



*A Passionate Voice for Compassionate Care*

August 27, 2012

Office of Management and Budget  
Attn: Desk Officer for the Department of the Treasury  
Office of Information and Regulatory Affairs  
Washington, DC 20503

Internal Revenue Service  
Attn: IRS Reports Clearance Officer  
SE:W:CAR:MP:T:T:SP  
Washington, DC 20224

Dear Sir or Madam:

The Catholic Health Association of the United States, representing the nation's largest group of not-for-profit health systems, facilities and sponsoring organizations, is pleased to submit comments regarding the information collection of the Treasury and the Internal Revenue Service (IRS) June 22 notice of proposed rulemaking (NPRM) concerning financial assistance, billing and collections of patient accounts.

The NPRM implements section 501(r) provisions of the Affordable Care Act requiring each tax-exempt hospital to maintain a financial assistance policy (FAP) and an emergency medical care policy, limit amounts charged to individuals determined to be eligible under a facility's FAP and refrain from taking extraordinary collections actions until the facility has made reasonable efforts to determine an individual's FAP eligibility. CHA supported these provisions in the Act and supports the intent of the NPRM. However, financial leaders in our member hospitals have serious concerns about the lack of flexibility of the proposed rule, the amount of time and expense that will be involved in implementing the requirements and the practicality of carrying out many of the provisions.

CHA will provide comments to the IRS on the content of the NPRM. We are responding at this time to the proposed regulation's request for comments to Office of Management and Budget on the collection of information aspects of the proposal.

It is our view that the proposed regulations are excessively complex and overly prescriptive, resulting in unnecessary cost and paperwork burden. The proposal would require nearly all hospitals to revise their policies, procedures and recordkeeping documentation, even those in full compliance with comparable or more extensive state or health care system requirements. An added problem for many hospitals is that because the 501 (r) provisions related to financial

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assistance and billing went into effect immediately, many hospitals and health systems revised their policies, procedures and documentation to be in compliance with those provisions and will have to undertake yet another set of revisions.

We believe that the burden of these requirements would be greatly reduced if, instead of describing in detail how all hospitals must uniformly act, the regulation required each hospital to publicly disclose the content of its financial assistance and emergency medical policies and make public how it determines amounts charged to FAP eligible persons and how it determines an individual's FAP eligibility. An emphasis on disclosure and transparency rather than prescribing specific activities that all hospitals must follow would provide needed flexibility and save considerable time and expense.

Further, we believe that the annual commitment of time required to comply with the collection of information contained in the proposed regulations will greatly exceed the 11.5 hours estimated. Our finance offices report that it will be extremely time consuming to comply with the proposed regulations. CHA urges OMB to evaluate the time commitment and resulting costs imposed on hospitals.

Please let me know if you have any questions about these comments.

Sincerely,

A handwritten signature in black ink that reads "Michael Rodgers". The signature is written in a cursive, flowing style with a long horizontal line extending from the end.

Michael Rodgers  
Senior Vice President, Advocacy and Public Policy