

# HOUSE BILL 1420

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CF SB 875

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By: **Delegates R. Lewis, Barron, Carr, Charkoudian, Rosenberg, and Ruth**

Introduced and read first time: February 7, 2020

Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 13, 2020

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Hospitals – Financial Assistance Policies and Bill Collections**

3 FOR the purpose of increasing the income threshold at which a hospital's financial  
4 assistance policy must provide free and reduced cost medically necessary care to  
5 patients; requiring that a certain financial assistance policy include a certain  
6 payment plan and a certain mechanism for a patient to request a certain  
7 reconsideration; requiring that a certain financial assistance policy provide  
8 presumptive eligibility for certain care to certain patients; authorizing a hospital to  
9 consider certain assets in determining eligibility for certain care under a certain  
10 policy; excluding certain assets from consideration if a hospital considers assets in  
11 making a certain determination; requiring that certain excluded assets be adjusted  
12 annually for inflation; requiring a hospital to apply a certain definition of household  
13 size; requiring a hospital to provide ~~oral~~ notice of the hospital's financial assistance  
14 policy to certain individuals at certain times; requiring that a certain notice be in a  
15 certain form; altering the contents required to be included in a certain information  
16 sheet; requiring that a certain information sheet be in a certain form and provided  
17 to certain individuals in certain communications; requiring hospitals to develop a  
18 certain procedure for determining a patient's eligibility for the hospital's financial  
19 assistance policy; prohibiting a hospital from ~~asking for or requiring a patient to~~  
20 ~~make a certain disclosure or verification,~~ using a patient's citizenship or immigration  
21 status for a certain purpose or withholding certain assistance or denying a certain  
22 application on a certain basis, ~~or imposing a time limit for the submission of a certain~~  
23 ~~application or certain evidence;~~ requiring hospitals to annually submit a certain  
24 policy and report to the Health Services Cost Review Commission; requiring the  
25 Commission to post certain information on its website; requiring the Commission to

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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.



1 compile certain reports and make a certain report available to the public in a certain  
 2 manner; requiring the Commission, on or before a certain date each year, to submit  
 3 a certain report to certain committees of the General Assembly; requiring the  
 4 Commission to establish a process for certain individuals to file certain complaints;  
 5 requiring that a certain process include a certain option and provide the patient or  
 6 the patient's authorized representative with certain information; providing that  
 7 certain complaints are public record and subject to certain inspection; requiring the  
 8 Commission to deny inspection of certain information; providing that the filing of a  
 9 certain complaint does not prevent a person from taking certain action; ~~authorizing~~  
 10 ~~a person to bring certain actions in certain courts and to seek certain remedies;~~  
 11 providing that certain remedies are in addition to other remedies and that a person  
 12 or governmental unit is not required to exhaust certain remedies before filing suit;  
 13 providing that certain waivers and provisions in certain policies are null and void;  
 14 ~~increasing a certain fine that may be imposed by the Commission;~~ providing that a  
 15 certain violation is an unfair, abusive, and deceptive trade practice under a certain  
 16 law; requiring the Commission to conduct certain ~~modeling~~ evaluations; requiring  
 17 the Commission, on or before a certain date, to report certain findings and  
 18 recommendations to the Governor and the General Assembly; and generally relating  
 19 to hospitals and financial assistance policies and bill collection.

20 BY repealing and reenacting, with amendments,

21 Article – Health – General  
 22 Section 19–214.1 and 19–214.3  
 23 Annotated Code of Maryland  
 24 (2019 Replacement Volume)

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

27 **Article – Health – General**

28 19–214.1.

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

30 (2) “Financial hardship” means medical debt, incurred by a family over a  
 31 12–month period, that exceeds 25% of family income.

32 (3) “Medical debt” means out–of–pocket expenses, excluding co–payments,  
 33 coinsurance, and deductibles, for medical costs billed by a hospital.

34 (b) (1) The Commission shall require each acute care hospital and each chronic  
 35 care hospital in the State under the jurisdiction of the Commission to develop a financial  
 36 assistance policy for providing free and reduced–cost care to patients who lack health care  
 37 coverage or whose health care coverage does not pay the full cost of the hospital bill.

