

HOUSE BILL NO. 719

INTRODUCED BY D. BROWN, PAVLOVICH, DRISCOLL, STRIZICH,
SPRING, CODY, VAUGHN, T. BECK

IN THE HOUSE

FEBRUARY 8, 1991 INTRODUCED AND REFERRED TO COMMITTEE
ON BUSINESS & ECONOMIC DEVELOPMENT.

FEBRUARY 9, 1991 FIRST READING.

FEBRUARY 22, 1991 COMMITTEE RECOMMEND BILL
DO PASS AS AMENDED. REPORT ADOPTED.

FEBRUARY 23, 1991 PRINTING REPORT.

 SECOND READING, DO PASS AS AMENDED.

FEBRUARY 25, 1991 ENGROSSING REPORT.

FEBRUARY 26, 1991 THIRD READING, PASSED.
AYES, 63; NOES, 36.

 TRANSMITTED TO SENATE.

IN THE SENATE

FEBRUARY 27, 1991 INTRODUCED AND REFERRED TO COMMITTEE
ON BUSINESS & INDUSTRY.

 FIRST READING.

MARCH 26, 1991 COMMITTEE RECOMMEND BILL BE
CONCURRED IN AS AMENDED. REPORT
ADOPTED.

MARCH 28, 1991 SECOND READING, CONCURRED IN AS
AMENDED.

APRIL 1, 1991 THIRD READING, CONCURRED IN.
AYES, 49; NOES, 0.

 RETURNED TO HOUSE WITH AMENDMENTS.

IN THE HOUSE

APRIL 9, 1991 RECEIVED FROM SENATE.

 SECOND READING, AMENDMENTS NOT
CONCURRED IN.

APRIL 11, 1991

ON MOTION, FREE CONFERENCE COMMITTEE
REQUESTED AND APPOINTED.

IN THE SENATE

APRIL 16, 1991

ON MOTION, FREE CONFERENCE COMMITTEE
REQUESTED AND APPOINTED.

IN THE HOUSE

APRIL 18, 1991

FREE CONFERENCE COMMITTEE REPORTED.

SECOND READING, FREE CONFERENCE
COMMITTEE REPORT ADOPTED.

APRIL 19, 1991

THIRD READING, FREE CONFERENCE
COMMITTEE REPORT ADOPTED.

IN THE SENATE

APRIL 20, 1991

FREE CONFERENCE COMMITTEE
REPORT ADOPTED.

IN THE HOUSE

APRIL 22, 1991

SENT TO ENROLLING.

REPORTED CORRECTLY ENROLLED.

1
 2 INTRODUCED BY House BILL NO. 719
 3 Steve Brown Patrick O'Neill
 4 St. Spring Cody Chynoweth T. Burk
 5 A BILL FOR AN ACT ENTITLED: "AN ACT RESTRICTING PERSONS WHO
 6 MAY CONDUCT A PHYSICAL EXAMINATION OR REVIEW OF CHIROPRACTIC
 7 RECORDS ON BEHALF OF AN INSURER; AND AMENDING SECTION
 8 33-1-102, MCA."

9 WHEREAS, the quality of chiropractic care provided to
 10 and received by Montana residents has been negatively
 11 affected in certain cases by the activities of independent
 12 chiropractic medical examiners; and

13 WHEREAS, health care insurers often employ persons who
 14 are not qualified to evaluate Montana claims, conduct a
 15 physical examination, or review chiropractic records to aid
 16 the insurer in making a determination regarding the
 17 propriety of chiropractic treatment and the costs of the
 18 treatment; and

19 WHEREAS, the ability of Montana chiropractors to meet
 20 uniform standards of treatment and patient care is impaired
 21 because the criteria applied by persons conducting the
 22 examinations or record reviews are subjective and differ
 23 widely among the persons, resulting in a wide variance in
 24 the procedures employed; and

25 WHEREAS, the ability of Montana chiropractors to provide

1 timely and effective chiropractic care to Montana residents
 2 is impaired because the persons conducting the examinations
 3 or record reviews, especially those providing the services
 4 from outside Montana, are often inaccessible to Montana
 5 chiropractors.

