

118TH CONGRESS
1ST SESSION

H. R. 4839

To amend title XVIII of the Social Security Act to require certain facilities under the Medicare program to disclose certain information relating to charges and prices.

IN THE HOUSE OF REPRESENTATIVES

JULY 24, 2023

Mrs. STEEL introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to require certain facilities under the Medicare program to disclose certain information relating to charges and prices.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Hospital and ASC
5 Price Transparency Act of 2023”.

1 **SEC. 2. REQUIRING CERTAIN FACILITIES UNDER THE MEDI-**
2 **CARE PROGRAM TO DISCLOSE CERTAIN IN-**
3 **FORMATION RELATING TO CHARGES AND**
4 **PRICES.**

5 (a) IN GENERAL.—Part E of title XVIII of the Social
6 Security Act (42 U.S.C. 1395x et seq.) is amended by add-
7 ing at the end the following new section:

8 **“SEC. 1899C. PRICE TRANSPARENCY REQUIREMENTS.**

9 “(a) PRICE TRANSPARENCY REQUIREMENTS FOR
10 SPECIFIED HOSPITALS.—

11 “(1) IN GENERAL.—Beginning January 1,
12 2026, each specified hospital (as defined in para-
13 graph (6)) that receives payment under this title for
14 furnishing items and services shall comply with the
15 price transparency requirement described in para-
16 graph (2).

17 “(2) REQUIREMENT DESCRIBED.—

18 “(A) IN GENERAL.—For purposes of para-
19 graph (1), the price transparency requirement
20 described in this paragraph is, with respect to
21 a specified hospital, that such hospital, in ac-
22 cordance with a method and format established
23 by the Secretary under subparagraph (C), com-
24 pile and make public (without subscription and
25 free of charge) for each year—

1 “(i) one or more lists, in a format
2 specified by the Secretary (which may be a
3 machine-readable format), of the hospital’s
4 standard charges (including the informa-
5 tion described in subparagraph (B)) for
6 each item and service furnished by such
7 hospital; and

8 “(ii) information in a consumer-
9 friendly format (as specified by the Sec-
10 retary)—

11 “(I) on the hospital’s prices (in-
12 cluding the information described in
13 subparagraph (B)) for as many of the
14 Centers for Medicare & Medicaid
15 Services-specified shoppable services
16 that are furnished by the hospital,
17 and as many additional hospital-se-
18 lected shoppable services (or all such
19 additional services, if such hospital
20 furnishes fewer than 300 shoppable
21 services) as may be necessary for a
22 combined total of at least 300
23 shoppable services; and

24 “(II) that includes, with respect
25 to each Centers for Medicare & Med-

1 icaid Services-specified shoppable
2 service that is not furnished by the
3 hospital, an indication that such serv-
4 ice is not so furnished.

5 “(B) INFORMATION DESCRIBED.—For pur-
6 poses of subparagraph (A), the information de-
7 scribed in this subparagraph is, with respect to
8 standard charges and prices (as applicable)
9 made public by a specified hospital, the fol-
10 lowing:

11 “(i) A description of each item or
12 service, accompanied by, as applicable, the
13 Healthcare Common Procedure Coding
14 System code, the diagnosis-related group,
15 the national drug code, or other identifier
16 used or approved by the Centers for Medi-
17 care & Medicaid Services.

18 “(ii) The gross charge, expressed as a
19 dollar amount, for each such item or serv-
20 ice, when provided in, as applicable, the in-
21 patient setting and outpatient department
22 setting.

23 “(iii) The discounted cash price, ex-
24 pressed as a dollar amount, for each such
25 item or service when provided in, as appli-

1 cable, the inpatient setting and outpatient
2 department setting (or, in the case no dis-
3 counted cash price is available for an item
4 or service, the gross charge for such item
5 or service).

6 “(iv) Any other information the Sec-
7 retary may require for purposes of pro-
8 moting public awareness of specified hos-
9 pital standard charges or prices in advance
10 of receiving an item or service from such
11 a hospital, except information that is dupli-
12 cative of any other reporting requirement
13 under this section. Such information may
14 include any current payer-specific nego-
15 tiated rates, clearly associated with the
16 name of the third party payer and plan
17 and expressed as a dollar amount, that
18 apply to each such item or service when
19 provided in, as applicable, the inpatient
20 setting and outpatient department setting.

