

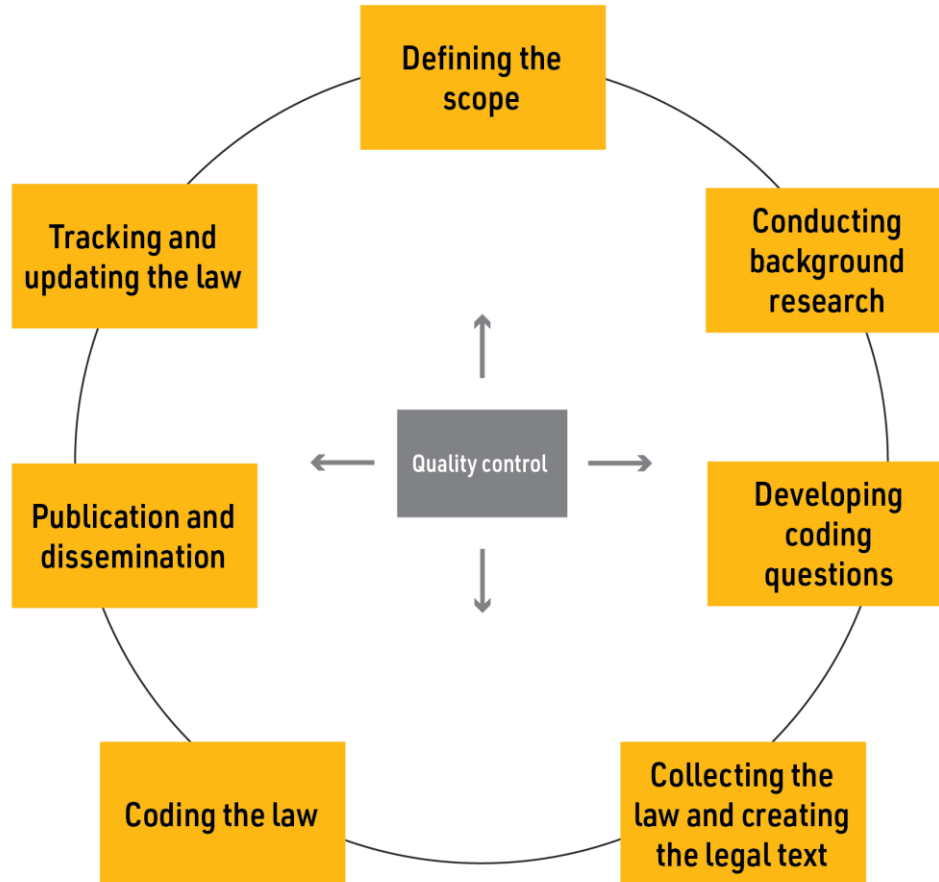
# Legal Epi at Lunch: Surveilling Institutional Policies

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# The Policy Surveillance Process



# Where can we use Policy Surveillance?

Policy Surveillance can be used anywhere there is measurable rulemaking authority that varies from one jurisdiction/institution to the next:

- State constitutions, statutes, and regulations
- Local ordinances
- Case law
- Attorney General opinions
- Executive Orders
- International agreements
- Board decisions and rules
- School district rules
- Healthcare system policies
- Higher education institution policies (manuals, codes of conduct, e.g.)

- **Unique Research Challenges**

- Identifying effective dates
- Obtaining historical copies of policies
- Fewer secondary sources/databases
- Understanding implementation

- **Important Factors to Consider**

- Subject matter experts
- Interaction between some governmental legal authority and the institutional policies?
- Number of institutions/jurisdictions

# Using MonQcle to Track Institutional Policies



**MonQcle** is a one-stop-shop, web-based legal research software used to navigate and organize complex legal texts to produce legal data for research and practice.

