SENATE BILL 1103

J3 (4lr2690)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by The President (By Request - Office of the Attorney General)

Read and	d Examined by Proofreaders:
	Proofreader
	Proofreader
Sealed with the Great Seal and	d presented to the Governor, for his approval this
day of	_ at o'clock,M
	President
	CHAPTER
AN ACT concerning	
Hospitals and Related	d Institutions – Outpatient Facility Fees
the State that provides outp	finition of "hospital" to require a hospital located outside patient services to patients in the State to provide a
altering the required contents requiring the Maryland Heal with certain entities, to stu outpatient facility fees; <u>requ</u>	ting outpatient facility fees under certain circumstances; as of the written notice regarding outpatient facility fees; alth Services Cost Review Commission, in consultation and make recommendations regarding hospital quiring the Commission to convene a workgroup on es; and generally relating to hospital outpatient facility
BY repealing and reenacting, with a Article – Health – General Section 19–349 2	amendments,

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



$\frac{1}{2}$	Annotated Code of Maryland (2023 Replacement Volume)
3 4	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
5	Article – Health – General
6	19–349.2.
7	(a) (1) In this section the following words have the meanings indicated.
8 9	(2) "Electronically" means a secure digital or electronic transmission in compliance with federal and State law, including by:
10	(i) Patient Internet portal;
11	(ii) Encrypted e-mail; or
12	(iii) Text message with a link to an encrypted notice.
13	(3) "HOSPITAL" MEANS AN INSTITUTION THAT:
14 15	(I) HAS A GROUP OF AT LEAST FIVE PHYSICIANS WHO ARE ORGANIZED AS A MEDICAL STAFF FOR THE INSTITUTION;
16 17 18	(II) MAINTAINS FACILITIES TO PROVIDE, UNDER THE SUPERVISION OF THE MEDICAL STAFF, DIAGNOSTIC AND TREATMENT SERVICES FOR TWO OR MORE UNRELATED INDIVIDUALS;
19 20	(HI) ADMITS OR RETAINS THE INDIVIDUALS FOR OVERNIGHT CARE; AND
21 22	(IV) IF LOCATED OUTSIDE THE STATE, PROVIDES OUTPATIENT SERVICES TO PATIENTS IN FACILITIES LOCATED IN THE STATE.
23 24 25 26 27	[(3)] (4) (i) "Outpatient facility fee" means a [hospital outpatient charge approved by the Commission for an] FEE CHARGED BY A HOSPITAL FOR outpatient [clinic service] SERVICES PROVIDED IN THE STATE IN COMPENSATION FOR THE USE OF A HOSPITAL'S FACILITY, CLINIC , supply, or equipment, including the service of a PHYSICIAN OR nonphysician clinician.
28	(ii) "Outpatient facility fee" does not include:

$\frac{1}{2}$	department; or	1.	A charge billed for services delivered in an emergency
3 4 5	PHYSICIAN OR NONPI hospital.	2. IYSICI	A {physician} fee {billed} CHARGED SEPARATELY BY A CAN CLINICIAN for professional services provided at the
6	[(4)] (5)	(i)	"Patient" means an individual who receives health care.
7	(ii)	"Pati	ient" includes:
8 9 10	individual consistent wit with a medical power of		A person authorized to consent to health care for an authority granted, including a guardian, surrogate, or person ey;
11 12 13	to which the minor has t this article;	2. he rigl	An individual who is a minor, if the minor seeks treatment at to consent and has consented under Title 20, Subtitle 1 of
14 15	individual who is a mino	3. or; and	A parent, guardian, custodian, or representative of an
16 17	individual who is a mino	4. or cons	A person authorized to consent to health care for an istent with the authority granted.
18 19 20 21	charges an outpatient f	acility	tions (c), (d), [and] (e), AND (F) of this section, if a hospital fee, the hospital shall provide the patient with a written or forms or notices, in the following form or a substantially
22	II	MPOR'	TANT FINANCIAL INFORMATION
23	(Patient Name)		Appointment Date:
24	Notice Of Hospital Outp	atient	Facility Fee And Billing Disclosure
25 26	± ±		t with (provider, practice, or [clinic] OUTPATIENT FACILITY epatient department of (hospital name).
27 28	` =	,	will charge an outpatient facility fee that is separate from will receive from (provider).
29	c. You will red	ceive t	wo charges for your visit:
30	1. a pro	vider s	services bill from (provider); and