21 “(C) METHOD AND FORMAT.—Not later
22 than January 1, 2026, the Secretary shall es-
23 tablish one or more methods and formats for
24 specified facilities to use in compiling and mak-
25 ing public standard charges and prices (as ap-

1 plicable) pursuant to subparagraph (A). Any
2 such method and format—

3 “(i) may be similar to any template
4 made available by the Centers for Medicare
5 & Medicaid Services as of the date of the
6 enactment of this subparagraph;

7 “(ii) shall meet such standards as de-
8 termined appropriate by the Secretary in
9 order to ensure the accessibility and
10 usability of such charges and prices; and

11 “(iii) shall be updated as determined
12 appropriate by the Secretary, in consulta-
13 tion with stakeholders.

14 “(3) DEEMED COMPLIANCE WITH SHOPPABLE
15 SERVICES REQUIREMENT FOR HOSPITALS WITH A
16 PRICE ESTIMATOR TOOL.—

17 “(A) IN GENERAL.—With respect to each
18 year until the effective date of regulations im-
19 plementing the provisions of sections 2799A-
20 1(f) and 2799B-6 of the Public Health Service
21 Act (relating to advanced explanations of bene-
22 fits), including regulations on establishing data
23 transfer standards to effectuate such provisions,
24 a specified hospital shall be deemed to have
25 complied with the requirement described in

1 paragraph (2)(A)(ii) (relating to shoppable
2 services) if such hospital maintains a price esti-
3 mator tool described in subparagraph (B).

4 “(B) PRICE ESTIMATOR TOOL DE-
5 SCRIBED.—For purposes of subparagraph (A),
6 the price estimator tool described in this sub-
7 paragraph is, with respect to a specified hos-
8 pital, a tool that meets the following require-
9 ments:

10 “(i) Such tool allows an individual to
11 immediately obtain a price estimate (tak-
12 ing into account whether such individual is
13 covered under any plan, coverage, or pro-
14 gram described in clause (iv)(III)) and the
15 discounted cash price charged by a speci-
16 fied hospital, for each Centers for Medicare
17 & Medicaid Services-specified shoppable
18 service that is furnished by such hospital,
19 and for each additional shoppable service
20 as such hospital may select, such that price
21 estimates are available through such tool
22 for at least 300 shoppable services (or for
23 all such services, if such hospital furnishes
24 fewer than 300 shoppable services).

1 “(ii) Such tool allows an individual to
2 obtain such an estimate by billing code and
3 by service description.

4 “(iii) Such tool is prominently dis-
5 played on the public internet website of
6 such hospital.

7 “(iv) Such tool does not require an in-
8 dividual seeking such an estimate to create
9 an account or otherwise input personal in-
10 formation, except that such tool may re-
11 quire that such individual provide informa-
12 tion specified by the Secretary, which may
13 include the following:

14 “(I) The name of such individual.

15 “(II) The date of birth of such
16 individual.

17 “(III) In the case such individual
18 is covered under a group health plan,
19 group or individual health insurance
20 coverage, a Federal health care pro-
21 gram, or the program established
22 under chapter 89 of title 5, United
23 States Code, an identifying number
24 assigned by such plan, coverage, or
25 program to such individual.

1 “(IV) In the case of an individual
2 described in subclause (III), an indi-
3 cation as to whether such individual is
4 the primary insured individual under
5 such plan, coverage, or program (and,
6 if such individual is not the primary
7 insured individual, a description of the
8 individual’s relationship to such pri-
9 mary insured individual).

10 “(V) Any other information spec-
11 ified by the Secretary.

12 “(v) Such tool contains a statement
13 confirming the accuracy and completeness
14 of information presented through such tool
15 as of the date such request is made.

16 “(vi) Such tool meets any other re-
17 quirement specified by the Secretary.

18 “(4) MONITORING COMPLIANCE.—The Sec-
19 retary shall, through notice and comment rule-
20 making and in consultation with the Inspector Gen-
21 eral of the Department of Health and Human Serv-
22 ices, establish a process to monitor compliance with
23 this subsection. Such process shall ensure that each
24 specified hospital’s compliance with this subsection

1 is reviewed not less frequently than once every 3
2 years.

