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1	HOUSE BILL NO. 45			
2	INTRODUCED BY B. KEENAN			
3	BY REQUEST OF THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES			
4				
5	A BILL FOR AN ACT ENTITLED: "AN ACT REVISING LAWS RELATING TO HOSPITAL CHARITY CARE			
6	AND COMMUNITY BENEFIT REQUIREMENTS; AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH			
7	AND HUMAN SERVICES TO ESTABLISH CHARITY CARE AND COMMUNITY BENEFIT STANDARDS FO			
8	NONPROFIT HOSPITALS; ESTABLISHING CHARITY CARE AND COMMUNITY BENEFIT REPORTING			
9	REQUIREMENTS; PROVIDING RULEMAKING AUTHORITY; AND AMENDING SECTIONS 50-5-106, 50-5-			
10	112, 50-5-121, AND 50-5-245, MCA."			
11				
12	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:			
13				
14	Section 1. Section 50-5-106, MCA, is amended to read:			
15	"50-5-106. Records and reports required of health care facilities confidentiality. (1) Health			
15 16	care facilities shall keep records and make reports as required by the department.			
16	care facilities shall keep records and make reports as required by the department.			
16 17	care facilities shall keep records and make reports as required by the department. (2) Before February 1 April 15 of each year, every licensed health care facility shall submit an			
16 17 18	care facilities shall keep records and make reports as required by the department. (2) Before February 1-April 15 of each year, every licensed health care facility shall submit an annual report for the preceding calendar year to the department.			
16 17 18 19	care facilities shall keep records and make reports as required by the department. (2) Before February 1 April 15 of each year, every licensed health care facility shall submit an annual report for the preceding calendar year to the department. (3) Before April 15 of each year, every Every hospital that is operating as a nonprofit health care			
16 17 18 19 20	care facilities shall keep records and make reports as required by the department. (2) Before February 1-April 15 of each year, every licensed health care facility shall submit an annual report for the preceding calendar year to the department. (3) Before April 15 of each year, every Every hospital that is operating as a nonprofit health care facility under section 501(c)(3) of the Internal Revenue Code, 26 U.S.C. 501(c)(3), shall submit to the			
16 17 18 19 20 21	care facilities shall keep records and make reports as required by the department. (2)Before February 1-April 15 of each year, every licensed health care facility shall submit an annual report for the preceding calendar year to the department. (3)Before April 15 of each year, every Every hospital that is operating as a nonprofit health care facility under section 501(c)(3) of the Internal Revenue Code, 26 U.S.C. 501(c)(3), shall submit to the department:			
16 17 18 19 20 21	care facilities shall keep records and make reports as required by the department. (2) Before February 1-April 15 of each year, every licensed health care facility shall submit an annual report for the preceding calendar year to the department. (3) Before April 15 of each year, every Every hospital that is operating as a nonprofit health care facility under section 501(c)(3) of the Internal Revenue Code, 26 U.S.C. 501(c)(3), shall submit to the department: (a) a copy of internal revenue service form 990 schedule H;			
16 17 18 19 20 21 22 23	care facilities shall keep records and make reports as required by the department. (2) Before February 1 April 15 of each year, every licensed health care facility shall submit an annual report for the preceding calendar year to the department. (3) Before April 15 of each year, every Every hospital that is operating as a nonprofit health care facility under section 501(c)(3) of the Internal Revenue Code, 26 U.S.C. 501(c)(3), shall submit to the department: (a) a copy of internal revenue service form 990 schedule H; (b) both a charity care report and a community benefit report for the preceding year; and			
16 17 18 19 20 21 22 23 24	care facilities shall keep records and make reports as required by the department. (2) Before February 1-April 15 of each year, every licensed health care facility shall submit an annual report for the preceding calendar year to the department. (3) Before April 15 of each year, every Every hospital that is operating as a nonprofit health care facility under section 501(c)(3) of the Internal Revenue Code, 26 U.S.C. 501(c)(3), shall submit to the department: (a) a copy of internal revenue service form 990 schedule H; (b) both a charity care report and a community benefit report for the preceding year; and (b)(c) both a charity care plan and a community benefit plan for the current calendar year.			