38 (2) The financial assistance policy shall provide, at a minimum:

1 (i) Free medically necessary care to patients with family income at  
2 or below [150%] **200%** of the federal poverty level; [and]

3 (ii) Reduced-cost medically necessary care to low-income patients  
4 with family income above ~~150%~~ **200%** of the federal poverty level, in accordance with the  
5 mission and service area of the hospital;

6 (iii) **A PAYMENT PLAN THAT IS AVAILABLE TO UNINSURED**  
7 **PATIENTS WITH FAMILY INCOME BETWEEN 200% AND 500% OF THE FEDERAL**  
8 **POVERTY LEVEL, IN ACCORDANCE WITH THE MISSION AND SERVICE AREA OF THE**  
9 **HOSPITAL; AND**

10 (iv) **A MECHANISM FOR A PATIENT TO REQUEST THE HOSPITAL**  
11 **TO RECONSIDER THE DENIAL OF FREE OR REDUCED-COST CARE THAT INCLUDES IN**  
12 **THE REQUEST:**

13 **1. THE HEALTH EDUCATION AND ADVOCACY UNIT IS**  
14 **AVAILABLE TO ASSIST THE PATIENT OR THE PATIENT'S AUTHORIZED**  
15 **REPRESENTATIVE IN FILING AND MEDIATING A RECONSIDERATION REQUEST; AND**

16 **2. THE ADDRESS, PHONE NUMBER, FACSIMILE NUMBER,**  
17 **E-MAIL ADDRESS, MAILING ADDRESS, AND WEBSITE OF THE HEALTH EDUCATION**  
18 **AND ADVOCACY UNIT.**

19 (3) (i) The Commission by regulation may establish income thresholds  
20 higher than those under paragraph (2) of this subsection.

21 (ii) In establishing income thresholds that are higher than those  
22 under paragraph (2) of this subsection for a hospital, the Commission shall take into  
23 account:

- 24 1. The patient mix of the hospital;
- 25 2. The financial condition of the hospital;
- 26 3. The level of bad debt experienced by the hospital; and
- 27 4. The amount of charity care provided by the hospital.

28 (4) (i) Subject to subparagraphs (ii) and (iii) of this paragraph, the  
29 financial assistance policy required under this subsection shall provide reduced-cost  
30 medically necessary care to patients with family income below 500% of the federal poverty  
31 level who have a financial hardship.

1 (ii) A hospital may seek and the Commission may approve a family  
2 income threshold that is different than the family income threshold under subparagraph  
3 (i) of this paragraph.

4 (iii) In establishing a family income threshold that is different than  
5 the family income threshold under subparagraph (i) of this paragraph, the Commission  
6 shall take into account:

- 7 1. The median family income in the hospital's service area;
- 8 2. The patient mix of the hospital;
- 9 3. The financial condition of the hospital;
- 10 4. The level of bad debt experienced by the hospital;
- 11 5. The amount of charity care provided by the hospital; and
- 12 6. Other relevant factors.

13 (5) If a patient is eligible for reduced-cost medically necessary care under  
14 paragraphs (2)(ii) and (4) of this subsection, the hospital shall apply the reduction that is  
15 most favorable to the patient.

16 (6) If a patient has received reduced-cost medically necessary care due to  
17 a financial hardship, the patient or any immediate family member of the patient living in  
18 the same household:

19 (i) Shall remain eligible for reduced-cost medically necessary care  
20 when seeking subsequent care at the same hospital during the 12-month period beginning  
21 on the date on which the reduced-cost medically necessary care was initially received; and

22 (ii) To avoid an unnecessary duplication of the hospital's  
23 determination of eligibility for free and reduced-cost care, shall inform the hospital of the  
24 patient's or family member's eligibility for the reduced-cost medically necessary care.

25 **(7) THE FINANCIAL ASSISTANCE POLICY REQUIRED UNDER THIS**  
26 **SUBSECTION SHALL PROVIDE PRESUMPTIVE ELIGIBILITY FOR FREE MEDICALLY**  
27 **NECESSARY CARE TO A PATIENT WHO IS NOT ELIGIBLE FOR THE MARYLAND**  
28 **MEDICAL ASSISTANCE PROGRAM OR MARYLAND CHILDREN'S HEALTH PROGRAM**  
29 **AND:**

30 **(I) LIVES IN A HOUSEHOLD WITH CHILDREN ENROLLED IN THE**  
31 **FREE AND REDUCED-COST MEAL PROGRAM;**

1 (II) RECEIVES BENEFITS THROUGH THE FEDERAL  
2 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM;

3 (III) RECEIVES BENEFITS THROUGH THE STATE'S ENERGY  
4 ASSISTANCE PROGRAM;

5 (IV) ~~RECEIVES BENEFITS THROUGH THE PRIMARY ADULT CARE~~  
6 ~~PROGRAM IF THE PROGRAM DOES NOT OFFER INPATIENT BENEFITS;~~

7 ~~(V)~~ RECEIVES BENEFITS THROUGH THE FEDERAL SPECIAL  
8 SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN; OR

9 ~~(VI)~~ (V) RECEIVES BENEFITS FROM ANY OTHER SOCIAL  
10 SERVICE PROGRAM AS DETERMINED BY THE DEPARTMENT AND THE COMMISSION.

