



AN ACT GENERALLY REVISING LAWS RELATED TO INDIVIDUALS WHO ARE DEAF OR HARD OF HEARING; MODIFYING LANGUAGE IN MONTANA LAWS THAT MAY DIMINISH THE DIGNITY OF INDIVIDUALS WHO ARE DEAF OR HARD OF HEARING; AMENDING SECTIONS 2-18-704, 13-1-101, 20-8-102, 20-8-104, 20-8-107, 20-8-116, 33-22-128, 37-16-102, 49-4-501, 49-4-502, 49-4-602, 53-19-401, AND 53-19-402, MCA.

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

Section 1. Section 2-18-704, MCA, is amended to read:

"2-18-704. Mandatory provisions. (1) An insurance contract or plan issued under this part must contain provisions that permit:

(a) the member of a group who retires from active service under the appropriate retirement provisions of a defined benefit plan provided by law or, in the case of the defined contribution plan provided in Title 19, chapter 3, part 21, a member with at least 5 years of service and who is at least age 50 while in covered employment to remain a member of the group until the member becomes eligible for medicare under the federal Health Insurance for the Aged Act, 42 U.S.C. 1395, unless the member is a participant in another group plan with substantially the same or greater benefits at an equivalent cost or unless the member is employed and, by virtue of that employment, is eligible to participate in another group plan with substantially the same or greater benefits at an equivalent cost;

(b) the surviving spouse of a member to remain a member of the group as long as the spouse is eligible for retirement benefits accrued by the deceased member as provided by law unless the spouse is eligible for medicare under the federal Health Insurance for the Aged Act or unless the spouse has or is eligible for equivalent insurance coverage as provided in subsection (1)(a);

(c) the surviving children of a member to remain members of the group as long as they are eligible

for retirement benefits accrued by the deceased member as provided by law unless they have equivalent coverage as provided in subsection (1)(a) or are eligible for insurance coverage by virtue of the employment of a surviving parent or legal guardian.

(2) An insurance contract or plan issued under this part must contain the provisions of subsection (1) for remaining a member of the group and also must permit:

(a) the spouse of a retired member the same rights as a surviving spouse under subsection (1)(b);
(b) the spouse of a retiring member to convert a group policy as provided in 33-22-508; and
(c) continued membership in the group by anyone eligible under the provisions of this section, notwithstanding the person's eligibility for medicare under the federal Health Insurance for the Aged Act.

(3) (a) A state insurance contract or plan must contain provisions that permit a legislator to remain a member of the state's group plan until the legislator becomes eligible for medicare under the federal Health Insurance for the Aged Act if the legislator:

(i) terminates service in the legislature and is a vested member of a state retirement system provided by law; and
(ii) notifies the department of administration in writing within 90 days of the end of the legislator's legislative term.

(b) A former legislator may not remain a member of the group plan under the provisions of subsection (3)(a) if the person:

(i) is a member of a plan with substantially the same or greater benefits at an equivalent cost; or
(ii) is employed and, by virtue of that employment, is eligible to participate in another group plan with substantially the same or greater benefits at an equivalent cost.

(c) A legislator who remains a member of the group under the provisions of subsection (3)(a) and subsequently terminates membership may not rejoin the group plan unless the person again serves as a legislator.

(4) (a) A state insurance contract or plan must contain provisions that permit continued membership in the state's group plan by a member of the judges' retirement system who leaves judicial office but continues to be an inactive vested member of the judges' retirement system as provided by 19-5-301. The judge shall notify the department of administration in writing within 90 days of the end of the judge's judicial

service of the judge's choice to continue membership in the group plan.

(b) A former judge may not remain a member of the group plan under the provisions of this subsection (4) if the person:

(i) is a member of a plan with substantially the same or greater benefits at an equivalent cost;
(ii) is employed and, by virtue of that employment, is eligible to participate in another group plan with substantially the same or greater benefits at an equivalent cost; or

(iii) becomes eligible for medicare under the federal Health Insurance for the Aged Act.

(c) A judge who remains a member of the group under the provisions of this subsection (4) and subsequently terminates membership may not rejoin the group plan unless the person again serves in a position covered by the state's group plan.

(5) A person electing to remain a member of the group under subsection (1), (2), (3), or (4) shall pay the full premium for coverage and for that of the person's covered dependents.

(6) An insurance contract or plan issued under this part that provides for the dispensing of prescription drugs by an out-of-state mail service pharmacy, as defined in 37-7-702:

(a) must permit any member of a group to obtain prescription drugs from a pharmacy located in Montana that is willing to match the price charged to the group or plan and to meet all terms and conditions, including the same professional requirements that are met by the mail service pharmacy for a drug, without financial penalty to the member; and

(b) may only be with an out-of-state mail service pharmacy that is registered with the board under Title 37, chapter 7, part 7, and that is registered in this state as a foreign corporation.