6
 7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

8 NEW SECTION. Section 1. Independent chiropractic
 9 physical examination or review of records. (1) A health care
 10 insurer may not contract with or employ a person to conduct
 11 a physical examination of a patient or a review of a
 12 chiropractor's records, to generate a report or opinion to
 13 aid the insurer in making a determination regarding the
 14 condition or further chiropractic treatment of a patient, or
 15 to determine or recommend whether chiropractic services or
 16 charges should be covered unless the person is currently
 17 licensed to practice chiropractic in this state pursuant to
 18 the provisions of Title 37, chapter 12, and has either:

19 (a) previously practiced in active direct patient care
 20 and management in Montana for at least 10 years; or

21 (b) been licensed to practice chiropractic for at least
 22 5 years and is involved, at the time of conducting the
 23 examination or review of records, in active direct patient
 24 care and management for at least 20 hours a week.

25 (2) As used in this section, "health care insurer"



1 means:

2 (a) an insurer who provides disability insurance as
3 defined in 33-1-207;

4 (b) a health service corporation as defined in
5 33-30-101;

6 (c) a health maintenance organization as defined in
7 33-31-102;

8 (d) a fraternal benefit society as defined in 33-7-102;

9 (e) an administrator as defined in 33-17-102;

10 (f) an insurer providing workers' compensation coverage
11 pursuant to Title 39, chapter 71; and

12 (g) any other entity regulated by the commissioner that
13 provides health care coverage.

14 **Section 2.** Section 33-1-102, MCA, is amended to read:

15 "33-1-102. Compliance required -- exceptions -- health
16 service corporations -- health maintenance organizations --
17 governmental insurance programs. (1) No A person shall may
18 not transact a business of insurance in Montana or relative
19 to a subject resident, located, or to be performed in
20 Montana without complying with the applicable provisions of
21 this code.

22 (2) ~~No--provision~~ The provisions of this code shall do
23 not apply with respect to:

24 (a) domestic farm mutual insurers as identified in
25 chapter 4, except as stated in chapter 4;

1 (b) domestic benevolent associations as identified in
2 chapter 6, except as stated in chapter 6; and

3 (c) fraternal benefit societies, except as stated in
4 chapter 7.

5 (3) This code applies to health service corporations as
6 prescribed in 33-30-102. The existence of such the
7 corporations is governed by Title 35, chapter 2, and related
8 sections of the Montana Code Annotated.

9 (4) This code does not apply to health maintenance
10 organizations to the extent that the existence and
11 operations of such those organizations are authorized by
12 chapter 31.

13 (5) This Except as provided in [section 1], this code
14 does not apply to workers' compensation insurance programs
15 provided for in Title 39, chapter 71, parts 21 and 23, and
16 related sections.

17 (6) This code does not apply to the state employee
18 group insurance program established in Title 2, chapter 18,
19 part 8.

20 (7) This code does not apply to insurance funded
21 through the state self-insurance reserve fund provided for
22 in 2-9-202.

23 (8) (a) This code does not apply to any arrangement,
24 plan, or interlocal agreement between political subdivisions
25 of this state whereby in which the political subdivisions

1 undertake to separately or jointly indemnify one another by
2 way of a pooling, joint retention, deductible, or
3 self-insurance plan.

4 (b) This code does not apply to any arrangement, plan,
5 or interlocal agreement between political subdivisions of
6 this state or any arrangement, plan, or program of a single
7 political subdivision of this state whereby in which the
8 political subdivision provides to its officers, elected
9 officials, or employees disability insurance or life
10 insurance through a self-funded program."

11 NEW SECTION. **Section 3.** Codification instruction.
12 [Section 1] is intended to be codified as an integral part
13 of Title 33, chapter 22, part 1, and the provisions of Title
14 33, chapter 22, part 1, apply to [section 1].

