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| **Proposed regulation** | **Comments Received From** | **Comments** |
| 7 AAC 86.010(b) | Hans Thompson | I've read through the proposed changes to the healthcare price disclosure and I'm concerned about facilities being allowed to transfer their billing info by pdf documents. From a programming perspective, pdf documents are incredibly difficult to to read by automation.<br><br>A pdf can contain unknown executable that include viruses, limit the operating systems that can open it, or limit the pdf reading software that can read it.<br><br>A pdf most often can just be a scanned image of paper document with no features in it other than the image.<br><br>A pdf if it has text elements in it does not keep the structure of a table to be able to compare a row across columns.<br><br>And if the provider takes the time to insert table elements inside a document, it is difficult to pull independently from other elements in the document.<br><br>The best case would be a CSV (comma separated value) document. This is a text document that stores a table. It is easily opened in excel or any spreadsheet software as well as being accessible from any programming interface. CSV is also exportable from spreadsheet software. Barring a complete lack of sophistication by the provider, an excel document (xls, xlsx) or equivalent would be desirable.<br><br>If pdf's are acceptable for providers to submit it has the potential of making the labor of comparing prices between providers unbearably time and labor consuming for many people. And the state should not be on the hook of using administrative time to transcribe to a format comparable between providers. |

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| 7 AAC 86. | Linda Carroll<br>Alaska Medical Group Management Association | On behalf of our member medical group practices, healthcare executives, and other healthcare leaders, the Alaska Medical Group Management Association (AKMGMA) is asking the following questions regarding the Notice of Proposed Changes: Health Care Services Price Transparency.<br><br>1) With fees required to be posted on a company's website, how is this not deemed collusion when offices may look up each other's fees when we have not been able to discuss fees with one another in the past (and still currently)?<br>2) Has the State of AK verified offices would not be violating any copy right legalities by "rewriting" CPT code descriptions?<br>3) From what date will the fine assessed start from (date of complaint, date of actual discovery, date of effective legislation)?<br>4) How is state using the information we are required to report; what will the information be used for? |
| 7 AAC 86.010(a) | Jeannie Monk<br>Director, Alaska State Hospitals and Nursing Home Association | On page 2 of the proposed regulations, the health care provider, health care facility must submit the email address of their website. And I'm assuming what that actually means is the URL of the address, not the email address, for the website. So, that would be great if that could just be clarified. It says that later on, just for clarity. |
| 7 AAC 86.030. | Bernice Nisbett, Staff to Representative Ivy Spohnholz | There's no language or information about the good faith estimate and the time allotted to the patient to get that information before they have their non-emergency service. So in the actual bill it states that the provider has to have the estimate to them within ten days. So I'm wondering where that information is going to be put, if it will be in the regulations? |

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| 7 AAC 86. & AS18.23.400(a) | Linda Carroll Alaska Medical Group Management Association | Here in Section a) it states what has to be provided or posted and it says that you have to provide the state the procedure code, the undiscounted price, and any facility fees. And for surgical practices, we were just wondering, obviously, like why we would represent just the surgeon, that's the fee we're going to give. Does this mean, "and we have to provide the facility fee," or we can at least provide your surgery's going to be scheduled at X, Y, Z, and here is the phone number you can call to get their fees. We just need clarification if in fact the actual provider has to provide all those fees or just the fees that the provider will be billing the patient. |
| 7 AAC 86. | Linda Carroll Alaska Medical Group Management Association | We were wondering, well, myself and a few others, were wondering if this legislation at all is going to also include any, basically is it going to ask or tell us how this information that's being collected is going to be used. So, the information that providers and hospitals are to report to the state, will we be told or will it be added to this, how that information is utilized or what it will be utilized for. |
| AS18.23.400 | Heather Ireland Executive Director, Anchorage School Based Health Centers | Posting the maximum costs for care has the potential to discourage healthcare utilization. For example, if a parent learns that a wellness exam may cost $200, they may opt not to have their student receive one. In reality, a wellness exam is often covered by private insurance and Denali KidCare at 100%. ASBHC has a sliding fee scale down to a $10 minimum fee. Therefore, very few, and almost no families pay $200 out of pocket. If a student or parent asks for information about their cost, we can easily customize the answer based on their insurance and eligibility information provided. Posting rates actually may make things more confusing. |