(7) An insurance contract or plan issued under this part must include coverage for:

(a) treatment of inborn errors of metabolism, as provided for in 33-22-131;
(b) therapies for Down syndrome, as provided in 33-22-139;
(c) treatment for children with ~~hearing loss~~ various auditory ranges as provided in 33-22-128(1)
and (2);
(d) fertility preservation services as required under 33-22-2103;
(e) the care and treatment of mental illness in accordance with the provisions of Title 33, chapter 22, part 7;

- (f) telehealth services, as provided for in 33-22-138; and
- (g) refills of prescription eyedrops as provided in 33-22-154.
- (8) (a) An insurance contract or plan issued under this part that provides coverage for an individual in a member's family must provide coverage for well-child care for children from the moment of birth through 7 years of age. Benefits provided under this coverage are exempt from any deductible provision that may be in force in the contract or plan.
 - (b) Coverage for well-child care under subsection (8)(a) must include:
 - (i) a history, physical examination, developmental assessment, anticipatory guidance, and laboratory tests, according to the schedule of visits adopted under the early and periodic screening, diagnosis, and treatment services program provided for in 53-6-101; and
 - (ii) routine immunizations according to the schedule for immunization recommended by the advisory committee on immunization practices of the U.S. department of health and human services.
 - (c) Minimum benefits may be limited to one visit payable to one provider for all of the services provided at each visit as provided for in this subsection (8).
 - (d) For purposes of this subsection (8):
 - (i) "developmental assessment" and "anticipatory guidance" mean the services described in the Guidelines for Health Supervision II, published by the American academy of pediatrics; and
 - (ii) "well-child care" means the services described in subsection (8)(b) and delivered by a physician or a health care professional supervised by a physician.
- (9) Upon renewal, an insurance contract or plan issued under this part under which coverage of a dependent terminates at a specified age must continue to provide coverage for any dependent, as defined in the insurance contract or plan, until the dependent reaches 26 years of age. For insurance contracts or plans issued under this part, the premium charged for the additional coverage of a dependent, as defined in the insurance contract or plan, may be required to be paid by the insured and not by the employer.
- (10) Prior to issuance of an insurance contract or plan under this part, written informational materials describing the contract's or plan's cancer screening coverages must be provided to a prospective group or plan member.
- (11) The state employee group benefit plans and the Montana university system group benefits

plans must provide coverage for hospital inpatient care for a period of time as is determined by the attending physician and, in the case of a health maintenance organization, the primary care physician, in consultation with the patient to be medically necessary following a mastectomy, a lumpectomy, or a lymph node dissection for the treatment of breast cancer.

(12) (a) (i) The state employee group benefit plans and the Montana university system group benefits plans must provide coverage for medically necessary and prescribed outpatient self-management training and education for the treatment of diabetes. Any education must be provided by a licensed health care professional with expertise in diabetes. At a minimum, the benefit must consist of:

(A) 20 visits of training and education in diabetes self-management provided in either an individual or group setting if the person has not received the training and education previously; and

(B) 12 visits of followup diabetes self-management training and education services in subsequent years for an insured who has previously received and exhausted the initial 20 visits of education.

(ii) For the purposes of this subsection (12)(a), the term "visit" refers to a period of 30 minutes.

(b) The state employee group benefit plans and the Montana university system group benefits plans must provide coverage for diabetic equipment and supplies that at a minimum includes insulin, syringes, injection aids, devices for self-monitoring of glucose levels (including those for the visually impaired), test strips, visual reading and urine test strips, one insulin pump for each warranty period, accessories to insulin pumps, one prescriptive oral agent for controlling blood sugar levels for each class of drug approved by the United States food and drug administration, and glucagon emergency kits.

(c) Nothing in subsection (12)(a) or (12)(b) prohibits the state or the Montana university group benefit plans from providing a greater benefit or an alternative benefit of substantially equal value, in which case subsection (12)(a) or (12)(b), as appropriate, does not apply.

(d) Annual copayment and deductible provisions are subject to the same terms and conditions applicable to all other covered benefits within a given policy.

(e) This subsection (12) does not apply to disability income, hospital indemnity, medicare supplement, accident-only, vision, dental, specific disease, or long-term care policies offered by the state or the Montana university system as benefits to employees, retirees, and their dependents.

(13) (a) Except as provided in subsection (16), the state employee group benefit plans and the

Montana university system group benefits plans that provide coverage to the spouse or dependents of a peace officer as defined in 45-2-101, a game warden as defined in 19-8-101, a firefighter as defined in 19-13-104, or a volunteer firefighter as defined in 19-17-102 shall renew the coverage of the spouse or dependents if the peace officer, game warden, firefighter, or volunteer firefighter dies within the course and scope of employment. Except as provided in subsection (13)(b), the continuation of the coverage is at the option of the spouse or dependents. Renewals of coverage under this section must provide for the same level of benefits as is available to other members of the group. Premiums charged to a spouse or dependent under this section must be the same as premiums charged to other similarly situated members of the group. Dependent special enrollment must be allowed under the terms of the insurance contract or plan. The provisions of this subsection (13)(a) are applicable to a spouse or dependent who is insured under a COBRA continuation provision.

(b) The state employee group benefit plans and the Montana university system group benefits plans subject to the provisions of subsection (13)(a) may discontinue or not renew the coverage of a spouse or dependent only if:

(i) the spouse or dependent has failed to pay premiums or contributions in accordance with the terms of the state employee group benefit plans and the Montana university system group benefits plans or if the plans have not received timely premium payments;

(ii) the spouse or dependent has performed an act or practice that constitutes fraud or has made an intentional misrepresentation of a material fact under the terms of the coverage; or

(iii) the state employee group benefit plans and the Montana university system group benefits plans are ceasing to offer coverage in accordance with applicable state law.

(14) The state employee group benefit plans and the Montana university system group benefits plans must comply with the provisions of 33-22-153.

(15) An insurance contract or plan issued under this part and a group benefits plan issued by the Montana university system must provide mental health coverage that meets the provisions of Title 33, chapter 22, part 7.

(16) The employing state agency of a law enforcement officer as defined in 2-15-2040 who is covered under the state employee group benefit plan shall:

(a) if the officer is catastrophically injured in the line of duty as defined in 2-15-2040, enroll the

officer and the officer's covered spouse or dependent children in COBRA continuation coverage when that officer is terminated from employment as a result of the catastrophic injury. The officer and the officer's spouse or dependent children may opt out of COBRA continuation coverage within 60 days of enrollment.