-End-

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 2 INTRODUCED BY D. BROWN, PAVLOVICH, DRISCOLL, STRIZICH
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14 WHEREAS, health care insurers often employ persons who
 15 are not qualified to evaluate Montana claims, conduct a
 16 physical examination, or review chiropractic records to aid
 17 the insurer in making a determination regarding the
 18 propriety of chiropractic treatment and the costs of the
 19 treatment; and

20 WHEREAS, the ability of Montana chiropractors to meet
 21 uniform standards of treatment and patient care is impaired
 22 because the criteria applied by persons conducting the
 23 examinations or record reviews are subjective and differ
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 25 the procedures employed; and

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 13 examination of a patient or a review of a chiropractor's
 14 records, to generate a report or opinion to aid the insurer
 15 in making a determination regarding the condition or further
 16 chiropractic treatment of a patient, or to determine or
 17 recommend whether chiropractic services or charges should be
 18 covered unless the person is currently licensed to practice
 19 chiropractic in this state pursuant to the provisions of
 20 Title 37, chapter 12, and has either:

21 (a) previously practiced in active direct patient care
 22 and management in Montana for at least 10 years; or

23 (b) been licensed to practice chiropractic for at least
 24 5 years and is involved, at the time of conducting the
 25 examination or review of records, in active direct patient



1 care and management for at least 20 hours a week.

2 (2) NOTHING IN THIS SECTION PREVENTS A HEALTH CARE
 3 INSURER FROM REQUESTING OTHER MEDICAL REVIEW OF A PATIENT'S
 4 CONDITION OR TREATMENT.

5 ~~(2)~~(3) As used in this section, "health care insurer"
 6 means:

7 (a) an insurer who provides disability insurance as
 8 defined in 33-1-207;

9 (b) a health service corporation as defined in
 10 33-30-101;

11 (c) a health maintenance organization as defined in
 12 33-31-102;

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14 (e) an administrator as defined in 33-17-102;

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 16 pursuant to Title 39, chapter 71; and

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 18 provides health care coverage.

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 24 to a subject resident, located, or to be performed in
 25 Montana without complying with the applicable provisions of

1 this code.

2 (2) ~~No-provision~~ The provisions of this code ~~shall~~ do
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 5 chapter 4, except as stated in chapter 4;

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 7 chapter 6, except as stated in chapter 6; and

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1 through the state self-insurance reserve fund provided for
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3 (8) (a) This code does not apply to any arrangement,
4 plan, or interlocal agreement between political subdivisions
5 of this state whereby in which the political subdivisions
6 undertake to separately or jointly indemnify one another by
7 way of a pooling, joint retention, deductible, or
8 self-insurance plan.

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10 or interlocal agreement between political subdivisions of
11 this state or any arrangement, plan, or program of a single
12 political subdivision of this state whereby in which the
13 political subdivision provides to its officers, elected
14 officials, or employees disability insurance or life
15 insurance through a self-funded program."

16 NEW SECTION. Section 3. Codification instruction.
17 [Section 1] is intended to be codified as an integral part
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19 33, chapter 22, part 1, apply to [section 1].

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 20 Title 37, chapter 12, and has either:

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- 22 and management in Montana for at least 10 years; or
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- 24 5 years and is involved, at the time of conducting the
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1 care and management for at least 20 hours a week.

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5 ~~†2~~(3) As used in this section, "health care insurer"
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 12 33-31-102;

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17 (g) any other entity regulated by the commissioner that
 18 provides health care coverage.

19 **Section 2.** Section 33-1-102, MCA, is amended to read:

20 **"33-1-102. Compliance required -- exceptions -- health**
 21 **service corporations -- health maintenance organizations --**
 22 **governmental insurance programs. (1) No A person shall may**
 23 **not transact a business of insurance in Montana or relative**
 24 **to a subject resident, located, or to be performed in**
 25 **Montana without complying with the applicable provisions of**

1 this code.