11 (8) (I) A HOSPITAL MAY CONSIDER HOUSEHOLD MONETARY  
12 ASSETS IN DETERMINING ELIGIBILITY FOR FREE AND REDUCED-COST CARE UNDER  
13 THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IN ADDITION TO INCOME-BASED  
14 CRITERIA.

15 (II) SUBJECT TO SUBPARAGRAPH (III) OF THIS PARAGRAPH, IF  
16 A HOSPITAL CONSIDERS HOUSEHOLD MONETARY ASSETS UNDER SUBPARAGRAPH (I)  
17 OF THIS PARAGRAPH, THE FOLLOWING TYPES OF MONETARY ASSETS THAT ARE  
18 CONVERTIBLE TO CASH SHALL BE EXCLUDED:

19 1. AT A MINIMUM, THE FIRST \$10,000 OF MONETARY  
20 ASSETS;

21 2. A SAFE HARBOR EQUITY OF \$150,000 IN A PRIMARY  
22 RESIDENCE;

23 3. RETIREMENT ASSETS THAT THE INTERNAL REVENUE  
24 SERVICE HAS GRANTED PREFERENTIAL TAX TREATMENT AS A RETIREMENT  
25 ACCOUNT, INCLUDING DEFERRED-COMPENSATION PLANS QUALIFIED UNDER THE  
26 INTERNAL REVENUE CODE OR NONQUALIFIED DEFERRED-COMPENSATION PLANS;

27 4. ONE MOTOR VEHICLE USED FOR THE  
28 TRANSPORTATION NEEDS OF THE PATIENT OR ANY FAMILY MEMBER OF THE  
29 PATIENT;

30 5. ANY RESOURCES EXCLUDED IN DETERMINING  
31 FINANCIAL ELIGIBILITY UNDER THE MEDICAL ASSISTANCE PROGRAM UNDER THE  
32 SOCIAL SECURITY ACT; AND

1                                   **6. PREPAID HIGHER EDUCATION FUNDS IN A**  
2 **MARYLAND 529 PROGRAM ACCOUNT.**

3                                   **(III) MONETARY ASSETS EXCLUDED FROM THE DETERMINATION**  
4 **OF ELIGIBILITY FOR FREE AND REDUCED-COST CARE UNDER SUBPARAGRAPH (II)**  
5 **OF THIS PARAGRAPH SHALL BE ADJUSTED ANNUALLY FOR INFLATION IN**  
6 **ACCORDANCE WITH THE CONSUMER PRICE INDEX.**

7                                   **(9) (I) IN DETERMINING THE FAMILY INCOME OF A PATIENT, A**  
8 **HOSPITAL SHALL APPLY A DEFINITION OF HOUSEHOLD SIZE THAT CONSISTS OF THE**  
9 **PATIENT AND, AT A MINIMUM, THE FOLLOWING INDIVIDUALS:**

10                                   **1. A SPOUSE, REGARDLESS OF WHETHER THE PATIENT**  
11 **AND SPOUSE EXPECT TO FILE A JOINT FEDERAL OR STATE TAX RETURN;**

12                                   **2. BIOLOGICAL CHILDREN, ADOPTED CHILDREN, OR**  
13 **STEPCHILDREN; AND**

14                                   **3. ANYONE FOR WHOM THE PATIENT CLAIMS A**  
15 **PERSONAL EXEMPTION IN A FEDERAL OR STATE TAX RETURN.**

16                                   **(II) FOR A PATIENT WHO IS A CHILD, THE HOUSEHOLD SIZE**  
17 **SHALL CONSIST OF THE CHILD AND THE FOLLOWING INDIVIDUALS:**

18                                   **1. BIOLOGICAL PARENTS, ADOPTED PARENTS, OR**  
19 **STEPPARENTS OR GUARDIANS;**

20                                   **2. BIOLOGICAL SIBLINGS, ADOPTED SIBLINGS, OR**  
21 **STEPSIBLINGS; AND**

22                                   **3. ANYONE FOR WHOM THE PATIENT'S PARENTS OR**  
23 **GUARDIANS CLAIM A PERSONAL EXEMPTION IN A FEDERAL OR STATE TAX RETURN.**

24                                   ~~**(III) A PREGNANT WOMAN SHALL BE COUNTED AS HERSELF**~~  
25 ~~**PLUS THE NUMBER OF CHILDREN SHE IS EXPECTED TO DELIVER FOR PURPOSES OF**~~  
26 ~~**DETERMINING HOUSEHOLD SIZE UNDER THIS PARAGRAPH.**~~

27                                   **(10) A HOSPITAL SHALL PROVIDE ~~ORAL~~ NOTICE OF THE HOSPITAL'S**  
28 **FINANCIAL ASSISTANCE POLICY TO THE PATIENT, THE PATIENT'S FAMILY, OR THE**  
29 **PATIENT'S AUTHORIZED REPRESENTATIVE BEFORE DISCHARGING THE PATIENT**  
30 **AND IN EACH ~~ORAL~~ COMMUNICATION TO THE PATIENT REGARDING COLLECTION OF**  
31 **THE HOSPITAL BILL.**

1 (c) (1) A hospital shall post a notice in conspicuous places throughout the  
2 hospital, including the billing office, informing patients of their right to apply for financial  
3 assistance and who to contact at the hospital for additional information.

