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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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The Senate Finance Committee
SB 485 – Public Health – Women's Health Care Data - Report
Why SB 485 is Workable with Minimal Fiscal Impact

Data already exists in billing systems
Providers routinely submit Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Internal Classification of Diseases (ICD) codes tied to specific services, along with associated charges and payments, to payers and clearinghouses. Cost reporting would leverage these existing data streams rather than require manual chart abstraction. The U.S. healthcare system already relies on standardized transaction sets under HIPAA administrative simplification rules, which means the underlying infrastructure is in place (U.S. Department of Health & Human Services, HIPAA Administrative Simplification).

Existing state and federal reporting frameworks
Many states operate All-Payer Claims Databases (APCDs) that already collect cost and utilization data across payers (National Association of Health Data Organizations). Similarly, the federal Hospital Price Transparency Rule requires hospitals to publish machine-readable files of standard charges (Centers for Medicare & Medicaid Services, 45 CFR Part 180). These requirements demonstrate that providers are already capable of generating and submitting cost-related data in standardized formats.

Electronic health records and health information exchanges
With widespread Electronic Health Record (HER) adoption—over 90% of non-federal acute care hospitals use certified EHR systems (Office of the National Coordinator for Health IT)—data extraction and reporting can be automated. In states with health information exchanges such as CRISP, centralized infrastructure already supports secure data aggregation, reducing duplication and administrative lift.

Defined scope minimizes complexity
If reporting is limited to a defined set of women's healthcare services (e.g., maternity care, contraception, menopause, labor and delivery), the reporting parameters can be standardized and phased in, further limiting operational strain.

Cost Transparency Matters for Women's Healthcare

Cost reporting would not impose new clinical obligations—it would create visibility. Women often face higher out-of-pocket healthcare spending due to reproductive health needs, pregnancy-related care, and longer life expectancy (KFF, "Women's Health Insurance Coverage and Access to Care"). Studies show women incur higher average annual out-of-pocket costs than men, particularly during reproductive years.

Lack of cost transparency can:

- Delay or deter preventive care (e.g., mammography, prenatal visits).
- Exacerbate racial and socioeconomic disparities in maternal health outcomes (CDC, "Racial/Ethnic Disparities in Pregnancy-Related Deaths").
- Obscure price variation across facilities and payers for the same services.

By illuminating price variation and patient cost-sharing levels, policymakers can better identify gaps in access, affordability barriers, and inequities in reimbursement structures. Cost data enables:

- Targeted policy interventions.
- More equitable reimbursement reform.
- Identification of geographic or demographic disparities.
- Consumer-facing transparency tools.