



Maryland
Hospital Association

March 4, 2019

Nelson J. Sabatini
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Sabatini:

On behalf of the Maryland Hospital Association's (MHA) 62 member hospitals and health systems, we are submitting comments in response to the proposed modification of COMAR 10.37.10.26 – Rate Application and Approval Procedures - Patient Rights and Obligations.

Since this regulation was published for draft comment, a bill was introduced in the Maryland General Assembly to address facility fee billing notification. Maryland's hospitals believe that the Health Services Cost Review Commission (HSCRC) has the statutory authority to address this issue, and the draft regulations are an important first step. We suggest the HSCRC convene several stakeholders, including hospitals, health plans, the Maryland Insurance Administration (MIA), and the Health Education and Advocacy Unit (HEAU) of the Office of the Attorney General to craft a regulatory solution.

Maryland's hospitals support the proposed language disclosing hospital facility fees for outpatients and informing patients of their right to request and receive a written estimate of charges before non-emergent services. Health General 19-350 codifies that hospitals must provide a written estimate of total charges for non-emergency services. Most, if not all, of Maryland's hospitals routinely disclose outpatient facility billing in pre-service literature for patients. We agree that hospitals can continue to improve patient education about hospital charges for hospital-based physicians office visits.

Hospital-based clinics provide patients access to physician office services that otherwise may not be available. Governmental and non-governmental payers do not include amounts in private physician office payments to subsidize the cost of charity care. In Maryland, hospital rates include amounts for patients who cannot afford to pay, ensuring access to health care services. Hospital rates also include amounts that contribute to operating hospitals 24 hours a day, seven days per week.

As health plans shift a greater share of financial responsibility to patients, all stakeholders must improve consumer understanding of health plan benefits to avoid surprise, out-of-pocket expenses. Revised regulations should address consumer concerns and recognize the feasibility of implementing appropriate solutions. Facility-based fees will vary based on the type of clinic, the type of service received and the normal fluctuation in hospital charges.

Nelson J. Sabatini

March 4, 2019

Page 2

Hospitals, health plans, and the State of Maryland must work together for all patients to have reasonable, affordable, and understandable health benefits. We look forward to working with Commission staff and all stakeholders to address this important issue. If you have any questions, please do not hesitate to contact me.

Sincerely,



Brett McCone

Vice President

cc: Joseph Antos, Ph.D., Vice Chairman
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