4 (2) THE NOTICE REQUIRED UNDER PARAGRAPH (1) OF THIS  
5 SUBSECTION SHALL:

6 (I) BE IN SIMPLIFIED LANGUAGE IN AT LEAST 10 POINT TYPE;  
7 AND

8 (II) BE PROVIDED IN THE PATIENT'S PREFERRED LANGUAGE  
9 OR, IF NO PREFERRED LANGUAGE IS SPECIFIED, EACH LANGUAGE SPOKEN BY A  
10 LIMITED ENGLISH PROFICIENT POPULATION THAT CONSTITUTES ~~3%~~ 5% OF THE  
11 OVERALL POPULATION WITHIN THE CITY OR COUNTY IN WHICH THE HOSPITAL IS  
12 LOCATED AS MEASURED BY THE MOST RECENT CENSUS.

13 (d) The Commission shall:

14 (1) Develop a uniform financial assistance application; and

15 (2) Require each hospital to use the uniform financial assistance  
16 application to determine eligibility for free and reduced-cost care under the hospital's  
17 financial assistance policy.

18 (e) The uniform financial assistance application:

19 (1) Shall be written in simplified language; and

20 (2) May not require documentation that presents an undue barrier to a  
21 patient's receipt of financial assistance.

22 (f) (1) Each hospital shall develop an information sheet that:

23 (i) Describes the hospital's financial assistance policy;

24 (ii) Describes a patient's rights and obligations with regard to  
25 hospital billing and collection under the law;

26 (iii) Provides contact information for the individual or office at the  
27 hospital that is available to assist the patient, the patient's family, or the patient's  
28 authorized representative in order to understand:

29 1. The patient's hospital bill;

30 2. The patient's rights and obligations with regard to the  
31 hospital bill;

1 3. How to apply for free and reduced-cost care; and

2 4. How to apply for the Maryland Medical Assistance  
3 Program and any other programs that may help pay the bill;

4 (iv) Provides contact information for the Maryland Medical  
5 Assistance Program; [and]

6 (v) Includes a statement that physician charges are not included in  
7 the hospital bill and are billed separately; AND

8 (VI) INFORMS PATIENTS OF THE RIGHT TO REQUEST AND  
9 RECEIVE A WRITTEN ESTIMATE OF THE TOTAL CHARGES FOR HOSPITAL  
10 NONEMERGENCY SERVICES, PROCEDURES, AND SUPPLIES THAT REASONABLY ARE  
11 EXPECTED TO BE PROVIDED FOR PROFESSIONAL SERVICES BY THE HOSPITAL.

12 (2) THE INFORMATION SHEET SHALL:

13 (I) BE IN SIMPLIFIED LANGUAGE IN AT LEAST 10 POINT TYPE;

14 (II) BE IN THE PATIENT'S PREFERRED LANGUAGE OR, IF NO  
15 PREFERRED LANGUAGE IS SPECIFIED, EACH LANGUAGE SPOKEN BY A LIMITED  
16 ENGLISH PROFICIENT POPULATION THAT CONSTITUTES ~~3%~~ 5% OF THE OVERALL  
17 POPULATION WITHIN THE CITY OR COUNTY IN WHICH THE HOSPITAL IS LOCATED AS  
18 MEASURED BY THE MOST RECENT CENSUS.

19 [(2)] (3) The information sheet shall be provided to the patient, the  
20 patient's family, or the patient's authorized representative:

21 (i) Before discharge;

22 (ii) With the hospital bill; [and]

23 (iii) On request; AND

24 (IV) IN EACH WRITTEN COMMUNICATION TO THE PATIENT  
25 REGARDING COLLECTION OF THE HOSPITAL BILL.

26 [(3)] (4) The hospital bill shall include a reference to the information  
27 sheet.

28 [(4)] (5) The Commission shall:

29 (i) Establish uniform requirements for the information sheet; and



1 (ii) Review each hospital's implementation of and compliance with  
2 the requirements of this subsection.

3 (g) Each hospital shall ensure the availability of staff who are trained to work  
4 with the patient, the patient's family, and the patient's authorized representative in order  
5 to understand:

6 (1) The patient's hospital bill;

7 (2) The patient's rights and obligations with regard to the hospital bill,  
8 including the patient's rights and obligations with regard to reduced-cost medically  
9 necessary care due to a financial hardship;

10 (3) How to apply for the Maryland Medical Assistance Program and any  
11 other programs that may help pay the hospital bill; and

12 (4) How to contact the hospital for additional assistance.

