

SENATE BILL 632

J3

(0lr2551)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by **Senators Kelley, Benson, Carter, Elfreth, Ellis, Feldman, Hester, Jennings, Kagan, Klausmeier, Kramer, Lam, Lee, Pinsky, Reilly, Rosapepe, Sydnor, Washington, West, and Young**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____ M.

President.

CHAPTER _____

1 AN ACT concerning

2 **Health Facilities – Hospitals – Disclosure of Outpatient Facility Fees**
3 **(Facility Fee Right-to-Know Act)**

4 FOR the purpose of requiring certain hospitals to provide each patient with a certain
5 written notice related to outpatient facility fees that are charged for services
6 provided at the hospital that is in a certain form; requiring that certain notices be
7 provided to certain patients in certain manners and at certain times; requiring ~~the~~
8 ~~Health Services Cost Review Commission, in consultation with the Health Education~~
9 ~~and Advocacy Unit in the Office of the Attorney General,~~ certain hospitals to
10 determine a certain range of fees and fee estimates; requiring each hospital that
11 charges an outpatient facility fee to use a certain range of fees and fee estimates;
12 requiring a hospital, to the extent practicable, to provide a certain notice in a certain
13 language or format under certain circumstances; requiring a patient to acknowledge

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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

Italics indicate opposite chamber/conference committee amendments.



1 in a certain manner that a certain notice was provided at a certain time; prohibiting
 2 a hospital from charging, billing, or attempting to collect a certain fee except under
 3 certain circumstances; requiring certain hospitals to report certain information to
 4 the Commission on or before a certain date each year; requiring the Commission to
 5 post certain information on its website and to provide certain information to the
 6 Maryland Insurance Administration and the Unit on or before a certain date each
 7 year; ~~requiring the Unit, in consultation with the Commission, consumers, and other~~
 8 ~~stakeholders, to develop a process for determining and updating certain information~~
 9 ~~on or before a certain date; defining certain terms~~ requiring the Commission to give
 10 certain consideration in certain procedures regarding the feasibility of certain
 11 notices under certain circumstances; providing for a delayed effective date; and
 12 generally relating to hospitals and the disclosure of outpatient facility fees.

13 BY adding to

14 Article – Health – General
 15 Section 19–349.2
 16 Annotated Code of Maryland
 17 (2019 Replacement Volume)

18 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 19 That the Laws of Maryland read as follows:

20 **Article – Health – General**

21 **19–349.2.**

22 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
 23 INDICATED.

24 (2) “ELECTRONICALLY” MEANS A SECURE DIGITAL OR ELECTRONIC
 25 TRANSMISSION IN COMPLIANCE WITH FEDERAL AND STATE LAW, INCLUDING BY:

26 (I) PATIENT INTERNET PORTAL;

27 (II) ENCRYPTED E-MAIL; OR

28 (III) TEXT MESSAGE WITH A LINK TO AN ENCRYPTED NOTICE.

29 (3) (1) “OUTPATIENT FACILITY FEE” MEANS ~~A RATE APPROVED BY~~
 30 ~~THE COMMISSION CHARGED BY A HOSPITAL FOR OUTPATIENT SERVICES PROVIDED~~
 31 ~~IN A BUILDING ON THE CAMPUS OF A HOSPITAL IN WHICH HOSPITAL SERVICES ARE~~
 32 ~~PROVIDED THAT IS SEPARATE AND DISTINCT FROM A FEE FOR PROFESSIONAL~~
 33 ~~SERVICES A HOSPITAL OUTPATIENT CHARGE APPROVED BY THE COMMISSION FOR~~
 34 ~~AN OUTPATIENT CLINIC SERVICE, SUPPLY, OR EQUIPMENT, INCLUDING THE~~
 35 SERVICE OF A NONPHYSICIAN CLINICIAN.