3 “(5) ENFORCEMENT.—

4 “(A) IN GENERAL.—In the case of a speci-
5 fied hospital that fails to comply with the re-
6 quirements of this subsection—

7 “(i) the Secretary shall notify such
8 hospital of such failure not later than 30
9 days after the date on which the Secretary
10 determines such failure exists; and

11 “(ii) upon request of the Secretary,
12 the hospital shall submit to the Secretary,
13 not later than 45 days after the date of
14 such request, a corrective action plan to
15 comply with such requirements.

16 “(B) CIVIL MONETARY PENALTY.—

17 “(i) IN GENERAL.—In addition to any
18 other enforcement actions or penalties that
19 may apply under another provision of law,
20 a specified hospital that has received a no-
21 tification under subparagraph (A)(i) and
22 fails to comply with the requirements of
23 this section by the date that is 90 days
24 after such notification (or, in the case of
25 such a hospital that has submitted a cor-

1 rective action plan described in subpara-
2 graph (A)(ii) in response to a request so
3 described, by the date that is 90 days after
4 the Secretary identifies the failure of such
5 hospital to satisfactorily complete such cor-
6 rective action plan) shall be subject to a
7 civil monetary penalty of an amount speci-
8 fied by the Secretary for each subsequent
9 day during which such failure is ongoing.
10 Such amount shall not exceed—

11 “(I) in the case of a specified
12 hospital that is a hospital or critical
13 access hospital with 30 or fewer beds,
14 \$300 per day; and

15 “(II) in the case of any specified
16 hospital and except as provided in
17 clause (iii), \$2,000,000 for a 1-year
18 period.

19 “(ii) INCREASE AUTHORITY.—In ap-
20 plying this subparagraph with respect to
21 violations occurring in 2027 or a subse-
22 quent year, the Secretary may through no-
23 tice and comment rulemaking increase—

24 “(I) the limitation on the per day
25 amount of any penalty applicable to a

1 specified hospital that is a hospital or
2 critical access hospital with 30 or
3 fewer beds under clause (i);

4 “(II) the limitation on the
5 amount of any penalty applicable for
6 a 1-year period under such clause;
7 and

8 “(III) the limitation on the in-
9 crease of any penalty applied under
10 clause (iii).

11 “(iii) PERSISTENT NONCOMPLI-
12 ANCE.—In the case of a specified hospital
13 (other than a specified hospital that is a
14 hospital or critical access hospital with 30
15 or fewer beds) that the Secretary has de-
16 termined to be knowingly and willfully non-
17 compliant with the provisions of this sub-
18 section two or more times during a 1-year
19 period, the Secretary may increase any
20 penalty otherwise applicable under this
21 subparagraph by not more than
22 \$1,000,000 and may require such hospital
23 to complete such additional corrective ac-
24 tions plans as the Secretary may specify.

1 “(iv) APPLICATION OF CERTAIN PRO-
2 VISIONS.—The provisions of section 1128A
3 (other than subsections (a) and (b) of such
4 section) shall apply to a civil monetary
5 penalty imposed under this subparagraph
6 in the same manner as such provisions
7 apply to a civil monetary penalty imposed
8 under subsection (a) of such section.

9 “(v) AUTHORITY TO WAIVE OR RE-
10 DUCE PENALTY.—The Secretary may
11 waive or reduce any penalty otherwise ap-
12 plicable with respect to a specified hospital
13 under this subparagraph if the Secretary
14 determines that imposition of such penalty
15 would result in a significant hardship for
16 such hospital (such as in the case of a hos-
17 pital located in a rural or underserved area
18 where imposition of such penalty may re-
19 sult in, or contribute to, a lack of access
20 to care for individuals in such area).

21 “(C) PUBLICATION OF HOSPITAL PRICE
22 TRANSPARENCY INFORMATION.—Beginning on
23 January 1, 2026, the Secretary shall make pub-
24 licly available on the public website of the Cen-
25 ters for Medicare & Medicaid Services informa-

1 tion with respect to compliance with the re-
2 quirements of this subsection and enforcement
3 activities undertaken by the Secretary under
4 this subsection. Such information shall be up-
5 dated not less than annually and include, with
6 respect to each year—

7 “(i) the number of reviews of compli-
8 ance with this subsection undertaken by
9 the Secretary;

10 “(ii) the number of notifications de-
11 scribed in subparagraph (A)(i) sent by the
12 Secretary;

13 “(iii) the identify of each specified
14 hospital that was sent such a notification
15 and a description of the nature of such
16 hospital’s noncompliance with this sub-
17 section;

18 “(iv) the amount of any civil monetary
19 penalty imposed on such hospital under
20 subparagraph (B);

21 “(v) whether such hospital subse-
22 quently came into compliance with this
23 subsection; and

24 “(vi) any other information as deter-
25 mined by the Secretary.