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| 7 AAC 86. | Julie Sanbei, Publications Specialist III / Alaska Department of Health & Social Services | I will provide a recommendation for language to reflect the need for all files hosted on DHSS servers to meet the State's accessibility standard. Perhaps the editor's note for 7 AAC 86.010 page 3 would be the most logical place to describe these requirements? It may also be advisable to include supplemental info about accessibility as a definition under 7 AAC 86.050. Kudos on including plain language already!<br><br>In general our requirements are as follows, but I will rally with the State ADA Coordinator on any specifics he'd like to see noted in the regulations:<br>The Alaska Department of Health and Social Services complies with Title II of the Americans with Disabilities Act of 1990. Files hosted on State servers must meet all the requirements outlined in the Web Content Accessibility Guidelines (WCAG 2.1) Level A/AA success criteria per the State of Alaska's accessibility policy. Techniques for PDFs are detailed at https://www.w3.org/WAI/WCAG21/Techniques/#pdf.<br><br>In the interim, here are some links related the accessibility you may find helpful:<br>DHSS Accessibility Statement - http://dhss.alaska.gov/Pages/Accessibility.aspx<br>SOA Policy Statement from State ADA Coordinator - http://doa.alaska.gov/ada/policy.html<br>WCAG 2.1 Quick Reference - https://www.w3.org/WAI/WCAG21/<br><br>If you would like to establish a page for tips on your site, we can also do that. We have a resource that will be rolling out on the intranet soon and I will share that with you once it is available. |

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| 7 AAC 86. | Scott Hayden | I urge you to adopt the proposed changes to provide healthcare price transparency.<br><br>My mom was recently scheduled for a colonoscopy. She does not have private insurance. After weeks of trying to get a straight answer as to the price of the colonoscopy, she finally received a pricing estimate the night before the procedure. The phrasing was deliberately obfuscatory, but the bottom line was that she could be charged as much as $15,000 for a procedure expected to take 51 minutes (the national average is roughly $2,000).<br><br>She elected to delay the procedure until she is in another state.<br><br>The pricing is ridiculous. Even more ridiculous is the game of three-card monte the hospital played with pricing.<br>I think that publishing prices for procedures like this one would force doctors and hospitals to bring prices down. At a minimum, patients need to know what kind of money they are going to be on the hook for BEFORE the procedure. |
| 7 AAC 86. | Jeannie Monk<br>Director, Alaska State Hospitals and Nursing Home Association | On behalf of hospitals in the state, we were involved in the drafting of this legislation with the sponsor, and have been supportive of the concept, and we feel that the regulations are reasonable and will be reasonably easy for hospitals to comply with what's shown in the regulations |

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| 7 AAC 86.030. | Linda Carroll<br>Aurora Maternal Fetal Medicine | My only concern is there are individuals that are currently patients that don't, when they call, they say well you should know what I want to have done or it should be in my record. They don't like giving all this information. And I've had experiences in the past where patients that have been shopping around will call and will ask for some of this basic information and those individuals were very hesitant and they didn't know why and they couldn't understand why they would need that information in order for us to put together an estimate for them. And so, I guess my point is just that if our fees are supposed to be posted and everything is out there, that really, I think it's unnecessary for us to ask people all of this information. If we want true transparency, then any individuals should be able to call our office and say I was told I need this procedure for this condition, could you give me an estimate. Versus, us saying, okay, we need to get your email address, your phone number, how do you want us to give you this estimate, you know, all of that stuff. |
| 7 AAC 86.020. | Kevin Jardell<br>Alaska Medical Association | Just on the, I know that the copyright or the trademark on CPT codes, and I know there's been some analysis. It would be helpful if the Department of Law would put out, at least written, AG's opinion that there's a fair use exception in utilization of CPT codes as well as specifically addressing that we can change the copyrighted description associated with the CPT code and have no legal liability for those disclosures under the licenses that tend to show you can't disclose them. I know that there's been some research and it's been described as it's okay but I think it would be nice to have, not just nice, but I think it would be responsible to have a written AG's explanation as to really, both of those components; the fair use component as well as the ability to rewrite them in their own words as a description of a CPT code. Thank you |

