the team behind your team

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Summary of suggested changes to LC 0038

1. **New Section. Section 2 (2)(b)**: Delete this subsection. A statement in a bill that states "a health care provider may not engage in intentional conduct that is detrimental to a patient's health" is absurd on its face. Any intentional behavior of a physician that is detrimental to a patient's health would subject a physician to criminal action and license revocation. A physician does not need a statute telling him or her that he may not engage in intentional conduct that harms a patient. Also, this subsection suggests that a physician would enter into a contract that he knew would harm a patient.

2. **New Section. Section 3.** Is it clear in this subsection that a health care facility such as a "hospital" can have a conflict of interest that is subject to the provisions of this bill? Section 3(2) is not clear on this point or on "who" has the standing to raise the conflict of interest issue. This section must clearly include hospitals, as a facility, as having the potential to exhibit a conflict of interest and the right of physician or physician groups to do so.

3. **Definition of "conflict of interest".** Too long and confusing. For example: how would one even establish that a financial or investment interest "indirectly" influenced a physician in providing care. If included in bill, a clearer definition is needed, and one that is applicable to hospitals also.

LC 8888

1. Section 2. (50-5-245(1)(b). At least, the last sentence should be deleted from this section. Hospitals **must** have charity policies as a matter of law; they enjoy tax exempt status and must provide certain services in return such as charity care. For profits must pay taxes and, though they provide charity care voluntarily, they should not be held to any "basic standard". What is the "basic standard". Will the for-profits then be provided tax-exempt status?

2. **Section 2. (50-5-245(1)(c).** This section should be entirely deleted. There appears to be some confusion on this issue. ASC's are required by law to have "transfer agreements" as their licensure requirements in Montana **are different** than those for hospitals. A specialty hospital should not have that requirement imposed as it is superfluous; a specialty hospital must meet all

the basic hospital licensing requirements. Notwithstanding this comment, if a specialty hospital would like to provide a "transfer agreement" than of course, it could do so. As an ASC is not a specialty hospital, or a hospital, transfer agreements are required. A specialty hospital is NOT an ASC.

3. **Section 2. (50-5-245(1)(d)(i).** This subsection should be dropped entirely. What is the practical benefit of defining the number of physicians that should be allowed to establish a specialty hospital? This amounts to legislative interference in the market. This section prevents highly qualified physicians from providing specialty care in a specialty facility. This prohibition impedes quality of care and patient satisfaction.