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Testimony of Joe Schindler
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House Commerce Committee
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Mr. Chair and members,

Good afternoon. My name is Joe Schindler and I am the vice president of finance policy & analytics with the Minnesota Hospital Association. I am here today to address our hospital & health systems' concerns with House File 57.

For 11 months, our hospitals and health systems have served their patients and communities under extreme circumstances. At the same time, they have responded to multiple requests for data from the state in order to respond to the crisis. Minnesota hospitals and health systems' information technology and data resources have been stretched thin with the development of new electronic health records updates, daily data submissions for the state's MNTRAC bed tracking system, daily data for the federal Teletracking reporting system requiring over 70 data points, the state's vaccination tracking program called the Minnesota Immunization Information Connection (MIIC), to name a few. On behalf of our members, I request that you not impose another data requirement on top of thinly-stretched resources during a pandemic.

In January, Centers for Medicare and Medicaid Services (CMS) established a new rule requiring hospitals and health systems to show five charge levels in a machine readable format for all inpatient and outpatient procedures. The five data points include the following: the full charge amount, the discounted price for cash payment, the negotiated price for each payer contract, and the minimum and maximum price levels accepted for each detailed service and bundled service sets. The second part of the regulation is to provide price estimates for 300 shoppable services either as individual services, such as a diagnostic imaging procedure, or for bundled services such as the delivery of a baby. This part of the regulation is most useful for consumers and is already available for consumers seeking price information. The state does not need to set up a separate process to display the same information that is already available.

Part of the intent of CMS was to encourage IT vendors to collect the machine readable files to create marketplaces of shoppable health care services. The market has not yet had time to develop these tools and resources. We believe there will be market solutions developed, and that additional government involvement and mandates are not needed at this time. This massive amount of pricing information has just become available as of this January. Give it some time for vendors and researchers to analyze this information before feeling compelled to spend state resources to create a state data display.

One additional comment to make on HF 57. MHA believes that the health plans are in the best position to provide consumers with a good faith estimate of health care prices. They have the experience data from across the health care continuum whereas the CMS mandate is focused on hospitals only. Health plans have the most real-time information about what a consumer will have to pay any given provider. A more workable and consistent solution would be to require 10-15 of the largest commercial health plans to produce these files rather than forcing hundreds of providers to develop them.

We have had an opportunity to meet with Rep. Elkins to discuss our concerns with him. We look forward to continuing these discussions as this bill is considered through the legislative process.