June 3, 2019

Don Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, Floor 7
Washington, D.C.  20201

Re:  RIN 0955-AA01

Preamble FR Citation: 84 FR 7513-14

Dear Dr. Rucker:

On behalf of the Illinois Health and Hospital Association’s (IHA) more than 200 hospitals and nearly 50 health systems, we are pleased to provide comments on the questions raised related to price transparency in the 21st Century Cures Act proposed rule.

IHA opposes including pricing information in the electronic health information (EHI) record as this type of health record is the record of clinical care and is used for making treatment plans or decisions.  We also believe there is nothing within the Act indicating that Congress intended the EHI to include price information.

IHA supports price transparency that provides relevant and meaningful information to patients about their care, and has developed price transparency principles which have been adopted by our members.  These principles embrace the need for a multi-stakeholder approach to convey the value of care, as well as to ensure that patients understand the many factors that influence the final price of the care provided.

What we hear most often is that patients want to know what their out-of-pocket financial obligations will be.  Given that 93% of Illinoisans have health coverage and their health plan sets their cost-sharing financial obligations, we believe this information is best provided by health plans.  For patients without healthcare coverage, healthcare providers should provide estimates of pricing, including available financial assistance, as well as additional information regarding public health coverage options.
A hospital may negotiate with dozens of health plans, each with numerous sub-plans and products that have different payment rates and terms. Each health plan product determines the out-of-pocket obligation for patients, and is therefore in the best position to provide this information. Most health plans in Illinois have developed cost estimator websites that allows subscribers to obtain estimates of what their care would cost, including their out-of-pocket obligation. For uninsured patients, hospitals should provide an estimated charge with information regarding their financial assistance policy and opportunities for health coverage.

Illinois law already requires hospitals to furnish patients with charge estimates upon request; notify patients about financial assistance; and provide free and discounted care depending on the patient’s income level. Additionally, payers and providers should provide corresponding quality information with pricing information to provide patients with a balanced presentation of the full value of the care they are seeking. Hospitals are eager to have conversations with patients regarding the price for their care and the patient’s financial obligations and are doing so at every opportunity.

Healthcare is not like other industries where consumers are able to price shop for standardized commodities. While some outpatient procedures may lend themselves to greater standardization of service and price, the underlying element that needs to be understood is that people are unique. Providing healthcare to individuals can vary greatly due to a patient’s medical condition, comorbidities, as well as the length of time necessary to provide specific services, the medical equipment needed (including supplies and medication), and complications requiring unanticipated procedures or other treatment ordered by the physician.

Illinois Laws
Illinois hospitals are eager to engage patients in financial conversations and to make certain they have access to information that enables them to make informed decisions about their healthcare. Illinois laws and regulations have advanced this goal by providing patients with information most helpful to them.

Illinois law requires hospitals to provide patients with price estimates upon request, and the State has a website which provides hospital-specific average charges for over 50 of the most common services on a website that includes quality information. Under state law, hospitals are required to provide free and discounted care to uninsured patients tied to income levels; maintain a presumptive eligibility policy for financial assistance; provide financial assistance information on their bills; and to take specific steps prior to pursuing collection actions.

In addition, Illinois law holds insured patients harmless for any increased out-of-pocket obligations from facility-based, out-of-network provider services at an in-network hospital. A facility-based physician or other provider is defined as one who provides radiology, anesthesiology, pathology, neonatology or emergency department services in a participating hospital or ambulatory surgical treatment center.
Thank you for the opportunity to provide comments and we would be happy to provide further information regarding Illinois price transparency laws.

Sincerely,

A.J. Wilhelmi  
President & CEO  
Illinois Health and Hospital Association