2 (2) ~~No--provision~~ The provisions of this code shall do
 3 not apply with respect to:

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 5 chapter 4, except as stated in chapter 4;

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 9 chapter 7.

10 (3) This code applies to health service corporations as
 11 prescribed in 33-30-102. The existence of such the
 12 corporations is governed by Title 35, chapter 2, and related
 13 sections of the Montana Code Annotated.

14 (4) This code does not apply to health maintenance
 15 organizations to the extent that the existence and
 16 operations of such those organizations are authorized by
 17 chapter 31.

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 19 does not apply to workers' compensation insurance programs
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 21 related sections.

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 23 group insurance program established in Title 2, chapter 18,
 24 part 8.

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1 through the state self-insurance reserve fund provided for
2 in 2-9-202.

3 (8) (a) This code does not apply to any arrangement,
4 plan, or interlocal agreement between political subdivisions
5 of this state whereby in which the political subdivisions
6 undertake to separately or jointly indemnify one another by
7 way of a pooling, joint retention, deductible, or
8 self-insurance plan.

9 (b) This code does not apply to any arrangement, plan,
10 or interlocal agreement between political subdivisions of
11 this state or any arrangement, plan, or program of a single
12 political subdivision of this state whereby in which the
13 political subdivision provides to its officers, elected
14 officials, or employees disability insurance or life
15 insurance through a self-funded program."

16 NEW SECTION. **Section 3.** Codification instruction.
17 [Section 1] is intended to be codified as an integral part
18 of Title 33, chapter 22, part 1, and the provisions of Title
19 33, chapter 22, part 1, apply to [section 1].

-End-

SENATE STANDING COMMITTEE REPORT

Page 1 of 1
March 26, 1991

MR. PRESIDENT:

We, your committee on Business and Industry having had under consideration House Bill No. 719 (third reading copy as amended - blue), respectfully report that House Bill No. 719 be amended and as so amended be concurred in:

1. Page 2, line 10 through page 3, line 1.

Following: "(1)" on page 2, line 10

Strike: remainder of line 10 through "week" on page 3, line 1

Insert: "If a patient's attending health care professional is a licensed chiropractor, the following provisions govern the conduct of a utilization review of the health care services rendered to the patient by the chiropractor:

(a) If an independent physical examination is required by the insurer, it must be conducted by a licensed chiropractor.

(b) If a review of the patient's or the chiropractor's records is required by the insurer in the course of an appeal or a redetermination of an adverse determination of medical necessity or appropriateness made pursuant to an insurer's review, the review must be conducted by a person trained in the field of chiropractic medicine"

2. Page 3, line 4.

Following: "TREATMENT"

Insert: "by another chiropractor or medical provider"

3. Page 3, line 5.

Following: line 4

Insert: "(3) The provisions of this section do not apply to routine claim administration or determination by an insurer."

Renumber: subsequent subsection

4. Page 3, line 14.

Following: ";

Insert: "and"

5. Page 3, lines 15 and 16.

Strike: subsection (f) in its entirety

Renumber: subsequent subsection

Signed: 

John "J.D." Lynch, Chairman


Sec. of Senate

SENATE
HB 719

SENATE COMMITTEE OF THE WHOLE AMENDMENT

March 28, 1991 10:32 am

Mr. Chairman: I move to amend House Bill No. 719 (third reading copy -- blue) as follows:

- 1. Page 4, lines 18 through 21.
- Strike: subsection (5) in its entirety
Renumber: subsequent subsections

