**2021 Pre-Filed Testimony**

HOSPITALS AND

PROVIDER ORGANIZATIONS

****

**As part of the**

***Annual Health Care***

***Cost Trends Hearing***

# Instructions for Written Testimony

If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the [2021 Annual Health Care Cost Trends Hearing](https://www.mass.gov/service-details/annual-health-care-cost-trends-hearing).

On or before the close of business on **Friday, November 5, 2021**, please electronically submit testimony to: HPC-Testimony@mass.gov. Please complete relevant responses to the questions posed in the provided template. If necessary, you may include additional supporting testimony or documentation in an appendix. Please submit any data tables included in your response in Microsoft Excel or Access format.

We encourage you to refer to and build upon your organization’s pre-filed testimony responses from 2013 to 2019, if applicable. If a question is not applicable to your organization, please indicate that in your response.

The testimony must contain a statement from a signatory that is legally authorized and empowered to represent the named organization for the purposes of this testimony. The statement must note that the testimony is signed under the pains and penalties of perjury. An electronic signature will be sufficient for this submission.

You are receiving questions from both the HPC and the Attorney General’s Office (AGO). If you have any difficulty with the templates or have any other questions regarding the pre-filed testimony process or the questions, please contact either HPC or AGO staff at the information below.

**AGO Contact Information**

For any inquiries regarding AGO questions, please contact:

Assistant Attorney General Sandra Wolitzky at sandra.wolitzky@mass.gov or (617) 963-2021.

**HPC Contact Information**

For any inquiries regarding HPC questions, please contact:

General Counsel Lois Johnson at

HPC-Testimony@mass.gov or lois.johnson@mass.gov.

# HPC Questions

## UNDERSTANDING THE IMPACT OF COVID-19:

Please briefly describe how you believe the COVID-19 pandemic has impacted each of the following:

* 1. Your organization, including but not limited to the impact on your providers and other staff, and any impacts on your ability to recruit and retain staff:

Click or tap here to enter text.

* 1. Your patients, including but not limited to the direct health effects of COVID-19 as well as indirect health effects, such as the effects of deferred or cancelled care, exacerbation of behavioral health and substance use conditions, and effects from economic disruption and social distancing (e.g., evictions, food security):

Click or tap here to enter text.

* 1. The health care system as a whole, including but not limited to how you think the health care system will change going forward, and any policies or innovations undertaken during the pandemic that you hope will continue (e.g., telehealth policies, licensure and scope of practice changes):

Click or tap here to enter text.

## EFFORTS TO COLLECT DATA TO ADVANCE HEALTH EQUITY:

Comprehensive data capturing race, ethnicity, language, disability status, and sexual orientation/gender identity is foundational to advancing health equity in the Commonwealth. Please describe your current efforts to collect these data on your patients. Please also describe specific barriers your organization faces in collecting such data and what policy changes or support has your organization identified as necessary to overcome such barriers.

Click or tap here to enter text.

# AGO Question

Chapter 224 requires providers to make price information on admissions, procedures, and services available to patients and prospective patients upon request. In the table below, please provide available data regarding the number of individuals that sought this information.

|  |
| --- |
| **Health Care Service Price Inquiries****Calendar Years (CY) 2019-2021** |
| Year | Aggregate Number of Written Inquiries | Aggregate Number of Inquiries via Telephone or In-Person |
| **CY2019** | **Q1** |         |        |
| **Q2** |        |        |
| **Q3** |        |       |
| **Q4** |        |       |
| **CY2020** | **Q1** |         |        |
| **Q2** |        |        |
| **Q3** |        |       |
| **Q4** |        |       |
| **CY2021** | **Q1** |        |        |
| **Q2** |        |        |
|   | **TOTAL:** |  |  |