

SENATE BILL NO. 291
INTRODUCED BY DOHERTY, BARNHART

IN THE SENATE

FEBRUARY 1, 1993	INTRODUCED AND REFERRED TO COMMITTEE ON PUBLIC HEALTH, WELFARE, & SAFETY.
	FIRST READING.
FEBRUARY 18, 1993	COMMITTEE RECOMMEND BILL DO PASS AS AMENDED. REPORT ADOPTED.
FEBRUARY 19, 1993	PRINTING REPORT.
	SECOND READING, DO PASS.
FEBRUARY 20, 1993	ENGROSSING REPORT.
	THIRD READING, PASSED. AYES, 50; NOES, 0.
	TRANSMITTED TO HOUSE.

IN THE HOUSE

FEBRUARY 23, 1993	INTRODUCED AND REFERRED TO COMMITTEE ON HUMAN SERVICES & AGING.
	FIRST READING.
MARCH 13, 1993	COMMITTEE RECOMMEND BILL BE CONCURRED IN. REPORT ADOPTED.
MARCH 27, 1993	SECOND READING, CONCURRED IN.
MARCH 30, 1993	THIRD READING, CONCURRED IN. AYES, 87; NOES, 11.
MARCH 31, 1993	RETURNED TO SENATE.

IN THE SENATE

MARCH 31, 1993	RECEIVED FROM HOUSE.
	SENT TO ENROLLING.
	REPORTED CORRECTLY ENROLLED.

1 Senate BILL NO. 291
2 INTRODUCED BY Deputy B. Bank
3
4 A BILL FOR AN ACT ENTITLED: "AN ACT REVISING UTILIZATION
5 REVIEW PROVISIONS; AND AMENDING SECTION 33-32-201, MCA."
6
7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
8 **Section 1.** Section 33-32-201, MCA, is amended to read:
9 "33-32-201. Conduct of utilization review. A program of
10 utilization review with regard to health care services
11 provided or to be provided in this state must comply with
12 the following:
13 (1) A utilization review of outpatient mental health
14 services that deals with the appropriateness of diagnoses,
15 treatment plans, or length of treatment must be performed by
16 a licensed social worker, licensed professional counselor,
17 licensed psychologist, or licensed psychiatrist, except that
18 a utilization review for denial of benefits for
19 psychological evaluations must be performed by a licensed
20 psychologist.
21 (2) The insurer, health maintenance organization, or
22 their agents conducting the utilization review of outpatient
23 mental health treatment may request only information that is
24 relevant to the payment of the claim.
25 (3) When a utilization review requires disclosure of

1 personal information regarding the patient or client,
2 including personal and family history or current and past
3 symptoms of a mental disorder, then the identity of that
4 individual must be concealed from anyone having access to
5 that information in order that the patient or client may
6 remain anonymous.

7 ~~(1)~~(4) A determination that is made on appeal or
8 reconsideration as provided in 33-32-203 and that is adverse
9 to a patient or to an affected health care provider may not
10 be made on a question relating to the necessity or
11 appropriateness of a health care service without prior
12 written findings, evaluation, and concurrence in the adverse
13 determination by a health care professional trained in the
14 relevant area of health care. Copies of the written
15 findings, evaluation, and concurrence must be provided to
16 the patient on request as provided in Title 33, chapter 19.

17 ~~(2)~~(5) A determination made on appeal or
18 reconsideration, as provided in 33-32-203, that health care
19 services rendered or to be rendered are medically
20 inappropriate may not be made unless the health care
21 professional performing the utilization review has made a
22 reasonable attempt to consult with the patient's attending
23 health care provider concerning the necessity or
24 appropriateness of the health care service."

-End-

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SB 291
INTRODUCED BILL

APPROVED BY COMMITTEE
ON PUBLIC HEALTH, WELFARE
& SAFETY

SENATE BILL NO. 291

INTRODUCED BY DOHERTY, BARNHART

A BILL FOR AN ACT ENTITLED: "AN ACT REVISING UTILIZATION
REVIEW PROVISIONS; AND AMENDING SECTION 33-32-201, MCA."

