

**AMENDMENT TO THE SUBSTITUTE FOR THE  
AMENDMENT IN THE NATURE OF A SUB-  
STITUTE TO SUBTITLE I  
OFFERED BY M\_\_ . \_\_\_\_\_**

Add at the end the following new section:

**1 SEC. 30904. HOSPITAL PRICE TRANSPARENCY.**

2 Section 2718(e) of the Public Health Service Act (42  
3 U.S.C. 300gg–18(e)) is amended—

4 (1) by striking “Each hospital” and inserting  
5 the following:

6 “(1) IN GENERAL.—Each hospital”;

7 (2) by inserting “, in plain language without  
8 subscription and free of charge, in a consumer-  
9 friendly, machine-readable format,” after “a list”;  
10 and

11 (3) by adding at the end the following: “Each  
12 hospital shall include in its list of standard charges,  
13 along with such additional information as the Sec-  
14 retary may require with respect to such charges for  
15 purposes of promoting public awareness of hospital  
16 pricing in advance of receiving a hospital item or  
17 service, as applicable, the following:

1           “(A) A description of each item or service  
2 provided by the hospital.

3           “(B) The gross charge.

4           “(C) Any payer-specific negotiated charge  
5 clearly associated with the name of the third  
6 party payer and plan.

7           “(D) The de-identified minimum nego-  
8 tiated charge.

9           “(E) The de-identified maximum nego-  
10 tiated charge.

11           “(F) The discounted cash price.

12           “(G) Any code used by the hospital for  
13 purposes of accounting or billing, including  
14 Current Procedural Terminology (CPT) code,  
15 the Healthcare Common Procedure Coding Sys-  
16 tem (HCPCS) code, the Diagnosis Related  
17 Group (DRG), the National Drug Code (NDC),  
18 or other common payer identifier.

19           “(2) DELIVERY METHODS AND USE.—

20           “(A) IN GENERAL.—Each hospital shall  
21 make public the standard charges described in  
22 paragraph (1) for as many of the 70 Centers  
23 for Medicaid & Medicare Services-specified  
24 shoppable services that are provided by the hos-  
25 pital, and as many additional hospital-selected

1 shoppable services as may be necessary for a  
2 combined total of at least 300 shoppable serv-  
3 ices, including the rate at which a hospital pro-  
4 vides and bills for that shoppable service. If a  
5 hospital does not provide 300 shoppable services  
6 in accordance with the previous sentence, the  
7 hospital shall make public the information spec-  
8 ified under paragraph (1) for as many  
9 shoppable services as it provides.

10 “(B) DETERMINATION BY CMS.—A hos-  
11 pital shall be deemed by the Centers for Medi-  
12 care & Medicaid Services to meet the require-  
13 ments of subparagraph (A) if the hospital main-  
14 tains an internet-based price estimator tool that  
15 meets the following requirements:

16 “(i) The tool provides estimates for as  
17 many of the 70 specified shoppable services  
18 that are provided by the hospital, and as  
19 many additional hospital-selected  
20 shoppable services as may be necessary for  
21 a combined total of at least 300 shoppable  
22 services.

23 “(ii) The tool allows health care con-  
24 sumers to, at the time they use the tool,  
25 obtain an estimate of the amount they will

1 be obligated to pay the hospital for the  
2 shoppable service.

3 “(iii) The tool is prominently dis-  
4 played on the hospital’s website and easily  
5 accessible to the public, without subscrip-  
6 tion, fee, or having to submit personal  
7 identifying information (PII), and search-  
8 able by service description, billing code,  
9 and payer.

10 “(3) DEFINITIONS.—Notwithstanding any other  
11 provision of law, for the purpose of paragraphs (1)  
12 and (2):

13 “(A) DE-IDENTIFIED MAXIMUM NEGO-  
14 TIATED CHARGE.—The term ‘de-identified max-  
15 imum negotiated charge’ means the highest  
16 charge that a hospital has negotiated with all  
17 third party payers for an item or service.

18 “(B) DE-IDENTIFIED MINIMUM NEGO-  
19 TIATED CHARGE.—The term ‘de-identified min-  
20 imum negotiated charge’ means the lowest  
21 charge that a hospital has negotiated with all  
22 third party payers for an item or service.

23 “(C) DISCOUNTED CASH PRICE.—The  
24 term ‘discounted cash price’ means the charge  
25 that applies to an individual who pays cash, or

1 cash equivalent, for a hospital item or service.  
2 Hospitals that do not offer self-pay discounts  
3 may display the hospital's undiscounted gross  
4 charges as found in the hospital chargemaster.

5 “(D) GROSS CHARGE.—The term ‘gross  
6 charge’ means the charge for an individual item  
7 or service that is reflected on a hospital’s  
8 chargemaster, absent any discounts.

9 “(E) PAYER-SPECIFIC NEGOTIATED  
10 CHARGE.—The term ‘payer-specific negotiated  
11 charge’ means the charge that a hospital has  
12 negotiated with a third party payer for an item  
13 or service.

14 “(F) SHOPPABLE SERVICE.—The term  
15 ‘shoppable service’ means a service that can be  
16 scheduled by a health care consumer in ad-  
17 vance.

18 “(G) STANDARD CHARGES.—The term  
19 ‘standard charges’ means the regular rate es-  
20 tablished by the hospital for an item or service,  
21 including both individual items and services and  
22 service packages, provided to a specific group of  
23 paying patients, including the gross charge, the  
24 payer-specific negotiated charge, the discounted  
25 cash price, the de-identified minimum nego-

1           tiated charge, the de-identified maximum nego-  
2           tiated charge, and other rates determined by  
3           the Secretary.

4           “(H) THIRD PARTY PAYER.—The term  
5           ‘third party payer’ means an entity that is, by  
6           statute, contract, or agreement, legally respon-  
7           sible for payment of a claim for a health care  
8           item or service.

9           “(4) ENFORCEMENT.—In addition to any other  
10          enforcement actions or penalties that may apply  
11          under subsection (b)(3) or another provision of law,  
12          a hospital that fails to provide the information re-  
13          quired by this subsection and has not completed a  
14          corrective action plan to comply with the require-  
15          ments of such subsection shall be subject to a civil  
16          monetary penalty of an amount not to exceed \$300  
17          per day that the violation is ongoing as determined  
18          by the Secretary. Such penalty shall be imposed and  
19          collected in the same manner as civil money pen-  
20          alties under subsection (a) of section 1128A of the  
21          Social Security Act are imposed and collected.”.

