

# Bipartisan House bill could help employer health plans fight facility fees

By [Allison Bell](#) - BenefitsPRO

May 08, 2026 at 12:33 PM

## What You Need To Know

- The sponsors are the chair of the House Education and Workforce Committee and the top Democrat on the committee.
- The lawmakers introduced a similar bill in the previous Congress.
- The bill would apply to self-insured health plans as well as fully insured plans.

Two powerful House members have brought back a bipartisan bill that could help employer-sponsored health plans keep doctors from charging hospital-level prices for care provided in ordinary medical offices that happen to be affiliated with the hospitals.

House Rules Committee Chairwoman Virginia Foxx, R-N.C., joined with Rep. Robert Scott, D-Va. — the highest-ranking Democrat on the House Education and Workforce Committee — to introduce the [Transparency in Billing Act](#) bill.

The bill would fight misleading hospital "facility fees" by requiring hospitals to use separate identifier codes for the main hospital facility and for each outpatient department.

If a health care system included a hospital, any claims the health care system sent to a "group health plan or a health insurance issuer" would have to include an identifier, to help the insurer or self-insured health plan administrator determine whether the service was really provided in a hospital or in an outpatient setting.

The bill is under the jurisdiction of the House Education and Workforce Committee. Foxx was the chairwoman of that committee during the 118th Congress, which ended in December 2024.

Foxx and Scott have not yet posted the new, updated text of the bill. An [earlier version](#), introduced in 2023, could have allowed the secretary of the U.S. Department of Health and Human Services to impose a fine of up to \$5,500 per violation per day on a hospital with more than 30 beds.

The early version of the bill died in committee when the 118th Congress ended.

Foxx said in an announcement about the reintroduction of the bill that it would increase health care cost transparency.

"Patients should always have the information they need to make informed health care decisions," Foxx said. "Far too often, many are hit with hidden upcharges and extraneous fees without even knowing it."

The bill "will help ensure that health care costs are driven by those who provide the highest-quality services, not by those with the most market power," Scott said.

**What it means:** Congress could do something about health plans' "site of care" cost problem.

For Congress, enacting the bill, either as stand-alone legislation or as part of a bigger package, would be a way to show it can still pass legislation without increasing taxes or leading to significant new federal spending.

**The backdrop:** Hospitals often charge more than ordinary medical offices or outpatient services clinics for the same procedures.

Hospitals have long argued that they need to charge more for care because they need to be able to offer a wide range of services 24 hours per day, seven days per week, in all kinds of weather conditions.

Employers, benefits advisors and [academic researchers](#) have concluded that, in recent years, hospital-led health care systems have increased claims by acquiring medical practices and classifying procedures performed in the offices as procedures performed in a hospital.

Kathy Oubre, the chief executive officer of the Pontchartrain Cancer Center in Covington, Louisiana, recently testified at a Senate health care cost hearing that, in addition to increasing care prices, hospital acquisitions of medical offices may hurt patients by leading to health care systems moving the locations where care is delivered to places that are far from where many patients live and work.