

SENATE BILL NO. 422

INTRODUCED BY E. BOLDMAN

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING REQUIREMENTS FOR HEALTH INSURANCE COVERAGE RELATING TO ADVANCED METASTATIC CANCER; PROHIBITING INSURERS FROM REQUIRING CERTAIN ACTS FROM THE INSURED RELATED TO PRESCRIPTION DRUGS AND METASTATIC CANCER; AND AMENDING SECTIONS 2-18-704, 33-31-111, AND 33-35-306, MCA."

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

NEW SECTION. Section 1. Coverage for advanced metastatic cancer and associated conditions. (1) Insurers who sell health insurance coverage available through the group market or individual market in this state and who provide coverage for advanced metastatic cancer and associated conditions may not, before the health insurance provides coverage of a prescription drug approved by the United States food and drug administration and as long as prescribing is consistent with the most cost-effective therapy available according to national comprehensive cancer network guidelines, require that the insured:

- (a) fail to successfully respond to a different drug; or
- (b) prove a history of failure of a different drug.
- (2) This section applies only to a drug whose use is:
 - (a) consistent with best practices for the treatment of advanced metastatic cancer or an associated condition;
 - (b) supported by peer-reviewed, evidence-based literature; and
 - (c) approved by the United States Food and Drug Administration.
- (3) For the purposes of this section, the following definitions apply:
 - (a) "Advanced metastatic cancer" means cancer that has spread from the primary or original site of the cancer to nearby tissues, lymph nodes, or other areas of the body.
 - (b) "Associated condition" means the symptoms or side effects that are associated with advanced metastatic cancer or the cancer's treatment and which, in the judgment of the health care practitioner, would

1 further jeopardize the health of a patient if left untreated.

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

4 **"2-18-704. Mandatory provisions.** (1) An insurance contract or plan issued under this part must
5 contain provisions that permit:

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

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

18 (c) the surviving children of a member to remain members of the group as long as they are eligible
19 for retirement benefits accrued by the deceased member as provided by law unless they have equivalent
20 coverage as provided in subsection (1)(a) or are eligible for insurance coverage by virtue of the employment of
21 a surviving parent or legal guardian.

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

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

28 (3) (a) A state insurance contract or plan must contain provisions that permit a legislator to remain