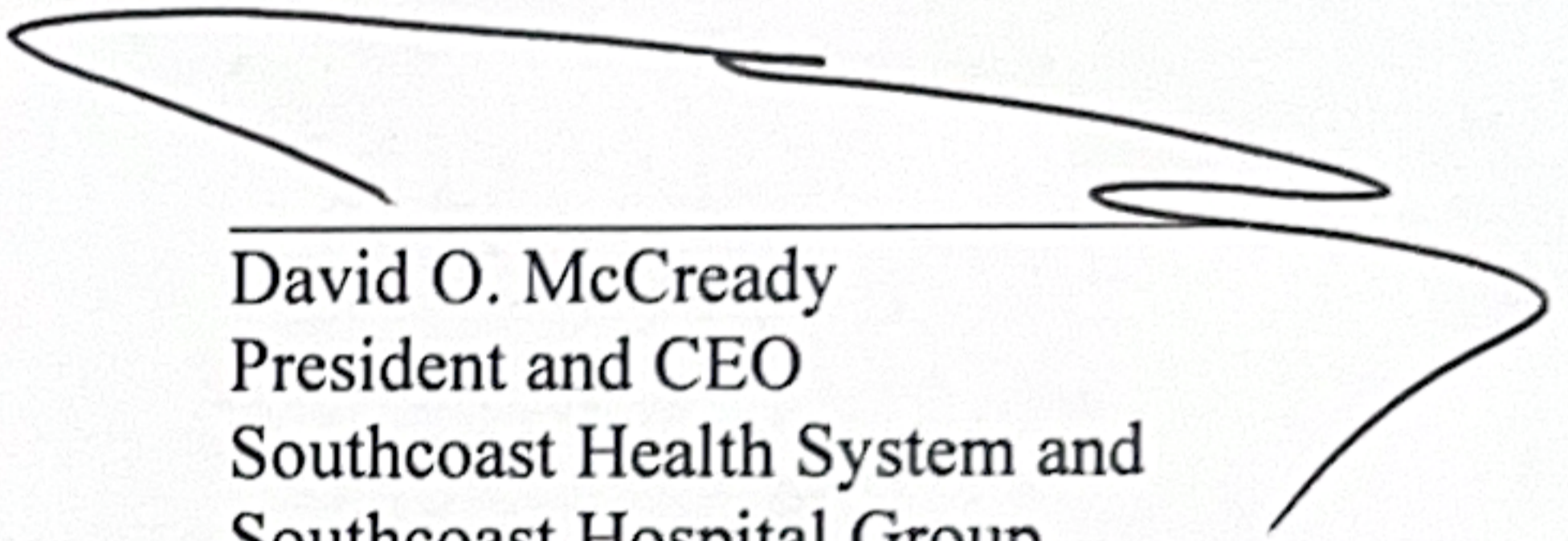


Attestation  
Southcoast Hospitals Group, Inc.

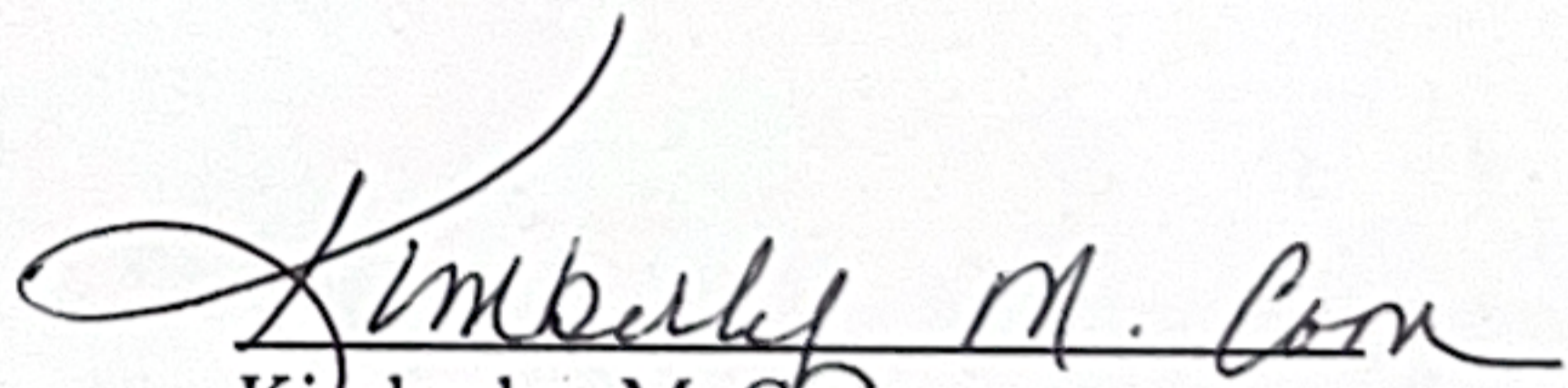
I, David O. McCready, being the duly authorized President and CEO of Southcoast Health System and Southcoast Hospitals Group Inc. (the "Company"), having been duly sworn, do hereby attest that I am legally authorized and empowered to represent the Company for the purposes of the foregoing testimony, and that the foregoing testimony is provided under the pains and penalties of perjury and is true and accurate to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand as President and CEO of the Company this 27<sup>th</sup> of October 2025.

