the same as health.

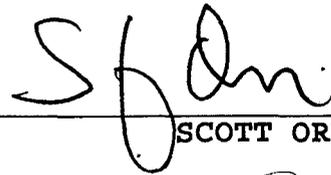
Ms. Ask stated that Montana insurance law defines health and accident insurance with the word "disability."

Closing by Sponsor:

REP. ORR stated that the amendments will be worked on before executive action.

ADJOURNMENT

Adjournment: 4:09 p.m.



SCOTT ORR, Chairman



VIVIAN REEVES, Secretary

SO/vr

HOUSE OF REPRESENTATIVES

Select Committee on Health Care

ROLL CALL

DATE Feb. 9, 1995

NAME	PRESENT	ABSENT	EXCUSED
Rep. Scott Orr, Chairman	✓		
Rep. Carley Tuss, Vice Chairman	✓		
Rep. Beverly Barnhart	✓		
Rep. John Johnson	✓		
Rep. Royal Johnson	✓		
Rep. Betty Lou Kasten	✓		
Rep. Tom Nelson	✓		
Rep. Bruce Simon	✓		
Rep. Dick Simpkins	✓		
Rep. Liz Smith	✓		
Rep. Carolyn Squires			✓

Amendments
House Bill 446
Submitted by Blue Cross and Blue Shield of Montana
February 9, 1995

EXHIBIT 1
DATE Feb. 9, 1995
HB 446

Page 1

Line 5

Following: "FROM"
Strike: "INDIVIDUAL"

Line 11

Following: "otherwise,"
Strike: "individual"

Lines 12 and 13

Following: "contract of insurance provided by a"
Strike: "prepaid hospital or medical service plan"
Insert: "health service corporation or"

Line 13

Following: "contract"
Strike: the remainder of the sentence

Line 23

Following: "**Preexisting Conditions.**"
Insert: "(1)"
Strike: "An individual"
Insert: "A"

Line 25

Following: "coverage."
Strike: "An individual"
Insert: "A"

Line 27

Strike: "(1)"
Insert: "(a)"

Line 28

Following: "during the"
Strike: "24"
Insert: "36"

Line 29

Strike: "(2)"
Insert: "(b)"

Line 30

Following: "during the"
Strike: "24"
Insert: "36"

Page 2

Line 1

Strike: "(3)"
Insert: "(c)"

Line 2

Insert: "(2) An insurer may use an application form designed to elicit the complete health history of an applicant and, on the basis of the answers on that application, perform underwriting in accordance with the insurer's established underwriting standards."

New Section 3. Riders.

An individual policy of disability insurance may exclude coverage for specific conditions through the use of one or more elimination riders. A condition which is excluded by an elimination rider may only be excluded for a period not to exceed 48 months.

Re-number subsequent sections.

STATE AUDITOR
STATE OF MONTANA

EXHIBIT 2
DATE Feb. 9, 1995
HB 446

Mark O'Keefe
STATE AUDITOR



COMMISSIONER OF INSURANCE
COMMISSIONER OF SECURITIES

Mr. Chairman, Members of the Committee:

The Department of Insurance has the following technical concerns about HB 446:

Section 1.

Definitions for individual and group coverage already exist in law, therefore this new definition may not be needed. Our Department would prefer to use the definitions currently in code, rather than add a new definition which apply to pre-existing condition limitations.

The definition contains (in lines 15 through 21) exclusions for some types of coverage which is somewhat contrary to the intent of this bill.

For example, an individual buying a specified disease policy for cancer would not have the protection of this pre-ex law; and therefore, the policy could impose an unlimited waiting period or rider for a pre-existing cancer condition incurred anytime in one's past. Or if a person had injured a knee 10 years prior to purchasing an accident only policy, the company would not have to cover the knee in a future accident.

By excluding group conversion plans, individuals who become too sick to work and must convert from their group plan to an individual policy will have a new pre-existing condition waiting period. This is in conflict with 33-22-509, 33-30-1008, 33-31-301(3)(v)(h).