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

Section 1. Section 33-32-201, MCA, is amended to read:

"33-32-201. Conduct of utilization review. A program of
utilization review with regard to health care services
provided or to be provided in this state must comply with
the following:

~~{1}-A-utilization-review-of-outpatient-mental-health
services-that-deals-with-the-appropriateness-of--diagnoses,
treatment-plans,-or-length-of-treatment-must-be-performed-by
a--licensed-social-worker,-licensed-professional-counselor,
licensed-psychologist,-or-licensed-psychiatrist,-except-that
a--utilization--review--for--denial--of--benefits--for
psychological--evaluations--must--be-performed-by-a-licensed
psychologist-~~

~~{2}{1} The insurer, health maintenance organization, or
their agents conducting the utilization review of outpatient
mental health treatment may request only information that is
relevant to the payment of the claim.~~

~~{3}{2} When a utilization review requires disclosure of~~

personal information regarding the patient or client,
including personal and family history or current and past
symptoms of a mental disorder, then the identity of that
individual must be concealed from anyone having access to
that information in order that the patient or client may
remain anonymous.

~~{1}{4}{3}~~ A determination that is made on appeal or
reconsideration as provided in 33-32-203 and that is adverse
to a patient or to an affected health care provider may not
be made on a question relating to the necessity or
appropriateness of a health care service without prior
written findings, evaluation, and concurrence in the adverse
determination by a health care professional trained in the
relevant area of health care. Copies of the written
findings, evaluation, and concurrence must be provided to
the patient on request as provided in Title 33, chapter 19.

~~{2}{5}{4}~~ A determination made on appeal or
reconsideration, as provided in 33-32-203, that health care
services rendered or to be rendered are medically
inappropriate may not be made unless the health care
professional performing the utilization review has made a
reasonable attempt to consult with the patient's attending
health care provider concerning the necessity or
appropriateness of the health care service.

{5} THE FOLLOWING PROVISIONS MUST GOVERN THE CONDUCT OF

1 A UTILIZATION REVIEW OF HEALTH CARE SERVICES RENDERED TO A
2 PATIENT BY A HEALTH CARE PROVIDER WHO IS A LICENSED SOCIAL
3 WORKER, LICENSED PROFESSIONAL COUNSELOR, LICENSED
4 PSYCHIATRIC NURSE, LICENSED PSYCHIATRIST, OR A LICENSED
5 PSYCHOLOGIST:

6 (A) IF A REVIEW OF THE PATIENT'S OR THE HEALTH CARE
7 PROVIDER'S RECORDS IS REQUIRED BY THE INSURER IN THE COURSE
8 OF AN APPEAL OR A REDETERMINATION OF AN ADVERSE
9 DETERMINATION OF MEDICAL NECESSITY OR APPROPRIATENESS MADE
10 PURSUANT TO AN INSURER'S REVIEW, THE REVIEW MUST BE
11 CONDUCTED BY A PERSON TRAINED IN THE FIELD OF THE PROVIDER.

12 (B) DURING AN APPEAL OR REDETERMINATION, THE PATIENT
13 MAY, AT THE PATIENT'S EXPENSE, REQUEST AN INDEPENDENT REVIEW
14 OF THE PATIENT'S OR THE PROVIDER'S RECORDS BY A HEALTH CARE
15 PROVIDER LICENSED IN THE FIELD OF THE PROVIDER THAT RENDERED
16 THE HEALTH CARE SERVICE AND MAY REQUIRE THAT REVIEW TO BE
17 CONSIDERED BY THE INSURER IN REACHING ITS DECISION. IF THE
18 INITIAL ADVERSE DETERMINATION OF MEDICAL NECESSITY OR
19 APPROPRIATENESS IS REVERSED, THE INSURER SHALL BEAR THE
20 EXPENSE OF THE INDEPENDENT REVIEW."

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14 ~~services-that-deals-with-the-appropriateness-of--diagnoses,~~
15 ~~treatment-plans,-or-length-of-treatment-must-be-performed-by~~
16 ~~a--licensed--social-worker,-licensed-professional-counselor,~~
17 ~~licensed-psychologist,-or-licensed-psychiatrist,-except-that~~
18 ~~a--utilization---review---for---denial---of---benefits---for~~
19 ~~psychological--evaluations--must--be-performed-by-a-licensed~~
20 ~~psychologist.~~

21 ~~{2}(1) The insurer, health maintenance organization, or~~
22 ~~their agents conducting the utilization review of outpatient~~
23 ~~mental health treatment may request only information that is~~
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