

HB0849/946286/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 849
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and Pena–Melnik” and substitute “, Pena–Melnik, Pendergrass, Bagnall, Barron, Bhandari, Carr, Charles, Chisholm, Cullison, Hill, Johnson, Kelly, Kerr, Kipke, Krebs, Metzgar, Morgan, Rosenberg, Sample–Hughes, Szeliga, and K. Young”; in line 7, after “times;” insert “requiring the Health Education and Advocacy Unit within the Attorney General’s Office to develop a certain form and determine a certain range of fees and fee estimates; requiring each hospital that charges an outpatient facility fee to use a certain form and a certain range of fees and fee estimates for a certain purpose;”; strike beginning with “prohibiting” in line 12 down through “circumstances;” in line 13; and in line 13, before “defining” insert “requiring the Unit, in consultation with the Health Care Services Cost Review Commission, consumers, and other stakeholders, to develop a certain uniform disclosure form and a process for determining and updating certain information on or before a certain date;”.

AMENDMENT NO. 2

On page 3, in line 3, strike “**THAT**” and substitute “**WHETHER**”; after line 4, insert:

“(IV) THAT THE PATIENT SHOULD CONTACT THE PATIENT’S INSURANCE CARRIER, IF ANY, TO DETERMINE THE NETWORK STATUS OF THE LOCATION THAT IS NOT AT THE HOSPITAL AT WHICH THE SAME PROFESSIONAL MEDICAL SERVICES CAN BE OBTAINED FROM THE PROVIDER;”;

in line 5, strike “**(IV)**” and substitute “**(V)**”; in line 7, strike “**AND**”; after line 7, insert:

(Over)

“(VI) THAT THE PATIENT SHOULD CONTACT THE PATIENT’S INSURANCE CARRIER, IF ANY, TO DETERMINE THE PATIENT’S INSURANCE COVERAGE AND FINANCIAL RESPONSIBILITY, INCLUDING CO-PAYMENTS, COINSURANCE, OR DEDUCTIBLE AMOUNTS FOR THE OUTPATIENT FACILITY FEE; AND”;

in line 8, strike “(V)” and substitute “(VII) BEGINNING JULY 1, 2020:

1.”;

in line 10, after “APPOINTMENT” insert “;

2. THAT AN ESTIMATE IS BASED ON TYPICAL OR AVERAGE FACILITY FEES FOR THE SAME OR SIMILAR APPOINTMENTS; AND

3. THAT A FEE RANGE IS PROVIDED BECAUSE THE ACTUAL AMOUNT OF THE FACILITY FEE INCURRED WILL DEPEND ON THE SERVICES ACTUALLY PROVIDED”;

and in line 11, after “(2)” insert “(I) THE HEALTH EDUCATION AND ADVOCACY UNIT IN THE ATTORNEY GENERAL’S OFFICE, SHALL:

1. DEVELOP A UNIFORM DISCLOSURE FORM TO NOTIFY PATIENTS OF OUTPATIENT FACILITY FEES; AND

2. DETERMINE THE RANGE OF FEES AND FEE ESTIMATES TO BE PROVIDED UNDER PARAGRAPH (1)(VII) OF THIS SUBSECTION.

(II) TO COMPLY WITH PARAGRAPH (1) OF THIS SUBSECTION, EACH HOSPITAL THAT CHARGES AN OUTPATIENT FACILITY FEE SHALL:

1. USE THE UNIFORM DISCLOSURE FORM DEVELOPED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH; AND

2. USE THE RANGE OF FEES AND FEE ESTIMATES DETERMINED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH.

(III)”;

On page 4, in line 3, strike “(1)”; strike in their entirety lines 6 through 8, inclusive; after line 8, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1, 2019, the Health Education and Advocacy Unit within the Attorney General’s Office, in consultation with the Health Care Services Cost Review Commission, consumers, and other stakeholders, shall develop:

(1) the uniform disclosure form required under § 19–349.2(b)(2) of the Health – General Article, as enacted by Section 1 of this Act; and

(2) a process for determining and updating the range of fees and fee estimates to be used under § 19–349.2(b)(2) of the Health – General Article, as enacted by Section 1 of this Act.”;

and in line 9, strike “2.” and substitute “3.”.