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| 7 AAC 86. | Jeannie Monk<br>Director, Alaska State Hospitals and Nursing Home Association | Overall ASHNHA supports the proposed changes to regulations to address new price transparency requirements. We believe DHSS has done the best job possible to integrate the requirements into the DHSS operations given the lack of funding available to support implementation.<br>ASHNHA has been supportive of the legislative efforts to make health care prices more transparent to consumers. However, it is important to recognize the current structure of the health care payment and delivery system makes price transparency difficult to implement even when all parties agree on its desirability. Given the challenges inherent in this process we support the proposed regulatory changes and offer just a few comments.<br><br>1. We support linking the requirement to report the price of health care services to providers or facilities who use CPT codes. This seems like a reasonable way to decide who is required to comply. There is a lingering concern related to CPT codes. CPT codes are proprietary with American Medical Association. DHSS stated during the public hearing that posting and rewriting CPT codes in plain English has been determined by DHSS legal staff to be fair use of CPT codes. Providers would like an attorney general opinion in writing documenting the determination that using CPT codes as outlined in the regulations is fair use of the proprietary codes.<br><br>2. 7ACC 86.010 requires provider or facility to submit the email address of their website of health care services price posting. We assume you intend providers to submit the website URL not an email address.<br><br>3. The regulations do not include the specific information that must be posted and instead reference compliance with Alaska Statute AS18.23.400. It is certainly possible for providers to go look up the information in the statute but for clarity and to aid in compliance it would make sense to include the specific information that must be reported as part of the regulations.<br><br>4. Hospitals have established systems to provide good faith estimates to consumers upon request. The requirements in the regulation are in alignment with existing practices by hospitals. |

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| AS 18.23.400 | Lindy Davis, Office of John Muffoletto, MD | I am writing to offer my observations and concerns during the public comment period for Senate Bill 105, Chapter 86 Health Care Services and Price Transparency. I have worked in healthcare management in the Anchorage and Mat-Su communities for more than 16 years and during that time have weathered many changes to both state and federal laws that govern how healthcare is delivered. As we are all aware there is a great deal of focus on healthcare reform with the cost of providing care garnering attention at the local and national level. As a consumer, knowing the price I will pay as well as the quality of any good or service is an important factor in making a purchasing decision and choosing healthcare providers should be no different. That said, there are many variables in healthcare that don't exist in any other market. While I do believe it is certainly appropriate for providers across the healthcare spectrum to provide patients a good faith estimate prior to receiving care there is some language in the bill, as currently written that I find vague or concerning. These are outlined below:<br><br>a. It is important to note that a good faith estimate should be considered for "anticipated" charges only since a patient's medical needs may change a treatment plan and therefore change the charge<br><br>b. Section 7 AAC86.030 (a)(3) requires that the provider or facility disclose an 'email address for electronic correspondence' as part of the good faith estimate. Some practices, including the one I currently manage choose not to maintain a patient-accessible, HIPAA compliant address. As the bill is currently written it appears that providers who do not have an email option would be out of compliance with the regulation. If estimates can be given both verbally and in written, then providing patients with electronic correspondence should be an option, not a requirement. If it is not the intent of the bill to require an option for email communication please consider notating that in the bill.<br><br>c. The bill does not specify what services are excluded from an estimate. For example, a surgical patient will be billed separately by the surgeon, facility and anesthesiologist and any other specialist involved in that surgical procedure. A surgeon is not able to provide estimates for other providers or facilities.<br><br>d. Section 18.23.400 states that the fees for 10 most commonly performed services from 'each of the six sections of Category I, Current Procedure Terminology' must be posted and updated annually, however every section of the CPT manual is not applicable to every provider's practice. The |

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| | | language of the bill should reflect that fees must be posted for each of the six sections of the CPT manual that are applicable to and billed by the practice.<br><br>e. I am also concerned that by requiring providers and facilities to make charges available on their website or social media page, and accessible on the DHSS website that patients may focus on the exclusively on cost of the care versus the qualifications of the provider. Where healthcare is concerned, 'cheaper' cannot be considered 'better'. For example, Board Certified physicians must meet rigorous requirements for continuing education specific to their specialty in addition state license requirements and must pass regular certification examinations to achieve and maintain board certification. These physicians objectively demonstrate that they are able to provide a higher level of care. A patient 'shopping' for a specialist or facility may be influenced more by the cost of the service rather than the quality of care they will receive. Currently, Anchorage Municipal Code 16.130.010 requires providers and facilities give written or electronic estimates within 10 days of service upon request, but does not require written public posting for pricing. I would argue that the current Anchorage municipal code provides cost transparency for patients while also encouraging them to ask questions about the qualifications of their provider and their scope of practice. The state should consider this approach to pricing transparency.<br><br>f. The pursuit of managing healthcare costs will no doubt continue to be a long-term battle. I do believe that our elected officials are overlooking a driving factor in the cost of care. Insurance and pharmaceutical companies criticize the rising cost of healthcare and continue to increase the cost of premiums while limiting coverage of services and prescriptions. However, the executives of those same companies enjoy multi million-dollar salaries and enormous bonus structures and often report significant profit margins. This does not speak to any desire to manage costs.<br><br>g. Healthcare is a partnership between patient and provider. Again, I believe it is appropriate and reasonable to improve cost transparency from providers and facilities but it is also time for patients as consumers, to begin bearing some responsibility for educating themselves on the insurance benefits they are choosing and how best to utilize the benefits they are paying for. |

