

118TH CONGRESS
1ST SESSION

H. R. 4905

To amend the Internal Revenue Code of 1986, the Public Health Service Act, and the Employee Retirement Income Security Act of 1974 to promote group health plan price transparency.

IN THE HOUSE OF REPRESENTATIVES

JULY 26, 2023

Mr. FITZPATRICK (for himself and Ms. LEE of Nevada) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, and Ways and Means, 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 the Internal Revenue Code of 1986, the Public Health Service Act, and the Employee Retirement Income Security Act of 1974 to promote group health plan price transparency.

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 “Health Insurance Price
5 Transparency Act of 2023”.

1 **SEC. 2. PROMOTING GROUP HEALTH PLAN PRICE TRANS-**
2 **PARENCY.**

3 (a) PRICE TRANSPARENCY REQUIREMENTS.—

4 (1) IRC.—

5 (A) IN GENERAL.—Section 9819 of the In-
6 ternal Revenue Code of 1986 (26 U.S.C. 9816)
7 is amended to read as follows:

8 **“SEC. 9819. PRICE TRANSPARENCY REQUIREMENTS.**

9 “(a) COST SHARING TRANSPARENCY.—

10 “(1) IN GENERAL.—For plan years beginning
11 on or after the date that is 2 years after the date
12 of the enactment of this section, a group health plan
13 shall permit individuals to learn the amount of cost-
14 sharing (including deductibles, copayments, and co-
15 insurance) under the individual’s plan or coverage
16 that the individual would be responsible for paying
17 with respect to the furnishing of a specific item or
18 service by a provider in a timely manner upon the
19 request of the individual. At a minimum, such infor-
20 mation shall include the information specified in
21 paragraph (2) and shall be made available to such
22 individual through a self-service tool that meets the
23 requirements of paragraph (3) or, at the option of
24 such individual, through a paper disclosure or phone
25 or other electronic disclosure (as selected by such in-
26 dividual and provided at no cost to such individual)

1 that meets such requirements as the Secretary may
2 specify.

3 “(2) SPECIFIED INFORMATION.—For purposes
4 of paragraph (1), the information specified in this
5 paragraph is, with respect to an item or service for
6 which benefits are available under a group health
7 plan furnished by a health care provider to a partici-
8 pant or beneficiary of such plan, the following:

9 “(A) If such provider is a participating
10 provider with respect to such item or service,
11 the in-network rate (as defined in subsection
12 (c)) for such item or service.

13 “(B) If such provider is not described in
14 subparagraph (A), the maximum allowed
15 amount for such item or service.

16 “(C) The estimated amount of cost sharing
17 (including deductibles, copayments, and coin-
18 surance) that the participant or beneficiary will
19 incur for such item or service (which, in the
20 case such item or service is to be furnished by
21 a provider described in subparagraph (B), shall
22 be calculated using the maximum amount de-
23 scribed in such subparagraph).

24 “(D) The amount the participant or bene-
25 ficiary has already accumulated with respect to

1 any deductible or out of pocket maximum,
2 whether for items and services furnished by a
3 participating provider or for items and services
4 furnished by a provider that is not a partici-
5 pating provider, under the plan (broken down,
6 in the case separate deductibles or maximums
7 apply to separate participants and beneficiaries
8 enrolled in the plan, by such separate
9 deductibles or maximums, in addition to any
10 cumulative deductible or maximum).

11 “(E) In the case such plan imposes any
12 frequency or volume limitations with respect to
13 such item or service (excluding medical neces-
14 sity determinations), the amount that such par-
15 ticipant or beneficiary has accrued towards such
16 limitation with respect to such item or service.

17 “(F) Any prior authorization, concurrent
18 review, step therapy, fail first, or similar re-
19 quirements applicable to coverage of such item
20 or service under such plan.

21 The Secretary may provide that information de-
22 scribed in any of subparagraphs (A) through (F) not
23 be treated as information specified in this para-
24 graph, and specify additional information that shall

1 be treated as information specified in this para-
2 graph, if determined appropriate by the Secretary.

