MARYLAND REGISTER

Emergency Action on Regulations

TO BE COMPLETED BY AELR COMMITTEE		TO BE COMPLETED BY DSD
Date Received by AELR Committee	**EMERGENCY** **Transmittal Sheet**	Date Filed with Division of State Documents
12/10/2015		
Emergency Status Approved		Document Number
_-Yes _-No		
Emergency Status Begins On		Date of Publication in MD Register
Emergency Status Ends On		
Name of AELR Committee Counsel		

1. COMAR Codification

Title	Subtitle	Chapter	Regulation
10	37	10	07-1

2. Name of Promulgating Authority

Health Services Cost Review Commission

3. Name of Regulations Coordinator **Telephone Number**
Diana M Kemp 410-764-2576

Mailing Address

4160 Patterson Avenue

City	State	Zip Code
Baltimore	MD	21215

Email
dkemp@hscrc.state.md.us

4. Name of Person to Call About this Document **Telephone No.**
Diana Kemp 410-764-2576

Email Address
diana.kemp@maryland.gov

5. Check applicable items:
_- New Regulations
X- Amendments to Existing Regulations
_- Repeal of Existing Regulations
_- Incorporation by Reference of Documents Requiring DSD Approval

6. Date Requested for Emergency Status to Begin: January 2, 2016

Date Requested for Emergency Status to Expire: May 1, 2016

7. Agency Will Take the Following Action on These Regulations
X- Promulgate them in accordance with State Government Article, §§ 10-101 -- 10-126
_- Allow them to expire

8. Is there proposed text which is identical to emergency text:
X- Yes _- No

If yes, corresponding proposed text published in:
X- same issue
_- future issue
_- previous issue; it appeared in
: Md. R
(vol.) (issue) (page no's) (date)
Under Maryland register docket no.: --E.

9. Check the following item if it is included in the attached document:
_- Incorporation by Reference (IBR) approval form(s) attached and 18 copies of documents proposed for incorporation submitted to DSD. (Submit 18 paper copies of IBR document to DSD and one copy to AELR.)

10. Reason for Request for Emergency Status
Medicare requires cost report information for at least three months prior to conveying provider based status on a 340B program.

11. Certificate of Authorized Officer
I certify that the attached document is in compliance with the Administrative Procedure Act. I also certify that the attached text has been approved for legality by Leslie C. Schulman, Assistant Attorney General, (telephone #410-764-2576) on December 10, 2015. A signed copy of the approval is on file at this agency.

Name of Authorized Officer

John M. Colmers

Title
Chairman

Telephone No.
410-764-2605

Date
December 10, 2015

Title 10
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 37 HEALTH SERVICES COST REVIEW COMMISSION

10.37.10 Rate Application and Approval Procedures

Authority: Health-General Article, Sections 19-201; 19-207; and 19-219(c), Annotated Code of Maryland

Notice of Emergency Action

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The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to amend Regulation .07-1 under COMAR 10.37.10 Rate Application and Approval Procedures.

Emergency status began:

Emergency status expires:

Comparison to Federal Standards

There is no corresponding federal standard to this emergency action.

Estimate of Economic Impact

I. Summary of Economic Impact.

Economic Impact is based on hospitals paying less for certain outpatient drugs under the federal 340B program.

II. Types of Economic Impact.	Revenue (R+/R-) Expenditure (E+/E-)	Magnitude
A. On issuing agency:	NONE	
B. On other State agencies:	NONE	

C. On local governments:	NONE	
	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups:	NONE	
(1) On Regulation Industries or Trade Groups	(+)	Moderate
E. On other industries or trade groups:	NONE	
(2) Other Industries or Trade Groups	(+)	Moderate
F. Direct and indirect effects on public:	NONE	
(3) Direct and Indirect Effects on Public	(+)	Moderate

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

D(1). The assumption of moderate benefit to regulated hospitals, third party payers and the public, as identified in Section II D, E and F, is based on hospitals paying less for certain outpatient drugs under the federal 340B Program, which translates to payers and patients paying less as well.

E(2). The assumption of moderate benefit to regulated hospitals, third party payers and the public, as identified in Section II D, E and F, is based on hospitals paying less for certain outpatient drugs under the federal 340B Program, which translates to payers and patients paying less as well.

F(3). The assumption of moderate benefit to regulated hospitals, third party payers and the public, as identified in Section II D, E and F, is based on hospitals paying less for certain outpatient drugs under the federal 340B Program, which translates to payers and patients paying less as well.

Economic Impact on Small Businesses

The emergency action has minimal or no economic impact on small businesses.

Economic Impact Statement Part C

A. Fiscal Year in which regulations will become effective: FY 2016

B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?

Yes

C. If 'yes', state whether general, special (exact name), or federal funds will be used:

100% Special Funds - Hospital Assessments

D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:

E. If these regulations have no economic impact under Part A, indicate reason briefly:

F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.

G. Response to small business worksheet:

Attached Document:

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.07-1 Outpatient Services – At the Hospital Determination.

A. (text unchanged)

B. (text unchanged)

C. In accordance with Health-General Article, § 19-201, Annotated Code of Maryland, the Commission's rate-setting jurisdiction extends to outpatient services provided at the hospital. Outpatient services associated with the federal 340B Program under the federal Public Health Service Act provided in a department of a regulated hospital that, on or before June 1, 2015, is under a merged asset hospital system, and which are physically located at another regulated hospital under the same merged asset hospital system, shall be subject to the rate-setting jurisdiction of the Commission. *The Commission may begin setting rates for these services in anticipation of the hospital's obtaining provider-based status for purposes of the 340B Program.*

D.-J. (text unchanged)

JOHN M. COLMERS
Chairman
Health Services Cost Review Commission