  
David O. McCready  
President and CEO  
Southcoast Health System and  
Southcoast Hospital Group

COMMONWEALTH OF MASSACHUSETTS):ss New Bedford  
COUNTY OF BRISTOL)

The foregoing attestation was acknowledged before me this 27<sup>th</sup> day of October 2025 by David O. McCready, as President and CEO of Southcoast Health System and Southcoast Hospitals Group, Inc., as his free act and deed.

  
Kimberley M. Coon  
NOTARY PUBLIC  
My Commission Expires: 3/17/28



Kimberly M. Coon  
NOTARY PUBLIC  
Commonwealth of  
Massachusetts  
My Commission Expires  
3/17/2028



# **2025 Pre-Filed Testimony PROVIDERS**



**As part of the  
*Annual Health Care  
Cost Trends Hearing***

Massachusetts Health Policy Commission  
50 Milk Street, 8<sup>th</sup> Floor  
Boston, MA 02109

## INSTRUCTIONS FOR WRITTEN TESTIMONY

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If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the [2025 Annual Health Care Cost Trends Hearing](#).

On or before the close of business on **Friday, October 31, 2025**, please electronically submit testimony as a Word document to: [HPC-Testimony@mass.gov](mailto: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 2024, if applicable. If a question is not applicable to your organization, please indicate that in your response.

Your submission 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. All submissions are public record and will be posted to the [HPC's website](#).

You may receive questions from both the HPC and the Office of the Attorney General (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 relevant staff at the information below.

### HPC CONTACT INFORMATION

For any inquiries regarding HPC questions, please contact:  
General Counsel Lois Johnson at  
[HPC-Testimony@mass.gov](mailto:HPC-Testimony@mass.gov) or  
[lois.johnson@mass.gov](mailto:lois.johnson@mass.gov).

### AGO CONTACT INFORMATION

For any inquiries regarding AGO questions, please contact:  
Assistant Attorney General Sandra Wolitzky at  
[sandra.wolitzky@mass.gov](mailto:sandra.wolitzky@mass.gov) or (617) 963-2021.

## THE 2025 HEALTH CARE COST TRENDS HEARING: PRE-FILED TESTIMONY

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The Massachusetts Health Policy Commission (HPC), along with the Office of the Attorney General (AGO), holds the Health Care Cost Trends Hearing each year to examine the drivers of health care costs and consider the challenges and opportunities for improving the Massachusetts health care system.

The 2025 Health Care Cost Trends Hearing offers a critical opportunity to discuss the pressing issues challenging the stability and sustainability of the Commonwealth's health care system. These include mounting affordability issues, workforce constraints, financial volatility, increasing prescription drug costs, and threats to health care access and coverage – and the ongoing efforts to address them.

Recent federal action has created uncertainties about the health care landscape in Massachusetts. It will require a renewed commitment among stakeholders and policymakers to work together towards a health care system that is more affordable, accessible, and equitable for all residents. The 2025 Health Care Cost Trends Hearing will convene industry leaders, clinicians, and community members to reflect on recent policy actions and invite further collaborative action in Massachusetts, advancing the Commonwealth's health care goals and values.