(II) “OUTPATIENT FACILITY FEE” DOES NOT INCLUDE:

1. A CHARGE BILLED FOR SERVICES DELIVERED IN AN EMERGENCY DEPARTMENT; OR

2. A PHYSICIAN FEE BILLED FOR PROFESSIONAL SERVICES PROVIDED AT THE HOSPITAL.

(4) (I) “PATIENT” MEANS AN INDIVIDUAL WHO RECEIVES HEALTH CARE.

(II) “PATIENT” INCLUDES:

1. A PERSON AUTHORIZED TO CONSENT TO HEALTH CARE FOR AN INDIVIDUAL CONSISTENT WITH THE AUTHORITY GRANTED, INCLUDING A GUARDIAN, SURROGATE, OR PERSON WITH A MEDICAL POWER OF ATTORNEY;

2. AN INDIVIDUAL WHO IS A MINOR, IF THE MINOR SEEKS TREATMENT TO WHICH THE MINOR HAS THE RIGHT TO CONSENT AND HAS CONSENTED UNDER TITLE 20, SUBTITLE 1 OF THIS ARTICLE;

3. A PARENT, GUARDIAN, CUSTODIAN, OR REPRESENTATIVE OF AN INDIVIDUAL WHO IS A MINOR; AND

4. A PERSON AUTHORIZED TO CONSENT TO HEALTH CARE FOR AN INDIVIDUAL WHO IS A MINOR CONSISTENT WITH THE AUTHORITY GRANTED.

(B) SUBJECT TO SUBSECTIONS (C), (D), AND (E) OF THIS SECTION, IF A HOSPITAL CHARGES AN OUTPATIENT FACILITY FEE, THE HOSPITAL SHALL PROVIDE THE PATIENT WITH A WRITTEN NOTICE, SEPARATE FROM ANY OTHER FORMS OR NOTICES, IN THE FOLLOWING FORM OR A SUBSTANTIALLY SIMILAR FORM:

IMPORTANT FINANCIAL INFORMATION

(PATIENT NAME)_____ APPOINTMENT DATE:_____

NOTICE OF HOSPITAL OUTPATIENT FACILITY FEE AND BILLING DISCLOSURE

A. YOUR APPOINTMENT WITH (PROVIDER, PRACTICE, OR CLINIC NAME) WILL TAKE PLACE IN AN OUTPATIENT DEPARTMENT OF (HOSPITAL NAME).

1 **B. (HOSPITAL NAME) WILL CHARGE AN OUTPATIENT FACILITY FEE THAT IS**
2 **SEPARATE FROM AND IN ADDITION TO THE BILL YOU WILL RECEIVE FROM**
3 **(PROVIDER).**

4 **C. YOU WILL RECEIVE TWO CHARGES FOR YOUR VISIT:**

5 **1. A PROVIDER SERVICES BILL FROM (PROVIDER); AND**

6 **2. A HOSPITAL FACILITY BILL FROM (HOSPITAL NAME).**

7 **EXPECTED FEE**

8 **(IF KNOWN) THE AMOUNT OF THE FACILITY FEE THAT WILL BE CHARGED BY**
9 **(HOSPITAL NAME) FOR YOUR APPOINTMENT IS \$ _____ . OR**

10 **(IF UNKNOWN) (HOSPITAL NAME'S) FACILITY FEE IS LIKELY TO RANGE FROM**
11 **\$ _____ TO \$ _____ . OR**

12 **(IF UNKNOWN) BASED ON APPOINTMENTS LIKE THE ONE YOU ARE**
13 **SCHEDULED FOR, WE ESTIMATE THE FACILITY FEE TO BE \$ _____ .**

14 **(IF UNKNOWN) WE ARE PROVIDING YOU WITH A RANGE OF FEES AND AN**
15 **ESTIMATE BECAUSE THE ACTUAL AMOUNT OF THE FACILITY FEE WILL DEPEND ON**
16 **THE HOSPITAL SERVICES THAT ARE ACTUALLY PROVIDED. THE FEE COULD BE**
17 **HIGHER IF YOU REQUIRE SERVICES DURING YOUR APPOINTMENT THAT WE CANNOT**
18 **REASONABLY PREDICT TODAY.**