16 17 18 19 20 21 22 23 24 25	care facilities shall keep records and make reports as required by the department. (2) Before February 1-April 15 of each year, every licensed health care facility shall submit an annual report for the preceding calendar year to the department. (3) Before April 15 of each year, every-Every hospital that is operating as a nonprofit health care facility under section 501(c)(3) of the Internal Revenue Code, 26 U.S.C. 501(c)(3), shall submit to the department: (a) a copy of internal revenue service form 990 schedule H; (b) both a charity care report and a community benefit report for the preceding year; and (b)(c) both a charity care plan and a community benefit plan for the current calendar year. (4) (a) The report-Reports required under this section must be provided to the department within			



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charity care and community benefit reports required under subsection (3)(a) to data that is already being 1 2 collected by the hospital. 3 (5) Information received by the department through reports, inspections, or provisions of parts 1 4 and 2 may not be disclosed in a way which that would identify patients. A department employee who discloses 5 information that would identify a patient must be dismissed from employment and subject to the provisions of 6 45-7-401 and 50-16-551, if applicable, unless the disclosure was authorized as permitted by law. 7 Information and statistical reports from health care facilities which that are considered 8 necessary by the department for health planning and resource development activities must be made available 9 to the public and the health planning agencies within the state. Applications by health care facilities for 10 certificates of need and any information relevant to review of these applications, pursuant to part 3, must be 11 accessible to the public." 12 13 **Section 2.** Section 50-5-112, MCA, is amended to read: 14 "50-5-112. Civil penalties. (1) A-Except as provided in 50-5-121, a person who commits an act 15 prohibited by 50-5-111 is subject to a civil penalty not to exceed \$1,000 for each day that a facility is in violation 16 of a provision of part 1 or 2 of this chapter or of a rule, license provision, or order adopted or issued pursuant to 17 part 1 or 2. The department or, upon request of the department, the county attorney of the county in which the 18 health care facility in question is located may petition the court to impose the civil penalty. Venue for an action 19 to collect a civil penalty pursuant to this section is in the county in which the facility is located. 20 (2) In determining the amount of penalty to be assessed for an alleged violation under this section, 21 the court shall consider: the gravity of the violation in terms of the degree of physical or mental harm to a resident or 22 (a) 23 patient; 24 (b) the degree of harm to the health, safety, rights, security, or welfare of a resident or patient; 25 the degree of deviation committed by the facility from a requirement imposed by part 1 or 2 of (c) this chapter or by a rule, license provision, or order adopted or issued pursuant to part 1 or 2; and 26 27 (d) other matters as justice may require. 28 (3) A penalty collected under this section must be deposited in the state general fund.



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1	(4) In addition to or exclusive of the remedy provided in subsection (1), the department may pursue		
2	remedies available for a violation, as provided for in 50-5-108, or any other remedies available to it."		
3			
4	Section 3. Section 50-5-121, MCA, is amended to read:		
5	"50-5-121. Hospital discrimination based on ability to pay prohibited community benefit and		
6	charity care requirements rulemaking authority. (1) (a) Except as provided in subsection (3), a A hospital		
7	must have in writing:		
8	(a) (a) a policy applying to all patients, including medicaid and medicare patients, that prohibits		
9	discrimination based on a patient's ability to pay ; and <u>.;</u>		
10	(b) standards established by the department, applicable to the area the hospital serves; and		
11	(c) a community benefit policy consistent with federal standards and standards established by the		
12	department.		
13	(b) a charity care policy consistent with industry standards applicable to the area the facility serves		
14	and the tax status of the hospital.		
15	(2)(b)(2) A hospital may not transfer a patient to another hospital or health care facility based on		
16	the patient's ability to pay for health care services.		
17	(2) (a) A hospital operating as a nonprofit health care facility must have in writing:		
18	(i) a charity care policy consistent with federal standards and standards established by the		
19	department, applicable to the area the hospital serves; and		
20	(ii) a community benefit policy consistent with federal standards and standards established by the		
21	department.		