3 “(3) SELF-SERVICE TOOL.—For purposes of
4 paragraph (1), a self-service tool established by a
5 group health plan meets the requirements of this
6 paragraph if such tool—

7 “(A) is based on an Internet website;

8 “(B) provides for real-time responses to re-
9 quests described in paragraph (1);

10 “(C) is updated in a manner such that in-
11 formation provided through such tool is timely
12 and accurate at the time such request is made;

13 “(D) allows such a request to be made
14 with respect to an item or service furnished
15 by—

16 “(i) a specific provider that is a par-
17 ticipating provider with respect to such
18 item or service;

19 “(ii) all providers that are partici-
20 pating providers with respect to such item
21 or service; or

22 “(iii) a provider that is not described
23 in clause (ii);

24 “(E) provides that such a request may be
25 made with respect to an item or service through

1 use of the billing code for such item or service
2 or through use of a descriptive term for such
3 item or service; and

4 “(F) meets any other requirement deter-
5 mined appropriate by the Secretary.

6 The Secretary may require such tool, as a condition
7 of complying with subparagraph (E), to link multiple
8 billing codes to a single descriptive term if the Sec-
9 retary determines that the billing codes to be so
10 linked correspond to similar items and services.

11 “(b) RATE AND PAYMENT INFORMATION.—

12 “(1) IN GENERAL.—For plan years beginning
13 on or after the date that is 2 years after the date
14 of the enactment of this section, each group health
15 plan (other than a grandfathered health plan (as de-
16 fined in section 1251(e) of the Patient Protection
17 and Affordable Care Act (42 U.S.C. 18011(e)))
18 shall, not less frequently than once every 3 months
19 (or, in the case of information described in para-
20 graph (2)(B), not less frequently than monthly),
21 make available to the public the rate and payment
22 information described in paragraph (2) in accord-
23 ance with paragraph (3).

24 “(2) RATE AND PAYMENT INFORMATION DE-
25 SCRIBED.—For purposes of paragraph (1), the rate

1 and payment information described in this para-
2 graph is, with respect to a group health plan, the
3 following:

4 “(A) With respect to each item or service
5 (other than a drug) for which benefits are avail-
6 able under such plan, the in-network rate in ef-
7 fect with each provider that is a participating
8 provider with respect to such item or service,
9 other than such a rate in effect with a provider
10 that, during the 1-year period ending 10 busi-
11 ness days before the date of the publication of
12 such information, did not submit any claim for
13 such item or service to such plan.

14 “(B) With respect to each drug (identified
15 by national drug code) for which benefits are
16 available under such plan, the average amount
17 paid by such plan (net of rebates, discounts,
18 and price concessions) for such drug dispensed
19 or administered during the 90-day period begin-
20 ning 180 days before such date of publication
21 to each provider that was a participating pro-
22 vider with respect to such drug, broken down by
23 each such provider, other than such an amount
24 paid to a provider that, during such period,

1 submitted fewer than 20 claims for such drug
2 to such plan.

3 “(C) With respect to each item or service
4 for which benefits are available under such
5 plan, the amount billed, and the amount al-
6 lowed by the plan, for each such item or service
7 furnished during the 90-day period specified in
8 subparagraph (B) by a provider that was not a
9 participating provider with respect to such item
10 or service, broken down by each such provider,
11 other than items and services with respect to
12 which fewer than 20 claims for such item or
13 service were submitted to such plan during such
14 period.

15 “(3) MANNER OF PUBLICATION.—Rate and
16 payment information required to be made available
17 under this subsection shall be so made available in
18 dollar amounts through 3 separate machine-readable
19 files (or any successor technology, such as applica-
20 tion program interface technology, determined ap-
21 propriate by the Secretary) corresponding to the in-
22 formation described in each of subparagraphs (A)
23 through (C) of paragraph (2) that meet such re-
24 quirements as specified by the Secretary. Such re-
25 quirements shall ensure that such files are limited to

1 an appropriate size, do not include disclosure of un-
2 necessary duplicative information contained in other
3 files made available under this subsection, are made
4 available in a widely-available format through a pub-
5 licly-available website that allows for information
6 contained in such files to be compared across group
7 health plans, and are accessible to individuals at no
8 cost and without the need to establish a user ac-
9 count or provide other credentials.

10 “(4) USER INSTRUCTIONS.—Each group health
11 plan shall make available to the public instructions
12 written in plain language explaining how individuals
13 may search for information described in paragraph
14 (2) in files submitted in accordance with paragraph
15 (3). The Secretary shall develop and publish a tem-
16 plate that such a plan may use in developing in-
17 structions for purposes of the preceding sentence.

18 “(5) ATTESTATION.—Each group health plan
19 shall post, along with rate and payment information
20 made public by such plan, an attestation that such
21 information is complete and accurate.

