

PROPOSED AMENDMENTS TO SENATE BILL NO. 2331

Page 1, line 3, replace "twenty-one" with "twenty-two; and to amend and reenact section 26.1-26.4-02 of the North Dakota Century Code, relating to the definition of medically necessary"

Page 1, after line 4, insert:

"SECTION 1. AMENDMENT. Section 26.1-26.4-02 of the 1999 Supplement to the North Dakota Century Code is amended and reenacted as follows:

26.1-26.4-02. Definitions. For purposes of this chapter, unless the context requires otherwise:

1. "Commissioner" means the insurance commissioner.
2. "Emergency medical condition" means a medical condition of recent onset and severity, including severe pain, that would lead a prudent layperson acting reasonably and possessing an average knowledge of health and medicine to believe that the absence of immediate medical attention could reasonably be expected to result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or would place the person's health, or with respect to a pregnant woman the health of the woman or her unborn child, in serious jeopardy.
3. "Emergency services" means health care services, supplies, or treatments furnished or required to screen, evaluate, and treat an emergency medical condition.
4. "Enrollee" means an individual who has contracted for or who participates in coverage under an insurance policy, a health maintenance organization contract, a health service corporation contract, an employee welfare benefit plan, a hospital or medical services plan, or any other benefit program providing payment, reimbursement, or indemnification for health care costs for the individual or the individual's eligible dependents.
5. "Health care insurer" includes an insurance company as defined in section 26.1-02-01, a health service corporation as defined in section 26.1-17-01, a health maintenance organization as defined in section 26.1-18.1-01, and a fraternal benefit society as defined in section 26.1-15.1-02.
6. "Medically necessary" for individuals under age twenty-two has the same meaning as stated in section 2 of this Act.
7. "Provider of record" means the physician or other licensed practitioner identified to the utilization review agent as having primary responsibility for the care, treatment, and services rendered to an individual.
- ~~7.~~ 8. "Utilization review" means a system for prospective and concurrent review of the necessity and appropriateness in the allocation of health care resources and services that are subject to state insurance regulation and which are given or proposed to be given to an individual within this state. Utilization review does not include elective requests for clarification of coverage.

- 8- 9. "Utilization review agent" means any person or entity performing utilization review, except:
- a. An agency of the federal government; or
 - b. An agent acting on behalf of the federal government or the department of human services, but only to the extent that the agent is providing services to the federal government or the department of human services."

Page 1, underscore lines 7 through 11

Page 1, line 12, underscore "routinely accepted by" and replace "at least seventy percent of the relevant specialty" with "three or more licensed practitioners actively practicing in the area of pediatric medicine or therapy."

Page 1, remove line 13

Page 1, underscore lines 14 through 22

Page 1, line 23, underscore "provides coverage for" and replace "a medical treatment, medical service, medical therapy," with "medically necessary therapy, including physical, occupational, speech, or language therapy and equipment as"

Page 1, line 24, remove "medical equipment, or medical supply" and underscore "prescribed by a licensed medical"

Page 2, line 1, replace "professional" with "physician" and underscore "acting in the scope of that licensure for any individual under age"

Page 2, line 2, replace "twenty-one" with "twenty-two", underscore "who is covered under the policy. The purpose of prescribing", and replace "this" with "the medically necessary therapy, including physical, occupational, speech, or language therapy and equipment"

Page 2, remove line 3

Page 2, line 4, remove "medical supply" and underscore "must be to improve or prevent deterioration of a physical or"

Page 2, line 5, replace "psychiatric" with "mental" and underscore "illness, injury, or condition; achieve, prevent deterioration of, or mitigate"

Page 2, underscore lines 6 and 7

Page 2, line 8, underscore "or aggravate a disability, physical deformity, or malfunction; or" and replace "reduce, alleviate, or" with "address pain management as related to the treating diagnoses"

Page 2, line 9, remove "prevent pain" and underscore ". Coverage is not required under this section if a similarly"

Page 2, line 10, underscore "credentialed medical", replace "professional" with "physician or physical therapist, occupational therapist, or speech or language therapist currently practicing in the field of pediatrics", and underscore "presents an opinion supported by a consensus"

Page 2, line 11, underscore "in the relevant medical community, that the prescribed" and replace "medical treatment, medical" with "medically necessary therapy, including physical, occupational, and speech or language therapy and equipment"

Page 2, line 12, remove "service, medical therapy, medical equipment, or medical supply" and underscore "will not improve or"

Page 2, line 13, underscore "prevent deterioration of the individual's physical or", replace "psychiatric" with "mental", and underscore "illness, injury, or"

Page 2, line 14, underscore "condition", remove the first comma, underscore the first "or", remove "will not reduce, alleviate, or prevent the individual's", underscore "pain" and insert immediately thereafter "management as related to the treating diagnoses", and underscore the period

Page 2, underscore lines 17 through 20

Page 2, line 21, underscore "under section", replace "1" with "2", and underscore "of this Act."

Renumber accordingly