13 (H) EACH HOSPITAL SHALL DEVELOP A PROCEDURE TO DETERMINE A  
14 PATIENT'S ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IN  
15 WHICH THE HOSPITAL:

16 (1) DETERMINES WHETHER THE PATIENT HAS HEALTH INSURANCE;

17 (2) DETERMINES WHETHER THE PATIENT IS PRESUMPTIVELY  
18 ELIGIBLE FOR FREE OR REDUCED-COST CARE UNDER SUBSECTION (B)(7) OF THIS  
19 SECTION;

20 (3) DETERMINES WHETHER UNINSURED PATIENTS ARE ELIGIBLE  
21 FOR PUBLIC OR PRIVATE HEALTH INSURANCE;

22 (4) ~~OFFERS~~ TO THE EXTENT PRACTICABLE, OFFERS ASSISTANCE TO  
23 UNINSURED PATIENTS IF THE PATIENT CHOOSES TO APPLY FOR PUBLIC OR PRIVATE  
24 HEALTH INSURANCE;

25 (5) ~~DETERMINES~~ TO THE EXTENT PRACTICABLE, DETERMINES  
26 WHETHER THE PATIENT IS ELIGIBLE FOR OTHER PUBLIC PROGRAMS THAT MAY  
27 ASSIST WITH HEALTH CARE COSTS;

28 (6) USES INFORMATION IN THE POSSESSION OF THE HOSPITAL, IF  
29 AVAILABLE, TO DETERMINE WHETHER THE PATIENT IS QUALIFIED FOR FREE OR  
30 REDUCED-COST CARE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY; AND

1           **(7) ~~IF~~ WHEN A PATIENT SUBMITS ~~AN~~ A COMPLETED APPLICATION**  
 2 **FOR FINANCIAL ASSISTANCE, DETERMINES THE PATIENT'S ELIGIBILITY UNDER THE**  
 3 **HOSPITAL'S FINANCIAL ASSISTANCE POLICY WITHIN 14 DAYS AFTER THE PATIENT**  
 4 **APPLIES FOR FINANCIAL ASSISTANCE AND SUSPENDS ANY BILLING OR**  
 5 **COLLECTIONS ACTIONS WHILE ELIGIBILITY IS BEING DETERMINED.**

6           **(I) A HOSPITAL MAY NOT:**

7           **(1) ~~ASK OR REQUIRE A PATIENT TO DISCLOSE OR VERIFY THE USE A~~**  
 8 **PATIENT'S CITIZENSHIP OR IMMIGRATION STATUS ~~IN ORDER TO RECEIVE OR APPLY~~**  
 9 **AS AN ELIGIBILITY REQUIREMENT FOR FINANCIAL ASSISTANCE; OR**

10           **(2) WITHHOLD FINANCIAL ASSISTANCE OR DENY A PATIENT'S**  
 11 **APPLICATION FOR FINANCIAL ASSISTANCE ON THE BASIS OF RACE, COLOR,**  
 12 **RELIGION, ANCESTRY OR NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, SEXUAL**  
 13 **ORIENTATION, GENDER IDENTITY, GENETIC INFORMATION, OR ON THE BASIS OF**  
 14 **DISABILITY;~~OR~~**

15           **(3) ~~IMPOSE A TIME LIMIT ON A PATIENT TO SUBMIT AN APPLICATION~~**  
 16 **~~FOR FREE OR REDUCED-COST CARE OR TO SUBMIT EVIDENCE OF ELIGIBILITY FOR~~**  
 17 **~~FREE OR REDUCED-COST CARE.~~**

18           **(J) EACH HOSPITAL SHALL SUBMIT TO THE COMMISSION ANNUALLY AT**  
 19 **TIMES PRESCRIBED BY THE COMMISSION:**

20           **(1) THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY DEVELOPED**  
 21 **UNDER THIS SECTION; AND**

22           **(2) AN ANNUAL REPORT ON THE HOSPITAL'S FINANCIAL ASSISTANCE**  
 23 **POLICY THAT INCLUDES:**

24           **(i) THE TOTAL NUMBER OF PATIENTS WHO COMPLETED OR**  
 25 **PARTIALLY COMPLETED AN APPLICATION FOR FINANCIAL ASSISTANCE DURING THE**  
 26 **PRIOR YEAR;**