ADOPT

REJECT

Signed: _____



Senator Lynch

B. B. / 3/28/91
Amd. Coord.

SB 3/28
Sec. of Senate

SENATE
HB 719

HOUSE BILL NO. 719

INTRODUCED BY D. BROWN, PAVLOVICH, DRISCOLL, STRIZICH,
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because the criteria applied by persons conducting the
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timely and effective chiropractic care to Montana residents
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or record reviews, especially those providing the services
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BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. Section 1. Independent chiropractic
physical examination or review of records. (1) ~~A EXCEPT-AS
PROVIDED-IN-SUBSECTION-(2); A health-care-insurer-may-not
contract-with-or-employ-a-person-to-conduct-a-physical
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records;--to-generate-a-report-or-opinion-to-aid-the-insurer
in-making-a-determination-regarding-the-condition-or-further
chiropractic-treatment-of-a-patient;--or--to--determine--or
recommend-whether-chiropractic-services-or-charges-should-be
covered--unless-the-person-is-currently-licensed-to-practice
chiropractic-in-this-state-pursuant--to--the--provisions--of
Title-377-chapter-12;--and-has-either:~~

~~(a)--previously--practiced-in-active-direct-patient-care
and-management-in-Montana-for-at-least-10-years;--or~~

~~(b)--been-licensed-to-practice-chiropractic-for-at-least
5-years-and-is-involved;--at--the--time--of--conducting--the
examination--or--review-of-records;--in-active-direct-patient~~

1 ~~care and management for at least 20 hours a week~~ IF A
2 PATIENT'S ATTENDING HEALTH CARE PROFESSIONAL IS A LICENSED
3 CHIROPRACTOR, THE FOLLOWING PROVISIONS GOVERN THE CONDUCT OF
4 A UTILIZATION REVIEW OF THE HEALTH CARE SERVICES RENDERED TO
5 THE PATIENT BY THE CHIROPRACTOR:

6 (A) IF AN INDEPENDENT PHYSICAL EXAMINATION IS REQUIRED
7 BY THE INSURER, IT MUST BE CONDUCTED BY A LICENSED
8 CHIROPRACTOR.

9 (B) IF A REVIEW OF THE PATIENT'S OR THE CHIROPRACTOR'S
10 RECORDS IS REQUIRED BY THE INSURER IN THE COURSE OF AN
11 APPEAL OR A REDETERMINATION OF AN ADVERSE DETERMINATION OF
12 MEDICAL NECESSITY OR APPROPRIATENESS MADE PURSUANT TO AN
13 INSURER'S REVIEW, THE REVIEW MUST BE CONDUCTED BY A PERSON
14 TRAINED IN THE FIELD OF CHIROPRACTIC MEDICINE.

15 (2) NOTHING IN THIS SECTION PREVENTS A HEALTH CARE
16 INSURER FROM REQUESTING OTHER ADDITIONAL MEDICAL REVIEW OF A
17 PATIENT'S CONDITION OR TREATMENT BY ANOTHER CHIROPRACTOR OR
18 MEDICAL PROVIDER.

19 (3) THE PROVISIONS OF THIS SECTION DO NOT APPLY TO
20 ROUTINE CLAIM ADMINISTRATION OR DETERMINATION BY AN INSURER.

21 ~~(2)(3)(4)~~ As used in this section, "health care
22 insurer" means:

23 (a) an insurer who provides disability insurance as
24 defined in 33-1-207;

25 (b) a health service corporation as defined in

1 33-30-101;

2 (c) a health maintenance organization as defined in
3 33-31-102;

4 (d) a fraternal benefit society as defined in 33-7-102;

5 (e) an administrator as defined in 33-17-102; AND

6 ~~(f) an insurer providing workers' compensation coverage~~
7 ~~pursuant to Title 39, chapter 71, and~~

8 ~~(g)(F)~~ any other entity regulated by the commissioner
9 that provides health care coverage.

10 **Section 2.** Section 33-1-102, MCA, is amended to read:

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 6 organizations to the extent that the existence and
 7 operations of such those organizations are authorized by
 8 chapter 31.

9 ~~{5}--This Except--as-provided-in-[section-1]-this-code
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13 ~~{6}{5}~~ This code does not apply to the state employee
 14 group insurance program established in Title 2, chapter 18,
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16 ~~{7}{6}~~ This code does not apply to insurance funded
 17 through the state self-insurance reserve fund provided for
 18 in 2-9-202.