- Organize research and collaborate
- Build legal data across space and time
- Easily update and maintain data
- Visualize and share data

# Tracking Policies

## Add New Record



**Find Place \***

**Series Name \***

**Effective \***

- Countries
- States(US)
- Cities(US)
- Counties(US)
- Custom**
- All Places

# Institutional Policy Datasets

- **340B Hospital Policies**
- **Opioid Court Settlements**
- **Florida School District Tobacco Policies**



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Legal Technology Manager

Center for Public Health Law Research





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Florida Department of Health

# Coding Hospital Policies & Opioid Court Settlements

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**Legal Technology Manager**

# Coding Hospital Policies



Center for  
Public Health  
Law Research

POLICY BRIEF

## Patient Affordability and Debt Collection Policies at 340B Program Hospitals

May 2022

Jonathan K. Larsen, JD, MPP  
Sabrina Ruchelli, JD

<https://legacy.lawatlas.org/datasets/patient-affordability-and-debt-collection-policies>

### Introduction

While the COVID-19 pandemic has presented historic challenges to the entire health care ecosystem in the United States, affordability of care predates the pandemic and remains a central issue as patients seek to access care among continuing economic uncertainty and structural challenges. The high cost of health care in the United States often leads people to forgo that care and their medicines.<sup>1</sup> With a pandemic that has exacerbated these and other existing health disparities, it is essential to better understand the mechanisms that may support reductions in costs for patients.

Section 340B of the Public Health Service Act establishes a drug pricing program for qualifying hospitals and clinics that requires pharmaceutical manufacturers to give discounts based on a statutorily-set ceiling price on specified outpatient drugs.<sup>2,3</sup> The program was intended to help hospitals access discounted medicines to treat low-income or otherwise underserved communities.<sup>4</sup> Under the 340B program, hospitals may expand their existing services for patients with low income by allowing the hospital to pass along cost savings on pharmaceuticals to patients, among other service expansions.<sup>5</sup> However, there is no specific requirement in the law that savings from the discount program be passed along to patients or insurers.<sup>6</sup>

# Documenting Hospital Policies

Financial assistance policies (FAPs) provide a lens to evaluate patient affordability.<sup>9</sup> FAPs are meant to increase transparency for patients seeking financial assistance, and related debt collection policies are meant to explain protections for patients unable to afford their medical care at hospitals. Based on their non-profit status, 340B hospitals are required under the Affordable Care Act to maintain and publicize written FAPs including records of the actions the hospital may take if a patient is unable to pay for care. The elements in these policies, referred to in Internal Revenue Service (IRS) regulations,<sup>10,11</sup> provide a framework for analysis:

1. Indication of which providers the FAP applies to in relevant hospital facilities
2. Eligibility criteria for financial assistance and whether such assistance includes free or discounted care
3. Method for applying for financial assistance
4. Basis for calculating amounts charged to patients that qualify for financial assistance
5. In the absence of a separate billing and collections policy, the actions that may be taken in the event of patient nonpayment

<https://legacy.lawatlas.org/datasets/patient-affordability-and-debt-collection-policies>

# Patient Financial Assistance Policies



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## I. PURPOSE

Advocate Aurora Health and its affiliates (collectively AAH) are committed to caring for the health and well-being of all patients regardless of their ability to pay. The purpose of this policy is to outline AAH's need-based financial assistance program and requirements. This policy describes the procedure, requirements, and eligibility criteria related to AAH's Wisconsin financial assistance program.

## II. SCOPE

This policy applies to medical services billed by an Advocate Aurora Health, Inc. entity or Participating Provider that have been provided by a Wisconsin AAH hospital, a Wisconsin AAH employed medical professional, or a Wisconsin Participating Provider.

## III. DEFINITIONS/ABBREVIATIONS

Amounts Generally Billed (AGB)- The amount generally billed for emergency and other medically necessary care using the AGB Percentage method.

AGB Percentage- The AGB method, which is the sum of medically necessary care that private health insurers divide month period. AAH calculates obtain information on the call 1-800-326-2250.

