

**SENATE . . . . . No. 571**

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The Commonwealth of Massachusetts

PRESENTED BY:

*James E. Timilty*

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying:

An Act ensuring clinically appropriate peer review.

PETITION OF:

NAME:

DISTRICT/ADDRESS:

*James E. Timilty*

*Bristol and Norfolk*

*Michael R. Knapik*

*Second Hampden and Hampshire*

**SENATE . . . . . No. 571**

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By Mr. Timilty, a petition (accompanied by bill, Senate, No. 571) of James E. Timilty and Michael R. Knapik for legislation to ensure clinically appropriate peer review. Health Care Financing.

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The Commonwealth of Massachusetts

An Act ensuring clinically appropriate peer review.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Section 12 of Chapter 1760 of the General Laws, as most recently amended  
2 by section 200 of Chapter 224 of the Acts of 2012, is hereby amended by striking subsection (f)  
3 and inserting in place thereof the following:

4 (f) A carrier or utilization review organization that issues a retroactive adverse  
5 determination for services that have already been provided shall give the provider an opportunity  
6 to seek reconsideration from a clinical peer reviewer. The request for review must be submitted  
7 within 45 days of the provider’s receipt of the denial. Upon receipt of the request for  
8 reconsideration, the carrier or utilization review organization shall have 30 business days to  
9 notify the provider in writing of the determination. The written notification of an adverse  
10 determination shall include a substantive clinical justification from a clinical peer reviewer that  
11 is consistent with generally accepted principles of professional medical practice, and shall, at a  
12 minimum: (1) identify the specific information upon which the adverse determination was based;  
13 (2) discuss the insured's presenting symptoms or condition, diagnosis and treatment interventions  
14 and the specific reasons such medical evidence fails to meet the relevant medical review criteria;  
15 (3) reference and include applicable clinical practice guidelines and review criteria.

16 SECTION 2. The Commissioner of Insurance shall promulgate regulations to enforce the  
17 provisions of this Act no later than 90 days after the effective date of the Act, which shall be  
18 effective for provider contracts which are entered into, renewed, or amended on or after the  
19 regulations effective date.