27           **(ii) THE TOTAL NUMBER OF INPATIENTS AND OUTPATIENTS**  
 28 **WHO RECEIVED:**

29                   **1. FREE CARE DURING THE IMMEDIATELY PRECEDING**  
 30 **YEAR; AND**

31                   **2. REDUCED-COST CARE FOR THE PRIOR YEAR;**

1 (III) THE TOTAL NUMBER OF PATIENTS WHO RECEIVED  
2 FINANCIAL ASSISTANCE DURING THE IMMEDIATELY PRECEDING YEAR BY RACE OR  
3 ETHNICITY, AND GENDER,~~AND ZIP CODE OF RESIDENCE;~~

4 (IV) THE TOTAL NUMBER OF PATIENTS WHO WERE DENIED  
5 FINANCIAL ASSISTANCE DURING THE IMMEDIATELY PRECEDING YEAR BY RACE OR  
6 ETHNICITY, AND GENDER,~~AND ZIP CODE OF RESIDENCE;~~

7 (V) THE TOTAL AMOUNT OF THE COSTS OF HOSPITAL SERVICES  
8 PROVIDED TO PATIENTS WHO RECEIVED FREE CARE; AND

9 (VI) THE TOTAL AMOUNT OF THE COSTS OF HOSPITAL SERVICES  
10 PROVIDED TO PATIENTS WHO RECEIVED REDUCED-COST CARE THAT WAS EITHER  
11 COVERED BY THE HOSPITAL AS FINANCIAL ASSISTANCE OR THAT THE HOSPITAL  
12 CHARGED TO THE PATIENT.

13 (K) (1) THE COMMISSION SHALL POST ON ITS WEBSITE EACH HOSPITAL'S  
14 FINANCIAL ASSISTANCE POLICY AND ANNUAL REPORT.

15 (2) THE COMMISSION SHALL COMPILE THE REPORTS REQUIRED  
16 UNDER SUBSECTION (J) OF THIS SECTION AND ISSUE A HOSPITAL FINANCIAL  
17 ASSISTANCE REPORT.

18 (3) THE HOSPITAL FINANCIAL ASSISTANCE REPORT REQUIRED  
19 UNDER PARAGRAPH (2) OF THIS SUBSECTION SHALL BE MADE AVAILABLE TO THE  
20 PUBLIC FREE OF CHARGE.

21 (4) ON OR BEFORE DECEMBER 1 EACH YEAR, THE COMMISSION  
22 SHALL SUBMIT A COPY OF THE ANNUAL HOSPITAL FINANCIAL ASSISTANCE REPORT  
23 ISSUED UNDER PARAGRAPH (2) OF THIS SUBSECTION, IN ACCORDANCE WITH §  
24 2-1257 OF THE STATE GOVERNMENT ARTICLE, TO THE SENATE FINANCE  
25 COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS  
26 COMMITTEE.

27 19-214.3.

28 (A) (1) (I) THE COMMISSION SHALL ESTABLISH A PROCESS FOR A  
29 PATIENT OR ~~ANY MEMBER OF THE PUBLIC~~ A PATIENT'S AUTHORIZED  
30 REPRESENTATIVE TO FILE WITH THE COMMISSION A COMPLAINT AGAINST A  
31 HOSPITAL, ~~A MEDICAL CREDITOR, OR AN OUTSIDE COLLECTION AGENCY~~  
32 ~~REGARDING THE COLLECTION OF A PATIENT'S BILL~~ FOR AN ALLEGED VIOLATION OF  
33 § 19-214.1 OR § 19-214.2 OF THIS SUBTITLE.

1                   **(II) THE PROCESS ESTABLISHED UNDER SUBPARAGRAPH (I) OF**  
2 **THIS PARAGRAPH SHALL:**

3                   **1. INCLUDE THE OPTION FOR A PATIENT OR A PATIENT'S**  
4 **AUTHORIZED REPRESENTATIVE TO FILE THE COMPLAINT JOINTLY WITH THE**  
5 **COMMISSION AND THE HEALTH EDUCATION AND ADVOCACY UNIT; AND**

6                   **2. PROVIDE THE PATIENT OR THE PATIENT'S**  
7 **AUTHORIZED REPRESENTATIVE WITH THE FOLLOWING INFORMATION:**

8                   **A. THE HEALTH EDUCATION AND ADVOCACY UNIT IS**  
9 **AVAILABLE TO ASSIST THE PATIENT OR THE PATIENT'S AUTHORIZED**  
10 **REPRESENTATIVE IN FILING AND MEDIATING A RECONSIDERATION REQUEST; AND**

11                   **B. THE ADDRESS, PHONE NUMBER, FACSIMILE NUMBER,**  
12 **E-MAIL ADDRESS, MAILING ADDRESS, AND WEBSITE OF THE HEALTH EDUCATION**  
13 **AND ADVOCACY UNIT.**

