MHDO Data Fee Reduction or Waiver Request

Contact Person: Eric Floyd   **Date of Request:** 5/16/2013
Party Requesting Reduction or Waiver: Eric Floyd
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A. Fee Reduction or Waiver Request

1. Fee Reduction amount: $ ___up to 1025___

2. Fee Waiver amount: $ ___up to 1025___

B. Determination of Eligibility

The Maine Health Data Organization Board may reduce or waive the fees as established in 90-590 Chapter 50 in the event it determines that the entity requesting data has demonstrated either or both of the following provisions. Please provide a detailed explanation under the provision(s) that apply to your waiver request.

1. Inability to pay.
Please explain inability to pay for data, in detail, and document any extenuating circumstances that exist preventing payment for the data. If the analysis is being funded by a grant, please attach the associated budget information.

I am a PhD student in my fourth year. For this particular data set, I will be paying out of my own pocket. Because of my stipend and my own living expenses, paying for this data will be a serious financial burden.

2. Information/analysis publicly accessible.
Please explain how the requested data will be used to improve the health of Maine residents.

The results of this study will hopefully be used to address issues surrounding medical pricing transparency. This is an important policy area that can be improved upon to help Maine residents.

Please describe how the resulting information, reports, and/or analytical products will be available in the public domain without charge.

Information on this is not available at this time.

Please propose a date by which the resulting information, reports, and/or analytical products will be available to the public in an easily accessible format.

Information on this is not available at this time.

For Internal Use Only

☐ Waiver Granted   ☐ Fee Reduced   ☐ Conditional Wavier Granted   ☐ Waiver Denied