19 ~~{8}{7}~~ (a) This code does not apply to any arrangement,
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 3 political subdivision of this state whereby in which the
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 8 [Section 1] is intended to be codified as an integral part
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Free Conference Committee
on House Bill 719
Report No. 1, April 17, 1991

4-18-91
10:30 AM
PDK

April 17, 1991
Page 2 of 2

Page 1 of 2

Mr. Speaker and Mr. President:

We, your Free Conference Committee met and considered House Bill 719 and recommend that House Bill 719 (reference copy -- salmon) be amended as follows:

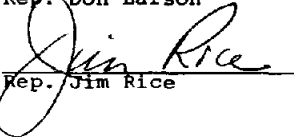
1. Title, line 7.
Strike: "AND"
2. Title, line 8.
Following: "MCA"
Insert: "; AND PROVIDING AN EFFECTIVE DATE"
3. Page 3, line 7.
Strike: "LICENSED"
4. Page 3, line 8.
Following: "CHIROPRACTOR"
Insert: "engaged in the practice of chiropractic in Montana"
5. Page 3, line 14.
Strike: "MEDICINE"
Following: "."
Insert: "During an appeal or redetermination, the patient may, at his expense, request an independent review of the patient's or the chiropractor's records by a chiropractor engaged in the practice of chiropractic in Montana and may require that review to be considered by the insurer in reaching its decision. If the initial adverse determination of medical necessity or appropriateness is reversed, the insurer shall bear the expense of the independent review."
6. Page 5, line 13.
Following: line 12
Insert: "(5) This code does not apply to workers' compensation insurance programs provided for in Title 39, chapter 71, parts 21 and 23, and related sections."
Renumber: subsequent subsections
7. Page 6, line 11.
Following: line 10
Insert: "NEW SECTION. Section 4. Effective date. [This act] is effective July 1, 1991."

And this Free Conference Committee report be adopted.

For the House:

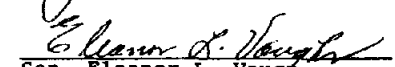

Rep. Dave Brown, Chair

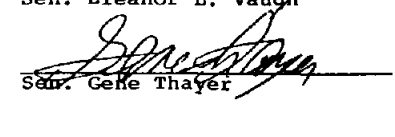

Rep. Don Larson


Rep. Jim Rice

For the Senate:


Sen. J.D. Lynch, Chair


Sen. Eleanor L. Vaughn


Sen. Gene Thayer

ADOPT

REJECT

821219CC.HSF

F.C.C.R. #1
HB 719
821219CC.HSF

1 HOUSE BILL NO. 719

2 INTRODUCED BY D. BROWN, PAVLOVICH, DRISCOLL, STRIZICH,
3 SPRING, CODY, VAUGHN, T. BECK
4

5 A BILL FOR AN ACT ENTITLED: "AN ACT RESTRICTING PERSONS WHO
6 MAY CONDUCT A PHYSICAL EXAMINATION OR REVIEW OF CHIROPRACTIC
7 RECORDS ON BEHALF OF AN INSURER; AND AMENDING SECTION
8 33-1-102, MCA; AND PROVIDING AN EFFECTIVE DATE."

9
10 WHEREAS, the quality of chiropractic care provided to
11 and received by Montana residents has been negatively
12 affected in certain cases by the activities of independent
13 chiropractic medical examiners; and

14 WHEREAS, health care insurers often employ persons who
15 are not qualified to evaluate Montana claims, conduct a
16 physical examination, or review chiropractic records to aid
17 the insurer in making a determination regarding the
18 propriety of chiropractic treatment and the costs of the
19 treatment; and

20 WHEREAS, the ability of Montana chiropractors to meet
21 uniform standards of treatment and patient care is impaired
22 because the criteria applied by persons conducting the
23 examinations or record reviews are subjective and differ
24 widely among the persons, resulting in a wide variance in
25 the procedures employed; and

1 WHEREAS, the ability of Montana chiropractors to provide
2 timely and effective chiropractic care to Montana residents
3 is impaired because the persons conducting the examinations
4 or record reviews, especially those providing the services
5 from outside Montana, are often inaccessible to Montana
6 chiropractors.