14                   **(2) (I) A SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, A**  
15 **COMPLAINT FILED WITH THE COMMISSION IS A PUBLIC RECORD AND IS SUBJECT TO**  
16 **REASONABLE INSPECTION.**

17                   **(II) THE COMMISSION SHALL DENY INSPECTION OF THE**  
18 **COMPLAINANT'S NAME, ADDRESS, OR ANY OTHER PERSONAL IDENTIFYING**  
19 **INFORMATION.**

20                   **(3) THE FILING OF A COMPLAINT UNDER THIS SUBSECTION DOES NOT**  
21 **PREVENT AN INDIVIDUAL FROM:**

22                   **(I) EXERCISING ANY RIGHT OR SEEKING ANY REMEDY TO**  
23 **WHICH THE INDIVIDUAL MAY OTHERWISE BE ENTITLED; OR**

24                   **(II) FILING A COMPLAINT WITH ANY OTHER AGENCY OR A**  
25 **COURT.**

26                   **(B) IN ADDITION TO ANY ACTION BY THE COMMISSION AUTHORIZED UNDER**  
27 **THIS TITLE OR ANY OTHER ACTION AUTHORIZED BY LAW, AN INDIVIDUAL MAY BRING**  
28 **AN ACTION IN A COURT OF COMPETENT JURISDICTION IN THE STATE;**

29                   **(1) TO RECOVER FOR INJURY OR LOSS SUSTAINED BY THE**  
30 **INDIVIDUAL AS THE RESULT OF A VIOLATION OF § 19-214.1, § 19-214.2, OR §**  
31 **19-214.4 OF THIS SUBTITLE OR ANY REGULATION ADOPTED UNDER THIS SUBTITLE;**  
32 **AND**

1 ~~(2) FOR INJUNCTIVE OR OTHER EQUITABLE RELIEF INCLUDING:~~

2 ~~(I) ENFORCING A HOSPITAL'S FINANCIAL ASSISTANCE POLICY~~  
3 ~~ESTABLISHED UNDER § 19-214.1 OF THIS SUBTITLE;~~

4 ~~(II) ENFORCING A HOSPITAL'S POLICY ON THE COLLECTION OF~~  
5 ~~DEBTS OWED ON A HOSPITAL BILL BY PATIENTS ESTABLISHED UNDER § 19-214.1 OF~~  
6 ~~THIS SUBTITLE; OR~~

7 ~~(III) FOR ANY OTHER CONDUCT IN VIOLATION OF § 19-214.1, §~~  
8 ~~19-214.2, OR § 19-214.4 OF THIS SUBTITLE OR ANY REGULATION ADOPTED UNDER~~  
9 ~~THIS SUBTITLE.~~

10 ~~(C) AN INDIVIDUAL WHO BRINGS AN ACTION UNDER THIS SECTION MAY~~  
11 ~~ALSO SEEK:~~

12 ~~(1) REASONABLE ATTORNEY'S FEES AND COSTS, INCLUDING EXPERT~~  
13 ~~WITNESS FEES AND EXPENSES; AND~~

14 ~~(2) PUNITIVE DAMAGES.~~

15 ~~(D)~~ (B) (1) THE REMEDIES AUTHORIZED UNDER THIS SECTION ARE IN  
16 ADDITION TO ANY OTHER STATUTORY, LEGAL, OR EQUITABLE REMEDIES THAT MAY  
17 BE AVAILABLE AND ARE NOT INTENDED TO BE A PREREQUISITE TO, OR EXCLUSIVE  
18 OF, ANY OTHER REMEDY.

19 (2) AN INDIVIDUAL OR A GOVERNMENTAL UNIT IS NOT REQUIRED TO  
20 EXHAUST THE ADMINISTRATIVE REMEDY AUTHORIZED UNDER THIS SUBTITLE  
21 BEFORE FILING SUIT.

22 ~~(E)~~ (C) (1) A WAIVER BY ANY PATIENT OR OTHER INDIVIDUAL OF ANY  
23 PROTECTION PROVIDED BY § 19-214.1, § 19-214.2, OR § 19-214.4 OF THIS SUBTITLE  
24 OR ANY REGULATION ADOPTED UNDER THIS SUBTITLE IS NULL AND VOID AS BEING  
25 AGAINST THE PUBLIC POLICY OF THE STATE.

26 (2) EXCEPT AS PROHIBITED BY FEDERAL LAW, A PROVISION IN A  
27 HOSPITAL'S FINANCIAL ASSISTANCE POLICY OR AGREEMENT BETWEEN THE  
28 PATIENT AND A HOSPITAL THAT WAIVES ANY SUBSTANTIVE OR PROCEDURAL RIGHT  
29 OR REMEDY RELATED TO CONDUCT PROHIBITED BY § 19-214.1, § 19-214.2, OR §  
30 19-214.4 OF THIS SUBTITLE OR ANY REGULATION ADOPTED UNDER THIS SUBTITLE  
31 IS NULL AND VOID AS BEING AGAINST THE PUBLIC POLICY OF THE STATE.

