



A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA REQUESTING AN APPROPRIATE INTERIM COMMITTEE TO STUDY THE IMPACT OF MONTANA'S HEALTH CARE DELIVERY SYSTEM, INCLUDING PHYSICIAN-OWNED HEALTH CARE FACILITIES AND SPECIALTY HOSPITALS, ON HEALTH CARE SERVICES IN MONTANA.

WHEREAS, physicians, hospitals, and other health care providers have a long history of working in concert to provide access to high-quality medical care for Montanans; and

WHEREAS, changes in the health care delivery system, such as the development of physician ownership of health care facilities and services and of specialty hospitals, have challenged cooperation and collaboration between these groups of providers; and

WHEREAS, concerns about these changes raise serious public policy issues that may affect the future and financial viability of Montana's health care delivery system, including the cost of health care and providers' ability to guarantee access to affordable, high-quality health care; and

WHEREAS, the Montana Legislature in 2005 approved a moratorium on licensure of new specialty hospitals for the purpose of giving the United States Congress time to address nationwide concern about the impact of specialty hospitals; and

WHEREAS, some members of Congress, as well as some members of the Montana Legislature, have indicated an interest in further examination and study of these issues during the biennium.

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA:

That the Legislative Council be requested to designate an appropriate interim committee or statutory committee, pursuant to section 5-5-217, MCA, or direct sufficient staff resources to:

(1) study and analyze the impacts of various models for the delivery of health care services on the cost of health care, the quality of care, and access to health care services, including but not limited to:

(a) the percentage of Medicare, Medicaid, private pay, and charity and uncompensated care that these health care facilities, as defined in 50-5-101, provide compared to the percentage provided by nonprofit, community-based hospitals;

(b) the range of services provided by physician-owned and privately owned health care facilities and specialty hospitals and the benefits and impacts of those services compared to the services provided by nonprofit, community-based hospitals;

(c) the comparative cost of services rendered by the private facilities and specialty hospitals compared to the nonprofit, community-based hospitals; and

(d) the comparative impact on a community's health care safety net of the operations of health care providers in each of the categories in subsection (1)(c);

(2) identify the number and operating characteristics of nonprofit, community-based hospitals; physician-owned hospitals and physician-owned health care facilities; and nonhospital, for-profit facilities that perform surgical, imaging, and diagnostic procedures, including those owned jointly with hospitals; and

(3) analyze and develop public policy recommendations associated with Montana's health care delivery system and Montana's health care consumers for consideration by the 61st Legislature, including but not limited to:

(a) physician self-referral, which means referral for medical treatment by a physician to a facility in which the referring physician has an ownership interest;

(b) the increase in hospital-employed physicians;

(c) physician credentialing, or the process that hospitals use for granting privileges to physicians to practice in their facilities, including use of hospitals by physicians who may be in competition with that hospital;

(d) whether a need exists to impose or continue moratoriums on specialty hospitals;

(e) quality of care for patients;

(f) quality improvement and cost containment initiatives;

(g) health information technology;

(h) health care costs and ways to reduce those costs; and

(i) how to empower Montanans to take a more active role in their health care and to be better health care consumers.

BE IT FURTHER RESOLVED, that if the study is assigned to staff, any findings or conclusions be presented to and reviewed by an appropriate committee designated by the Legislative Council.

BE IT FURTHER RESOLVED, that all aspects of the study, including presentation and review requirements, be concluded prior to September 15, 2008.

BE IT FURTHER RESOLVED, that the final results of the study, including any findings, conclusions,

comments, or recommendations of the appropriate committee, be reported to the 61st Legislature.

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