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	FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT REQUIREMENTS; AUTHORIZING THE
7	DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO ESTABLISH CHARITY CARE FINANCIAL
8	ASSISTANCE AND COMMUNITY BENEFIT STANDARDS FOR NONPROFIT HOSPITALS; ESTABLISHING
9	CHARITY CARE FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT REPORTING REQUIREMENTS;
10	PROVIDING RULEMAKING AUTHORITY; AND AMENDING SECTIONS 50-5-106, 50-5-112, 50-5-121, AND
11	50-5-245, MCA."
12	
13	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
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15	Section 1. Section 50-5-106, MCA, is amended to read:
16	"50-5-106. Records and reports required of health care facilities confidentiality. (1) Health
17	care facilities shall keep records and make reports as required by PROVIDE THE RECORDS AT THE REQUEST OF the
18	department.
19	(2) Before February 1 April 15 of each year, every EVERY licensed health care facility shall submit
20	an annual report for the preceding calendar year to the department.
21	(3) Before April 15 of each year, every EVERY hospital, CRITICAL ACCESS HOSPITAL, OR RURAL
22	EMERGENCY HOSPITAL that is operating as a nonprofit health care facility UNDER SECTION 501(C)(3) OF THE
23	INTERNAL REVENUE CODE, 26 U.S.C. 501(C)(3), shall submit to the department:
24	(a) both a charity care report and a community benefit report for the preceding year A COPY OF
25	INTERNAL REVENUE SERVICE FORM 990 SCHEDULE H AND ASSOCIATED WORKSHEETS; and
26	(b) both a charity care plan-FINANCIAL ASSISTANCE POLICY and a community benefit plan for the
27	current calendar year.
28	(4) (a) The report Reports required under this section must be on forms and contain information



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1 specified by the department PROVIDED TO THE DEPARTMENT WITHIN 30 DAYS OF FILING THE REQUIRED FORMS WITH 2 THE INTERNAL REVENUE SERVICE ANNUALLY. 3 (b) To the extent practicable, the department shall limit the information to be submitted for the charity care and community benefit reports required under subsection (3)(a) to data that is already being 4 5 collected by the hospital. 6 Information received by the department through reports, inspections, or provisions of parts 1 (5) 7 and 2 may not be disclosed in a way which that would identify patients. A department employee who discloses 8 information that would identify a patient must be dismissed from employment and subject to the provisions of 9 45-7-401 and 50-16-551, if applicable, unless the disclosure was authorized as permitted by law. 10 Information and statistical reports from health care facilities which that are considered (6) 11 necessary by the department for health planning and resource development activities must be made available 12 to the public and the health planning agencies within the state. Applications by health care facilities for 13 certificates of need and any information relevant to review of these applications, pursuant to part 3, must be 14 accessible to the public." 15 16 Section 2. Section 50-5-112, MCA, is amended to read: 17 **"50-5-112.** Civil penalties. (1) A-Except as provided in 50-5-121, a person who commits an act 18 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 19 of a provision of part 1 or 2 of this chapter or of a rule, license provision, or order adopted or issued pursuant to 20 part 1 or 2. The department or, upon request of the department, the county attorney of the county in which the 21 health care facility in question is located may petition the court to impose the civil penalty. Venue for an action 22 to collect a civil penalty pursuant to this section is in the county in which the facility is located. 23 (2) In determining the amount of penalty to be assessed for an alleged violation under this section, 24 the court shall consider: 25 the gravity of the violation in terms of the degree of physical or mental harm to a resident or (a) 26 patient; the degree of harm to the health, safety, rights, security, or welfare of a resident or patient; 27 (b) the degree of deviation committed by the facility from a requirement imposed by part 1 or 2 of 28 (c) - 2 -Authorized Print Version - HB 45 Legislative

1	this chapter or by a rule, license provision, or order adopted or issued pursuant to part 1 or 2; and		
2	(d) other matters as justice may require.		
3	(3) A penalty collected under this section must be deposited in the state general fund.		
4	(4) In addition to or exclusive of the remedy provided in subsection (1), the department may pursue		
5	remedies available for a violation, as provided for in 50-5-108, or any other remedies available to it."		
6			
7	Section 3. Section 50-5-121, MCA, is amended to read:		
8	"50-5-121. Hospital discrimination based on ability to pay prohibited <u>community benefit and</u>		
9	charity care FINANCIAL ASSISTANCE requirements rulemaking authority. (1) (a) Except as provided in		
10	subsection (3), a <u>A</u> hospital, CRITICAL ACCESS HOSPITAL, OR RURAL EMERGENCY HOSPITAL must have in writing:		
11	(a) a policy applying to all patients, including medicaid and medicare patients, that prohibits		
12	discrimination based on a patient's ability to pay; and.		
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, CRITICAL ACCESS HOSPITAL, OR RURAL EMERGENCY HOSPITAL may not transfer		
16	a patient to another hospital or health care facility based on the patient's ability to pay for health care services.		
17	(2)(3) (a) A hospital operating as a nonprofit health care facility must have in writing:		
18	(i) a charity care FINANCIAL ASSISTANCE policy consistent with federal standards and standards		
19	established by the 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, CRITICAL ACCESS HOSPITAL, OR RURAL EMERGENCY HOSPITAL operating as a nonprofit		
23	health care facility shall:		
24	(i) adhere to the written charity care FINANCIAL ASSISTANCE and community benefit policies; and		
25	(ii) make the policies available to the public.		
26	(3) A specialty hospital must have in writing a charity care policy consistent with industry standards for		
27	nonprofit hospitals irrespective of the tax status of the specialty hospital.		
28	(3)(4) No later than July 1, 2024, the department shall adopt rules to implement the charity care		



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



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1	(a)	a charity care <u>FINANCIAL ASSISTANCE</u> policy meeting the provisions of 50-5-121 and, if		
2	applicable, subsection (9) of this section if the hospital will be operating as a nonprofit health care facility or			
3	meeting the provisions of subsection (9) of this section, if applicable; and			
4	(b)	a joint venture relationship with a hospital; or		
5	(c)	a signed statement from a nonprofit-hospital operating as a nonprofit health care facility in the		
6	community acknowledging that the hospital declined a bona fide, good faith opportunity to participate in a joint			
7	venture with the applicant.			
8	(7)	A specialty hospital owned by physicians and proposed as a joint venture with a nonprofit		
9	hospital operating as a nonprofit health care facility in the community may be licensed if:			
10	(a)	the majority of partnering physicians hold active privileges with the joint venture hospital; and		
11	(b)	the partnering hospital holds an ownership interest of at least 50%.		
12	(8)	This section does not prohibit physicians who are partners in a specialty hospital that is		
13	proposed as a joint venture from managing the specialty hospital.			
14	(9)	The charity care FINANCIAL ASSISTANCE policy for a specialty hospital applying as a joint venture		
15	with a nonprofit hospital operating as a nonprofit health care facility in the community must be the same as the			
16	policy used by the nonprofit hospital."			
17				
18	NEW S	SECTION. Section 5. Transition. (1) The department of public health and human services may		
19	not require the	submission of the charity care report FINANCIAL ASSISTANCE POLICY and community benefit report		
20	required under [this act] until the department has adopted rules specifying the information to be reported.			
21	(2)	A hospital charity care FINANCIAL ASSISTANCE policy required under [this act] may comply with		
22	only federal charity care FINANCIAL ASSISTANCE standards until the department of public health and human			
23	services has adopted rules specifying state standards for the policy.			
24		- END -		