19 **FINANCIAL HELP FOR YOUR PORTION OF THE OUTPATIENT FACILITY FEE BILL**
20 **MAY BE AVAILABLE. IF YOU NEED FINANCIAL HELP WITH THE OUTPATIENT FACILITY**
21 **BILL, PLEASE CONTACT (HOSPITAL FINANCIAL ASSISTANCE OFFICE, WITH**
22 **TELEPHONE NUMBER AND DIRECT WEBSITE ADDRESS).**

23 **RECEIVING SERVICES HERE MAY RESULT IN GREATER FINANCIAL LIABILITY**
24 **THAN RECEIVING SERVICES AT A LOCATION WHERE A FACILITY FEE MAY NOT BE**
25 **CHARGED.**

26 **(IF APPLICABLE) NO FACILITY FEE LOCATION**

27 **YOU CAN SEE (PROVIDER) AT ANOTHER LOCATION THAT DOES NOT CHARGE A**
28 **FACILITY FEE.**

29 **(ADDRESS AND CONTACT INFORMATION)**

1 CONTACT YOUR INSURANCE CARRIER TO SEE IF (PROVIDER) IS A PARTICIPATING
2 PROVIDER AND IN-NETWORK AT THE (ADDRESS OF ALTERNATIVE LOCATION)
3 LOCATION.

4 INSURANCE INFORMATION

5 1. THE AMOUNT OF THE FACILITY FEE THAT YOU WILL BE RESPONSIBLE FOR
6 PAYING WILL DEPEND ON YOUR INSURANCE COVERAGE.

7 2. INSURANCE COMPANIES COULD IMPOSE DEDUCTIBLES OR HIGHER
8 COPAYMENT OR COINSURANCE AMOUNTS FOR SERVICES PROVIDED IN HOSPITAL
9 OUTPATIENT DEPARTMENTS.

10 3. IF YOU HAVE INSURANCE, YOU SHOULD CONTACT YOUR CARRIER TO
11 DETERMINE YOUR INSURANCE COVERAGE AND YOUR ESTIMATED FINANCIAL
12 RESPONSIBILITY FOR THE FACILITY FEE, INCLUDING COPAYMENTS, COINSURANCE,
13 AND DEDUCTIBLE AMOUNTS FOR THE OUTPATIENT FACILITY FEE.

14 FACILITY FEE COMPLAINTS

15 IF YOU HAVE A ~~FACILITY FEE COMPLAINT, YOU SHOULD FILE IT~~ COMPLAINT
16 ABOUT AN OUTPATIENT FACILITY FEE CHARGE, PLEASE FIRST CONTACT THE
17 HOSPITAL, (HOSPITAL BILLING OFFICE CONTACT INFORMATION).

18 IF THE COMPLAINT IS UNRESOLVED, YOU MAY THEN FILE THE COMPLAINT
19 WITH THE HEALTH SERVICES COST REVIEW COMMISSION, (CONTACT
20 INFORMATION).

21 IF YOU NEED ADDITIONAL INFORMATION REGARDING YOUR FACILITY FEE
22 CHARGES OR IF YOU NEED ASSISTANCE MEDIATING A FACILITY FEE COMPLAINT
23 AGAINST A HOSPITAL, CONTACT THE HEALTH EDUCATION AND ADVOCACY UNIT OF
24 THE OFFICE OF THE ATTORNEY GENERAL, 1-877-261-8807 |
25 HEAU@OAG.STATE.MD.US | ~~WWW.MARYLANDCARE.ORG~~
26 WWW.MARYLANDCARES.ORG.

27 ACKNOWLEDGMENT

28 1. I UNDERSTAND THAT I WILL BE BILLED A HOSPITAL FACILITY FEE AND A
29 PROVIDER FEE.