7
8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

9 NEW SECTION. Section 1. Independent chiropractic
10 physical examination or review of records. (1) A ~~EXCEPT-AS~~
11 ~~PROVIDED-IN-SUBSECTION-(2)~~; A health-care-insurer-may-not
12 contract-with-or-employ-a-person-to-conduct-a-physical
13 examination-of-a-patient-or-a-review-of-a-chiropractor's
14 records--to-generate-a-report-or-opinion-to-aid-the-insurer
15 in-making-a-determination-regarding-the-condition-or-further
16 chiropractic-treatment-of-a-patient--or--to--determine--or
17 recommend-whether-chiropractic-services-or-charges-should-be
18 covered--unless-the-person-is-currently-licensed-to-practice
19 chiropractic-in-this-state-pursuant--to--the--provisions--of
20 Title-37--chapter-12--and-has-either:

21 (a)--previously--practiced-in-active-direct-patient-care
22 and-management-in-Montana-for-at-least-10-years--or

23 (b)--been-licensed-to-practice-chiropractic-for-at-least
24 5-years-and-is-involved--at--the--time--of--conducting--the
25 examination--or--review-of-records--in-active-direct-patient

1 ~~care-and-management-for-at-least-20-hours-a-week~~ IF A
 2 PATIENT'S ATTENDING HEALTH CARE PROFESSIONAL IS A LICENSED
 3 CHIROPRACTOR, THE FOLLOWING PROVISIONS GOVERN THE CONDUCT OF
 4 A UTILIZATION REVIEW OF THE HEALTH CARE SERVICES RENDERED TO
 5 THE PATIENT BY THE CHIROPRACTOR:

6 (A) IF AN INDEPENDENT PHYSICAL EXAMINATION IS REQUIRED
 7 BY THE INSURER, IT MUST BE CONDUCTED BY A LICENSED
 8 CHIROPRACTOR ENGAGED IN THE PRACTICE OF CHIROPRACTIC IN
 9 MONTANA.

10 (B) IF A REVIEW OF THE PATIENT'S OR THE CHIROPRACTOR'S
 11 RECORDS IS REQUIRED BY THE INSURER IN THE COURSE OF AN
 12 APPEAL OR A REDETERMINATION OF AN ADVERSE DETERMINATION OF
 13 MEDICAL NECESSITY OR APPROPRIATENESS MADE PURSUANT TO AN
 14 INSURER'S REVIEW, THE REVIEW MUST BE CONDUCTED BY A PERSON
 15 TRAINED IN THE FIELD OF CHIROPRACTIC MEDICINE. DURING AN
 16 APPEAL OR REDETERMINATION, THE PATIENT MAY, AT HIS EXPENSE,
 17 REQUEST AN INDEPENDENT REVIEW OF THE PATIENT'S OR THE
 18 CHIROPRACTOR'S RECORDS BY A CHIROPRACTOR ENGAGED IN THE
 19 PRACTICE OF CHIROPRACTIC IN MONTANA AND MAY REQUIRE THAT
 20 REVIEW TO BE CONSIDERED BY THE INSURER IN REACHING ITS
 21 DECISION. IF THE INITIAL ADVERSE DETERMINATION OF MEDICAL
 22 NECESSITY OR APPROPRIATENESS IS REVERSED, THE INSURER SHALL
 23 BEAR THE EXPENSE OF THE INDEPENDENT REVIEW.