(b) enroll the officer's covered spouse or dependent children in COBRA continuation coverage if the officer dies in the line of duty as defined in 2-15-2040. The officer's spouse or dependent children may opt out of COBRA coverage within 60 days of the date of enrollment.

(c) pay the COBRA premium for 4 months of COBRA continuation coverage for the officer and the officer's covered spouse or dependent children enrolled in COBRA continuation coverage pursuant to subsections (16)(a) or (16)(b), after which time the officer and the officer's spouse or dependent children shall pay the COBRA premium. (See compiler's comments for contingent termination of certain text.)"

Section 2. Section 13-1-101, MCA, is amended to read:

"13-1-101. Definitions. As used in this title, unless the context clearly indicates otherwise, the following definitions apply:

(1) "Active elector" means an elector whose name has not been placed on the inactive list due to failure to respond to confirmation notices pursuant to 13-2-220 or 13-19-313.

(2) "Active list" means a list of active electors maintained pursuant to 13-2-220.

(3) "Anything of value" means any goods that have a certain utility to the recipient that is real and that is ordinarily not given away free but is purchased.

(4) "Application for voter registration" means a voter registration form prescribed by the secretary of state that is completed and signed by an elector, is submitted to the election administrator, and contains voter registration information subject to verification as provided by law.

(5) "Ballot" means a paper ballot counted manually or a paper ballot counted by a machine, such as an optical scan system or other technology that automatically tabulates votes cast by processing the paper ballots.

(6) (a) "Ballot issue" or "issue" means a proposal submitted to the people at an election for their approval or rejection, including but not limited to an initiative, referendum, proposed constitutional amendment, recall question, school levy question, bond issue question, or ballot question.

(b) For the purposes of chapters 35 and 37, an issue becomes a "ballot issue" upon certification by the proper official that the legal procedure necessary for its qualification and placement on the ballot has been completed, except that a statewide issue becomes a "ballot issue" upon preparation and transmission by the secretary of state of the form of the petition or referral to the person who submitted the proposed issue.

(7) "Ballot issue committee" means a political committee specifically organized to support or oppose a ballot issue.

(8) "Candidate" means:

(a) an individual who has filed a declaration or petition for nomination, acceptance of nomination, or appointment as a candidate for public office as required by law;

(b) for the purposes of chapter 35, 36, or 37, an individual who has solicited or received and retained contributions, made expenditures, or given consent to an individual, organization, political party, or committee to solicit or receive and retain contributions or make expenditures on the individual's behalf to secure nomination or election to any office at any time, whether or not the office for which the individual will seek nomination or election is known when the:

- (i) solicitation is made;
- (ii) contribution is received and retained; or
- (iii) expenditure is made; or
- (c) an officeholder who is the subject of a recall election.

(9) (a) "Contribution" means:

(i) the receipt by a candidate or a political committee of an advance, gift, loan, conveyance, deposit, payment, or distribution of money or anything of value to support or oppose a candidate or a ballot issue;

(ii) an expenditure, including an in-kind expenditure, that is made in coordination with a candidate or ballot issue committee and is reportable by the candidate or ballot issue committee as a contribution;

(iii) the receipt by a political committee of funds transferred from another political committee; or

(iv) the payment by a person other than a candidate or political committee of compensation for the personal services of another person that are rendered to a candidate or political committee.

(b) The term does not mean:

(i) services provided without compensation by individuals volunteering a portion or all of their time on behalf of a candidate or political committee;

(ii) meals and lodging provided by individuals in their private residences for a candidate or other individual;

(iii) the use of a person's real property for a fundraising reception or other political event; or

(iv) the cost of a communication not for distribution to the general public by a religious organization exempt from federal income tax when compliance with Title 13 would burden the organization's sincerely held religious beliefs or practices.

(c) This definition does not apply to Title 13, chapter 37, part 6.

(10) "Coordinated", including any variations of the term, means made in cooperation with, in consultation with, at the request of, or with the express prior consent of a candidate or political committee or an agent of a candidate or political committee.

(11) "De minimis act" means an action, contribution, or expenditure that is so small that it does not trigger registration, reporting, disclaimer, or disclosure obligations under Title 13, chapter 35 or 37, or warrant enforcement as a campaign practices violation under Title 13, chapter 37.

(12) "Disability" means a temporary or permanent mental or physical ~~impairment~~ condition such as:

(a) impaired vision;

(b) ~~impaired hearing~~ being deaf or hard of hearing;

(c) impaired mobility. Individuals having impaired mobility include those who require use of a wheelchair and those who are ambulatory but are physically impaired because of age, disability, or disease.

(d) impaired mental or physical functioning that makes it difficult for the person to participate in the process of voting.

(13) "Election" means a general, special, or primary election held pursuant to the requirements of state law, regardless of the time or purpose.

(14) (a) "Election administrator" means, except as provided in subsection (14)(b), the county clerk and recorder or the individual designated by a county governing body to be responsible for all election administration duties, except that with regard to school elections not administered by the county, the term means the school district clerk.

(b) As used in chapter 2 regarding voter registration, the term means the county clerk and recorder or the individual designated by a county governing body to be responsible for all election administration duties even if the school election is administered by the school district clerk.

(15) (a) "Election communication" means the following forms of communication to support or oppose a candidate or ballot issue:

- (i) a paid advertisement broadcast over radio, television, cable, or satellite;
- (ii) paid placement of content on the internet or other electronic communication network;
- (iii) a paid advertisement published in a newspaper or periodical or on a billboard;
- (iv) a mailing; or
- (v) printed materials.

