



How Much More Price Transparency Do the Billionaires Want???

July 18, 2023

The billionaires' attacks on hospitals continue as they build a narrative around hospitals' dishonest billing and lack of price transparency. They accuse hospitals of "dishonest billing" for billing for HOPD facility fees. They are shifting from a demand for price transparency to a demand for publication of "real" prices." Underlying all of this is a suggestion that hospitals are being dishonest with their patients.

Just today, Arnold Ventures sent a letter across Capitol Hill (click [here](#)) urging Congress to do more on price transparency. In addition to the billionaire group, nine organizations including the American Academy of Family Physicians, AARP, and the Purchaser Business Group on Health signed on.

Click [here](#) and [here](#) for the latest ads by PatientsRightsAdvocate.org that ignore existing hospital price transparency requirements and demand "real" prices. And click [here](#) for a paper by the Foundation for Government Accountability (not be confused with the U.S. Government Accountability Office) promoted by PatientRightsAdvocate.org - "How the Biden Administration is Enabling Hospitals to Violate Price Transparency Requirements," This flies in the face of hospital compliance with price transparency regulations according to CMS data (70-85% compliance) and the additional enforcement requirements imposed in April (click [here](#)).

The Administration and Congress are hearing the rhetoric:

- CMS proposes to strengthen and expand the hospital price transparency regulations. Click [here](#) for the OPPTS proposed rule for FY2024 and [here](#) for the CMS Fact Sheet on the price transparency proposals. CMS addresses some issues raised by PatientsRightsAdvocate.org. The proposed rule would, among other changes, require hospitals:
 - to certify and attest to compliance;
 - to add a consumer friendly "expected allowed amount"; and
 - use a CMS template to standardize the data format.
- Last week the House Education and Workforce Committee (with jurisdiction over private payers) jumped on the bandwagon and passed four bills pushed by the billionaires and business groups. "Dishonest billing, opaque rules, and shady industry practices have left patients paying higher costs for health care," said Education and the Workforce Committee Chairwoman Virginia Foxx (R-NC).
- Click [here](#) for the press release with links to the bills.

- HR 4509 (click [here](#)), the **Transparency in Billing Act**, requires insurers to only pay claims submitted by a hospital at an HOPD when the claim includes a separate unique identifier for the department where the items or services were furnished. Hospitals would be penalized financially for failure to comply. The Committee passed it 39-0.
- HR 4507 (click [here](#)), the Transparency in Coverage Act, passed 38-1, to codify the Transparency in Coverage (TiC) regulations already in effect for insurers and to include provisions for PBMs. (This committee does not have jurisdiction over the Hospital Price Transparency regulations – legislation passed last month in the House Energy and Commerce Committee to strengthen those regulations.)

And the White House is pushing for more transparency:

- The White House announced a series of actions to lower health care costs and prevent junk fees (click [here](#) for the fact sheet and [here](#) for President Biden’s remarks which include comments about *hospitals trying to get around the No Surprises Act by hiding facility fees when patients go to a doctors’ office owned by the hospital.*)
- The Administration released a Request for Information (RFI) on how the use of medical credit cards, loans and other financial products used to pay for health care may impact both patients and the health care system. Click [here](#) for the press release and [here](#) for the RFI. We expect the responses to the RFI to lead to proposed regulations – perhaps as early as later this year.
 - The billionaires have raised a lot of questions about the **tax exemption not-for-profit hospitals** receive. (Click [here](#) for the latest NEJM piece and [here](#) for a strong rebuttal by AHA; click [here](#) for a Kaiser Family Foundation report on states’ scrutinizing state and local tax exemptions.) The RFI also raises questions about **tax-exempt hospitals** on page 44285:
 - One way in which these products [referring to medical payment products] may be advantageous to health care providers, particularly tax-exempt hospitals, is by using these products in support of their not-for-profit status. For example, one medical installment loan company advertise to hospitals that its interest-charging loan product is a “community benefit that makes care affordable” and “supports your organization’s compliance with IRS regulation 501r.”
 - The RFI questions compliance with **Hospital Price Transparency** requirements on page 44289:
 - What prices or versions of standard charges (e.g., cash prices) are offered to patients who sign up for a medical credit card or installment loan? What steps are taken by health care providers to ensure these charges are adequately disclosed in accordance with hospital price transparency requirements? **Do these charges reflect and specifically identify facility fees?**

In The States – The Push for More Transparency Continues

Bills to further **regulate price transparency requirements and to set prices** continue to be pushed at the state level. As of July 2, per the National Association of State Health Policy (funded in part by Arnold Ventures) Click [here](#) to access their interactive maps and bill summaries.