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| 7 AAC 86.040<br>7 AAC 86.050 | Alyson Currey<br>Planned Parenthood Votes Northwest and Hawaii | I. Provide additional clarity about the mechanism for enforcing compliance.<br><br>This draft contains several mechanisms for enforcement, including contacting the facility or provider to inform them of their obligations, issuing a written warning to the facility or provider, and assessing a fine. However, it does not create a linear timeline for these enforcement actions, allowing for the possibility that the Department may fine a non-compliant provider before contacting that provider to inform them of their legal responsibilities. Given that this regulation creates complex new requirements for health care providers and the implementation process and timeline have shifted, it is important that the Department make good faith efforts to help health care providers and facilities comply and understand their new responsibilities. We ask that this rule clarify that the Department must inform providers of their obligations and issue written warnings before assessing a fine to give providers the opportunity to come into compliance.<br><br>II. Remove the requirement that service descriptions in "plain language" contain complete sentences.<br><br>AS 18.23.400 requires that for each of a health care facility's ten most commonly performed health care services, the health care facility compile a list of those services that includes "a brief description in plain language that an individual with no medical training can understand." The proposed regulation goes further by defining "plain language" as "grammatically correct language that includes complete sentence structure and accurate word usage; communicate in a way that helps the public to easily understand the information." While we support SB 105's goal of providing consumers with easy-to-understand information, we believe that requiring complete sentences may in fact make information less accessible to consumers who are trying to quickly understand the costs associated with common services and that this requirement is simply not necessary to describe many common procedures. For example, CPT code 81205 is used for a urine pregnancy test. An individual with no medical training would be able to understand that simple description, and the intent of SB 105 would be achieved if information were presented in the following or similar format:<br><br>CODE DESCRIPTION UNDISCOUNTED PRICE<br>81205 Urine pregnancy test $xx<br><br>We ask that the Department remove the requirement that service descriptions be provided in complete sentences to enable health care facilities to provide their patients with price information in |

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| | | a straightforward, easy-to-understand format.<br><br>III. Improve patient ability to access information by removing confusing requirements and allowing patients to request information via a health care provider's online patient portal.<br><br>Any meaningful attempt to educate patients and consumers about health care costs must provide information in ways that reflect how patients access health care services and information.<br><br>• As health care technology has advanced, it has become increasingly common for patients and providers to communicate via a secure online patient portal. For many patients, this portal serves as a single hub where they can access all of their health care information, ranging from visit records to appointment reminders to test results. To make price information more accessible to consumers and align with how health care facilities provide other information to their patients, this regulation should include the use of online patient portals as a method of requesting and receiving price estimates.<br><br>• The draft regulation states that patients must provide "the condition of the patient the medical treatment is to address" to receive a good faith estimate. However, patients often seek care that is not intended to treat a specific medical condition, such as a preventive exam or a birth control prescription. This requirement should be changed to require that the patient provide "the condition of the patient the medical treatment is to address or the service the patient is seeking." This will give health care facilities the information they need to fulfill the request while also reducing confusion for consumers requesting price estimates that are not related to a specific medical condition. |

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| 7 AAC 86. & AS18.23.400 | Amy Liddle, Offices of John B. DeKeyser, MD, John D. Erkmann, MD, & Sharon Banicki, ANP | I am in total agreement with the premise of price transparency. In all of my years, 25, as a medical office manager I have never denied a patient information, and in fact I have encouraged patients to know the costs associated with their healthcare and their healthcare coverage (insurance policy). It has always surprised me at the indifference to these issues. However, I question the form this act is taking.<br><br>a. First, pricing. Pricing has nothing to do with Public Health data. Which leads me to question what will the data be used for and by whom? Is this simply another avenue for gathering money through fees imposed? What will the money be used for, by whom?<br><br>b. Secondly, how and by whom will collect the data be collected. Who do we the providers submit the data to, in what format? It is not spelled out at all, and this should be transparent to us before any implementation of this act.<br><br>c. Thirdly, technicalities.<br>A)CPT ® is copy righted with the AMA. Have the appropriate permissions been obtained? Is "layman" language been permitted by the AMA? Is there going to be some standard format required as to continuity of "layman's" language from provider to provider to facility; we all have our own interpretation of the CPT®'s.<br>B) The requirement of posting in 20 pt font. Seriously. We strive to make our offices a comfortable, inviting place for people who may not be having their best day by the fact that they need medical care. A 20 PT font poster of all the information required is essentially wall papering our lobbies and is anything but soothing. A binder in the same font size could becomes a very large book. A more reasonable standard would be posting in anything equal to or larger than a 12 pt font. We do understand that some people have difficulties with sight and could accommodate them upon request.<br>C) For as long as I have been managing in Alaska, it is a standard that we are not to collude in our pricing. We cannot ask another provider what they charge for a certain procedure and then ask that we all set our price to a certain level. Now all we will have to do is go on their website. How does this act not prevent collusion of price setting, and how are we the providers going to be protected?<br><br>As I first stated, this is an act with good intentions. I hope that the issues I and I am sure others have with this are addressed. |