Facility Fee Complaints

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1	2. a hospital facility bill from (hospital name).
2	Expected Fee
3 4	(if known) The amount of the facility fee that will be charged by (hospital name) for your appointment is \$ or
5 6	(if unknown) (Hospital name's) facility fee is likely to range from \$ to \$ to [or] AND
7 8	(if unknown) Based on appointments like the one you are scheduled for, we estimate the facility fee to be $\$$ AND
9 10 11 12	(if unknown) We are providing you with a range of fees and an estimate because the actual amount of the facility fee will depend on the hospital services that are actually provided. The fee could be higher if you require services during your appointment that we cannot reasonably predict today.
13 14 15	Financial help for your portion of the outpatient facility fee bill may be available. If you need financial help with the outpatient facility bill, please contact (hospital financial assistance office, with telephone number and direct website address).
16 17	Receiving services here may result in greater financial liability than receiving services at a location where a facility fee may not be charged.
18	(if applicable) No Facility Fee Location
19	You can see (provider) at another location that does not charge a facility fee.
20	(address and contact information)
21 22	Contact your insurance carrier to see if (provider) is a participating provider and in–network at the (address of alternative location) location.
23	Insurance Information
24 25	(1) The amount of the facility fee that you will be responsible for paying will depend on your insurance coverage.
26 27	(2) Insurance companies could impose deductibles or higher copayment or coinsurance amounts for services provided in hospital outpatient departments.
28 29 30	(3) If you have insurance, you should contact your carrier to determine your insurance coverage and your estimated financial responsibility for the facility fee, including copayments, coinsurance, and deductible amounts for the outpatient facility fee.

- If you have a complaint about an outpatient facility fee charge, please first contact 1 2 the hospital, (hospital billing office contact information). 3 If the complaint is unresolved, you may then file the complaint with the Health 4 Services Cost Review Commission, (contact information). 5 If you need additional information regarding your facility fee charges or if you need 6 assistance mediating a facility fee complaint against a hospital, contact the Health 7 Education and Advocacy Unit of the Office of the Attorney General, 1–877–261–8807 Heau@oag.state.md.us | www.MarylandCares.org. 8 9 Acknowledgment 10 (1) I understand that I will be billed a hospital facility fee and a provider 11 fee. 12 (Hospital name) provided me with information on the facility fees that will be billed for my appointment. 13 I understand that the fee could vary based on conditions and services 14 15 provided to me that the hospital cannot reasonably predict today. I understand that my out-of-pocket costs will depend on my insurance 16 **(4)** 17 coverage. 18 (initial here) – by initialing here, I confirm that I received the facility fee 19 information at the time I made my appointment with (provider). 20 By signing this form, I acknowledge that I have received this information before 21receiving services today. 22 23Signature Date 24To request this notice in an alternative format, please call (contact information) or e-mail (contact information). 2526 (Same sentence in Spanish). 27 If a patient does not speak English or requires the notice required under 28subsection (b) of this section to be in an alternative format, the hospital shall, to the extent 29 practicable, provide the notice in a language or format that is understood by the patient.
- 30 (d) (1) A hospital shall determine the range of hospital outpatient facility fees 31 and fee estimates, based on typical or average facility fees for the same or similar

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subsection.

- appointments, to be provided in the notice required under this section, consistent with the hospital's most recent rate order as approved by the Commission.