22 “(c) DEFINITIONS.—In this paragraph:

23 “(1) PARTICIPATING PROVIDER.—The term
24 ‘participating provider’ has the meaning given such
25 term in section 9816.

1 “(2) IN-NETWORK RATE.—The term ‘in-net-
2 work rate’ means, with respect to a health plan and
3 an item or service furnished by a provider that is a
4 participating provider with respect to such plan and
5 item or service, the contracted rate in effect between
6 such plan and such provider for such item or serv-
7 ice.”.

8 (B) CLERICAL AMENDMENT.—The item re-
9 lating to section 9819 of the table of sections
10 for subchapter B of chapter 100 of the Internal
11 Revenue Code of 1986 is amended to read as
12 follows:

“Sec. 9819. Price transparency requirements.”.

13 (2) PHSA.—Section 2799A–4 of the Public
14 Health Service Act (42 U.S.C. 300gg–114) is
15 amended to read as follows:

16 **“SEC. 2799A–4. PRICE TRANSPARENCY REQUIREMENTS.**

17 “(a) COST SHARING TRANSPARENCY.—

18 “(1) IN GENERAL.—For plan years beginning
19 on or after the date that is 2 years after the date
20 of the enactment of this section, a group health plan
21 or a health insurance issuer offering group or indi-
22 vidual health insurance coverage shall permit indi-
23 viduals to learn the amount of cost-sharing (includ-
24 ing deductibles, copayments, and coinsurance) under
25 the individual’s plan or coverage that the individual

1 would be responsible for paying with respect to the
2 furnishing of a specific item or service by a provider
3 in a timely manner upon the request of the indi-
4 vidual. At a minimum, such information shall in-
5 clude the information specified in paragraph (2) and
6 shall be made available to such individual through a
7 self-service tool that meets the requirements of para-
8 graph (3) or, at the option of such individual,
9 through a paper disclosure or phone or other elec-
10 tronic disclosure (as selected by such individual and
11 provided at no cost to such individual) that meets
12 such requirements as the Secretary may specify.

13 “(2) SPECIFIED INFORMATION.—For purposes
14 of paragraph (1), the information specified in this
15 paragraph is, with respect to an item or service for
16 which benefits are available under a group health
17 plan or group or individual health insurance cov-
18 erage furnished by a health care provider to a par-
19 ticipant or beneficiary of such plan, or enrollee in
20 such coverage, the following:

21 “(A) If such provider is a participating
22 provider with respect to such item or service,
23 the in-network rate (as defined in subsection
24 (c)) for such item or service.

1 “(B) If such provider is not described in
2 subparagraph (A), the maximum allowed
3 amount for such item or service.

4 “(C) The estimated amount of cost sharing
5 (including deductibles, copayments, and coin-
6 surance) that the participant or beneficiary will
7 incur for such item or service (which, in the
8 case such item or service is to be furnished by
9 a provider described in subparagraph (B), shall
10 be calculated using the maximum amount de-
11 scribed in such subparagraph).

12 “(D) The amount the participant, bene-
13 ficiary, or enrollee has already accumulated
14 with respect to any deductible or out of pocket
15 maximum, whether for items and services fur-
16 nished by a participating provider or for items
17 and services furnished by a provider that is not
18 a participating provider, under the plan or cov-
19 erage (broken down, in the case separate
20 deductibles or maximums apply to separate par-
21 ticipants, beneficiaries or enrollees enrolled in
22 the plan or coverage, by such separate
23 deductibles or maximums, in addition to any
24 cumulative deductible or maximum).

1 “(E) In the case such plan or coverage im-
2 poses any frequency or volume limitations with
3 respect to such item or service (excluding med-
4 ical necessity determinations), the amount that
5 such participant, beneficiary, or enrollee has ac-
6 crued towards such limitation with respect to
7 such item or service.

8 “(F) Any prior authorization, concurrent
9 review, step therapy, fail first, or similar re-
10 quirements applicable to coverage of such item
11 or service under such plan or coverage.

12 The Secretary may provide that information de-
13 scribed in any of subparagraphs (A) through (F) not
14 be treated as information specified in this para-
15 graph, and specify additional information that shall
16 be treated as information specified in this para-
17 graph, if determined appropriate by the Secretary.

