1996 SESSION

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1	HOUSE JOINT RESOLUTION NO. 231
2	AMENDMENT IN THE NATURE OF A SUBSTITUTE
3	(Proposed by the House Committee on Rules
4 5	on February 9, 1996) (Patron Prior to Substitute—Delegate Watkins)
5 6	Directing the Joint Commission on Health Care, in cooperation with the Bureau of Insurance of the
7	State Corporation Commission, to study the effects of certain legislative proposals on managed care
8	cost-containment strategies.
9	WHEREAS, the rising cost of health care in the United States and in the Commonwealth is of
10	concern to the Virginia General Assembly and to all citizens of the Commonwealth; and
11 12	WHEREAS, the health care industry is undergoing sweeping change in an effort to decrease health
12	care costs; and WHEREAS, the marketplace is determined to maximize cost-saving efficiencies and quality through
14	various forms of managed care; and
15	WHEREAS, ensuring affordable and quality health care choices is critical for Virginia's employers,
16	taxpayers, and consumers; and
17	WHEREAS, in response to both private and public purchasers of health care, Virginia's managed
18 19	health care organizations are developing a wide variety of managed care options, including preferred provider organizations, health maintenance organizations, point-of-service plans; and
20	WHEREAS, physicians and other health care professionals are participating in a variety of options;
2 1	and
22	WHEREAS, these preferred provider plans, health maintenance organizations, and point-of-service
23	options utilize limited provider networks as one mechanism to achieve the goals of affordable and
24 25	quality care; and WHEREAS, the use of these limited provider panels or networks limit the enrollee's ability to utilize
2 6	or self-refer to providers that are not participating in the networks; and
27	WHEREAS, the restriction of the patient's ability to choose his own health care provider increases
28	the control of the insurer over the provider and the treatment plan which results in reduced health care
29	costs; and
30 31	WHEREAS, limitations on the patient's ability to choose his own health care provider reduces his ability to manage his own treatment by preventing him from changing providers in the event of an
32	unsatisfactory relationship or when dissatisfied with the course of treatment or with the quality and
33	availability of health care services; and
34	WHEREAS, insurers, employers, providers, employees and patients are all interested in a quality
35	cost-efficient health care delivery system which promote the best possible treatment outcomes and use of
36 37	resources; now, therefore, be it RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health
38	Care, in cooperation with the Bureau of Insurance of the State Corporation Commission, be directed to
39	study the effects of certain legislative proposals on managed care cost-containment strategies. The
40	Commission shall (i) determine whether, and the extent to which, there exists a need to intervene
41 42	through legislation, including selected legislation before the 1996 Virginia General Assembly, to ensure
42 43	that managed health care preserves the health care purchasers' and consumers' ability to choose, while ensuring accountability for the costs and the quality of health care; (ii) examine the impact of legislating
44	restrictions on selective contracting between managed care entities and health care providers; (iii)
45	identify and examine the positive and negative effects of limiting a patient's ability to utilize providers
46	outside of a managed care plan's established network, including whether a point-of-service option, or any
47	other similar mechanism should be mandated through legislation; and (iv) determine the necessity of
48 49	parameters to ensure the availability of such means, mechanism, or insurance product to all enrollees of managed care health insurance plans at a reasonable cost.
5 0	The Division of Legislative Services shall provide technical assistance for the study. All agencies of
51	the Commonwealth shall provide assistance to the Commission, upon request.
52	The Joint Commission on Health Care shall complete its work by October 1, 1996, and shall submit
53 54	its findings and recommendations to the Governor and the 1997 Session of the General Assembly as
54 55	provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.
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