Medicare supplement and long term care insurance have their own specific requirements which relate to pre-existing conditions. If these two types of coverage are to be listed in this law, then 33-22-904 will need to be amended as well. This specific code was changed to comply with federal regulations and will no longer comply if altered to this extent. ~~We anticipate a maximum of six months to get Federal approval for this change.~~ Section 33-22-1108 will also need to be amended.

The Department of Insurance recommends deleting section 1, as adequate definitions exist in code already.

Section 2.

Section 5 repeals 33-22-110, the current pre-ex law which effects both individual and group insurance. Section 2 creates a new law addressing treatment of pre-existing conditions in individual policies only. Although, section 6 codifies the bill to apply to both individual and group insurance, there is not a section in the bill for how pre-existing conditions should be treated in group insurance. If the intent is to have this bill apply to both individual and group policies, it could be done in section 2.

We also propose the standard language used in current law for referring to individual and group health insurance policies in the attached mock amended bill:

Line 27, sub-section (1) opens the door for numerous questions which often delay the processing of claims. Who would define the term "ordinarily prudent person?" If this provision is retained, then Department needs rulemaking authority for implementation. We suggest deleting sub-section (1). Sub-section (2) is an easier provision to enforce.

We would like to point out that sub-section (3) is in conflict with the Montana Supreme Court ruling in the Banker's Life Case. It would treat pregnancy differently from other medical conditions. Pregnancy could be considered a pre-existing condition even if a woman didn't know she was pregnant. For all other medical conditions, a person would have known about the problem, sought treatment or should have sought treatment as in sub-section (1). We suggest pregnancy situations abide by sub-section (2).

Our last recommendation concerns modifications to 33-22-18^{part}. We prefer to use terms consistent with the specific section of code. We have inserted the language previously used in this amendment. In this way, small employer carriers will be clear about the pre-existing condition limitations which apply to small group insurance.

House BILL NO. 446 HB 446

1
2 INTRODUCED BY ORR Mike Tom Miller Curtis Ash Allen
3 Denny McKee Deen Barnett L. Smith Jim Harmon

4 A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING THE EXCLUSION OF CERTAIN PREEXISTING
5 CONDITIONS FROM INDIVIDUAL HEALTH BENEFIT PLANS; PROVIDING DEFINITION; AMENDING
6 SECTIONS 33-22-101 AND 33-22-1811, MCA; AND REPEALING SECTION 33-22-110, MCA."

[Handwritten signature]

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

10 ~~NEW SECTION. Section 1. Definition. (1) As used in [section 2], unless the context indicates~~
11 ~~otherwise, "individual health benefit plan" means a hospital or medical expense incurred policy or~~
12 ~~certificate, a subscriber contract or contract of insurance provided by a prepaid hospital or medical service~~
13 ~~plan, a health maintenance organization subscriber contract issued or delivered for issue to an individual,~~
14 ~~or a discretionary group trust policy providing hospital or medical expense incurred coverage to individuals.~~

- 15 ~~(2) The term does not include:~~
16 ~~(a) a self-insured group health plan, a self-insured, multi-employer group health plan, a group~~
17 ~~conversion plan, or an insured group health plan;~~
18 ~~(b) accident-only, specified-disease, short-term hospital or medical, hospital confinement indemnity,~~
19 ~~credit, dental, vision, medicare supplement, long-term care, or disability income insurance; or~~
20 ~~(c) coverage issued as a supplement to liability insurance, workers' compensation or similar~~
21 ~~insurance, or automobile medical payment insurance.~~

23 NEW SECTION. Section 2. 1 Preexisting conditions. An individual^{disability}
24 policy, subscriber contract, or certificate of insurance issued or
25 issued for delivery in Montana, or contract which provides coverage
26 to a resident of this state,
27 health benefit plan may, because
28 of a preexisting condition, not deny, exclude, or limit benefits for a covered individual for losses incurred
29 more than 12 months following the effective date of the individual's coverage. An individual health benefit
30 plan may not define a preexisting condition. may not be defined more restrictively than:

- (1) ~~a condition that would have caused an ordinarily prudent person to seek medical advice,~~
diagnosis, care, or treatment during the 24 months immediately preceding the effective date of coverage;
(2) ~~a condition for which medical advice, diagnosis, care, or treatment was recommended by,~~ or
received from a provider of healthcare services
during the 24 months immediately preceding the effective date of coverage; or



1 ~~(3) a pregnancy existing on the effective date of coverage.~~

2

3 Section 3. Section 33-22-101, MCA, is amended to read:

4 "33-22-101. Exceptions to scope. Parts 1 through 4 of this chapter, except 33-22-107, ~~33-22-110~~ ST
5 [section 2], 33-22-111, 33-22-114, 33-22-125, 33-22-130 through 33-22-132, and 33-22-304, do not
6 apply to or affect:

7 (1) any policy of liability or workers' compensation insurance with or without supplementary
8 expense coverage;

9 (2) any group or blanket policy;

10 (3) life insurance, endowment, or annuity contracts or supplemental contracts that contain only
11 those provisions relating to disability insurance as:

12 (a) provide additional benefits in case of death or dismemberment or loss of sight by accident or
13 accidental means; or

14 (b) operate to safeguard contracts against lapse or to give a special surrender value or special
15 benefit or an annuity in the event that the insured or annuitant becomes totally and permanently disabled,
16 as defined by the contract or supplemental contract; or

17 (4) reinsurance."

18

19 Section 4. Section 33-22-1811, MCA, is amended to read:

20 "33-22-1811. Availability of coverage -- required plans. (1) (a) As a condition of transacting
21 business in this state with small employers, each small employer carrier shall offer to small employers at
22 least two health benefit plans. One plan must be a basic health benefit plan, and one plan must be a
23 standard health benefit plan.

24 (b) (i) A small employer carrier shall issue a basic health benefit plan or a standard health benefit
25 plan to any eligible small employer that applies for either plan and agrees to make the required premium
26 payments and to satisfy the other reasonable provisions of the health benefit plan not inconsistent with this
27 part.

28 (ii) In the case of a small employer carrier that establishes more than one class of business pursuant
29 to 33-22-1808, the small employer carrier shall maintain and offer to eligible small employers at least one
30 basic health benefit plan and at least one standard health benefit plan in each established class of business.

1 A small employer carrier may apply reasonable criteria in determining whether to accept a small employer
2 into a class of business, provided that:

3 (A) the criteria are not intended to discourage or prevent acceptance of small employers applying
4 for a basic or standard health benefit plan;

5 (B) the criteria are not related to the health status or claims experience of the small employers'
6 employees;

7 (C) the criteria are applied consistently to all small employers that apply for coverage in that class
8 of business; and

9 (D) the small employer carrier provides for the acceptance of all eligible small employers into one
10 or more classes of business.

11 (iii) The provisions of subsection (1)(b)(ii) may not be applied to a class of business into which the
12 small employer carrier is no longer enrolling new small businesses.

13 (c) The provisions of this section are effective 180 days after the commissioner's approval of the
14 basic health benefit plan and the standard health benefit plan developed pursuant to 33-22-1812, provided
15 that if the program created pursuant to 33-22-1818 is not yet operative on that date, the provisions of this
16 section are effective on the date that the program begins operation.

17 (2) (a) A small employer carrier shall, pursuant to 33-1-501, file the basic health benefit plans and
18 the standard health benefit plans to be used by the small employer carrier.

19 (b) The commissioner may at any time, after providing notice and an opportunity for a hearing to
20 the small employer carrier, disapprove the continued use by a small employer carrier of a basic or standard
21 health benefit plan on the grounds that the plan does not meet the requirements of this part.

22 (3) Health benefit plans covering small employers must comply with the following provisions:

23 (a) A health benefit plan may not, because of a preexisting condition, deny, exclude, or limit
24 benefits for a covered individual for losses incurred more than 12 months following the effective date of
25 the individual's coverage. A health benefit plan may not define a preexisting condition more restrictively
26 than

a condition for which medical advice,
diagnosis, or treatment was recommended by or received from a
provider of health care services during the 24 months immediately
preceding the effective date of coverage as in section 1.