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| | | Thank you for the opportunity to submit questions and comments regarding the proposed adoption of regulations for changes in Title 7 of the Alaska Administrative Code, dealing with health care services and price ransparency. The health care system is highly complex, and I appreciate the careful work and commitment the department has taken to complete the implementation process. This work will ensure health care providers and facilities fully understand and can comply with the final regulations. More importantly, it will provide relief for consumers navigating the often byzantine health care billing system.<br><br>Below are clarifications regarding the language found in the proposed regulations covering AS 18.23.400 as passed and the legislative intent expressed in the legislative record. The underlined phrases are recommended additions to the regulations as drafted. The bracketed words and phrases are recommended deletions.<br><br>1. 7 AAC 86.010. Reporting the price of health care services.<br><br>(a) If a health care provider or health care facility uses Current Procedural Terminology (CPT) code, that provider or facility must annually compile a list and report to the department the applicable number of the health care services most commonly performed from the previous year, the facility fees, and the undiscounted price.<br><br>Explanation: as stated in AS 18.23.400(a), health care providers and facilities are required to post price information <u>from the previous year including the facility fees and undiscounted price</u>.<br><br>(b) A health care provider or health care facility must submit the electronic [e-mail] address of their website health care services price posting to the department. If a health care provider or health care facility does not have a website, the provider or facility should convert the posting into a Portable Document Format (PDF) document.<br><br>Explanation: this change provides greater clarity to the proposed regulations since the intent was to direct the Department to publicly post price information on providers' websites.<br><br>2. 7 AAC 86.020. Posting the price for health care services.<br><br>(a) If a health care provider or health care facility uses the Current Procedural Terminology (CPT) |

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| | | codes, then that health care provider or health care facility must post the price list with the undiscounted price, any facility fees, and a brief description in plain language of the health care services.<br><br>Explanation: as stated in AS 18.23.400(b), health care providers and facilities are required to post the undiscounted prices for their 10 most frequently provided services from each of the six sections of Category I, Current Procedural Terminology, adopted by the American Medical Association along with facilities fees and descriptions in plain language that an individual with no medical training can understand.<br><br>3. 7 AAC 86.030. Good faith estimate.<br>(a) A patient must provide the following information [in writing] to the health care provider or health care facility to get a good faith estimate:<br>(1) the patient's full name;<br>(2) mailing address for written correspondence;<br>(3) e-mail address for electronic correspondence;<br>(4) phone number for patient making request;<br>(5) the method the patient prefers to receive the estimate: orally, written, or electronically;<br>(6) condition of the patient the medical treatment is to address.<br>(b) The parent or guardian of a minor patient must request a good faith estimate [in writing] and provide the following information:<br>(1) full name of patient;<br>(2) full name of parent or guardian who will receive estimate;<br>(3) mailing address for written correspondence with parent or guardian of patient;<br>(4) phone number for parent or guardian of patient making request;<br>(5) preferred method of contact for parent or guardian of patient: orally, written, orelectronically;<br>(6) condition of patient for which the estimate is to address.<br><br>Explanation: there is no language in AS 18.23.400 (g) that requires a patient to provide a request in writing in order to receive a good faith estimate. The legislative record in this matter is clear that a request for an estimate may take place over the phone, verbal, via electronic communication or in writing. Requiring that the request be in writing may be an unnecessary barrier to getting an estimate. Further, the legislative intent is that an estimate may be provided in any of these forms if it meets the patient's needs and is convenient to the provider. This change should also be made in |

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| | | proposed 7 AAC 86.030(b).<br><br>Thank you for your work in developing the regulations for health care price transparency. I look forward to the final implementation of these proposed regulations. Please feel free to contact my office with any questions you may have regarding these comments. |