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§19–349.2.

(a) (1) In this section the following words have the meanings indicated.

(2) "Electronically" means a secure digital or electronic transmission in compliance with federal and State law, including by:

(i) Patient Internet portal;

(ii) Encrypted e–mail; or

(iii) Text message with a link to an encrypted notice.

(3) (i) "Outpatient facility fee" means a hospital outpatient charge approved by the Commission for an outpatient clinic service, supply, or equipment, including the 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), (e), and (f) 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 outpatient facility name) will take place in an outpatient department of (hospital name).

b. (Hospital name) will charge an outpatient facility fee that is separate from and in addition to the bill you will receive from (provider).

c. You will receive two charges for your visit:

1. a provider services bill from (provider); and

2. a hospital facility bill from (hospital name).

Expected Fee

(if known) The amount of the facility fee that will be charged by (hospital name) for your appointment is $ _____. or

(if unknown) (Hospital name's) facility fee is likely to range from $_____ to $_____. and

(if unknown) Based on appointments like the one you are scheduled for, we estimate the facility fee to be $_____. and

(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.

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).

Receiving services here may result in greater financial liability than receiving services at a location where a facility fee may not be charged.

(if applicable) No Facility Fee Location

You can see (provider) at another location that does not charge a facility fee.

(address and contact information)

Contact your insurance carrier to see if (provider) is a participating provider and in–network at the (address of alternative location) location.

Insurance Information

(1) The amount of the facility fee that you will be responsible for paying will depend on your insurance coverage.

(2) Insurance companies could impose deductibles or higher copayment or coinsurance amounts for services provided in hospital outpatient departments.

(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.

Facility Fee Complaints

If you have a complaint about an outpatient facility fee charge, please first contact the hospital, (hospital billing office contact information).

If the complaint is unresolved, you may then file the complaint with the Health Services Cost Review Commission, (contact information).

If you need additional information regarding your facility fee charges or if you need assistance mediating a facility fee complaint against a hospital, contact the Health Education and Advocacy Unit of the Office of the Attorney General, 1–877–261–8807 | Heau@oag.state.md.us | www.MarylandCares.org.

Acknowledgment

(1) I understand that I will be billed a hospital facility fee and a provider fee.

(2) (Hospital name) provided me with information on the facility fees that will be billed for my appointment.

(3) I understand that the fee could vary based on conditions and services provided to me that the hospital cannot reasonably predict today.

(4) I understand that my out–of–pocket costs will depend on my insurance coverage.

_____(initial here) – by initialing here, I confirm that I received the facility fee information at the time I made my appointment with (provider).

By signing this form, I acknowledge that I have received this information before receiving services today.

_____ _____

Signature Date

To request this notice in an alternative format, please call (contact information) or e–mail (contact information).

(Same sentence in Spanish).

(c) If a patient does not speak English or requires the notice required under subsection (b) of this section to be in an alternative format, the hospital shall, to the extent practicable, provide the notice in a language or format that is understood by the patient.

(d) (1) A hospital shall determine the range of hospital outpatient facility fees and fee estimates, based on typical or average facility fees for the same or similar 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 subsection.

(e) (1) For an appointment made in person or by telephone:

(i) Oral notice of all the information that would be provided in the form required under subsection (b) of this section shall be given at the time the appointment is made; and

(ii) Except as provided in paragraph (3) of this subsection, the written notice required under subsection (b) of this section shall be sent to the patient electronically at the time the appointment is made.

(2) For an appointment made electronically or using a website, the written notice required under subsection (b) of this section shall be:

(i) Provided at the time the appointment is made; and

(ii) Sent to the patient electronically at the time the appointment is made.

(3) If the patient refuses electronic communication under paragraph (1)(ii) of this subsection, the written notice shall be sent to the patient by first–class mail at the 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.

(g) A hospital may not charge, bill, or attempt to collect an outpatient facility fee unless the patient was given notice in accordance with this section.

(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.

(2) On or before February 28 each year, beginning in 2022, the Health Services Cost Review Commission annually shall:

(i) Post on its website the list of the hospital–based, rate–regulated outpatient services reported by each hospital under paragraph (1) of this subsection; and

(ii) Provide the list of the hospital–based, rate–regulated outpatient services reported by each hospital to the Maryland Insurance Administration and the Health Education and Advocacy Unit in the Office of the Attorney General.

(3) When lack of notice in accordance with this section is alleged in a consumer complaint, the Commission shall give consideration in its investigatory and audit procedures as to whether notice was not feasible due to circumstances beyond the hospital's control.

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