

# COMMISSIONER OF SECURITIES & INSURANCE

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COMMISSIONER



OFFICE OF THE MONTANA  
STATE AUDITOR

## Bill List for the Commissioner of Securities and Insurance 2017 Legislature

### 1. Housekeeping

The semi-annual statutory cleanup bill, which will be drafted with stakeholders.

### 2. NAIC Model legislation

A bill to implement new NAIC model legislation, including adding fixed annuity suitability guidelines and addressing life insurance issues if a group life insurance plan terminates.

### 3. Accreditation

The bill to enact any new legislation necessary to remain accredited with the NAIC, which is important for purposes of uniformity throughout the country. Note, we may be able to include this in the housekeeping legislation, as we have done in the past.

### 4. Renew Securities Restitution Assistance Fund

This fund allows victims of securities fraud to recover some of their investment when the money is gone. The fund has paid almost \$1 million to victims throughout Montana and is set to sunset on June 30, 2017. This legislation would remove the sunset.

### 5. Renew PCMH

Passed in 2013, the Montana Patient Centered Medical Home Program sunsets next year. This bill would remove the sunset provision.

### 6. Prohibit the use of \$0 claims for policy cancellation or renewal.

Claims made for damages that don't cost the insurance company any money are often held against the insured. This bill would prohibit the use of such claims for renewal, cancellation or rate setting purposes.

### 7. Presumptive Illness

Certain illnesses and diseases have a strong link to the day-to-day work of emergency responders. This legislation switches the burden of proof from the sick responder to the insurance company for certain illnesses. These illnesses are presumed to have occurred "in the course of duty."

## **8. Licensing of General Agents**

Many large insurance companies have required sales volume levels. Producers from small agencies don't meet those volume levels so their clients' access to insurance companies is limited. This bill would provide for an intermediary, either through a General agent contract or membership in an industry organization, so these small producers have access to more products and coverage options for their clients.

## **9. Health Service Corps and HMOs under the Guarantee Fund**

Individuals who purchase health insurance policies from Health Service Corps (Montana Health CO-OP, New West, and PacificSource) are not afforded the protections of the Montana Life and Health Guaranty Association. The bill would require Health Service Corps to be members of the Montana Life and Health Guaranty Association, which would protect their members if the insurers become insolvent.

## **10. Telemedicine**

Current telemedicine law does not require or allow insurers to pay for consultation between providers. For example, primary care providers in rural areas where there are no specialists readily available sometimes need to consult with specialists regarding how to treat certain patients. This practice can save both time and money and improve care. The bill would amend current law, 33-22-138, to include a provision that allows/requires insurers to pay for telemedicine consultation services if medically necessary and if determined cost effective.

## **11. Mental Health Parity**

Change existing mental health law in chapter 22, part 7 to cover all medically necessary mental health and chemical dependency treatment, generally making it the same as for physical illnesses.

## **12. Public Reinsurance**

The federal public reinsurance program is ending in 2016. Public reinsurance will add a stabilizing mechanism to individual coverage. A small assessment would be placed on the whole disability insurance market, similar to what occurred with the high risk pool. Then that money would be distributed to the individual market according to a formula that determines if issuers had large claims/losses and if so, which issuers were the most affected.

## **13. Pre-Disclose Balance Billing**

Require certain disclosures from hospitals before services are provided that some services may be out-of-network and the patient may be balance-billed. This legislation is otherwise known as the "surprise medical bill" legislation.

## **14. Air Ambulance**

Depending on the actions of the EAIC regarding the working group, we seek to introduce agency legislation which would hold the patient harmless (protect them from balance bills) and also remove the exemption from the Insurance Code regarding air ambulance membership programs, which would put the membership programs under the jurisdiction of the CSI.