Amid the federal activity, Massachusetts is still contending with existing affordability hardships facing the Commonwealth's residents. Massachusetts now has the highest family health insurance premiums in the country. In 2024, the average annual cost of health care for a family exceeded \$31,000 (including out-of-pocket spending). As health care spending grows as a portion of household income, more and more families incur medical debt and avoid using needed care. These rates become particularly dire when health care premiums and out-of-pocket spending reach 25% of total income – a reality that 41% of Hispanic families and 26% of Black families in Massachusetts faced in 2023 compared to 9% of white families. Furthermore, the average annual cost sharing per person grew from \$849 in 2019 to \$1,049 in 2023 (a 29% increase), and residents paying \$5,000 or more annually in cost sharing doubled from 2019 (1.5%) to 2023 (3.1%).

This is the first cost trends hearing since the enactment of two significant health care laws earlier this year (Chapters 342 and 343 of the Acts of 2024), which strengthen the health care market, address rising prescription drug costs, and enhance the public transparency and accountability of the Commonwealth's health care system – including requiring additional health care market participants to provide public testimony. As the HPC, the AGO, and other state agency partners continue implementation of these new laws, the 2025 Health Care Cost Trends Hearing will focus on working together to safeguard the Commonwealth's commitment to health care affordability, access, and equity.

The pre-filed written testimony affords the HPC and the AGO, on behalf of the public, an opportunity to engage with a broad range of Massachusetts health care market participants. In addition to pre-filed written testimony, the public hearing features in-person testimony from leading health care industry executives, stakeholders, and consumers, with questions posed by the HPC's Board of Commissioners about the state's performance under the [Health Care Cost Growth Benchmark](#) and the status of public and industry-led health care policy reform efforts.

1. Recent and ongoing federal policy actions are changing health care in Massachusetts. What do you anticipate will be the most significant implications of these federal actions on your organization's strategies to address health care affordability, quality, access, and equity? How is your organization working to ensure stability and mitigate any negative impacts on health care workers, patients, and patient care? What specific actions should health care market participants, policymakers, and the public consider to safeguard the Massachusetts health care system against potential risks from federal policy shifts?

#### **Our System:**

Southcoast Health is a not-for-profit, High Public Payer (HPP), community health system serving Southeastern Massachusetts and Rhode Island. In addition to three acute care hospital campuses – Charlton Memorial Hospital (Fall River), St. Luke's Hospital (New Bedford) and Tobey Hospital (Wareham) – Southcoast provides an integrated care network with approximately 900 providers, 55 convenient regional care and service locations, two oncology centers, seven urgent care centers, Home Health services, and numerous ancillary facilities.

#### **Our Patients:**

Traditionally, South Coast residents experience health challenges at a higher rate when compared to the rest of the Commonwealth. Unfortunately, our region has some of the highest rates of diabetes, heart disease, hypertension, obesity, and stroke. In fact, coupled with chronic conditions, Fall River, New Bedford and Wareham have the 8th, 13th & 28th highest Social Vulnerability Index (SVI) scores, out of 351 cities and towns in Massachusetts. Reliable access to cost effective, convenient and affordable healthcare, and equitable reimbursement from payers is considerably more important to healthy outcomes for patients in our region.

Southcoast is recognized by the Commonwealth as a Community High Public Payer (HPP) Hospital – **we have the 6<sup>th</sup> highest public payer mix in Massachusetts.** Over 75% of our patients throughout our system are insured by government health care programs - Medicaid (21%), Medicare (52%), while less than a quarter of our patients utilize commercial insurance (23%).

### **Our Challenges:**

Community High Public Payer (HPP) health systems like Southcoast already face significant challenges from federal and state policy restrictions, increased competition from non-traditional markets, supply chain disruptions and workforce shortages. We are also encumbered by:

- High government payer reliance,
- Low commercial reimbursement rates,
- Threats to 340B,
- Delayed prior authorizations,
- Patients without adequate discharge options – etc.

**The federal policy changes proposed by the federal government will disproportionately impact our patients and their ability to access care. Specifically, the passage of H.R.1 in 2025 will dramatically reduce Medicaid eligibility requirements in Massachusetts. In addition, federal policies will reduce Medicare payments for some hospital-based outpatient services and diminish the 340B program.**

#### **H.R.1 Medicaid Impacts:**

The federal **Medicaid eligibility redetermination** policy will require states to reassess Medicaid Affordable Care Act (ACA) expansion group eligibility every six months, resulting in a \$1.3 billion reduction in federal Medicaid spending in Massachusetts.