30 2. (HOSPITAL NAME) PROVIDED ME WITH ~~(THE FACILITY FEE CHARGE)(A RANGE~~
31 ~~OF FACILITY FEES AND AN ESTIMATE OF THE FACILITY FEE CHARGE)~~ INFORMATION
32 ON THE FACILITY FEES THAT WILL BE BILLED FOR MY APPOINTMENT.

1 **3. I UNDERSTAND THAT THE FEE COULD VARY BASED ON CONDITIONS AND**
 2 **SERVICES PROVIDED TO ME THAT THE HOSPITAL CANNOT REASONABLY PREDICT**
 3 **TODAY.**

4 **4. I UNDERSTAND THAT MY OUT-OF-POCKET COSTS WILL DEPEND ON MY**
 5 **INSURANCE COVERAGE.**

6 _____(INITIAL HERE) – BY INITIALING HERE, I CONFIRM THAT I RECEIVED THE
 7 FACILITY FEE INFORMATION AT THE TIME I MADE MY APPOINTMENT WITH
 8 (PROVIDER).

9 BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE RECEIVED THIS
 10 INFORMATION BEFORE RECEIVING SERVICES TODAY.

11 _____
 12 SIGNATURE DATE

13 TO REQUEST THIS NOTICE IN AN ALTERNATIVE FORMAT, PLEASE CALL (CONTACT
 14 INFORMATION) OR E-MAIL (CONTACT INFORMATION).

15 (SAME SENTENCE IN SPANISH).

16 (C) IF A PATIENT DOES NOT SPEAK ENGLISH OR REQUIRES THE ~~WRITTEN~~
 17 NOTICE REQUIRED UNDER SUBSECTION (B) OF THIS SECTION TO BE IN AN
 18 ALTERNATIVE FORMAT, THE HOSPITAL SHALL, TO THE EXTENT PRACTICABLE,
 19 PROVIDE THE NOTICE IN A LANGUAGE OR FORMAT THAT IS UNDERSTOOD BY THE
 20 PATIENT.

21 (D) (1) ~~THE HEALTH SERVICES COST REVIEW COMMISSION, IN~~
 22 ~~CONSULTATION WITH THE HEALTH EDUCATION AND ADVOCACY UNIT IN THE~~
 23 ~~OFFICE OF THE ATTORNEY GENERAL, SHALL DETERMINE THE RANGE OF HOSPITAL~~
 24 ~~OUTPATIENT FACILITY FEES AND FEE ESTIMATES TO BE PROVIDED IN THE WRITTEN~~
 25 ~~NOTICE REQUIRED UNDER SUBSECTION (B) OF THIS SECTION~~ A HOSPITAL SHALL
 26 DETERMINE THE RANGE OF HOSPITAL OUTPATIENT FACILITY FEES AND FEE
 27 ESTIMATES, BASED ON TYPICAL OR AVERAGE FACILITY FEES FOR THE SAME OR
 28 SIMILAR APPOINTMENTS, TO BE PROVIDED IN THE NOTICE REQUIRED UNDER THIS
 29 SECTION, CONSISTENT WITH THE HOSPITAL'S MOST RECENT RATE ORDER AS
 30 APPROVED BY THE COMMISSION.

31 (2) EACH HOSPITAL THAT CHARGES AN OUTPATIENT FACILITY FEE
 32 SHALL USE THE RANGE OF HOSPITAL OUTPATIENT FACILITY FEES AND FEE
 33 ESTIMATES DETERMINED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

34 (E) (1) FOR AN APPOINTMENT MADE IN PERSON OR BY TELEPHONE:

1 (I) ORAL NOTICE OF ALL THE INFORMATION THAT WOULD BE
2 PROVIDED IN THE FORM REQUIRED UNDER SUBSECTION (B) OF THIS SECTION SHALL
3 BE GIVEN AT THE TIME THE APPOINTMENT IS MADE; AND

4 (II) EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS
5 SUBSECTION, THE WRITTEN NOTICE REQUIRED UNDER SUBSECTION (B) OF THIS
6 SECTION SHALL BE SENT TO THE PATIENT ELECTRONICALLY AT THE TIME THE
7 APPOINTMENT IS MADE.