 (2) Each hospital that charges an outpatient facility fee shall use the range of hospital outpatient facility fees and fee estimates determined under paragraph (1) of this
- 6 (e) (1) For an appointment made in person or by telephone:
- 7 (i) Oral notice of all the information that would be provided in the 8 form required under subsection (b) of this section shall be given at the time the appointment 9 is made; and
- 10 (ii) Except as provided in paragraph (3) of this subsection, the 11 written notice required under subsection (b) of this section shall be sent to the patient 12 electronically at the time the appointment is made.
- 13 (2) For an appointment made electronically or using a website, the written notice required under subsection (b) of this section shall be:
- 15 (i) Provided at the time the appointment is made; and
- 16 (ii) Sent to the patient electronically at the time the appointment is 17 made.
- 18 (3) If the patient refuses electronic communication under paragraph (1)(ii) 19 of this subsection, the written notice shall be sent to the patient by first—class mail at the 20 time the appointment is made.
 - (f) Before professional medical services are provided on the date of the appointment, the patient shall acknowledge in writing that the notice required under this section was provided at the time the appointment was made.
- 24 (g) A hospital may not charge, bill, or attempt to collect an outpatient facility fee 25 unless the patient was given notice in accordance with this section.
- 26 (h) (1) On or before January 31 each year, beginning in 2022, each hospital shall report to the Health Services Cost Review Commission a list of the hospital-based, rate-regulated outpatient services provided by the hospital.
- 29 (2) On or before February 28 each year, beginning in 2022, the Health 30 Services Cost Review Commission annually shall:
- 31 (i) Post on its website the list of the hospital-based, rate-regulated 32 outpatient services reported by each hospital under paragraph (1) of this subsection; and

1 2 3	2 services reported by each hospital	ne list of the hospital-based, rate-regulated outpatient to the Maryland Insurance Administration and the it in the Office of the Attorney General.
4 5 6 7	5 consumer complaint, the Commission6 procedures as to whether notice was	otice in accordance with this section is alleged in a n shall give consideration in its investigatory and audit not feasible due to circumstances beyond the hospital's
8	8 SECTION 2. AND BE IT FU	RTHER ENACTED, That:
9 10 11 12 13 14 15	the Maryland Department of Health Education and Advocacy Unit withi hospitals, <u>including out-of-state has</u> facilities in the State, representate hospital outpatient settings, health representatives of employer groups	Services Cost Review Commission, in consultation with a, the Maryland Insurance Administration, the Health at the Office of the Attorney General, representatives of ospitals providing outpatient services to patients in ives of physician practices that provide services in lth care payers, consumer advocacy groups, and s, shall study and make recommendations, including ding:
17 18 19	18 services, access to care, health equ	spital outpatient facility fees on the cost of health care ity, and other topics as determined necessary by the iew Commission, including the impact on:
20	20 (i) consumer	s, including Medicaid recipients;
21	21 (ii) employers);
22	22 (iii) physician	s and clinicians;
23	23 (iv) hospitals;	and
24	24 (v) payers;	
25 26 27 28	on the cost of health care, access to necessary by the Maryland Health S	iminating or reducing hospital outpatient facility fees o care, health equity, and other topics as determined services Cost Review Commission, including the impact
29	29 (i) consumer	s, including Medicaid recipients;
30	30 (ii) employers	;;
31	31 (iii) physician	s and clinicians;
32	32 (iv) hospitals;	and

1	(v) payers;
2	(3) industry practices for seeking authority for an outpatient location to be
3	approved as "at the hospital" and thereby subject to rate regulation;
J	approved as at the hospital and thereby subject to rate regulation,
4	(4) how hospitals use outpatient facility fees;
5	(5) how hospitals charge facility fees in addition to physician fees for
6	professional services provided in hospital outpatient departments;
7	(6) the interaction of outpatient facility fees with Maryland's Total Cost of
8	Care model obligations to the federal government, including any impact on Medicare total
9	cost of care savings if outpatient facility fees are eliminated or reduced;
10	(7) efforts in other states, by federal Medicare and Medicaid regulatory
11	agencies, and by national advocacy organizations related to the regulation or minimization
$\frac{11}{12}$	of facility fees, and the potential effects that similar efforts may have on health care costs
13	in the State, including consumers' out-of-pocket costs;
10	in the State, meruang consumers out-or-pocket costs,
14	(8) the licensing and regulation of fees charged by out-of-state hospital
15	outpatient facilities located in the State; and
10	dispassent facilities located in the State, and
16	(9) the effectiveness of the notice of hospital outpatient facility fees that is
17	currently provided to consumers, including any impact of the notice on the consumers'
18	choice of location for health care services and any impact on utilization and access.
10	enoise of location for fleatin care services and any impact on annization and access.
19	(1) the nature of costs underlying hospital outpatient facility fees and how
20	similar costs are recovered in other health care settings;
	ommun coole are recovered in ome meaning care commission
21	(2) the drivers of hospital facility costs that are unique to hospitals and are
$\frac{1}{22}$	not reflected in other health care settings;
	not represent the other reason care certification
23	(3) the magnitude and impact of hospital facility fee charges for hospitals,
$\frac{1}{24}$	payers, and consumers;
25	(4) industry practices for seeking authority for an outpatient location to be
$\frac{1}{26}$	approved as "at the hospital" and thereby subject to rate regulation;
27	(5) alternative mechanisms or revisions to the billing of the facility fees that
28	would allow hospitals to recover costs while protecting individual consumers from high
29	facility fee bills, maintaining access to health care services, and addressing health equity
30	concerns;
31	(6) the interaction of the alternative mechanisms or revisions studied under
32	item (5) of this subsection with the State's Total Cost of Care model obligations to the federal
33	government, including any impact on Medicare total cost of care savings if outpatient facility
34	fees are eliminated or reduced;

