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## **SENATE JOINT RESOLUTION NO. 158**

Offered January 25, 1994

Requesting the Joint Commission on Health Care to study the impact of subsection B of § 38.2-3407 of the Code of Virginia on the Commonwealth's health care market.

Patrons—Chichester, Cross and Nolen; Delegates: Callahan and Dickinson

## Referred to the Committee on Rules

WHEREAS, the rising cost of health care in the United States and in the Commonwealth of Virginia is of concern to the General Assembly and to all citizens of the Commonwealth; and

WHEREAS, the need to identify ways to control hospital and medical costs while assuring access to quality health care is currently the focus of attention in the United States Congress and in numerous states, including the Commonwealth; and

WHEREAS, one of several ways in which the General Assembly has addressed the health care issue has been through the authorization, contained in § 38.2-3407 of the Code of Virginia, of insurance arrangements under which an insurer may offer or administer a health benefit program which provides a higher level of benefit payment for services rendered by health care providers selected by and under contract with the insurer than for services rendered by other health care providers; and

WHEREAS, the theory of such "preferred provider" arrangements is that as a result of the benefit incentives favoring services of contracted providers, providers included in such networks will experience an increased volume of patients and thus be willing to accept discounted rates as well as to participate in the insurer's utilization management programs; and

WHEREAS, the General Assembly has qualified the ability of an insurer to selectively contract with health care providers by providing, in § 38.2-3407 B, that no health care provider that is willing to meet the terms and conditions offered it by an insurer in conjunction with selecting health care providers may be excluded from such a "preferred provider" arrangement; and

WHEREAS, the list of health care providers affected by this "any willing provider" provision includes hospitals, physicians, chiropractors, optometrists, opticians, professional counselors, psychologists, clinical social workers, podiatrists, physical therapists, chiropodists, clinical nurse specialists, audiologists and speech therapists; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Commission on Health Care, in cooperation with the Bureau of Insurance and other state agencies and private groups, study the impact of the "any willing provider" provisions contained in § 38.2-3407 B on the Commonwealth's efforts to contain costs, on the quality of health care provided in the Commonwealth, and on competition in the marketplace among health care providers.

The Joint Commission on Health Care shall complete its work in time to submit its findings and recommendations to the Governor and the 1995 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for processing legislative documents.