8 (2) FOR AN APPOINTMENT MADE ELECTRONICALLY OR USING A
9 WEBSITE, THE WRITTEN NOTICE REQUIRED UNDER SUBSECTION (B) OF THIS
10 SECTION SHALL BE:

11 (I) PROVIDED AT THE TIME THE APPOINTMENT IS MADE; AND

12 (II) SENT TO THE PATIENT ELECTRONICALLY AT THE TIME THE
13 APPOINTMENT IS MADE.

14 (3) IF THE PATIENT REFUSES ELECTRONIC COMMUNICATION UNDER
15 PARAGRAPH (1)(II) OF THIS SUBSECTION, THE WRITTEN NOTICE SHALL BE SENT TO
16 THE PATIENT BY FIRST-CLASS MAIL AT THE TIME THE APPOINTMENT IS MADE.

17 (F) BEFORE PROFESSIONAL MEDICAL SERVICES ARE PROVIDED ON THE
18 DATE OF THE APPOINTMENT, THE PATIENT SHALL ACKNOWLEDGE IN WRITING THAT
19 THE NOTICE REQUIRED UNDER THIS SECTION WAS PROVIDED AT THE TIME THE
20 APPOINTMENT WAS MADE.

21 (G) A HOSPITAL MAY NOT CHARGE, BILL, OR ATTEMPT TO COLLECT AN
22 OUTPATIENT FACILITY FEE UNLESS THE PATIENT WAS GIVEN NOTICE IN
23 ACCORDANCE WITH THIS SECTION.

24 (H) (1) ON OR BEFORE JANUARY 31 EACH YEAR, BEGINNING IN ~~2021~~
25 2022, EACH HOSPITAL SHALL REPORT TO THE HEALTH SERVICES COST REVIEW
26 COMMISSION A LIST OF THE HOSPITAL-BASED, RATE-REGULATED OUTPATIENT
27 SERVICES PROVIDED BY THE HOSPITAL.

28 (2) ON OR BEFORE FEBRUARY 28 EACH YEAR, BEGINNING IN ~~2021~~
29 2022, THE HEALTH SERVICES COST REVIEW COMMISSION ANNUALLY SHALL:

30 (I) POST ON ITS WEBSITE THE LIST OF THE
31 HOSPITAL-BASED, RATE-REGULATED OUTPATIENT SERVICES REPORTED BY EACH
32 HOSPITAL UNDER PARAGRAPH (1) OF THIS SUBSECTION; AND

1 (II) PROVIDE THE LIST OF THE HOSPITAL-BASED,
2 RATE-REGULATED OUTPATIENT SERVICES REPORTED BY EACH HOSPITAL TO THE
3 MARYLAND INSURANCE ADMINISTRATION AND THE HEALTH EDUCATION AND
4 ADVOCACY UNIT IN THE OFFICE OF THE ATTORNEY GENERAL.

5 (3) WHEN LACK OF NOTICE IN ACCORDANCE WITH THIS SECTION IS
6 ALLEGED IN A CONSUMER COMPLAINT, THE COMMISSION SHALL GIVE
7 CONSIDERATION IN ITS INVESTIGATORY AND AUDIT PROCEDURES AS TO WHETHER
8 NOTICE WAS NOT FEASIBLE DUE TO CIRCUMSTANCES BEYOND THE HOSPITAL'S
9 CONTROL.

10 ~~SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1,~~
11 ~~2020, the Health Education and Advocacy Unit within the Office of the Attorney General,~~
12 ~~in consultation with the Health Care Services Cost Review Commission, the Maryland~~
13 ~~Hospital Association, consumers, and other stakeholders, shall develop a process for~~
14 ~~determining and updating the range of fees and fee estimates to be used under §~~
15 ~~19-349.2(d) of the Health General Article, as enacted by Section 1 of this Act.~~

16 SECTION ~~2~~ 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
17 ~~October 1, 2020~~ July 1, 2021.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.