

Summary of Proposed Rule: Transparency in Coverage (2025-23693)

1. Background & Purpose

The Departments of the Treasury (IRS), Labor (EBSA), and Health and Human Services (CMS) jointly issued this rule to **amend existing Transparency in Coverage regulations** that implement the Affordable Care Act (ACA). These regulations require non-grandfathered group health plans and health insurance issuers to publicly disclose detailed pricing data for in-network and out-of-network care, as well as prescription drugs. [Public Inspection Federal Register](#)

The rule stems from implementation of the 2020 final Transparency in Coverage rules, and **responds to stakeholder feedback identifying usability issues**, such as excessively large data files and lack of contextual information. It also aligns the requirements with **Executive Order 14221**, which directs improved standardization, accessibility, and comparability of health price information. [Public Inspection Federal Register](#)

The goal of the proposal is to **enhance price transparency, empower consumers and employers**, and promote competition and innovation in the health care market by making pricing information more accurate, accessible, and meaningful. [Public Inspection Federal Register](#)

2. Key Proposed Changes

A. Definitions

The proposal would add a definition for **“health insurance market”** to clarify how out-of-network allowed amount machine-readable files are organized and ensure consistency across markets where plans or issuers operate. [Public Inspection Federal Register](#)

B. Consumer Disclosures

1. Internet and Telephone Accessibility

Plans and issuers would still provide cost-sharing information through internet-based self-service tools and on paper upon request, but the proposal would also **require availability by telephone**. This ensures broader access, aligning with the **No Surprises Act’s telephone-based price comparison requirements**. [Public Inspection Federal Register](#)

2. Balance Billing Disclaimer

Required disclaimers must clearly state that cost-sharing estimates may not reflect additional charges in states where out-of-network balance billing is permitted. This update accounts for protections under the No Surprises Act that weren’t in effect when the 2020 rules were finalized. [Public Inspection Federal Register](#)

C. Public Disclosure Requirements

1. Machine-Readable Files (MRFs)

Plans and issuers must continue to post machine-readable files on public websites. However, the proposal would:

- **Require contextual files** in addition to raw pricing data to improve usability.
- Create a **plain text file** in the root of the website with URLs and contact information to improve findability.
- Consider moving toward a **standardized file format** across machine-readable files, easing data use. [Public Inspection Federal Register](#)

2. In-Network Rate File Amendments

Proposed enhancements include:

- Posting **separate files for each provider network**.

- Reporting **common network names** and **current enrollment counts**.
- Excluding provider-service pairs that are unlikely to occur in practice (improves file relevance).
- Requiring **contextual files**:
 - **Change-log File**: Records modifications since the last published file.
 - **Utilization File**: Contains claims data for a defined prior period.
 - **Taxonomy File**: Shows internal provider specialties to help users understand reimbursements. [Public Inspection Federal Register](#)

These changes are intended to make the data more structured, informative, and useful for analysis. [Public Inspection Federal Register](#)

3. Out-of-Network Allowed Amounts

To improve transparency of out-of-network pricing:

- Data would be reported **at the health insurance market level**(broader grouping).
- The **minimum claims threshold** to include services in the data would drop from 20 to 11 claims.
- The **reporting period** would increase from 90 days to six months, with a historical lookback of nine months, improving data richness. [Public Inspection Federal Register](#)

D. Reporting Frequency & Timing

- Quarterly reporting is proposed for the in-network and out-of-network data files (currently monthly), reducing burdens while retaining usefulness.
- Prescription drug pricing files would remain on a monthly schedule. [Public Inspection Federal Register](#)

3. Costs and Benefits

The proposal includes a detailed economic analysis of estimated **costs and benefits**:

- **Costs** include data collection, system updates, training, and reporting burdens for plans and issuers, with multi-year implementation costs in the hundreds of millions of dollars. [Public Inspection Federal Register](#)
- **Benefits** focus on reduced data handling costs (e.g., smaller files requiring less processing), easier discovery of files, and improved competitive analysis capabilities for third-party developers, insurers, employers, and consumers. [Public Inspection Federal Register](#)

While initial costs are substantial, expected benefits include **greater usability of price data**, enhanced market competition, and potential long-term improvements in consumer decision-making. [Public Inspection Federal Register](#)

4. Other Provisions

- **Severability**: The proposal retains severability clauses from the 2020 final rules, ensuring that invalidation of one provision won't nullify the entire framework. [Public Inspection Federal Register](#)

- **Technical Amendments:** Minor edits to regulatory text improve consistency and clarify terminology without altering substantive requirements. [Public Inspection Federal Register](#)
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5. Next Steps

The rule is open for public comment, with a deadline typically **60 days from publication in the Federal Register**. Stakeholders—especially health plans, issuers, developers, and consumer advocates—can submit feedback on specific data elements, reporting timelines, and accessibility features. [Public Inspection Federal Register](#)

Bottom Line

This proposal represents a **significant refinement of the Transparency in Coverage regime**, focusing on making health pricing data:

- more **structured and contextualized**,
- **easier to find and use**,
- and **more accessible** through multiple channels (including phone),

while balancing administrative costs with broader usability and consumer benefits. [Public Inspection Federal Register](#)