

SENATE BILL 418

Introduced by Noble, et al.

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| 2/14 | Introduced |
| 2/14 | Referred to Business & Industry |
| 2/16 | Hearing |
| 2/16 | Fiscal Note Requested |
| 2/16 | Fiscal Note Received |
| | Died in Committee |

1 *Senate* BILL NO. *418*
 2 INTRODUCED BY *Mr. [Signature]*
 3 *Mr. [Signature]* *Mr. [Signature]*
 4 A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING THAT A
 5 WORKERS' COMPENSATION INSURER NEED NOT PAY CERTAIN MEDICAL
 6 BENEFITS; AND AMENDING SECTION 39-71-704, MCA."

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

9 **Section 1.** Section 39-71-704, MCA, is amended to read:

10 "39-71-704. Payment of medical, hospital, and related
 11 services -- fee schedules and hospital rates. (1) In
 12 addition to the compensation provided by this chapter and as
 13 an additional benefit separate and apart from compensation,
 14 the following shall be furnished:

15 (a) After the happening of the injury, the insurer
 16 shall furnish, without limitation as to length of time or
 17 dollar amount, reasonable services by a physician or
 18 surgeon, reasonable hospital services and medicines when
 19 needed, and such other treatment as may be approved by the
 20 division for the injuries sustained.

21 (b) The insurer shall replace or repair prescription
 22 eyeglasses, prescription contact lenses, prescription
 23 hearing aids, and dentures that are damaged or lost as a
 24 result of an injury, as defined in 39-71-119, arising out of
 25 and in the course of employment.

1 (2) The insurer need not:

2 (a) furnish orthopedic appliances, furniture,
 3 household expenses, vehicles, or whirlpool devices unless
 4 the claimant is certified as permanently totally disabled by
 5 his treating physician or attending surgeon and the
 6 physician or surgeon prescribes such items;

7 (b) pay for over-the-counter medicines or medical
 8 supplies or for prescriptions for medicines or medical
 9 supplies that are generally available over the counter;

10 (c) pay for prescription brand-name medicines or
 11 medical supplies if there is a readily available generic
 12 equivalent that is cheaper and can be supplied by a
 13 pharmacist, unless the claimant's treating physician or
 14 attending surgeon specifies that no generic substitution may
 15 be made; or

16 (d) pay for services of a paramedical or quasi-medical
 17 nature, including acupuncture, acupressure, chiropractic, or
 18 massage, without a written prescription from the claimant's
 19 treating physician or attending surgeon.

20 (2)(3) A relative value fee schedule for medical,
 21 chiropractic, and paramedical services provided for in this
 22 chapter, excluding hospital services, shall be established
 23 annually by the workers' compensation division and become
 24 effective in January of each year. The maximum fee schedule
 25 must be adopted as a relative value fee schedule of medical,

1 chiropractic, and paramedical services, with unit values to
 2 indicate the relative relationship within each grouping of
 3 specialties. Medical fees must be based on the median fees
 4 as billed to the state compensation insurance fund during
 5 the year preceding the adoption of the schedule. The
 6 division shall adopt rules establishing relative unit
 7 values, groups of specialties, the procedures insurers must
 8 use to pay for services under the schedule, and the method
 9 of determining the median of billed medical fees. These
 10 rules shall be modeled on the 1974 revision of the 1969
 11 California Relative Value Studies.

12 ~~†3†~~(4) Beginning January 1, 1988, the division shall
 13 establish rates for hospital services necessary for the
 14 treatment of injured workers. Approved rates must be in
 15 effect for a period of 12 months from the date of approval.
 16 The division may coordinate this ratesetting function with
 17 other public agencies that have similar responsibilities.

18 ~~†4†~~(5) Notwithstanding subsection ~~†2†~~ (3), beginning
 19 January 1, 1988, and ending January 1, 1990, the maximum
 20 fees payable by insurers must be limited to the relative
 21 value fee schedule established in January 1987.
 22 Notwithstanding subsection ~~†3†~~ (4), the hospital rates
 23 payable by insurers must be limited to those set in January
 24 1988, until December 31, 1989."

25 NEW SECTION. **Section 2. Extension of authority.** Any

1 existing authority to make rules on the subject of the
 2 provisions of [this act] is extended to the provisions of
 3 [this act].

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