(b) The term does not mean:

(i) an activity or communication for the purpose of encouraging individuals to register to vote or to vote, if that activity or communication does not mention or depict a clearly identified candidate or ballot issue;

(ii) a communication that does not support or oppose a candidate or ballot issue;

(iii) a bona fide news story, commentary, blog, or editorial distributed through the facilities of any broadcasting station, newspaper, magazine, internet website, or other periodical publication of general circulation;

(iv) a communication by any membership organization or corporation to its members, stockholders, or employees;

(v) a communication not for distribution to the general public by a religious organization exempt from federal income tax when compliance with Title 13 would burden the organization's sincerely held religious beliefs or practices; or

(vi) a communication that the commissioner determines by rule is not an election communication.

(16) "Election judge" means a person who is appointed pursuant to Title 13, chapter 4, part 1, to perform duties as specified by law.

(17) "Election official" means an election administrator, election deputy, or election judge.

(18) "Election worker" means an individual designated by an election official to perform election support duties.

(19) (a) "Electioneering communication" means a paid communication that is publicly distributed by radio, television, cable, satellite, internet website, newspaper, periodical, billboard, mail, or any other distribution of printed materials, that is made within 60 days of the initiation of voting in an election, that does not support or oppose a candidate or ballot issue, that can be received by more than 100 recipients in the district voting on the candidate or ballot issue, and that:

(i) refers to one or more clearly identified candidates in that election;

(ii) depicts the name, image, likeness, or voice of one or more clearly identified candidates in that election; or

(iii) refers to a political party, ballot issue, or other question submitted to the voters in that election.

(b) The term does not mean:

(i) a bona fide news story, commentary, blog, or editorial distributed through the facilities of any broadcasting station, newspaper, magazine, internet website, or other periodical publication of general circulation unless the facilities are owned or controlled by a candidate or political committee;

(ii) a communication by any membership organization or corporation to its members, stockholders, or employees;

(iii) a commercial communication that depicts a candidate's name, image, likeness, or voice only in the candidate's capacity as owner, operator, or employee of a business that existed prior to the candidacy;

(iv) a communication that constitutes a candidate debate or forum or that solely promotes a candidate debate or forum and is made by or on behalf of the person sponsoring the debate or forum;

(v) a communication not for distribution to the general public by a religious organization exempt from federal income tax when compliance with Title 13 would burden the organization's sincerely held religious beliefs or practices; or

(vi) a communication that the commissioner determines by rule is not an electioneering communication.

(20) "Elector" means an individual qualified to vote under state law.

(21) (a) "Expenditure" means a purchase, payment, distribution, loan, advance, promise, pledge, or gift of money or anything of value:

(i) made by a candidate or political committee to support or oppose a candidate or a ballot issue;

(ii) made by a candidate while the candidate is engaging in campaign activity to pay child-care expenses as provided in 13-37-220; or

(iii) used or intended for use in making independent expenditures or in producing electioneering communications.

(b) The term does not mean:

(i) services, food, or lodging provided in a manner that they are not contributions under subsection (9);

(ii) except as provided in subsection (21)(a)(ii), payments by a candidate for personal travel expenses, food, clothing, lodging, or personal necessities for the candidate and the candidate's family;

(iii) the cost of any bona fide news story, commentary, blog, or editorial distributed through the facilities of any broadcasting station, newspaper, magazine, or other periodical publication of general circulation;

(iv) the cost of any communication by any membership organization or corporation to its members or stockholders or employees;

(v) the use of a person's real property for a fundraising reception or other political event; or

(vi) the cost of a communication not for distribution to the general public by a religious organization exempt from federal income tax when compliance with Title 13 would burden the organization's sincerely held religious beliefs or practices.

(c) This definition does not apply to Title 13, chapter 37, part 6.

(22) "Federal election" means an election in even-numbered years in which an elector may vote for individuals for the office of president of the United States or for the United States congress.

(23) "General election" means an election that is held for offices that first appear on a primary election ballot, unless the primary is canceled as authorized by law, and that is held on a date specified in 13-1-104.

(24) "Inactive elector" means an individual who failed to respond to confirmation notices and whose name was placed on the inactive list pursuant to 13-2-220 or 13-19-313.

(25) "Inactive list" means a list of inactive electors maintained pursuant to 13-2-220 or 13-19-313.

(26) (a) "Incidental committee" means a political committee that is not specifically organized or

operating for the primary purpose of supporting or opposing candidates or ballot issues but that may incidentally become a political committee by receiving a contribution or making an expenditure.

(b) For the purpose of this subsection (26), the primary purpose is determined by the commissioner by rule and includes criteria such as the allocation of budget, staff, or members' activity or the statement of purpose or goal of the person or individuals that form the committee.

(27) "Independent committee" means a political committee organized for the primary purpose of receiving contributions and making expenditures that is not controlled either directly or indirectly by a candidate and that does not coordinate with a candidate in conjunction with the making of expenditures except pursuant to the limits set forth in 13-37-216(1).

(28) "Independent expenditure" means an expenditure for an election communication to support or oppose a candidate or ballot issue made at any time that is not coordinated with a candidate or ballot issue committee.

(29) "Individual" means a human being.

(30) "Legally registered elector" means an individual whose application for voter registration was accepted, processed, and verified as provided by law.

(31) "Mail ballot election" means any election that is conducted under Title 13, chapter 19, by mailing ballots to all active electors.

