

By: Giddings

H.B. No. 1003

A BILL TO BE ENTITLED

AN ACT

1
2 relating to professional licensing requirements for independent
3 review of certain medical decisions regarding workers'
4 compensation claims.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6 SECTION 1. Section 401.011, Labor Code, is amended by
7 adding Subdivision (25-a) to read as follows:

8 (25-a) "Independent review organization" has the same
9 meaning as in Section 1305.004(a)(11), Insurance Code.

10 SECTION 2. Section 413.031, Labor Code, is amended by
11 amending Subsections (d) and (e) and adding Subsection (e-2) to
12 read as follows:

13 (d) A review of the medical necessity of a health care
14 service requiring preauthorization under Section 413.014 or
15 commissioner rules under that section or Section 413.011(g) shall
16 be conducted by an independent review organization under Chapter
17 4202 [~~Article 21.58C~~], Insurance Code, in the same manner as
18 reviews of utilization review decisions by health maintenance
19 organizations. It is a defense for the insurance carrier if the
20 carrier timely complies with the decision of the independent review
21 organization.

22 (e) Except as provided by Subsections (d), (f), and (m), a
23 review of the medical necessity of a health care service provided
24 under this chapter or Chapter 408 shall be conducted by an

1 independent review organization under Chapter 4202 [~~Article~~
2 ~~21.58C~~], Insurance Code, in the same manner as reviews of
3 utilization review decisions by health maintenance organizations.
4 It is a defense for the insurance carrier if the carrier timely
5 complies with the decision of the independent review organization.

6 (e-2) Notwithstanding Section 4202.002, Insurance Code, an
7 independent review organization that uses doctors to perform
8 reviews of health care services provided under this title may only
9 use doctors licensed to practice in this state.

10 SECTION 3. Sections 1305.355(a) and (d), Insurance Code,
11 are amended to read as follows:

12 (a) The utilization review agent shall:

13 (1) permit the employee or person acting on behalf of
14 the employee and the employee's requesting provider whose
15 reconsideration of an adverse determination is denied to seek
16 review of that determination within the period prescribed by
17 Subsection (b) by an independent review organization assigned in
18 accordance with Chapter 4202 [~~Article 21.58C~~] and commissioner
19 rules; and

20 (2) provide to the appropriate independent review
21 organization, not later than the third business day after the date
22 the utilization review agent receives notification of the
23 assignment of the request to an independent review organization:

24 (A) any medical records of the employee that are
25 relevant to the review;

26 (B) any documents used by the utilization review
27 agent in making the determination;

1 (C) the response letter described by Section
2 1305.354(a)(4);

3 (D) any documentation and written information
4 submitted in support of the request for reconsideration; and

5 (E) a list of the providers who provided care to
6 the employee and who may have medical records relevant to the
7 review.

8 (d) The department shall assign the review request to an
9 independent review organization. Notwithstanding Section
10 4202.002, an independent review organization that uses doctors to
11 perform reviews of health care services under this chapter may only
12 use doctors licensed to practice in this state.

13 SECTION 4. The change in law made by this Act applies only
14 to a review of a health care service provided under a claim for
15 workers' compensation benefits that is conducted on or after the
16 effective date of this Act. A review that is conducted before that
17 date is governed by the law in effect on the date that the review was
18 conducted, and the former law is continued in effect for that
19 purpose.

20 SECTION 5. This Act takes effect September 1, 2007.