1 “(6) DEFINITIONS.—For purposes of this sub-
2 section:

3 “(A) DISCOUNTED CASH PRICE.—The
4 term ‘discounted cash price’ means the charge
5 that applies to an individual who pays cash, or
6 cash equivalent, for a specified hospital-fur-
7 nished item or service.

8 “(B) FEDERAL HEALTH CARE PROGRAM.—
9 The term ‘Federal health care program’ has the
10 meaning given such term in section 1128B.

11 “(C) GROSS CHARGE.—The term ‘gross
12 charge’ means the charge for an individual item
13 or service that is reflected on a specified hos-
14 pital’s chargemaster, absent any discounts.

15 “(D) GROUP HEALTH PLAN; GROUP
16 HEALTH INSURANCE COVERAGE; INDIVIDUAL
17 HEALTH INSURANCE COVERAGE.—The terms
18 ‘group health plan’, ‘group health insurance
19 coverage’, and ‘individual health insurance cov-
20 erage’ have the meaning given such terms in
21 section 2791 of the Public Health Service Act.

22 “(E) PAYER-SPECIFIC NEGOTIATED
23 CHARGE.—The term ‘payer-specific negotiated
24 charge’ means the charge that a specified hos-

1 pital has negotiated with a third party payer for
2 an item or service.

3 “(F) SHOPPABLE SERVICE.—The term
4 ‘shoppable service’ means a service that can be
5 scheduled by a health care consumer in advance
6 and includes all ancillary items and services
7 customarily furnished as part of such service.

8 “(G) SPECIFIED HOSPITAL.—The term
9 ‘specified hospital’ means a hospital (as defined
10 in section 1861(e)), a critical access hospital (as
11 defined in section 1861(mmm)(1)), or a rural
12 emergency hospital (as defined in section
13 1861(kkk)).

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

19 “(b) PRICE TRANSPARENCY REQUIREMENTS FOR
20 AMBULATORY SURGICAL CENTERS.—

21 “(1) IN GENERAL.—Beginning January 1,
22 2028, each ambulatory surgical center that receives
23 payment under this title for furnishing items and
24 services shall comply with the price transparency re-
25 quirement described in paragraph (2).

1 “(2) REQUIREMENT DESCRIBED.—

2 “(A) IN GENERAL.—For purposes of para-
3 graph (1), the price transparency requirement
4 described in this subsection is, with respect to
5 an ambulatory surgical center, that such sur-
6 gical center in accordance with a method and
7 format established by the Secretary under sub-
8 paragraph (C)), compile and make public (with-
9 out subscription and free of charge), for each
10 year—

11 “(i) one or more lists, in a format
12 specified by the Secretary, of the surgical
13 center’s standard charges (including the
14 information described in subparagraph
15 (B)) for each item and service furnished by
16 the surgical center;

17 “(ii) information on the surgical cen-
18 ter’s prices (including the information de-
19 scribed in subparagraph (B)) for as many
20 of the Centers for Medicare & Medicaid
21 Services-specified shoppable services that
22 are furnished by the surgical center, and
23 as many additional surgical center-selected
24 shoppable services (or all such additional
25 services, if such surgical center furnishes

1 fewer than 300 shoppable services) as may
2 be necessary for a combined total of at
3 least 300 shoppable services;

4 “(iii) with respect to each Centers for
5 Medicare & Medicaid Services-specified
6 shoppable service that is not furnished by
7 the ambulatory surgical center, an indica-
8 tion that such service is not so furnished;
9 and

10 “(iv) any additional information speci-
11 fied by the Secretary.

12 “(B) INFORMATION DESCRIBED.—For pur-
13 poses of subparagraph (A), the information de-
14 scribed in this subparagraph is, with respect to
15 standard charges and prices (as applicable)
16 made public by a specified surgical center, the
17 following:

18 “(i) A description of each item or
19 service, accompanied by, as applicable, the
20 Healthcare Common Procedure Coding
21 System code, the diagnosis-related group,
22 the national drug code, or other identifier
23 used or approved by the Centers for Medi-
24 care & Medicaid Services.