Eligible Patient- An AAH patient requirements provided in this

AdvocateAuroraHealth			
Title: AAH Billing and Collection		Document Number:	
Document Type: <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Guideline <input type="checkbox"/> Other		Last Review/Revision Date:	
Content Applies to Patient Care: (Select all that apply)		Next Review Date:	
<input type="checkbox"/> Adults <input type="checkbox"/> Pediatrics (Under 18)		<input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Administrative	
Effective Date:		Effective Date:	
Scope: <input checked="" type="checkbox"/> AAH System <input type="checkbox"/> ACH <input type="checkbox"/> AAH IL Only <input type="checkbox"/> AAH WI Only <input type="checkbox"/> Site Only (Location Name):			
<input type="checkbox"/> Department Only (Department Name):			

### I. PURPOSE

Advocate Aurora Health and its affiliates (collectively "AAH") recognize the importance of maintaining sound debt collection practices while balancing the needs of the communities and patients AAH serves. This Policy describes the procedure, requirements, and limitations related to AAH's internal and external collection efforts used in the event of a Guarantor's non-payment. Note that certain aspects of this Policy are guided by the FINANCIAL ASSISTANCE POLICY. The policies and procedures stated herein are intended to comply with Wisconsin and Illinois State regulations, Fair Debt Collection Practices Act and 501(r) of the Internal Revenue Code and related guidance.

### II. SCOPE

This policy applies to medical services billed by an Advocate Aurora Health, Inc. and any entity that have been provided by an AAH hospital or an AAH employed medical professional.



## PATIENTS FIRST SUPPORT SERVICES Financial Assistance Policy

CCHS's policy is to provide Emergency Care and Medically Necessary Care on a non-profit basis to patients without regard to race, creed, or ability to pay. Patients who do not have the means to pay for services provided at CCHS facilities may request financial assistance, which will be awarded subject to the terms and conditions set forth below. The eligibility criteria for CCHS have the financial resources to pay for all CCHS facilities, including its



### I. Background

- The Cleveland Clinic Foundation's meaning of \$501(c)(3)
- CCHS is committed to providing care that is provided on a non-profit basis.
- The principal beneficiaries of financial assistance are those who are uninsured and certain experiencing financial or other hardships. Under no circumstances shall amounts generally billed to

## Financial Assistance Policy

POLICY TITLE:	Financial Assistance Policy
LAST REVISION/REVIEW DATE:	Aug 31, 2020
PREVIOUS UPDATE:	Aug 27, 2020
DATE OF ORIGIN:	April 1, 2007

### Policy:

ChristianaCare is dedicated to improving the health of all people in the communities it serves through its medical services, education and research. ChristianaCare extends financial assistance to eligible patients who are unable to pay for their care in accordance with this policy. This policy sets forth the eligibility requirements and the procedures for obtaining financial assistance in compliance with applicable federal, state and local laws.

### Purpose:

Uninsured Discounts, payment options and financial assistance programs are offered to eligible patients, including Emergency Department services, including medical services provided by any employed