The community engagement reporting requirements for beneficiaries, which are confusing to individuals and expensive and burdensome to states, are expected to result in millions of Americans losing Medicaid coverage because of paperwork compliance issues.

In Massachusetts alone, the work requirement provision is projected to reduce Medicaid enrollment by 9 million individuals over the next decade and cut health care spending by approximately \$6.8 billion through Fiscal Year (FY) 2034.

The rise in the uninsured population will lead to reduced MassHealth spending and diminished federal reimbursement, while significantly increasing the amount of uncompensated care at providers like Southcoast.

The new requirements will increase MassHealth's churn rate and uninsured population, with an **estimated 110,000 to 180,000 individuals losing coverage in Massachusetts.**

#### **Medicare Payments - Hospital-Based Outpatient Services:**

Reducing Medicare payments would disproportionately impact community health systems like ours

that serve vulnerable and aging populations. In addition, with low commercial patient volumes, reduced Medicare rates would threaten our ability to provide accessible care.

Southcoast currently ranks 7<sup>th</sup> among all the hospitals in the Commonwealth for the amount of Medicare bad debt it carries each year and the 7<sup>th</sup> highest amount of uncompensated care.

**340B Drug Pricing Program:**

The 340B Drug Pricing Program enables covered entities like Southcoast Health to purchase prescription medications at reduced prices, allowing our hospitals to stretch limited resources. Southcoast relies heavily on annual 340B savings to support patient care across our system. In addition, we support 340B protections because the savings are vital to fund health programs in underserved communities.

**Our Solutions:**

**To ensure individuals have access to health care services, Southcoast is working to mitigate any negative impacts from the passage of H.R.1 by continuing our work through the following initiatives:**

- **Southcoast Health Community Wellness Program:**

The Community Wellness Program (CWP) is dedicated to improving health access and health equity to underserved and at-risk populations across the Southcoast region of Massachusetts and Rhode Island.

  - **Health Education:** Promoting overall wellness through educational initiatives focused on preventive care, healthy lifestyle choices, and management of common health conditions.
  - **Confidential Health Screenings:** Offering private assessments to support early detection, preventive care, and informed health decisions.
  - **Vaccinations:** Providing access to recommended immunizations to support public health and prevent infectious diseases.
  - **Pediatric Immunization Clinics:** Providing support for children’s vaccinations.
  - **Point-of-Care Testing (POCT):** Includes Hemoglobin A1C, blood glucose, and cholesterol readings.
  - **Community Events:** Participation in health and resource fairs to bring services directly to the public.
  - **Street Outreach:** The Street Outreach Initiative provides direct support to individuals experiencing homelessness, substance use disorder, and mental health challenges, highlighting our commitment to wrap-around services.

- **Southcoast Resource Connect:**  
[Southcoast Resource Connect](#) links providers and patients to a robust network of over 4,500 local programs offering vital services such as food access, healthcare, financial support, housing, caregiver assistance, education, job training, and transportation.
- **Patient Financial Services:**  
Southcoast Health’s Patient Financial Services assists patients with determining eligibility for health insurance programs and provides help with enrollment. Our team will continue to work with the community as enrollment eligibility evolves.
- **Urgent Care Access:**  
Our urgent care clinics offer fast, reliable treatment for non-emergency concerns like illnesses, minor injuries and more throughout our service area. We remain committed to serving patients at the right place, right time, avoiding more expensive emergency department visits. In October 2025, we opened our seventh location in Taunton furthering our commitment to access.

The federal policy changes outlined above have caused economic uncertainty in Massachusetts. As a result, the healthcare landscape is significantly disrupted. As a community health system, Southcoast recommends safeguarding the Massachusetts health care system through the following policy areas:

- **Medicaid Payment Rates:**  
We support ensuring that Medicaid payment rates and supplemental payments to High Public Payer (HPP) Hospitals are increased to ensure continued access to quality care.
- **Medicaid Eligibility:**  
We support streamlining Medicaid eligibility processes and making maximum use of data source flexibilities allowed to help as many Medicaid-eligible individuals remain enrolled without disruptions.
- **Equitable Reimbursement / Including Low Historic Relative Price Hospitals:**  
We support equitable payer reimbursement because it is directly linked to our ability to provide clinical excellence and community-based care. Southcoast Health has historically been paid much less for our services than comparable health systems. We support additional funding for hospitals that have a low historic relative price. Commercial payers should increase reimbursements to ensure regional fairness and because of federal policy changes. **Southcoast Health has both a low historic relative price and a small percentage of commercially insured patients – this hurts community health systems like ours financially from all angles. It remains a challenge year after year and equitable payer reimbursement**

**would resolve this financial strain.**

- **Prior Authorization:**

We support prior authorization reform and reducing wait times from 2 business days to 24 hours. Prior authorization requirements create significant challenges for both healthcare providers and more importantly patients and their families. Expediting and streamlining prior authorizations will minimize Emergency Department boarding and improve hospital throughput.

