

1 _____ BILL NO. _____

2 INTRODUCED BY _____
3 (Primary Sponsor)

4 A BILL FOR AN ACT ENTITLED: "AN ACT REVISING LAWS RELATED TO HEALTH UTILIZATION REVIEW;
5 REQUIRING A PHYSICIAN LICENSED IN THE STATE TO MAKE OR REVIEW AN ADVERSE
6 DETERMINATION OR REVIEW A GRIEVANCE; AND PROVIDING FOR AUTOMATIC APPROVAL OF A
7 HEALTH CARE SERVICE UNDER REVIEW IF A HEALTH INSURANCE ISSUER OR UTILIZATION REVIEW
8 ORGANIZATION FAILS TO COMPLY WITH REQUIREMENTS."

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

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12 **NEW SECTION. Section 1. Qualifications of individuals who make or review adverse**
13 **determinations.** (1) Only a physician may make an adverse determination pursuant to 33-32-211 or 33-32-212
14 for a utilization review organization.

- 15 (2) A physician who makes an adverse determination:
- 16 (a) must possess a current, valid nonrestricted license to practice medicine under Title 37, chapter
- 17 3, part 3;
- 18 (b) must have a specialty that focuses on the diagnosis and treatment of the condition being
- 19 reviewed; and
- 20 (c) shall make the adverse determination under the clinical direction of one of the utilization review
- 21 organization's medical directors who is responsible for the oversight of the utilization review activities. A
- 22 medical director used for this purpose must be a physician licensed in the state.

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24 **NEW SECTION. Section 2. Qualifications of individuals who review grievance.** (1) Only a
25 physician may review a grievance as provided under 33-32-308 or 33-32-309 for a utilization review
26 organization.

- 27 (2) A physician who reviews a grievance:
- 28 (a) must possess a current, valid nonrestricted license to practice medicine under Title 37, chapter

1 3, part 3;

2 (b) must have the same specialty as a health care provider who typically manages the medical
3 condition or disease or provides the health care service that is the subject of the grievance;

4 (c) must have experience treating patients with the medical condition or disease that is the subject
5 of the grievance; and

6 (d) shall review the grievance under the clinical direction of one of the utilization review
7 organization's medical directors who is responsible for the oversight of the utilization review activities. A
8 medical director used for this purpose must be a physician licensed in the state.

9 (3) A physician who reviews a grievance may not:

10 (a) have been directly involved in making the adverse determination that is the subject of the
11 grievance; and

12 (b) have a financial interest in the outcome of the grievance.

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14 **NEW SECTION. Section 3. Failure by health insurance issuer or utilization review organization**
15 **to comply with law -- automatic authorization of health care service.** If a health insurance issuer or its
16 contracted utilization review organization fails to comply with the requirements of 33-32-211, 33-32-212, 33-32-
17 308, 33-32-309, [section 1], or [section 2], the health care service subject to review is automatically deemed
18 authorized by the health insurance issuer or its contracted utilization review organization.

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20 **NEW SECTION. Section 4. Codification instruction.** (1) [Section 1] is intended to be codified as
21 an integral part of Title 33, chapter 32, part 2, and the provisions of Title 33, chapter 32, part 2, apply to [section
22 1].

23 (2) [Section 2] is intended to be codified as an integral part of Title 33, chapter 32, part 3, and the
24 provisions of Title 33, chapter 32, part 3, apply to [section 2].

25 (3) [Section 3] is intended to be codified as an integral part of Title 33, chapter 32, part 1, and the
26 provisions of Title 33, chapter 32, part 1, apply to [section 3].

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