22	(b) A hospital operating as a nonprofit health care facility shall:		
23	(i) adhere to the written charity care and community benefit policies; and		
24	(ii) make the policies available to the public.		
25	(3) A specialty hospital must have in writing a charity care policy consistent with industry standards for		
26	nonprofit hospitals irrespective of the tax status of the specialty hospital.		
27	(3) No later than July 1, 2024, the department shall adopt rules to implement the charity care and		
28	community benefit requirements of this part, including but not limited to rules to:		



1	(a) define charity care and community benefit consistent with federal standards;			
2	(b) establish the standards for community benefit and charity care applicable to hospitals operating			
3	as nonprofit health care facilities consistent with federal standards;			
4	(c) establish the information to be reported and verified to ensure a hospital operating as a			
5	nonprofit health care facility is complying with charity care and community benefit standards; and			
6	(d) establish penalties for failing to comply with 50-5-106 and this section. The penalties may be in			
7	addition to the penalties provided for in 50-5-112."			
8				
9	Section 4. Section 50-5-245, MCA, is amended to read:			
10	"50-5-245. Department to license specialty hospitals standards rulemaking moratorium.			
11	(1) Subject to subsection (4), the department shall license specialty hospitals using the requirements for			
12	licensure of hospitals and the procedure provided for in parts 1 and 2 of this chapter.			
13	(2) Prior to approving an application under this section, the department shall adopt rules that are			
14	necessary to implement and administer this section.			
15	(3) Notwithstanding the requirements of subsection (1), the department may not accept an			
16	application or issue a license for a specialty hospital before July 1, 2009.			
17	(4) A health care facility licensed by the department and in existence on May 8, 2007, may not			
18	change its licensure status in order to qualify for licensure as a specialty hospital unless the health care facility			
19	is licensed as a hospital and the hospital is not subject to the provisions of 50-5-246 and subsections (5)			
20	through (9) of this section.			
21	(5) A specialty hospital meets the 24-hour emergency care requirements for a hospital, as defined			
22	in 50-5-101, if it has an agreement with a hospital in the area served by the specialty hospital stating that the			
23	hospital will provide 24-hour emergency care to patients of the specialty hospital.			
24	(6) A specialty hospital applying for a license must have:			
25	(a) a charity care policy meeting the provisions of 50-5-121 and, if applicable, subsection (9) of this			
26	section if the hospital will be operating as a nonprofit health care facility or meeting the provisions of subsection			
27	(9) of this section, if applicable; and			
28	(b) a joint venture relationship with a hospital; or			



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1	(c)	a signed statement from a nonprofit -hospital <u>operating as a nonprofit health care facility</u> in the		
2	community acknowledging that the hospital declined a bona fide, good faith opportunity to participate in a joint			
3	venture with the applicant.			
4	(7)	A specialty hospital owned by physicians and proposed as a joint venture with a nonprofit		
5	hospital operating as a nonprofit health care facility in the community may be licensed if:			
6	(a)	the majority of partnering physicians hold active privileges with the joint venture hospital; and		
7	(b)	the partnering hospital holds an ownership interest of at least 50%.		
8	(8)	This section does not prohibit physicians who are partners in a specialty hospital that is		
9	proposed as a joint venture from managing the specialty hospital.			
10	(9)	The charity care policy for a specialty hospital applying as a joint venture with a nonprofit		
11	hospital operating as a nonprofit health care facility in the community must be the same as the policy used by			
12	the nonprofit- hospital."			
13				
14	NEW	SECTION. Section 5. Transition. (1) The department of public health and human services may		
15	not require the	submission of the charity care report and community benefit report required under [this act] until		
16	the department has adopted rules specifying the information to be reported.			
17	(2)	A hospital charity care policy required under [this act] may comply with only federal charity care		
18	standards until the department of public health and human services has adopted rules specifying state			
19	standards for	the policy.		
20		- END -		