- **Mobile Integrated Health (MIH):**

We support mobile integrated health initiatives and insurance coverage because hospitals continue to face capacity challenges and long Emergency Department wait times. However, mobile integrated health is currently not eligible for reimbursement by most insurers. Coverage for mobile integrated health would allow paramedic-led care teams to meet patients where they are in the community, avoiding costly and unnecessary Emergency Department visits.

**Southcoast continues to adapt and overcome a wide range of challenges, staying true to our mission of delivering high-quality care to the communities we serve.**

*Sources for Massachusetts estimates:*

[MTF Federal Impacts 3 - Federal Reconciliation Health Care.pdf](#) (September 2025)

[Blue Cross MA Foundation: Six Month Redetermination and Work Requirements: Impacts on Health Coverage in Massachusetts](#) (September 2025)

2. Many Massachusetts health care providers continue to face significant workforce challenges. What strategies has your organization successfully implemented to improve recruitment and retention of clinical and/or non-clinical workers? What policy, payment, or health care system reforms does your organization recommend to better sustain, strengthen, and diversify the health care workforce more broadly in Massachusetts?

At Southcoast Health, recruitment, retention, and professional development continue to be top priorities for our system.

**Recruitment:**

Southcoast Health has made significant investments to attract talent across all levels of the organization through:

- Competitive pay rates
- Virtual and in-person job fairs,

- Partnerships with high schools, colleges and universities to build talent pipelines,
  - **Southcoast / UMass Dartmouth Nurse Pipeline:** This program offers associate-degree-prepared nurses at Southcoast Health a pathway to earn a Bachelor of Science in Nursing for free. 31 RNs have participated in the program thus far.
  - **Nurse Camp:** This program was designed to introduce local high school students to careers in nursing and healthcare through hands-on experience, clinical shadowing and the chance to learn from experts in the field through panel discussions.
- Streamlined career site and application process,
- Internal staffing agency,
- Flexible staffing models.

**Retention and Professional Development:**

To support retention and professional development, Southcoast:

- Expanded internal training programs that facilitate career mobility,
- Introduced leadership development initiatives,
- Strengthened our employee and provider wellness efforts - including peer support teams,
- Launched employee appreciation regional gatherings,
- Expanded the “You Belong Here” initiative that takes a holistic approach to the health and wellness of our employees.

Additional benefits such as childcare and a student loan repayment program have also been implemented to support our team members' broader needs.

Southcoast Health continues to welcome and train new graduates for a variety of roles. We recently invested in a state-of-the-art simulation lab that allows clinicians to train and prepare for real-world clinical scenarios.

Thanks to these efforts and the dedication of our employees, we have seen measurable results including reduced reliance on external travelers, fewer open positions and a voluntary turnover rate now below 10%.

We remain committed to recruitment, retention and professional development and are proud to be a community-rooted organization led by those we serve.

3. Administrative complexity in the health care system can burden clinicians and patients and contribute to burnout, reduce timely and equitable access to care, and add unnecessary costs to the system. What policies or strategies should policymakers and/or other market participants consider to reduce administrative complexity that provides little value in the Massachusetts health care system? How

would such changes impact your organization's administrative costs of providing care?

Our providers experience administrative complexity and burden including but not limited to, authorizations and denials, excessive reporting requirements and strain within our Accountable Care Organizations (ACOs).

**Prior Authorization and Denials:**

Our clinicians, case managers, and social workers continue to face challenges on prior authorization and delays in authorization by payers. The rates of technical and unsupported denials are unacceptably high with notable overturning of ill-informed denials at higher levels of appeal, including through administrative law hearings. This adds to patients unnecessarily boarding in hospitals and delayed care.