(32) "Person" means an individual, corporation, association, firm, partnership, cooperative, committee, including a political committee, club, union, or other organization or group of individuals or a candidate as defined in subsection (8).

(33) "Place of deposit" means a location designated by the election administrator pursuant to 13-19-307 for a mail ballot election conducted under Title 13, chapter 19.

(34) (a) "Political committee" means a combination of two or more individuals or a person other than an individual who receives a contribution or makes an expenditure:

(i) to support or oppose a candidate or a committee organized to support or oppose a candidate or a petition for nomination;

(ii) to support or oppose a ballot issue or a committee organized to support or oppose a ballot issue; or

(iii) to prepare or disseminate an election communication, an electioneering communication, or an independent expenditure.

(b) Political committees include ballot issue committees, incidental committees, independent committees, and political party committees.

(c) A candidate and the candidate's treasurer do not constitute a political committee.

(d) A political committee is not formed when a combination of two or more individuals or a person other than an individual makes an election communication, an electioneering communication, or an independent expenditure of \$250 or less.

(e) A joint fundraising committee is not a political committee.

(35) "Political party committee" means a political committee formed by a political party organization and includes all county and city central committees.

(36) "Political party organization" means a political organization that:

(a) was represented on the official ballot in either of the two most recent statewide general elections; or

(b) has met the petition requirements provided in Title 13, chapter 10, part 5.

(37) "Political subdivision" means a county, consolidated municipal-county government, municipality, special purpose district, or any other unit of government, except school districts, having authority to hold an election.

(38) "Polling place election" means an election primarily conducted at polling places rather than by mail under the provisions of Title 13, chapter 19.

(39) "Primary" or "primary election" means an election held on a date specified in 13-1-107 to nominate candidates for offices filled at a general election.

(40) "Provisional ballot" means a ballot cast by an elector whose identity or eligibility to vote has not been verified as provided by law.

(41) "Provisionally registered elector" means an individual whose application for voter registration was accepted but whose identity or eligibility has not yet been verified as provided by law.

(42) "Public office" means a state, county, municipal, school, or other district office that is filled by the people at an election.

(43) "Random-sample audit" means an audit involving a manual count of ballots from designated races and ballot issues in precincts selected through a random process as provided in 13-17-503 and 13-17-510.

(44) "Registrar" means the county election administrator and any regularly appointed deputy or assistant election administrator.

(45) "Regular school election" means the school trustee election provided for in 20-20-105(1).

(46) "Religious organization" means a house of worship with the major purpose of supporting religious activities, including but not limited to a church, mosque, shrine, synagogue, or temple. The organic documents of the organization must list a formal code of doctrine and discipline, and the organization must spend the majority of its money on religious activities such as regular religious services, educational preparation for its ministers, development and support of its ministers, membership development, outreach and support, and the production and distribution of religious literature developed by the organization.

(47) "School election" has the meaning provided in 20-1-101.

(48) "School election filing officer" means the filing officer with whom the declarations for nomination for school district office were filed or with whom the school ballot issue was filed.

(49) "School recount board" means the board authorized pursuant to 20-20-420 to perform recount duties in school elections.

(50) "Signature envelope" means an envelope that contains a secrecy envelope and ballot and that is designed to:

- (a) allow election officials, upon examination of the outside of the envelope, to determine that the ballot is being submitted by someone who is in fact a qualified elector and who has not already voted; and
- (b) allow it to be used in the United States mail.

(51) "Special election" means an election held on a day other than the day specified for a primary election, general election, or regular school election.

(52) "Special purpose district" means an area with special boundaries created as authorized by law for a specialized and limited purpose.

(53) "Statewide voter registration list" means the voter registration list established and maintained pursuant to 13-2-107 and 13-2-108.

(54) "Support or oppose", including any variations of the term, means:

(a) using express words, including but not limited to "vote", "oppose", "support", "elect", "defeat", or "reject", that call for the nomination, election, or defeat of one or more clearly identified candidates, the election or defeat of one or more political parties, or the passage or defeat of one or more ballot issues submitted to voters in an election; or

(b) otherwise referring to or depicting one or more clearly identified candidates, political parties, or ballot issues in a manner that is susceptible of no reasonable interpretation other than as a call for the nomination, election, or defeat of the candidate in an election, the election or defeat of the political party, or the passage or defeat of the ballot issue or other question submitted to the voters in an election.

(55) "Valid vote" means a vote that has been counted as valid or determined to be valid as provided in 13-15-206.

(56) "Voted ballot" means a ballot that is:

- (a) deposited in the ballot box at a polling place;
- (b) received at the election administrator's office; or
- (c) returned to a place of deposit.

(57) "Voter interface device" means a voting system that:

- (a) is accessible to electors with disabilities;
- (b) communicates voting instructions and ballot information to a voter;
- (c) allows the voter to select and vote for candidates and issues and to verify and change selections; and

(d) produces a paper ballot that displays electors' choices so the elector can confirm the ballot's accuracy and that may be manually counted.

(58) "Voting system" or "system" means any machine, device, technology, or equipment used to automatically record, tabulate, or process the vote of an elector cast on a paper ballot."

Section 3. Section 20-8-102, MCA, is amended to read:

"20-8-102. Objects and purposes -- assistance to programs -- tracking sensory-impaired children who are deaf or hard of hearing or blind -- fee. (1) The Montana school for the deaf and blind is a

residential and day school for children and adolescents who are deaf or hard of hearing or blind or whose hearing or sight ~~is so defective that they cannot be successfully taught and are unable to receive a sufficient or proper education in the public schools of the state~~ requires specialized support to develop their full educational potential.