~~33-22-110, except that the condition may be excluded for a maximum of 12 months~~ [section ¹2].

27 (b) A health benefit plan must waive any time period applicable to a preexisting condition exclusion
28 or limitation period with respect to particular services for the period of time an individual was previously
29 covered by qualifying previous coverage that provided benefits with respect to those services if the
30 qualifying previous coverage was continuous to a date not less than 30 days prior to the submission of an

1 application for new coverage. This subsection (3)(b) does not preclude application of any waiting period
2 applicable to all new enrollees under the health benefit plan.

3 (c) A health benefit plan may exclude coverage for late enrollees for 18 months or for an 18-month
4 preexisting condition exclusion, provided that if both a period of exclusion from coverage and a preexisting
5 condition exclusion are applicable to a late enrollee, the combined period may not exceed 18 months from
6 the date the individual enrolls for coverage under the health benefit plan.

7 (d) (i) Requirements used by a small employer carrier in determining whether to provide coverage
8 to a small employer, including requirements for minimum participation of eligible employees and minimum
9 employer contributions, must be applied uniformly among all small employers that have the same number
10 of eligible employees and that apply for coverage or receive coverage from the small employer carrier.

11 (ii) A small employer carrier may vary the application of minimum participation requirements and
12 minimum employer contribution requirements only by the size of the small employer group.

13 (e) (i) If a small employer carrier offers coverage to a small employer, the small employer carrier
14 shall offer coverage to all of the eligible employees of a small employer and their dependents. A small
15 employer carrier may not offer coverage only to certain individuals in a small employer group or only to part
16 of the group, except in the case of late enrollees as provided in subsection (3)(c).

17 (ii) A small employer carrier may not modify a basic or standard health benefit plan with respect
18 to a small employer or any eligible employee or dependent, through riders, endorsements, or otherwise, to
19 restrict or exclude coverage for certain diseases or medical conditions otherwise covered by the health
20 benefit plan.

21 (4) (a) A small employer carrier may not be required to offer coverage or accept applications
22 pursuant to subsection (1) in the case of the following:

23 (i) to a small employer when the small employer is not physically located in the carrier's established
24 geographic service area;

25 (ii) to an employee when the employee does not work or reside within the carrier's established
26 geographic service area; or

27 (iii) within an area where the small employer carrier reasonably anticipates and demonstrates to
28 the satisfaction of the commissioner that it will not have the capacity within its established geographic
29 service area to deliver service adequately to the members of a group because of its obligations to existing
30 group policyholders and enrollees.

1 (b) A small employer carrier may not be required to provide coverage to small employers pursuant
2 to subsection (1) for any period of time for which the commissioner determines that requiring the
3 acceptance of small employers in accordance with the provisions of subsection (1) would place the small
4 employer carrier in a financially impaired condition."

5
6 NEW SECTION. Section 5. Repealer. Section 33-22-110, MCA, is repealed.

7
8 NEW SECTION. Section 6. Codification instruction. [Sections 1 and 2] are intended to be codified
9 as an integral part of Title 33, chapter 22, and the provisions of Title 33, chapter 22, apply to [sections 1.
10 and 2].

11 -END-

HOUSE OF REPRESENTATIVES

VISITOR'S REGISTER

Sel. Comm. Health Care COMMITTEE BILL NO. HB 446
 DATE 2/9/95 SPONSOR(S) Rep. Orr

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NAME AND ADDRESS	REPRESENTING	BILL	OPPOSE	SUPPORT
Tanya Ask	Blue Cross Blue Shield	446		✓
Susan Good	HEAL MT	446		✓
LARRY AKEY	MT ASSOC OF LIFE UNDERWRITERS	446		✓
"	INDEPENDENT INSURANCE AGENTS OF MONTANA	446		✓
Tom Hopgood	Health Insurance Association of America	HB 446		✓

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