- 1 (7) the impact of the alternative mechanisms or revisions studied under 2 item (5) of this subsection on Medicaid, Medicare, and commercial insurance, including 3 consumer out-of-pocket costs, with a particular focus on the interaction with 4 high-deductible commercial insurance products;
- 5 (8) published material on efforts in other states, by federal Medicare and 6 Medicaid regulatory agencies, and by national advocacy organizations related to the 7 regulation or minimization of facility fees, and the potential effects that similar efforts may 8 have on health care costs in the State, including consumers' out-of-pocket costs;
- 9 <u>(9) the regulation of fees charged by out-of-state hospital outpatient</u> 10 <u>facilities located in the State; and</u>
- 11 (10) the effectiveness of the notice of hospital outpatient facility fees that is provided to consumers.
- 13 (b) (1) On or before December 1, 2024, the Maryland Health Services Cost
 14 Review Commission shall submit a preliminary report to the Senate Finance Committee
 15 and the House Health and Government Operations Committee, in accordance with §
 16 2–1257 of the State Government Article, on the findings and recommendations under
 17 subsection (a) of this section.
- 18 (2) On or before December 1, 2025, the Maryland Health Services Cost 19 Review Commission shall submit a final report to the Senate Finance Committee and the 20 House Health and Government Operations Committee, in accordance with § 2–1257 of the 21 State Government Article, on the findings and recommendations under subsection (a) of 22 this section.

SECTION 3. AND BE IT FURTHER ENACTED, That:

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- 24 (a) (1) The Maryland Health Services Cost Review Commission shall convene 25 a workgroup with the Maryland Department of Health, the Health Education and Advocacy 26 Unit within the Office of the Attorney General, and representatives of hospitals, including 27 out-of-state hospitals providing services to patients in facilities in the State, representatives 28 of physician practices that provide services in hospital outpatient settings, health care 29 payers, consumer advocacy groups, and representatives of employer groups.
- 30 <u>(2)</u> The workgroup convened under paragraph (1) of this subsection shall:
- 31 (i) advise the Maryland Health Services Cost Review Commission on 32 expanding the application of the hospital outpatient facility fees notice requirement to all 33 outpatient services, including services provided by out-of-state hospitals at outpatient 34 locations in the State; and

1 2 3	(ii) consider the impact of expanding the facility fee notice requirement on consumers, including Medicaid recipients and consumers with recurring appointments, with consideration given to the impact on providers and payers.
4 5 6 7 8	(b) On or before December 1, 2024, the Maryland Health Services Cost Review Commission shall submit a report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article, on recommendations for expanding the application of the outpatient facility fees notice requirement to apply to all outpatient services.
9 10 11	SECTION 3. 4. AND BE IT FURTHER ENACTED, That Division II of the State Finance and Procurement Article does not apply to the Health Services Cost Review Commission when implementing Section 2 Sections 2 and 3 of this Act.
12 13	SECTION $\frac{3}{2}$. $\frac{4}{2}$. AND BE IT FURTHER ENACTED, That this Act shall take effect October July 1, 2024.
	Approved:
	Governor.
	President of the Senate.
	Speaker of the House of Delegates.