(2) The school shall serve as a consultative resource for parents of ~~hearing-impaired-deaf or hard-of-hearing~~ and visually impaired children not yet enrolled in an educational program and for public schools of the state ~~where hearing-impaired-in which~~ deaf or hard-of-hearing or visually impaired children are enrolled. The school upon request shall ensure that services and programs for ~~hearing-impaired-deaf or hard-of-hearing~~ or visually impaired children are appropriate and sufficient. The school may provide assistance to the programs that the school determines is needed. The school may collect a reasonable fee for the assistance from the public school or other responsible agency receiving the assistance.

(3) The school shall establish a system for tracking a child identified as deaf or hard of hearing ~~hearing-impaired~~ or visually impaired from the time of ~~impairment-identification~~ as a child with a disability through the child's exit from intervention or educational services.

(4) The object and purpose of the school are to furnish and provide, by the use of specialized methods and systems, an education for the ~~hearing-impaired-deaf or hard-of-hearing~~ and visually impaired children of this state that is commensurate with the education provided to ~~nonhandicapped~~ children who are not deaf or hard of hearing or blind in the public schools and that will enable children being served by the school to become independent and self-sustaining citizens."

Section 4. Section 20-8-104, MCA, is amended to read:

"20-8-104. Eligibility of children for admittance. In order to be eligible for services from the Montana school for the deaf and blind, a child may not yet have reached 22 years of age and must be identified ~~as deaf, hearing-impaired, or visually-impaired~~ under a category of disability related to hearing or vision pursuant to the Individuals With Disabilities Education Act, 20 U.S.C. 1414."

Section 5. Section 20-8-107, MCA, is amended to read:

"20-8-107. Admission of nonresident children and advance payment of cost -- Indian children.

(1) ~~Hearing-impaired-Deaf or hard-of-hearing~~ or visually impaired children who are not residents of the state of Montana may be admitted to the Montana school for the deaf and blind after proper application for admission, subject to all eligibility requirements prescribed for children who are residents of the state if:

(a) the school is paid in advance a sum of money for each child equal to an estimate of the whole per capita cost of maintaining the school during the year immediately preceding the date of the application; and

(b) the full capacity of the school is not required for children who are residents of the state.

(2) The Montana school for the deaf and blind is authorized to negotiate with an out-of-state educational institution to place a student at the school. If a group of out-of-state students attends the Montana school for the deaf and blind, the educational institution of the other state shall pay in advance to the Montana school for the deaf and blind an amount of money for each student determined as a result of a negotiated agreement between the superintendent of the Montana school for the deaf and blind and the out-of-state educational institution. The agreement must be approved by the board of public education.

(3) Indian children who are Montana residents are eligible for admission and must be admitted to the school on the same terms as residents.

(4) The money paid by an out-of-state institution must be deposited in a state special revenue account and is statutorily appropriated, pursuant to 17-7-502, to the Montana school for the deaf and blind for educational purposes.

(5) The provisions of 17-2-108 that require the expenditure of nongeneral fund money prior to the expenditure of general fund money do not apply to the expenditure of revenue made available to the Montana school for the deaf and blind from the negotiated agreements described in subsection (2) of this section and through the statutory appropriation provided for in subsection (4) of this section."

Section 6. Section 20-8-116, MCA, is amended to read:

"20-8-116. Employment placement -- continuing education. (1) The superintendent of the Montana school for the deaf and blind or the superintendent's designee shall assist in locating suitable employment for ~~hearing-impaired-deaf or hard-of-hearing~~ or visually impaired persons in attendance at the school. The superintendent or the superintendent's designee shall:

(a) consult with various county, state, and federal agencies and with the department of public

health and human services to secure employment for self-sustaining persons; and

(b) coordinate work with federal programs, such as social security and reemployment for those out of work, as required by this part.

(2) The superintendent or the superintendent's designee, may, within funding limitations, develop and offer continuing education programs of a vocational nature for the ~~hearing-impaired-deaf or hard of hearing~~ and visually impaired who use the campus and facilities of the school during the summer months and other times when the school's facilities are not being used by its students."

Section 7. Section 33-22-128, MCA, is amended to read:

"33-22-128. Coverage for children with ~~hearing-loss-who are deaf or hard of hearing~~ -- definitions. (1) Health insurance coverage sold in the group or individual market in this state must provide coverage for diagnosis and treatment of ~~hearing-loss-various auditory ranges~~ for a covered child 18 years of age or younger in accordance with subsection (2).

(2) (a) Except as provided in subsection (2)(b), coverage under this section, in addition to diagnosis, must include treatment that is:

(i) a medical necessity; and
(ii) prescribed, provided, or ordered by a licensed health care provider to treat ~~hearing-loss-various auditory ranges~~ of the covered child.

(b) Treatment may not include more than one hearing device with required accessories or amplification device with required accessories for each ear every 3 years or as required by an audiologist licensed under Title 37, chapter 15.

(3) Benefits provided under this section may not be construed as limiting physical health benefits that are otherwise available to the covered child.

(4) (a) Coverage under this section may be subject to deductibles, coinsurance, and copayment provisions and utilization review as provided in Title 33, chapter 32.

(b) Special deductible, coinsurance, copayment, or other limitations that are not generally applicable to other medical care covered under the plan may not be imposed on the coverage under this section.

(5) This section also applies to the state employee group insurance program, the university system employee group insurance program, any employee group insurance program of a city, town, school district, or other political subdivision of this state, and any self-funded multiple employer welfare arrangement that is not regulated by the Employee Retirement Income Security Act of 1974, 29 U.S.C. 1001, et seq.

