

Decision Points for LC 38

<b>Section 1: Disclosure and Referral</b>	<b>Reinsert:</b> policy statement
	<b>By whom:</b> a) include all referring health care providers b) exclude employed providers
	<b>To whom:</b> a) new patients; b) inpatients and outpatients b) all outpatients and inpatients upon discharge
	<b>How:</b> a) each visit by signature on treatment papers b) only upon referral and at the time of the referral
	<b>What:</b> a) provide list of available options drawn from licensed professionals, available from licensing boards or licensed facilities (this would not cover diagnostic facilities that are not licensed); b) blanket statement that other providers are available who may or may not be in their insurance plan c) keep revised language that leaves it up to provider to decide how to educate about options.
<b>Section 2: Kickbacks prohibited</b>	<b>Insert</b> into (1) the word exclusive and add reference to the federal Antikickback statute so it reads: "require exclusive referrals or an expected volume of referrals between parties in violation of 42 U.S.C. 1320a-7b, the AntiKickback Statute."
	<b>Substitute</b> for (2-4): "impair a health care provider's professional judgment when making a referral;"
	<b>Reinsert and Revise</b> section name to Primary responsibility -- contracts -- referrals: (1) A health care practitioner's primary responsibility is the welfare and well-being of the patient in all situations except those in which the primary responsibility is to public health. (2) (a) A health care practitioner may enter lawful contracts, agreements, and arrangements, including the acquisition of ownership interests in health care facilities, products, or equipment.
<b>Section 3: Primary responsibility language for facilities</b>	Retain or Delete
<b>Section 4: (new 3) Enforcement for DPHHS re: facilities</b>	Retain - if keep the sanctions for conflict of interest under the professional licensing statutes Delete - if remove the sanctions for conflict of interest under the professional licensing statutes Revise -- limit connection between provider's unprofessional conduct and facility contracts, etc.

<b>Section 5 (new 4): Expands Record Access to include Record Sharing</b>	Retain -- if unprofessional conduct aspect for conflict of interest is retained. Delete -- if unprofessional conduct aspect for conflict of interest is deleted.
<b>Section 6 (new 5): Definitions for conflict of interest</b>	a) Retain as is b) Retain but revise conflict of interest statutes either to incorporate federal language or other language as suggested by Options paper. c) Delete
<b>Section 7 (new 6): unprofessional conduct definition</b>	a) Retain as is b) Retain but revise wording c) Delete
<b>Section 8 (new 7): unprofessional conduct definition</b>	a) Retain as is b) Retain but revise wording c) Delete
<b>Section 9 (new 8): discrimination</b>	a) Reinsert podiatrists b) Retain as is
<b>Section 10 (new 9): economic credentialing</b>	Subsection 1: a) Revise as suggested by MHA for better readability but with specific references to certification or federal or state laws (per bill drafting manual) b) Include outpatient centers for surgery
	Subsection 2: a) Remove per MHA's concern about putting into statute reference to board membership, etc. b) Revise to reflect concerns about physicians being excluded as chief of staff if have a conflict of interest
	Subsection 3: a) Revise conflict of interest references to reflect federal conflict language. b) Remove reference to economically motivate referral patterns as too difficult to determine c) Revise economic credentialing language to remove word "equitable" from call reference d) Retain reference to disciplinary actions by board of medical examiners (if retain earlier conflict of interest provision in unprofessional conduct)
	Subsection 4: Remove to allow DPHHS enforcement capabilities.