1 “(ii) The gross charge, expressed as a
2 dollar amount, for each such item or serv-
3 ice.

4 “(iii) The discounted cash price, ex-
5 pressed as a dollar amount, for each such
6 item or service (or, in the case no dis-
7 counted cash price is available for an item
8 or service, the median price charged by
9 such ambulatory surgical center for such
10 item or service for the previous three
11 years, expressed as a dollar amount).

12 “(iv) Any other information the Sec-
13 retary may require that is not duplicative
14 of any other reporting requirement under
15 this subsection for purposes of promoting
16 public awareness of ambulatory surgical
17 center prices in advance of receiving an
18 item or service from such an ambulatory
19 surgical center, which may include any
20 current payer-specific negotiated rates,
21 clearly associated with the name of the
22 third party payer and plan and expressed
23 as a dollar amount, that applies to each
24 such item or service.

1 “(C) METHOD AND FORMAT.—Not later
2 than January 1, 2028, the Secretary shall es-
3 tablish one or more methods and formats for
4 ambulatory surgical centers to use in making
5 public standard charges and prices (as applica-
6 ble) pursuant to subparagraph (A). Any such
7 method and format—

8 “(i) may be similar to any template
9 made available by the Centers for Medicare
10 & Medicaid Services as of the date of the
11 enactment of this paragraph;

12 “(ii) shall meet such standards as de-
13 termined appropriate by the Secretary in
14 order to ensure the accessibility and
15 usability of such charges and prices; and

16 “(iii) shall be updated as determined
17 appropriate by the Secretary, in consulta-
18 tion with stakeholders.

19 “(3) DEEMED COMPLIANCE WITH SHOPPABLE
20 SERVICES REQUIREMENT FOR AMBULATORY SUR-
21 GICAL CENTERS WITH A PRICE ESTIMATOR TOOL.—

22 “(A) IN GENERAL.—An ambulatory sur-
23 gical center shall be deemed to have complied
24 with the requirement described in subsection
25 (b)(1)(B) (relating to shoppable services) if

1 such surgical center maintains a price estimator
2 tool described in subparagraph (B).

3 “(B) PRICE ESTIMATOR TOOL DE-
4 SCRIBED.—For purposes of subparagraph (A),
5 the price estimator tool described in this sub-
6 paragraph is, with respect to an ambulatory
7 surgical center, a tool that meets the following
8 requirements:

9 “(i) Such tool allows an individual to
10 immediately obtain a price estimate (tak-
11 ing into account whether such individual is
12 covered under any plan, coverage, or pro-
13 gram described in subparagraph (C)(iii))
14 for each Centers for Medicare & Medicaid
15 Services-specified shoppable service that is
16 furnished by the surgical center, and for
17 each additional shoppable service as such
18 surgical center may select such that price
19 estimates are available through such tool
20 for at least 300 shoppable services (or for
21 all such services, if such surgical center
22 furnishes fewer than 300 shoppable serv-
23 ices).

1 “(ii) Such tool allows an individual to
2 obtain such an estimate by billing code and
3 by service description.

4 “(iii) Such tool is prominently dis-
5 played on the public internet website of
6 such ambulatory surgical center.

7 “(iv) Such tool does not require an in-
8 dividual seeking such an estimate to create
9 an account or otherwise input personal in-
10 formation, except that such tool may re-
11 quire that such individual provide informa-
12 tion specified by the Secretary, which may
13 include the following:

14 “(I) The name of such individual.

15 “(II) The date of birth of such
16 individual.

17 “(III) In the case such individual
18 is covered under a group health plan,
19 group or individual health insurance
20 coverage, a Federal health care pro-
21 gram, or the program established
22 under chapter 89 of title 5, United
23 States Code, an identifying number
24 assigned by such plan, coverage, or
25 program to such individual.

1 “(IV) In the case of an individual
2 described in clause (iii), an indication
3 as to whether such individual is the
4 primary insured individual under such
5 plan, coverage, or program (and, if
6 such individual is not the primary in-
7 sured individual, a description of the
8 individual’s relationship to such pri-
9 mary insured individual).

10 “(V) Any other information spec-
11 ified by the Secretary.

12 “(v) Such tool contains a statement
13 confirming the accuracy and completeness
14 of information presented through such tool
15 as of the date such request is made.

16 “(vi) Such tool meets any other re-
17 quirement specified by the Secretary.