(6) This section does not apply to disability income, hospital indemnity, medicare supplement, accident-only, vision, dental, specific disease, or long-term care policies.

(7) As used in this section, the following definitions apply:

(a) "Amplification device" means a hearing device, hearing aid, or wearable, nondisposable, nonexperimental instrument or device designed to aid or compensate for ~~impaired human hearing~~ various auditory ranges and any parts, attachments, or accessories for the instrument or device, including an ear mold but excluding batteries and cords.

(b) "Generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, the view of physicians practicing in relevant clinical areas, and any other relevant factors.

(c) "Health care provider" means an individual licensed under Title 37, chapter 3, 15, or 20. A nurse practitioner licensed under Title 37, chapter 8, also is a health care provider for the purposes of this section.

~~(d) "Hearing loss" means a disruption in the normal hearing process that may occur in the outer, middle, or inner ear, whereby sound waves are not converted to electrical signals and nerve impulses are not transmitted to the brain to be interpreted.~~

~~(e)~~(d) "Medical necessity" means health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms, and that are:

- (i) in accordance with generally accepted standards of medical practice;
- (ii) clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury, or disease;
- (iii) not primarily for the convenience of the patient, physician, or other health care provider; and

(iv) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease.

(e) "Various auditory ranges" means a diversity in the hearing process that may occur in the outer, middle, or inner ear, whereby sound waves are not converted to electrical signals and nerve impulses are not transmitted to the brain to be interpreted."

Section 8. Section 37-16-102, MCA, is amended to read:

"37-16-102. Definitions. Unless the context requires otherwise, in this chapter the following definitions apply:

(1) "Department" means the department of labor and industry provided for in Title 2, chapter 15, part 17.

(2) "Licensed hearing aid dispenser" is an individual who orders, fits, sells, and dispenses prescription hearing aids.

(3) "Over-the-counter hearing aid" has the definition specified in 21 CFR 800.30 in effect on January 1, 2023.

(4) "Permanent place of business" means the primary site in this state at which a person licensed under this chapter conducts testing and fitting of prescription hearing aids and related devices.

(5) "Practice of ordering, selling, dispensing, and fitting prescription hearing aids" means the evaluation or measurement of the powers or range of human hearing by means of an audiometer and a visual examination of the ear and canal or by any other means devised and the consequent ordering, selection, adaption, sale, dispensing, or fitting of prescription hearing aids intended to compensate for hearing-loss various auditory ranges, including eyeglass prescription hearing aids and their fittings, and the making of an impression of the ear and the subsequent selection of a proper ear mold, but does not include batteries, cords, or accessories.

(6) "Prescription hearing aid" has the definition specified in 21 CFR 801.422 in effect on January 1, 2023. The term does not include an over-the-counter hearing aid.

(7) "Various auditory ranges" means a diversity in the hearing process that may occur in the outer,

middle, or inner ear, whereby sound waves are not converted to electrical signals and nerve impulses are not transmitted to the brain to be interpreted."

Section 9. Section 49-4-501, MCA, is amended to read:

"49-4-501. Policy. It is the policy of this state to secure the constitutional rights of deaf or hard-of-hearing persons who, ~~because of impairment of hearing or speech, are unable~~ may require accommodations to readily understand or communicate spoken language and who consequently cannot be fully protected in legal proceedings unless qualified interpreters are available to assist them."

Section 10. Section 49-4-502, MCA, is amended to read:

"49-4-502. Definitions. As used in this part, the following definitions apply:

(1) "Appointing authority" means the presiding judge or justice of any court, the presiding officer of any board, commission, or authority, the director or commissioner of any department or agency, or any other person presiding at any hearing or other proceeding in which a qualified interpreter is required pursuant to this part.

(2) "Deaf person" means a person ~~whose hearing is totally impaired or whose hearing is so seriously impaired as to prohibit the person from understanding oral communications. The term further includes but is not limited to a person who, because of loss of hearing, cannot communicate spoken language whose ears do not convert sound waves to electrical signals and nerve impulses that are then transmitted to the brain to be interpreted and who requires accommodation to understand oral communications~~ with a diversity in the hearing process that may occur in the outer, middle, or inner ear, whereby sound waves are not converted to electrical signals and nerve impulses are not transmitted to the brain to be interpreted.

(3) "Intermediary interpreter" means a knowledgeable deaf person who, because of the person's intimate acquaintance with deaf persons who use mainly natural gestures for communicating, can be used as an intermediary between the deaf person and a qualified interpreter.

(4) "Principal party in interest" means a person who is a named party in any proceeding or who will be directly affected by the decision or action that may be made or taken.

(5) "Qualified interpreter" means an interpreter listed by the department of public health and

human services as provided in 49-4-507."

Section 11. Section 49-4-602, MCA, is amended to read:

"49-4-602. Definitions. As used in this part, unless the context clearly indicates otherwise, the following definitions apply:

(1) "Anatomical gift" means a donation of all or part of a human body to take effect after the donor's death for the purpose of transplantation or transfusion.

