

Here in brief are changes to the bill drafts being reviewed at the Sept. 3 Economic Affairs Committee meeting:

■ **Rep. Hunter's choice of which work comp carrier the state can use:**

- Includes Plan 2 insurers (subsection 1a)
- Allows State Fund to insure under Plan 3(itself) if the Department of Administration chooses to insure the rest of the state employees under a private Plan 2 insurer. Exempts State Fund from language in (1)(d) that references department of administration choosing for all state agencies only if the state insures under a plan 2 carrier.
- Revises the references to the Department of Administration managing all state agency policies, including legislative and judicial branches, to require coordination with the legislative and judicial branches so that there would be no question of the legislative and judicial branches having to purchase their own policies but that they do have the courtesy of a joint consultation. (new 1(g))
- Fixes references to how premium payments are handled. P. 3 (1)(e)
- Fixes terminology for "notices of coverage" rather than "policies" if the state is self-insured (1)(i) – as suggested by Bob Worthington with the self-insurers group
- Fixes bad circular reference problem so now a public corporation is able to jointly obtain coverage with a state agency (1)(a).
- Adds new section 39-71-2203 (Plan 2 statute) to provide for the State Fund to stay with Plan 3 and not be covered by the same insurer as the state if the state insures with a Plan 2.
- Provides an effective date of July 1, 2011.

■ **Rep. Hunter's revision to State Fund Board of Directors**

- Retains the insurance producer option
- Requires the appointment of a person with executive management experience in an insurance company or insurance financial job.

■ **Rep. Vance's definition of order**

- Adopts Sen. Barrett's suggestions to define an order in the Department of Livestock for circumstances that constitute an "existing imminent peril to the public health, safety, or welfare" and that is temporary but may be altered. An order also may not be used to create a permanent program, and program is defined as a legislatively or administratively created function, project, or duty of an agency.

(more)

■ **Rep. Roberts revisions to medical assistance program**

- Revises the confidentiality portion (which is made to apply to all medical assistance programs, not just the one covering the Board of Medical Examiners). This one, according to Department of Labor and Industry attorneys, not only complies with HIPAA but also is easier to understand.
- Puts a time frame in the 3-strikes and you're disciplined provision that corresponds to the contract period. {Section 3 (1)(d)}
- Makes language of all programs similar. Retains the reference to someone impaired by mental illness or chronic physical illness, because according to Department of Labor and Industry attorneys the inclusion (added in the 2009 session) was to allow someone with disabilities other than addiction to continue to work and not discriminate against them (so including the language helps someone with a disability to continue to work but provide some supervision through a program. The example given was someone with multiple sclerosis or diabetes who may have problems that could be a concern for public safety unless properly medicated or supervised.)
- Added the words as suggested by Emery Jones of the Nurses' Assistance Program to distinguish between medical assistance programs in this state from treatment programs outside the state and treatment programs in the state. The language previously applied to the physicians' assistance program (as of the 2009 session), but it also was not specific as to whether the treatment program was distinguishable from the assistance program. The new language clears that up. See p. 11 [Section 6 (2)(i)] and p. 13 [Section 7(1)(i)]

■ **Sen. Brown's comments on LMAC bill draft regarding provider payments**

- The Montana Medical Association and the Montana Hospital Association also have comments regarding how they would like to see a change away from use of Medicare as the benchmark for medical fee schedules. (see attached for MMA statement). MHA statement to come later.