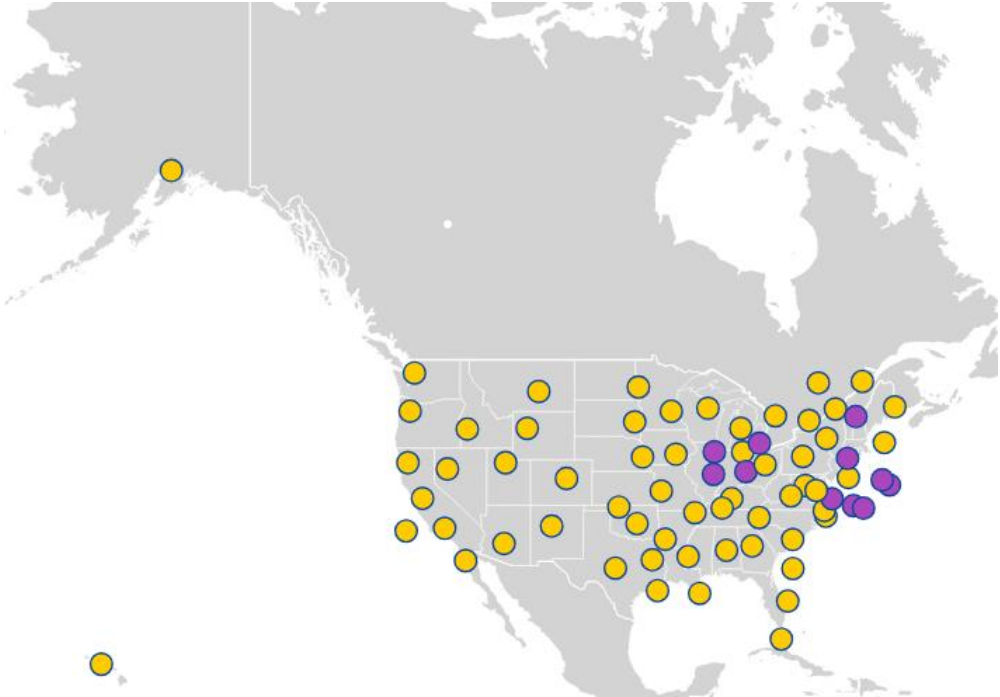
## Financial Assistance Scale 2021

ChristianaCare Health Services will extend a 100 percent financial assistance adjustment to applicable medical services provided to patients who meet the income and family size threshold (see the chart below). Proof of gross income, number of household members, resident status, and other supportive documentation will be required before a financial assistance adjustment may be processed. Any patient identified as eligible for State Medical Assistance Programs is required to apply for State Medical Assistance coverage before a ChristianaCare financial assistance application will be approved.

The services rendered by the employed dental services that require hospitalization. This policy are cosmetic procedures, bariatric services

are residents as well as residents of our four counties, Delaware and Chester Counties. This purpose of this policy.

# Multiple Hospitals in Cities



📍 (City) Baltimore, MD  
Johns Hopkins Hospital

1. What is the name of the 340B hospital?

**Johns Hopkins Hospital**

2. Does the hospital have a patient financial assistance policy?

§ Yes

3. How are patients informed about the patient financial assistance policy?

- § • During hospital registration process
- During patient discharge
- Hospital website
- Newspaper
- Billing statement
- Posted at financial assistance office

Artinot@Mindc

# FPG to Qualify for Free Care

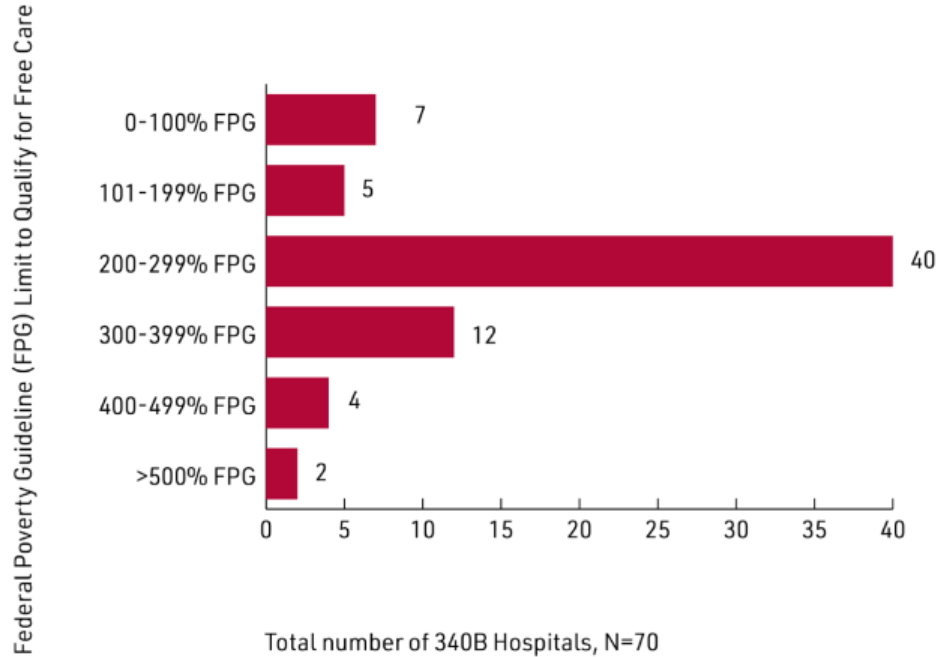


Figure 1. In the CPHLR sample of 75 hospitals, more than half had a Federal Poverty Guidelines (FPG) limit below 300% for free care. Four hospitals did not indicate their FPG limit for free care, and one hospital lacked an FAP.



