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**THE GENERAL ASSEMBLY OF PENNSYLVANIA**

SENATE BILL

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| No. | 9 | Session of2024 |

INTRODUCED BY

REFERRED TO HEALTH AND HUMAN SERVICES

AN ACT

Providing for transparency in hospital pricing.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. The act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act, is amended by adding chapters to read:

CHAPTER 8-C

HOSPITAL PRICE TRANSPARENCY

Section 801-C. Purpose.

The purpose of this chapter is to require hospitals to disclose prices for certain items and services provided by hospitals and to provide for enforcement by the department.

Section 802-C. Public availability of price information required.

Notwithstanding any other provision of law, a hospital shall publish all of the following on its publicly accessible Internet website and provide hard copies upon request:

(1) A digital file in a machine-readable format and printable format that contains a list of all standard charges for all hospital items or services under 803-C.

Section 803-C. List of standard charges.

(a) List.--A hospital shall have the following duties:

(1) Maintain a list of all standard charges for all hospital items or services in accordance with this chapter.

(2) Ensure that the list is always available to the public, including publishing the list electronically.

(b) Standard charges.--The standard charges contained in the list shall reflect the standard charges applicable to the location of the hospital, regardless of whether the hospital operates in more than one location or operates under the same license as another hospital.

(c) Contents.--A hospital shall include all of the following information in the list under subsection (a):

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

(2) The following charges for each individual hospital item or service when provided in either an inpatient setting or an outpatient department setting, as applicable, including:

(i) The gross charge.

(ii) The minimum negotiated charge.

(iii) The maximum negotiated charge.

(iv) The discounted cash price.

(v) The payor-specific negotiated charge, delineated by the name of the third-party payor and plan associated with the charge and displayed in a manner that clearly associates the charge with the third-party payor and plan. A hospital must include all payors and all plans accepted by the hospital in a manner clearly associated with the name of the third-party payor and specific plan.

(d) Display.--A hospital shall display the list by posting in a prominent location on the home page of the hospital's publicly accessible Internet website or making the list accessible by a dedicated link that is prominently displayed on the home page of the hospital's publicly accessible Internet website. If the hospital operates multiple locations and maintains a single Internet website, the hospital shall post the list for each location that the hospital operates in a manner that clearly associates the list with the applicable location of the hospital and includes charges specific to each individual hospital location.

(e) Availability.--

(1) A hospital shall ensure that the list complies with the following requirements:

(i) Be available free of charge.

(ii) Be accessible to a common commercial operator of an Internet search engine to the extent necessary for the search engine to index the list and display the list in response to a search query of a user of the search engine.

Section 804-C. Reporting requirements.

(a) Annual report.--By July 1 of each year, a hospital shall report to the department on facility fees charged or billed during the preceding calendar year. The Department of Health shall determine the form of the report and transmit notice to the Legislative Reference Bureau for publication in the next available issue of the Pennsylvania Bulletin. The report shall include, at a minimum:

(1) The name and location of each health care facility owned or operated by the hospital that provides services for which a facility fee is charged or billed.

(2) The number of patient visits at each health care facility for which a facility fee was charged or billed.

(3) The number, total amount and types of allowable facility fees paid at each health care facility by Medicare, Medical Assistance and private insurance.

(4) For each health care facility, the total number of facility fees charged and the total amount of revenue received by the hospital or health system derived from facility fees.

(5) The total amount of facility fees charged and the total amount of revenue received by the hospital or health system from all health care facilities derived from facility fees.

(6) The 10 most frequent procedures or services, identified by current procedural terminology Category I codes, provided by the hospital that generated the largest amount of facility fee gross revenue, including:

(i) The volume of each procedure or service.

(ii) The gross and net revenue totals for each procedure or service.

(iii) The total net amount of revenue received by the hospital or health system derived from facility fees for each procedure or service.

(7) The 10 most frequent procedures or services, identified by current procedural terminology Category I codes, based on patient volume, provided by the hospital for which facility fees were billed or charged, including the gross and net revenue totals received for each procedure or service.

(8) Any other information related to facility fees the department may require.

(b) Audits.--The department may audit the publicly accessible Internet websites of hospitals to ensure compliance with this chapter.

Section 2. This act shall take effect in 180 days.