

HOUSE JOINT RESOLUTION NO. 39

INTRODUCED BY A. OLSEN

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30

A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA REQUESTING AN INTERIM STUDY OF THE HEALTH CARE SYSTEM; AND REQUIRING THAT THE FINAL RESULTS OF THE STUDY BE REPORTED TO THE 66TH LEGISLATURE.

WHEREAS, the costs of health care services, including prescription drugs, have continued to rise in recent years and can represent a significant financial burden for Montanans in need of health care services; and

WHEREAS, recent changes in the health insurance market have included increases in insurance premiums, deductibles, and copayments for many Montanans, as well as creation of health plans that use narrow provider networks or allow balance billing; and

WHEREAS, the many factors that drive the costs of both health care services and health insurance coverage often are not fully understood by the Montanans who face problems with health care access and affordability and policymakers who seek to alleviate access and affordability problems.

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, pursuant to section 5-5-217, MCA, to examine the health care and health insurance systems to identify gaps in access to and coverage of health care services.

BE IT FURTHER RESOLVED, that the study review:

- (1) the costs of health care services, including the costs of prescription drugs, and how costs might be limiting access to care;
- (2) the costs of health care insurance, including the costs of premiums and out-of-pocket costs to consumers, and how those costs might be affecting the ability of Montanans to purchase health care insurance;
- (3) the extent to which health insurers offer narrow provider networks and allow balance billing and how those practices affect the ability of Montanans to access or afford health care services; and
- (4) the effect of congressional action to prohibit use of federal funds for the risk corridor program that was established as part of the Affordable Care Act, including pending court actions related to the funding



1 decision.

2 BE IT FURTHER RESOLVED, that the study include the State Auditor's Office, the Department of Public
3 Health and Human Services, the Department of Administration, Montanans who have experienced problems
4 accessing or affording health care services or health insurance, and representatives of health care providers and
5 health insurers, including self-funded plans offered by employers.

6 BE IT FURTHER RESOLVED, that all aspects of the study, including presentation and review
7 requirements, be concluded prior to September 15, 2018.

8 BE IT FURTHER RESOLVED, that the final results of the study, including any findings, conclusions,
9 comments, or recommendations of the appropriate committee, be reported to the 66th Legislature.

10 - END -