24 (2) NOTHING IN THIS SECTION PREVENTS A HEALTH CARE
 25 INSURER FROM REQUESTING OTHER ADDITIONAL MEDICAL REVIEW OF A

1 PATIENT'S CONDITION OR TREATMENT BY ANOTHER CHIROPRACTOR OR
 2 MEDICAL PROVIDER.

3 (3) THE PROVISIONS OF THIS SECTION DO NOT APPLY TO
 4 ROUTINE CLAIM ADMINISTRATION OR DETERMINATION BY AN INSURER.

5 ~~(2)(3)(4)~~ As used in this section, "health care
 6 insurer" means:

7 (a) an insurer who provides disability insurance as
 8 defined in 33-1-207;

9 (b) a health service corporation as defined in
 10 33-30-101;

11 (c) a health maintenance organization as defined in
 12 33-31-102;

13 (d) a fraternal benefit society as defined in 33-7-102;

14 (e) an administrator as defined in 33-17-102; AND

15 ~~(f) an insurer providing workers' compensation coverage~~
 16 ~~pursuant to Title 39, chapter 71, and~~

17 ~~(g) (F)~~ any other entity regulated by the commissioner
 18 that provides health care coverage.

19 **Section 2.** Section 33-1-102, MCA, is amended to read:

20 "33-1-102. Compliance required -- exceptions -- health
 21 service corporations -- health maintenance organizations --
 22 governmental insurance programs. (1) No A person shall may
 23 not transact a business of insurance in Montana or relative
 24 to a subject resident, located, or to be performed in
 25 Montana without complying with the applicable provisions of

1 this code.

2 (2) ~~No-provision~~ The provisions of this code shall do
3 not apply with respect to:

4 (a) domestic farm mutual insurers as identified in
5 chapter 4, except as stated in chapter 4;

6 (b) domestic benevolent associations as identified in
7 chapter 6, except as stated in chapter 6; and

8 (c) fraternal benefit societies, except as stated in
9 chapter 7.

10 (3) This code applies to health service corporations as
11 prescribed in 33-30-102. The existence of such the
12 corporations is governed by Title 35, chapter 2, and related
13 sections of the Montana Code Annotated.

14 (4) This code does not apply to health maintenance
15 organizations to the extent that the existence and
16 operations of such those organizations are authorized by
17 chapter 31.

18 ~~{5}--This Except-as-provided-in-{section-1}--this--code~~
19 ~~does--not--apply-to-workers'-compensation-insurance-programs~~
20 ~~provided-for-in-Title-39, chapter-71, parts-21-and--23,--and~~
21 ~~related-sections-~~

22 (5) THIS CODE DOES NOT APPLY TO WORKERS' COMPENSATION
23 INSURANCE PROGRAMS PROVIDED FOR IN TITLE 39, CHAPTER 71,
24 PARTS 21 AND 23, AND RELATED SECTIONS.

25 ~~{6}{5}{6}~~ This code does not apply to the state

1 employee group insurance program established in Title 2,
2 chapter 18, part 8.

3 ~~{7}{6}{7}~~ This code does not apply to insurance funded
4 through the state self-insurance reserve fund provided for
5 in 2-9-202.

6 ~~{8}{7}{8}~~ (a) This code does not apply to any
7 arrangement, plan, or interlocal agreement between political
8 subdivisions of this state whereby in which the political
9 subdivisions undertake to separately or jointly indemnify
10 one another by way of a pooling, joint retention,
11 deductible, or self-insurance plan.

12 (b) This code does not apply to any arrangement, plan,
13 or interlocal agreement between political subdivisions of
14 this state or any arrangement, plan, or program of a single
15 political subdivision of this state whereby in which the
16 political subdivision provides to its officers, elected
17 officials, or employees disability insurance or life
18 insurance through a self-funded program."

19 NEW SECTION. SECTION 3. Codification instruction.
20 [Section 1] is intended to be codified as an integral part
21 of Title 33, chapter 22, part 1, and the provisions of Title
22 33, chapter 22, part 1, apply to [section 1].

23 NEW SECTION. SECTION 4. EFFECTIVE DATE. [THIS ACT] IS
24 EFFECTIVE JULY 1, 1991.

-End-