We support legislation filed this session that would shift prior authorization wait times from 2 business days to 24 hours. This reform would help patients access their next step in care in a timely manner – prioritizing patient care.

***Example:** When a patient is admitted to the hospital on a Friday and requires prior authorization for the next phase of care (i.e., patients going to a nursing home, rehabilitation facility, imaging, specific procedure, etc.), insurance companies are given **two business days** to respond. If Monday happens to be a holiday, that timeline pushes the decision to potentially Wednesday which leaves a patient waiting unnecessarily for their next step in care. This delay is not just inconvenient, it is unacceptable patient care and keeps patients in hospitals longer than they need to be. Hospitals operate 24/7, every day of the year. Southcoast knows that patient needs do not pause for weekends or holidays, and neither should the systems designed to support them. These authorization delays create backups in care, contributing to overcrowding in hospitals and Emergency Department boarding in already strained Emergency Departments. In addition, they compromise quality and timeliness of treatment.*

**Documentation and Reporting Requirements:**

The administrative burdens on licensed sites to document and report are increasing. While there are efforts to move to electronic and claims-based approaches, some of those are not tested or validated.

Southcoast and community hospitals like ours need more support from payers and governmental entities on direct care and fewer administrative burdens. We believe strongly in robust process improvement, but also adhere to high reliability principles.

One of those core principles is deference to expertise, and in markets with dire shortages of providers and staff, every expert clinical resource diverted from direct, evidence-based clinical care to meet administrative reporting or authorization/appeals raises the risk of harm. Without relief of

administrative complexity, we will continue to struggle while meeting the complex requirements.

**Accountable Care Organization (ACO) Specific Challenges:**

At Southcoast Health, we have two ACOs: Medicare ('MSSP') and Medicaid (MassHealth). Together, our ACOs cover almost 40,000 lives. We face a variety of administrative burdens including:

- **Quality Measures Across Payers:**

At Southcoast, we are responsible for over 100 quality measures, approximately 50 unique, across payor risk and quality contracts. Approximately 25% of those measures are relevant to one contract only. Further, where there is measure similarity, either the goal will vary payer by payer (e.g., A1c poor control for patients with diabetes – most payers look for  $\leq 9$ , some  $\leq 8$ ) or the benchmarks vary. The administrative complexity of monitoring all measures, and implementing interventions for a varied set of managers, adds cost and burden to our system. Building on the work of the Quality Measurement Alignment Taskforce to further tighten measure slates, as well as limiting the number of “home grown” or “one-off” measures across payers would support health systems in reducing burden, while still improving quality, in these payer contracts.

- **Third Party Vendors Among Payers:**

Increasingly, payers are engaging third party vendors to support their members with care management-like activities. These vendors provide care management and navigation services that are similar to what Southcoast Health provides to our own patient populations. Some payers use multiple vendors - communication and willingness to exchange data among these vendors is varied, therefore, duplication of services is common. In many cases, these interventions come as a surprise to patients' primary care providers and may not be aligned with their individual plans of care. In certain Medicare Advantage plans, these services are plan benefits, which we have no ability to negotiate, and the expense is charged to us or against our percent of premium. Supporting health systems with placing requirements around interoperability or limiting the proliferation of these services would be beneficial.

- **Incentive Programs - Risk Contracts:**

Many payers introduce add-on incentive programs on top of risk and quality contracts. This can include PMPM incentives for activities including closing risk coding gaps, clinical data integration, and medication reviews by pharmacists. While we appreciate the opportunity to earn incentive, these one-off programs require resources and staffing and are often individual to one contract or payer only. These programs are at odds with the spirit of the risk arrangements that they are tied to, decreasing efficiency and introducing unnecessary layers of administrative burden.

4. High-quality, accessible primary care is foundational to an effective and efficient health care system. If your organization includes primary care providers, what activities or investments are you pursuing to enhance access to affordable, high-quality, person-centered primary care (including integrated behavioral health services) for your patients? How are you tracking the impact of these activities or investments? What policy, payment, or health care system reforms does your organization recommend to enhance equitable access to high-quality primary care services?

The United States is experiencing a growing shortage of Primary Care clinicians, especially physicians. Thousands retire each year, but far fewer are trained to replace them - widening an already serious gap. National estimates show tens of thousands more Primary Care doctors are needed to meet demand, and the shortfall continues to grow.