# Hospital Debt Collection Policies



## Atrium Health Billing and Collection Policy

Created: 08/30/2013  
Last Revised: 06/30/2021/JEM  
Reviewed: 06/30/2021/BL/MA

The Billing and Collection (B&C) policy supports the Atrium Health goal of assisting patients with the complexities of billing third-party insurers, providing patient-specific payment options, reviewing patients' eligibility for coverage assistance and financial assistance and taking actions concerning amounts due for services.

Atrium Health policy is to provide care for emergency medical conditions regardless of the patient's ability to pay and without consideration of the patient's prior payment history. Atrium Health does reserve the right to take collection actions as permitted by law concerning balances due from either the patient or third-party insurer.

Atrium Health has the following five objectives for billing and collection:

- To model Atrium Health's core value of "Caring;"
- To obtain necessary patient-specific third-party insurer and personal information in advance of any scheduled services;
- To comply with third-party insurer policies and State and Federal regulations related to billing and collection;
- To assist the patient in navigating the complexities of seeking reimbursement from third-party insurers; and
- To establish a billing and collection processes consistent with industry standards.

Atrium Health will achieve these objectives by implementing the following B&C strategies:

- maintaining up-to-date patient and third-party insurer information as provided by the patient or patient representative;
- assisting patients with verification of coverage;
- providing patients with estimates of cost-sharing amounts for scheduled services;
- providing patients with various payment options;
- establishing reasonable efforts to determine patient's eligibility for financial assistance programs;
- evaluating and implementing healthcare industry best practices in billing and collections; and
- maintaining a robust compliance and patient satisfaction monitoring program.



## POLICY and PROCEDURE

### Billing and Collection-Patient

Effective Date: 01/07/19	Original Date: 3/15/17	Approval Date: PPRC 12/12/18
Number: O-214		Version: 2
Facility (Scope): Organization wide, Public		

#### POLICY STATEMENT:

- Billings Clinic not-for-profit, tax-exempt status and charitable mission guides us in providing exemplary services to the residents of Montana and to surrounding states. Billings Clinic recognizes the collection of accounts receivable resulting from patient balances as important in order to maintain financial viability. The purpose of the Billing and Collection policy is to ensure that that Billings Clinic has offered satisfactory opportunities for patients to apply for financial assistance or make adequate payment arrangements. Billings Clinic requires that charges for hospital and clinic services are posted to the patient's account.
- This policy describes the steps taken to ensure reasonable efforts are made to determine whether a patient is eligible for financial assistance. In addition, there could be certain discounts that are available to patients when paying on their self-pay balances. This policy sets forth the actions that Billings Clinic may take in the event of non-payment on patient balances for services prior to referring for Extraordinary Collection Action (ECA).
- For purposes of this policy, references to "patient" mean either the patient or his or her guarantor, *i.e.*, the person having financial responsibility for payment of the account balance.

# **Coding Opioid Settlement Laws and Court Settlements**

# Overview of State Laws Directing Opioid Litigation Proceeds

## State Laws Directing Opioid Litigation Proceeds

FOCUS  EXPLORE

CREATED BY: Center for Public  
Health Law Research Staff  
UPDATED THROUGH: December 1,  
2023

As the opioid overdose epidemic continues to ravage the United States, approximately 3,000 state and local governments have sued opioid manufacturers and distributors for compensation for opioid-related harms. These lawsuits have resulted in major structured settlements to certain states and local governments, presenting an opportunity to fund a public health approach to abate the epidemic. National experts partnered in 2021 to develop model state legislation that directs state use of opioid litigation proceeds to fund evidence-based substance use disorder prevention, treatment, recovery, or harm reduction programming, infrastructure, evidence-informed pilots, and establish a council to administer and direct the fund, among other activities.