1            ~~[(a)]~~ **(D) (1)** If a hospital knowingly violates any provision of § 19–214.1 or §  
 2 19–214.2 of this subtitle or any regulation adopted under this subtitle, the Commission  
 3 may impose a fine not to exceed ~~[\$50,000]~~ **\$100,000** per violation.

4            **[(b)] (2)** Before imposing a fine, the Commission shall consider the  
 5 appropriateness of the fine in relation to the severity of the violation.

6            **(3) A VIOLATION BY A HOSPITAL OR AN OUTSIDE COLLECTION**  
 7 **AGENCY OF § 19–214.1 OR § 19–214.2 OF THIS SUBTITLE OR ANY REGULATION**  
 8 **ADOPTED UNDER THIS SUBTITLE IS AN UNFAIR, ABUSIVE, AND DECEPTIVE TRADE**  
 9 **PRACTICE UNDER THE MARYLAND CONSUMER PROTECTION ACT.**

10            SECTION 2. AND BE IT FURTHER ENACTED, That:

11            (a) ~~The~~ To the extent practicable, the Health Services Cost Review Commission  
 12 shall ~~model~~ evaluate the impact that the changes ~~modeled~~ evaluated under subsection (b)  
 13 of this section would have on:

14            (1) the amount of hospital uncompensated care included in hospital rates;  
 15 and

16            (2) the total cost of care for:

17                    (i) Medicare;

18                    (ii) the Maryland Medical Assistance Program;

19                    (iii) commercial insurers; and

20                    (iv) self-pay individuals.

21            (b) ~~The~~ To the extent practicable, the Commission shall ~~model~~ evaluate the  
 22 impact that the following changes to § 19–214.1 of the Health – General Article would have:

23            (1) increasing the ~~minimum~~ maximum free care ~~policy threshold and~~  
 24 minimum reduced-cost care threshold from 200% to:

25                    (i) 250%;

26                    (ii) 300%; and

27                    (iii) 350%;

28            (2) ~~increasing the reduced-cost care policy from 300% to:~~

29                    ~~(i) 350%;~~

1                   ~~(ii)~~ 400%; and

2                   ~~(iii)~~ 450%;

3                   ~~(3)~~ increasing the ~~medical hardship policy from~~ reduced-cost care with  
4 financial hardship threshold from 500% to

5                   ~~(i)~~ 550%;

6                   ~~(ii)~~ 600%; and

7                   ~~(iii)~~ 650%;

8                   ~~(4)~~ (3) reducing the financial hardship threshold for medical debt as a  
9 percentage of family income from 25% of family income to:

10                   ~~(i)~~ 20%;

11                   ~~(ii)~~ 15%; and

12                   ~~(iii)~~ 10%;

13                   ~~(5)~~ (4) including copays, coinsurance, and deductibles in the definition of  
14 medical debt; and

15                   ~~(6)~~ (5) in consultation with Maryland Department of Health and the  
16 Department of Human Services, expanding presumptive eligibility for reduced-cost care  
17 determination to patients who:

18                   (i) are homeless;

19                   (ii) receive benefits through the State Family Investment Program;

20                   (iii) receive benefits through the Emergency Assistance to Families  
21 with Children Program;

22                   ~~(iv)~~ ~~receive benefits through Maryland's Children's Health Insurance~~  
23 ~~Program under Title XXI of the Social Security Act;~~

24                   ~~(v)~~ receive benefits through the Maryland Medical Assistance  
25 Program under Title XIX of the Social Security Act;

26                   ~~(vi)~~ (v) receive benefits through any federal Medicare savings  
27 program, including the Qualified Medicare Beneficiary program, and the specified  
28 low-income Medicare Beneficiary Program;

1 ~~(vii) (vi) receive benefits through Maryland's Long Term Care~~  
 2 ~~Medical Assistance Program;~~

3 ~~(viii)~~ receive benefits through the Public Assistance to Adults  
 4 Program;

5 ~~(ix) (vii)~~ receive benefits through the Temporary Disability  
 6 Assistance Program;

7 ~~(x) (viii)~~ receive benefits through any other public assistance  
 8 activities financed wholly or partly by the Family Investment Administration in the  
 9 Department of Human Services; or

10 (xi) receive benefits from any other federal, State, or local public  
 11 assistance program.

12 (c) On or before January 1, 2021, the Health Services Cost Review Commission  
 13 shall report its findings and any recommendations to the Governor and, in accordance with  
 14 § 2-1257 of the State Government Article, the General Assembly.

15 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
 16 October 1, 2020.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.