As a result, many Americans face long waits for care, even when sick. This shortage contributes to poorer health outcomes, rising costs, and persistent disparities across communities. To address this challenge, we remain committed to our role in attracting primary care providers to Southcoast Health.

**Currently, we are working with our legislative partners and the Primary Care Task Force developed at the state level to outline our challenges and identify real solutions that will provide accessible primary care to all patients.**

Echoing recent CMS initiatives, enhancing base reimbursements for primary care providers would be highly beneficial. While we value the progress made through value-based reimbursement models, rising operational costs must be reflected in standard reimbursement rates.

#### **Current Primary Care Improvements:**

- To further increase access to primary care providers, we developed a **new compensation model** for both our primary care physicians and empaneled APPs, aimed at supporting recruitment and retention efforts.
- To improve access to specialty services, we have **streamlined processes** through direct scheduling, electronic consults, and enhancements in our referral system operations.
- In support of our primary care providers and the patients we serve, Southcoast worked diligently to **implement a comprehensive nurse triage program** that offers 24/7 telephone access, reducing the need for patients to contact providers directly on the first call.
- We have **integrated behavioral health clinicians and clinical pharmacists** into our practices, established support staff float pools to maintain adequate coverage, added per diem providers to fill gaps, invested in a centralized Patient Service Center for managing incoming

calls and appointment scheduling, and expanded the use of Advanced Practice Providers (APPs) wherever possible.

- We **support incentives to attract providers into primary care**, such as tuition reimbursement models.

**As we work to address these challenges, Southcoast remains committed to delivering high-quality, accessible primary care - an essential foundation of a strong, effective healthcare system.**

5. Massachusetts now has the highest family health insurance premiums in the United States. In 2024, the average annual cost of health care for a family exceeded \$31,000 (including out of pocket spending). This reflects the growth in underlying health care costs. As health care spending grows as a portion of household income, more and more families incur medical debt and avoid using needed care. Collaborative, urgent action across market participants is needed to reverse these trends. How can your organization contribute to this effort?

Southcoast Health remains committed to enhancing access to appropriate and affordable care by investing in resources and services that support our patients and the broader community. Several examples include:

- **Community Health Workers:**  
We have worked to better integrate community health workers to ensure smooth transitions and coordinated support for our most vulnerable patients.
  - Many of these community health workers, plus a variety of other role types including patient financial services, nursing, and pharmacy, are certified and trained SHINE (Serving the Health Insurance Needs of Everyone) counselors – totaling 49 within our system who can help our patients with health insurance counseling and assistance.
  - **Transitional Care Coordination:** Southcoast Health is interested in piloting one or more transitional care coordinators to connect patients with social services, wrap-around services, and other services that address the social determinants of health.
- **Increased Pharmacy Outreach:**  
We now have a centralized team of three pharmacists and one pharmacy technician who serve the clinically integrated network, plus five newly embedded pharmacists in primary care who support patients in medication access and affordability.
- **Mobile Integrated Health (MIH):**  
Our partnership with Fall River EMS increases access to health care services in the home, which can help to avoid unnecessary Emergency Department visits and inpatient utilization. In 2025, we partnered with Fall River EMS on a six-month, grant-funded pilot program in Bristol County that successfully reduced utilization.

- Southcoast Health will self-fund the program in our current fiscal year.
- This will allow our patients to receive needed care while avoiding high-cost acute care stays. Given that the program is self-funded, we will continue to advocate to commercial and governmental payers that MIH services be billable.
- We support mobile integrated health initiatives and insurance coverage because hospitals continue to face capacity challenges and long Emergency Department wait times. However, mobile integrated health is currently not eligible for reimbursement by insurers.
- Coverage for mobile integrated health would allow paramedic-led care teams to meet patients where they are in the community, avoiding costly and unnecessary Emergency Department visits.

## QUESTIONS FROM THE OFFICE OF THE ATTORNEY GENERAL

- 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.

<b>Health Care Service Price Inquiries Calendar Years (CY) 2023-2025</b>		
Year	Aggregate Number of Written Inquiries	Aggregate Number of Inquiries via Telephone or In-Person
CY2023	Q1	114
	Q2	111
	Q3	150
	Q4	150
CY2024	Q1	150
	Q2	150
	Q3	150
	Q4	150
CY2025	Q1	200
	Q2	200
<b>TOTAL:</b>		1525