This dataset is longitudinal and displays key features of laws that direct the use of opioid litigation proceeds across all 50 states and the District of Columbia in effect as of August 1, 2022, through December 1, 2023. This dataset was originally cross-sectional, valid through August 1, 2022. These data can be used to assess states' progress in enacting the Opioid Litigation Proceeds Model Act, identify gaps in existing state laws, and demonstrate the utility of policy surveillance methods for assessing adherence and diffusion of model legislation.

*The data were developed by the Center for Public Health Law Research at Temple University's Beasley School of Law in partnership with the Legislative Analysis and Public Policy Association with funding from the Office of National Drug Control Policy, Executive Office of the President. Points of view or opinions expressed related to this dataset are those of the researchers and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States government.*

*These data, published in September 2024, were updated with support from the Foundation for Opioid Response Efforts (FORE) and the Pennsylvania Opioid Misuse Addiction and Abatement Trust in partnership with The Pennsylvania State University.*



DATA

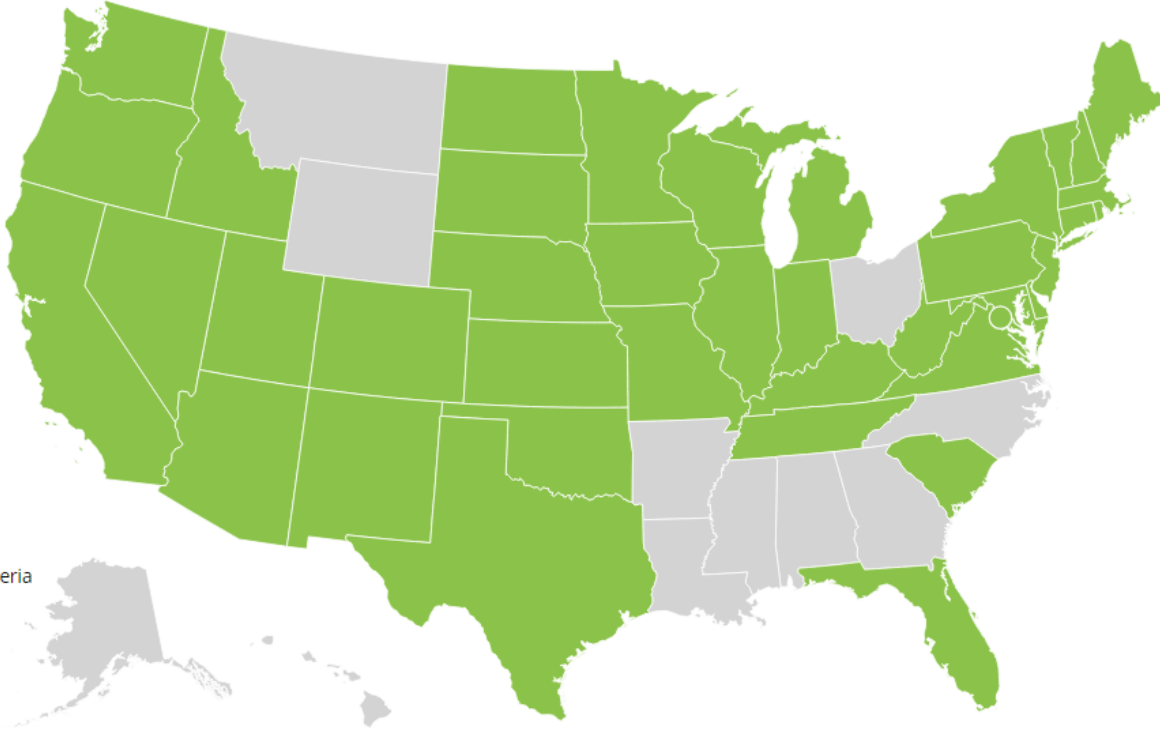


CODEBOOK



PROTOCOL

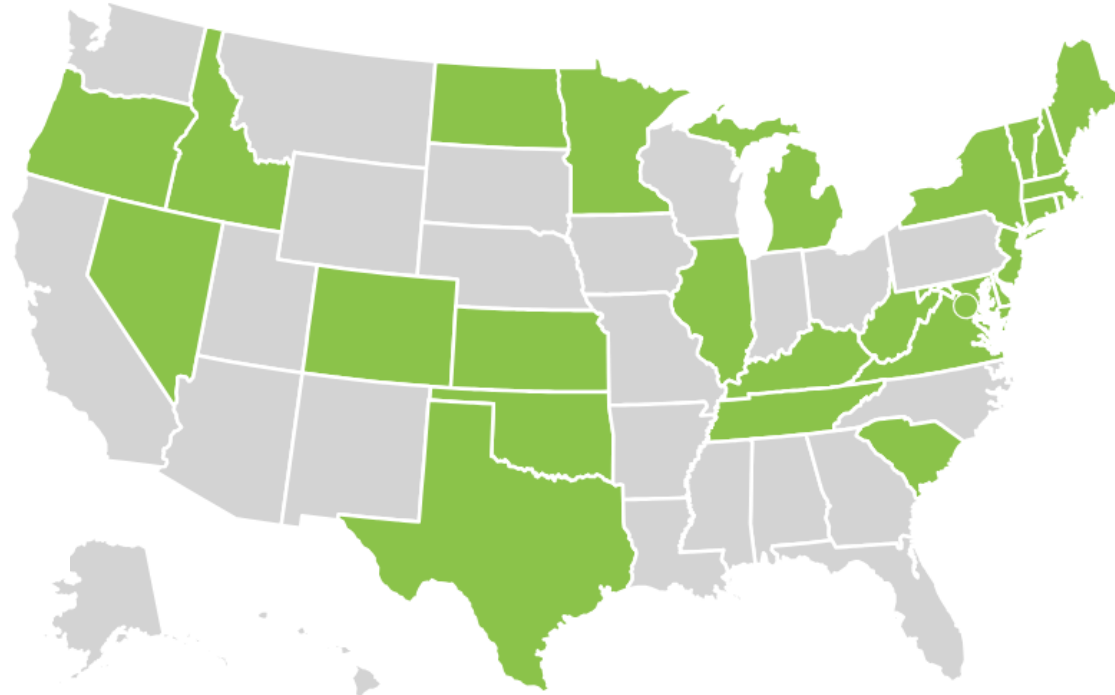
# State Laws Directing Opioid Litigation Proceeds




**40 states and DC** have laws directing the utilization of opioid litigation proceeds as of December 1, 2023

eria

# State Laws Directing Opioid Litigation Proceeds



 **26 states and DC** have laws mandating the creation of an opioid fund council as of December 1, 2023

# Thank You!

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# **School District Tobacco Policies in Florida**

**Questions?**



# Keep in touch!

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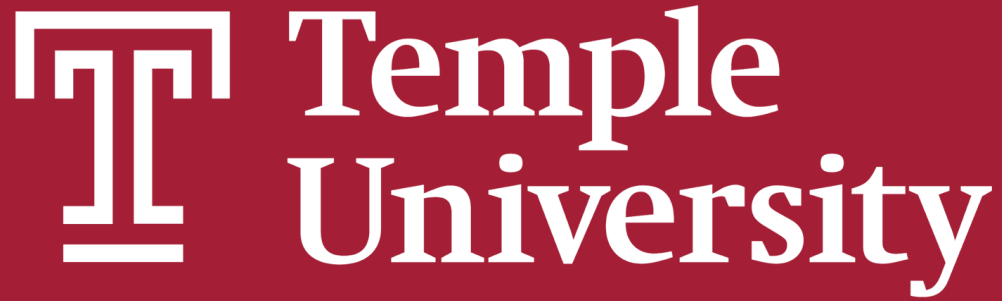


# **CPHLR Resources**

**PHLR.org**

**LawAtlas.org**

**PDAPS.org**



Temple  
University