18 “(4) MONITORING COMPLIANCE.—The Sec-
19 retary shall, through notice and comment rule-
20 making and in consultation with the Inspector Gen-
21 eral of the Department of Health and Human Serv-
22 ices, establish a process to monitor compliance with
23 this subsection. Such process shall ensure that each
24 ambulatory surgical center’s compliance with this

1 subsection is reviewed not less frequently than once
2 every 3 years.

3 “(5) ENFORCEMENT.—

4 “(A) IN GENERAL.—In the case of an am-
5 bulatory surgical center that fails to comply
6 with the requirements of this subsection—

7 “(i) the Secretary shall notify such
8 ambulatory surgical center of such failure
9 not later than 30 days after the date on
10 which the Secretary determines such fail-
11 ure exists; and

12 “(ii) upon request of the Secretary,
13 the ambulatory surgical center shall submit
14 to the Secretary, not later than 45 days
15 after the date of such request, a corrective
16 action plan to comply with such require-
17 ments.

18 “(B) CIVIL MONETARY PENALTY.—

19 “(i) IN GENERAL.—In addition to any
20 other enforcement actions or penalties that
21 may apply under another provision of law,
22 an ambulatory surgical center that has re-
23 ceived a notification under subparagraph
24 (A)(i) and fails to comply with the require-
25 ments of this subsection by the date that

1 is 90 days after such notification (or, in
2 the case of an ambulatory surgical center
3 that has submitted a corrective action plan
4 described in subparagraph (A)(ii) in re-
5 sponse to a request so described, by the
6 date that is 90 days after such submission)
7 shall be subject to a civil monetary penalty
8 of an amount specified by the Secretary for
9 each subsequent day during which such
10 failure is ongoing (not to exceed \$300 per
11 day).

12 “(ii) INCREASE AUTHORITY.—In ap-
13 plying this subparagraph with respect to
14 violations occurring in 2027 or a subse-
15 quent year, the Secretary may through no-
16 tice and comment rulemaking increase the
17 limitation on the per day amount of any
18 penalty applicable to an ambulatory sur-
19 gical center under clause (i).

20 “(iii) APPLICATION OF CERTAIN PRO-
21 VISIONS.—The provisions of section 1128A
22 (other than subsections (a) and (b) of such
23 section) shall apply to a civil monetary
24 penalty imposed under this subparagraph
25 in the same manner as such provisions

1 apply to a civil monetary penalty imposed
2 under subsection (a) of such section.

3 “(iv) AUTHORITY TO WAIVE OR RE-
4 DUCE PENALTY.—The Secretary may
5 waive or reduce any penalty otherwise ap-
6 plicable with respect to an ambulatory sur-
7 gical center under this subparagraph if the
8 Secretary determines that imposition of
9 such penalty would result in a significant
10 hardship for such ambulatory surgical cen-
11 ter (such as in the case of an ambulatory
12 surgical center located in a rural or under-
13 served area where imposition of such pen-
14 alty may result in, or contribute to, a lack
15 of access to care for individuals in such
16 area).

17 “(6) DEFINITIONS.—For purposes of this sec-
18 tion:

19 “(A) DISCOUNTED CASH PRICE.—The
20 term ‘discounted cash price’ means the charge
21 that applies to an individual who pays cash, or
22 cash equivalent, for a item or service furnished
23 by an ambulatory surgical center.

1 “(B) FEDERAL HEALTH CARE PROGRAM.—
2 The term ‘Federal health care program’ has the
3 meaning given such term in section 1128B.

4 “(C) GROSS CHARGE.—The term ‘gross
5 charge’ means the charge for an individual item
6 or service that is reflected on a specified sur-
7 gical center’s chagemaster, absent any dis-
8 counts.

9 “(D) GROUP HEALTH PLAN; GROUP
10 HEALTH INSURANCE COVERAGE; INDIVIDUAL
11 HEALTH INSURANCE COVERAGE.—The terms
12 ‘group health plan’, ‘group health insurance
13 coverage’, and ‘individual health insurance cov-
14 erage’ have the meaning given such terms in
15 section 2791 of the Public Health Service Act.

16 “(E) PAYER-SPECIFIC NEGOTIATED
17 CHARGE.—The term ‘payer-specific negotiated
18 charge’ means the charge that a specified sur-
19 gical center has negotiated with a third party
20 payer for an item or service.