(2) "Auxiliary aids or services" means an aid or service that is used to provide information to a person with a cognitive, developmental, intellectual, neurological, or physical disability and is available in a format or manner that allows the person to better understand the information. An auxiliary aid or service may include:

(a) qualified interpreters or other effective methods of making aurally delivered materials available to persons with hearing impairments who are deaf or hard of hearing;

(b) qualified readers, taped texts, texts in accessible electronic format, or other effective methods of making visually delivered materials available to persons with visual impairments; and

(c) supported decisionmaking services, including:

(i) the use of a support individual to communicate information to the person with a disability, ascertain the wishes of the person, or assist the person in making decisions;

(ii) the disclosure of information to a legal guardian, authorized representative, or another individual designated by the person with a disability for that purpose, as long as the disclosure is consistent with state and federal law, including the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1320d, et seq., and any regulations promulgated by the United States department of health and human services to implement the act;

(iii) if a person who has a disability has a court-appointed guardian or other individual responsible for making medical decisions on behalf of the person, any measures used to ensure that the person is included in decisions involving the person's health care and that medical decisions are in accordance with the person's own expressed interests; and

(iv) any other aid or service that is used to provide information in a format that is easily

understandable and accessible to people with cognitive, neurological, developmental, or intellectual disabilities, including assistive communication technology.

(3) "Covered entity" means:

(a) a licensed provider of health care services, including licensed health care practitioners, hospitals, nursing facilities, laboratories, intermediate care facilities, psychiatric residential treatment facilities, institutions for individuals with intellectual or developmental disabilities, and prison health centers; or

(b) an entity responsible for matching anatomical gift donors to potential recipients.

(4) "Disability" means:

(a) a physical or intellectual impairment that substantially limits one or more of a person's major life activities;

(b) a record of such an impairment; or

(c) being regarded as having such an impairment.

(5) "Organ transplant" means the transplantation or transfusion of a part of a human body into the body of another for the purpose of treating or curing a medical condition.

(6) "Qualified recipient" means a person who has a disability and meets the essential eligibility requirements for the receipt of an anatomical gift with or without any of the following:

(a) individuals or entities available to support and assist the person with an anatomical gift or transplantation;

(b) auxiliary aids or services; or

(c) reasonable modifications to the policies, practices, or procedures of a covered entity, including modifications to allow for:

(i) communication with one or more individuals or entities available to support or assist with the recipient's care and medication after surgery or transplantation; or

(ii) consideration of support networks available to the person, including family, friends, and home and community-based services, including home and community-based services funded through medicaid, medicare, another health plan in which the person is enrolled, or any program or source of funding available to the person when determining whether the person is able to comply with posttransplant medical requirements."

Section 12. Section 53-19-401, MCA, is amended to read:

"53-19-401. Purpose. The purposes of this part are:

(1) to provide early ~~detection of hearing loss in~~ identification of newborn infants who may be deaf or hard of hearing as soon after birth as possible to enable children, their families, and primary health care providers to obtain any necessary multidisciplinary evaluation, audiologic assessment, treatment, and intervention services at the earliest opportunity and to prevent or mitigate the developmental delays and academic failures associated with late identification ~~of hearing loss~~; and

(2) to provide the state with the necessary information to effectively plan, establish, and evaluate a comprehensive system of appropriate services for infants and children who are deaf or ~~hard-of-hearing~~ hard of hearing."

Section 13. Section 53-19-402, MCA, is amended to read:

"53-19-402. Statewide universal newborn hearing screening, tracking, and intervention program. (1) There is a universal newborn hearing screening program in the department of public health and human services. The department shall implement the program to ensure a hearing screening test for all newborn infants ~~for identification of newborn infant hearing loss~~ to identify infants who may be deaf or hard of hearing. The department shall implement the program to ensure newborn hearing screening tests are completed before discharge from a hospital or no later than 1 month after birth.

(2) The department shall adopt rules to:

(a) ensure that each licensed hospital, health care facility, or health care provider providing obstetric services:

(i) complete newborn hearing screenings for all infants before discharge or no later than 1 month after birth and report the results to each infant's primary care provider, including any recommendation for audiologic assessment for an infant with two failed hearing screenings; and

(ii) provide required education regarding hearing screenings ~~and hearing loss~~;

(b) ensure monitoring of all babies screened in Montana and referred for audiologic assessment to ensure that they receive an audiologic assessment by 3 months of age;

(c) establish newborn hearing screening protocols that are objective and physiologically based;

- (d) establish education protocols;
 - (e) establish reporting requirements that are related to newborn infant hearing screening, recommendation for audiologic assessment, and audiologic assessment results; and
 - (f) ensure the electronic sharing of audiologic evaluation information of infants diagnosed as deaf or ~~hard-of-hearing~~ hard of hearing with the Montana school for the deaf and blind, pursuant to the school's responsibility for intervention tracking as provided in 20-8-102.
- (3) The department shall assist each licensed hospital, health care facility, or health care provider providing obstetric services in developing systems for reporting and in accessing funds to purchase hearing screening equipment by providing information on funding sources known to the department.
- (4) The department may accept contributions, gifts, grants, or endowments from public or private sources for the use and benefit of this program."

- END -

I hereby certify that the within bill,
HB 184, originated in the House.

Chief Clerk of the House

Speaker of the House

Signed this _____ day
of _____, 2025.

President of the Senate

Signed this _____ day
of _____, 2025.

HOUSE BILL NO. 184

INTRODUCED BY C. KEOGH, R. MINER

AN ACT GENERALLY REVISING LAWS RELATED TO INDIVIDUALS WHO ARE DEAF OR HARD OF HEARING; MODIFYING LANGUAGE IN MONTANA LAWS THAT MAY DIMINISH THE DIGNITY OF INDIVIDUALS WHO ARE DEAF OR HARD OF HEARING; AMENDING SECTIONS 2-18-704, 13-1-101, 20-8-102, 20-8-104, 20-8-107, 20-8-116, 33-22-128, 37-16-102, 49-4-501, 49-4-502, 49-4-602, 53-19-401, AND 53-19-402, MCA.