

40-22a05. Same; advisory committee; membership; rules and regulations; act not applicable to certain reviews and programs. (a) There is hereby created an advisory committee which shall assist the commissioner in the adoption of rules and regulations to implement the provisions of this act. The advisory committee shall consist of 13 persons appointed by the commissioner as follows:

- (1) The commissioner, or the designee of the commissioner, who shall be the chairperson;
 - (2) one member appointed from the public at large;
 - (3) four members who are representatives of utilization review organizations; and
 - (4) seven members who are representatives of health care providers, one of which shall be a representative of a Kansas hospital, and two of which shall be persons licensed to practice medicine and surgery in Kansas.
- (b) Members of the advisory committee shall be appointed for a term of three years, except that the first term of office of two members representing utilization review organizations and two members representing health care providers shall be for a term of two years, and the first term for two members representing health care providers and one member representing utilization review organizations shall be for a term of one year.
- (c) The advisory committee shall be attached to the insurance department, and all administrative functions of the advisory committee shall be under the direction and supervision of the commissioner. Within available appropriations therefor, members of the advisory committee shall be paid subsistence allowances, mileage and other expenses as provided in subsection (e) of K.S.A. 75-3223, and amendments thereto.
- (d) Before adopting rules and regulations to carry out the provisions of this act, the commissioner with the advice of the advisory committee shall:
- (1) Establish utilization review standards which provide for uniformity in the procedures for interaction between utilization review organizations and health care providers, payors and consumers of health care;
 - (2) establish utilization review procedures that prevent unnecessary and inappropriate disruption to the health care delivery system;
 - (3) strive to achieve an efficient process for the certification of utilization review organizations; and
 - (4) specify the kinds of insurance or types of insurance products to which the standards apply and the scope of such application.
- (e) This act shall not apply to:
- (1) Utilization review of health care services provided to patients under the authority of the Kansas workers compensation act, K.S.A. 44-501 et seq., and amendments thereto;
 - (2) reviews conducted by any insurance company, health maintenance organization, prepaid service plan, group-funded self-insured plan or similar entity solely for the purpose of determining compliance with the specific terms and conditions of an insurance policy, agreement or contract as a part of the normal claim settlement process; or
 - (3) any medical programs operated by the secretary for aging and disability services or any entity to the extent it is acting under contract with the secretary.

History: L. 1994, ch. 238, § 5; L. 2014, ch. 115, § 189; July 1.