- (1) SHALL BE WRITTEN IN SIMPLIFIED LANGUAGE: AND
- (2) MAY NOT REQUIRE DOCUMENTATION THAT PRESENTS AN UNDUE BARRIER TO A PATIENT'S RECEIPT OF FINANCIAL ASSISTANCE.
- (E) A HOSPITAL SHALL PROVIDE THE UNIFORM FINANCIAL ASSISTANCE APPLICATION TO EACH PATIENT WHO DOES NOT INDICATE PUBLIC OR PRIVATE HEALTH CARE COVERAGE, AT THE TIME THE PATIENT SUBMITS INFORMATION TO THE HOSPITAL RECARDING FINANCIAL RESPONSIBILITY FOR CARE THAT IS PROVIDED BY THE HOSPITAL.
- (F) THE COMMISSION SHALL DEVELOP A STANDARD POLICY FOR HOSPITALS TO COLLECT DEBTS OWED BY PATIENTS WHO QUALIFY FOR REDUCED COST CARE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.
- (E) EACH HOSPITAL SHALL ESTABLISH A MECHANISM TO PROVIDE THE UNIFORM FINANCIAL ASSISTANCE APPLICATION TO PATIENTS WHO DO NOT INDICATE PUBLIC OR PRIVATE HEALTH CARE COVERAGE.
- (F) (1) EACH HOSPITAL SHALL SUBMIT TO THE COMMISSION THE HOSPITAL'S POLICY ON THE COLLECTION OF DEBTS OWED BY PATIENTS WHO QUALIFY FOR REDUCED-COST CARE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.
- (2) ON OR BEFORE JULY 1, 2006, THE COMMISSION SHALL REPORT, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, TO THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE AND THE SENATE FINANCE COMMITTEE ON THE DETAILS OF THE POLICIES SUBMITTED TO THE COMMISSION UNDER PARAGRAPH (1) OF THIS SUBSECTION.

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(F) (1) THE COMMISSION ANNUALLY SHALL:

- (I) OBTAIN—FROM THE HOSPITALS—THE AMOUNT OF MONEY NEEDED TO SUPPORT THE COST OF THE SPECIALTY CARE NETWORK UNDER § 19—2118 OF THIS TITLE, AS DETERMINED BY THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION ESTABLISHED UNDER SUBTITLE 21 OF THIS TITLE, IN COLLABORATION WITH THE MARYLAND HEALTH INSURANCE PLAN;
- (II) CALCULATE THE PERCENTAGE OF TOTAL HOSPITAL NET PATIENT REVENUE THAT WILL PRODUCE THE AMOUNT NEEDED TO SUPPORT THE COST OF THE SPECIALTY CARE NETWORK: AND
- (III) DETERMINE THE SHARE OF FUNDING OWED BY EACH HOSPITAL FOR WHICH RATES HAVE BEEN APPROVED BY THE COMMISSION PROPORTIONATE TO THE PERCENTAGE CALCULATED IN ITEM (II) OF THIS PARACRAPH.