21 “(F) SHOPPABLE SERVICE.—The term
22 ‘shoppable service’ means a service that can be
23 scheduled by a health care consumer in advance
24 and includes all ancillary items and services
25 customarily furnished as part of such service.

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

6 (b) PUBLICATION OF HOSPITAL COMPLIANCE WITH
7 PRICE TRANSPARENCY REQUIREMENTS.—Section 1886 of
8 the Social Security Act (42 U.S.C. 1395ww) is amended
9 by adding at the end the following new subsection:

10 “(u) PUBLICATION OF COMPLIANCE WITH PRICE
11 TRANSPARENCY REQUIREMENTS.—

12 “(1) IN GENERAL.—Beginning January 1,
13 2026, the Secretary shall, for each hospital with re-
14 spect to which the Secretary has conducted a review
15 of such hospital’s compliance with the provisions of
16 section 1899C(a) and found such hospital non-
17 compliant with such provisions—

18 “(A) indicate such noncompliance on such
19 hospital’s entry on the Hospital Compare inter-
20 net website (or a successor website); and

21 “(B) specify whether such hospital—

22 “(i) submitted a corrective action plan
23 described in subsection (a)(5)(A)(ii) of
24 such section (and, if so, the date such plan
25 was received by the Secretary); or

1 “(ii) was subject to a civil monetary
2 penalty imposed under subsection (a)(5) of
3 such section (and, if so, the date of the im-
4 position of such penalty and the amount of
5 such penalty).

6 “(2) ADDITIONS AND UPDATES.—The Secretary
7 shall update any specification described in subpara-
8 graph (A) or (B) of paragraph (1) with respect to
9 such hospital—

10 “(A) in the case of the specification de-
11 scribed in such paragraph (1)(B)(i), as soon as
12 practicable after sending a notification de-
13 scribed in such subparagraph; and

14 “(B) in the case of the specification de-
15 scribed in such paragraph (1)(B)(ii), as soon as
16 practicable after the imposition of a civil mone-
17 tary penalty described in such subparagraph.”.

18 (c) CONFORMING AMENDMENT.—Section 2718(e) of
19 the Public Health Service Act (42 U.S.C. 300gg–18(e))
20 is amended by adding at the end the following new sen-
21 tence: “The preceding sentence shall not apply beginning
22 January 1, 2026.”.

23 (d) FUNDING.—

24 (1) IN GENERAL.—In addition to funds other-
25 wise available, out of any moneys in the Treasury

1 not otherwise appropriated, there are appropriated
2 \$10,000,000 for fiscal year 2024, to remain avail-
3 able until expended, for purposes of—

4 (A) implementing the amendment made by
5 this subsection (a); and

6 (B) monitoring the compliance of entities
7 with such amendment.

8 (2) REPORT ON EXPENDITURES.—Not later
9 than 5 years after the date of the enactment of this
10 Act, the Secretary of Health and Human Services
11 shall submit to the Committee on Ways and Means
12 and the Committee on Energy and Commerce of the
13 House of Representatives and the Committee on Fi-
14 nance of the Senate a report that—

15 (A) describes activities undertaken funded
16 through funds made available under paragraph
17 (1), including a specification of the amount of
18 such funds expended for each such activity; and

19 (B) identifies all entities with which the
20 Secretary has entered into contracts for pur-
21 poses of implementing the amendment made by
22 this subsection (a), monitoring compliance of
23 entities with such amendment, or providing
24 technical assistance to entities to promote com-
25 pliance with such amendment.

1 (e) IMPLEMENTATION.—

2 (1) ACCESSIBILITY.—In implementing section
3 1899C(a)(2)(A)(ii) of the Social Security Act (as
4 added by subsection (a)), the Secretary of Health
5 and Human Services shall through rulemaking en-
6 sure that information made available pursuant to
7 such amendment by an entity is so made available
8 in plain, easily understandable language and that
9 such entity provides access to such interpretation
10 services, translations, and other assistive services to
11 make such information accessible to individuals with
12 limited English proficiency and individuals with dis-
13 abilities.

14 (2) TECHNICAL ASSISTANCE.—The Secretary of
15 Health and Human Services shall, to the extent
16 practicable, provide technical assistance to entities
17 making public standard charges and prices (as appli-
18 cable) pursuant to the amendment made by sub-
19 section (a).

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