

Amendment - 1st Reading-white - Requested by: Greg Hertz - (S) Business, Labor and Economic Affairs

- 2025

69th Legislature 2025

Drafter: Matthew Weaver,

SB0346.001.001

SENATE BILL NO. 346

INTRODUCED BY G. HERTZ

A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING WORKERS' COMPENSATION LAWS; REVISING LAWS RELATING TO WHEN BENEFITS MAY BE ORDERED AND PROVIDING EXCEPTIONS; PROVIDING THAT PAYMENT OF BENEFITS IS NOT REQUIRED WHEN THERE HAS NOT BEEN AN ACCEPTANCE OF LIABILITY; ~~REVISING LAWS RELATING TO COMPLIANCE WITH MEDICAL TREATMENT;~~ AND AMENDING SECTIONS 39-71-610, ~~AND~~ 39-71-615, ~~AND 39-71-1106~~, MCA."

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

Section 1. Section 39-71-610, MCA, is amended to read:

"39-71-610. Termination of benefits by insurer -- department order to pay disputed benefits prior to hearing or mediation -- limitation on order -- right of reimbursement. (1) If an insurer terminates biweekly compensation benefits and the termination of compensation benefits is disputed by the claimant, the department may, ~~upon~~ on written request, order an insurer to pay additional biweekly compensation benefits prior to a hearing before the workers' compensation court or prior to mediation, but the biweekly compensation benefits may not be ordered to be paid under this section for a period exceeding 49 days or for any period subsequent to the date of the hearing or mediation. A party may appeal this order to the workers' compensation court. A proceeding in the workers' compensation court brought pursuant to this section is a new proceeding and is not subject to mediation. If after a hearing before the workers' compensation court it is held that the insurer was not liable for the compensation payments ordered by the department, the insurer has the right to be reimbursed for the payments by the claimant.

(2) Benefits may be ordered only on the claimant demonstrating, on a more probable than not basis, that the claimant will prevail.

(3) This section does not apply to disputes regarding:

~~(a) the insurer's selection of a treating physician;~~

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~~(b)(a)~~ the refusal to cooperate with medical care;

~~(c)(b)~~ unaccepted body parts;

~~(d)(c)~~ the refusal to cooperate with the nurse case manager; or

~~(e)(d)~~ the refusal to cooperate with an independent medical examination.

(4) Compensation benefits awarded under this section are stayed on appeal."

Section 2. Section 39-71-615, MCA, is amended to read:

"39-71-615. Payment of medical claims without acceptance of liability. (1) An insurer may pay a medical claim that is based ~~upon~~on the report of a nonwage loss injury or occupational disease without the payments being construed as an acceptance of liability for the claim.

(2) An insurer shall, within 10 days of making payment under subsection (1), notify the worker of the payment of the medical claim without acceptance of liability.

(3) ~~Upon~~On written request by a worker for the payment of indemnity benefits or for a determination of liability, the insurer shall investigate the claim to determine liability for the injury or occupational disease under 39-71-606 or 39-71-608.

(4) An insurer may not be required to pay compensation benefits under this section."

Section 3. Section 39-71-1106, MCA, is amended to read:

~~**"39-71-1106. Compliance with medical treatment required -- termination of compensation benefits for noncompliance.** An insurer that provides 14 days' notice to the worker and the department may terminate any compensation benefits that the worker is receiving until the worker cooperates, if the insurer believes that the worker is unreasonably refusing:~~

~~(1) to cooperate with a managed care organization, a preferred provider organization, or the treating physician;~~

~~(2) to submit to medical treatment recommended by the treating physician, except for invasive procedures; or~~

~~(3) to provide access to health care information to health care providers, the insurer, or an agent of~~

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1 ~~the insurer;~~
2 ~~(4) to comply with the insurer's selection of the treating physician; or~~
3 ~~(5) to cooperate with the nurse case manager or obstructs the nurse case manager's ability to~~
4 ~~communicate with health care providers."~~

5 - END -