18 “(3) SELF-SERVICE TOOL.—For purposes of
19 paragraph (1), a self-service tool established by a
20 group health plan or group or individual health in-
21 surance coverage meets the requirements of this
22 paragraph if such tool—

23 “(A) is based on an Internet website;

24 “(B) provides for real-time responses to re-
25 quests described in paragraph (1);

1 “(C) is updated in a manner such that in-
2 formation provided through such tool is timely
3 and accurate at the time such request is made;

4 “(D) allows such a request to be made
5 with respect to an item or service furnished
6 by—

7 “(i) a specific provider that is a par-
8 ticipating provider with respect to such
9 item or service;

10 “(ii) all providers that are partici-
11 pating providers with respect to such item
12 or service; or

13 “(iii) a provider that is not described
14 in clause (ii);

15 “(E) provides that such a request may be
16 made with respect to an item or service through
17 use of the billing code for such item or service
18 or through use of a descriptive term for such
19 item or service; and

20 “(F) meets any other requirement deter-
21 mined appropriate by the Secretary.

22 The Secretary may require such tool, as a condition
23 of complying with subparagraph (E), to link multiple
24 billing codes to a single descriptive term if the Sec-

1 retary determines that the billing codes to be so
2 linked correspond to similar items and services.

3 “(b) RATE AND PAYMENT INFORMATION.—

4 “(1) IN GENERAL.—For plan years beginning
5 on or after the date that is 2 years after the date
6 of the enactment of this section, each group health
7 plan (other than a grandfathered health plan (as de-
8 fined in section 1251(e) of the Patient Protection
9 and Affordable Care Act (42 U.S.C. 18011(e))) or
10 group or individual health insurance coverage, shall,
11 not less frequently than once every 3 months (or, in
12 the case of information described in paragraph
13 (2)(B), not less frequently than monthly), make
14 available to the public the rate and payment infor-
15 mation described in paragraph (2) in accordance
16 with paragraph (3).

17 “(2) RATE AND PAYMENT INFORMATION DE-
18 SCRIBED.—For purposes of paragraph (1), the rate
19 and payment information described in this para-
20 graph is, with respect to a group health plan or
21 group or individual health insurance coverage, the
22 following:

23 “(A) With respect to each item or service
24 (other than a drug) for which benefits are avail-
25 able under such plan or coverage, the in-net-

1 work rate in effect with each provider that is a
2 participating provider with respect to such item
3 or service, other than such a rate in effect with
4 a provider that, during the 1-year period ending
5 10 business days before the date of the publica-
6 tion of such information, did not submit any
7 claim for such item or service to such plan or
8 coverage.

9 “(B) With respect to each drug (identified
10 by national drug code) for which benefits are
11 available under such plan, the average amount
12 paid by such plan or coverage (net of rebates,
13 discounts, and price concessions) for such drug
14 dispensed or administered during the 90-day
15 period beginning 180 days before such date of
16 publication to each provider that was a partici-
17 pating provider with respect to such drug, bro-
18 ken down by each such provider, other than
19 such an amount paid to a provider that, during
20 such period, submitted fewer than 20 claims for
21 such drug to such plan or coverage.

22 “(C) With respect to each item or service
23 for which benefits are available under such plan
24 or coverage, the amount billed, and the amount
25 allowed by the plan or coverage, for each such

1 item or service furnished during the 90-day pe-
2 riod specified in subparagraph (B) by a pro-
3 vider that was not a participating provider with
4 respect to such item or service, broken down by
5 each such provider, other than items and serv-
6 ices with respect to which fewer than 20 claims
7 for such item or service were submitted to such
8 plan or coverage during such period.

9 “(3) MANNER OF PUBLICATION.—Rate and
10 payment information required to be made available
11 under this subsection shall be so made available in
12 dollar amounts through 3 separate machine-readable
13 files (or any successor technology, such as applica-
14 tion program interface technology, determined ap-
15 propriate by the Secretary) corresponding to the in-
16 formation described in each of subparagraphs (A)
17 through (C) of paragraph (2) that meet such re-
18 quirements as specified by the Secretary. Such re-
19 quirements shall ensure that such files are limited to
20 an appropriate size, do not include disclosure of un-
21 necessary duplicative information contained in other
22 files made available under this subsection, are made
23 available in a widely-available format through a pub-
24 licly-available website that allows for information
25 contained in such files to be compared across group

1 health plans and group and individual health insur-
2 ance coverage, and are accessible to individuals at no
3 cost and without the need to establish a user ac-
4 count or provide other credentials.

5 “(4) USER INSTRUCTIONS.—Each group health
6 plan and group or individual health insurance cov-
7 erage shall make available to the public instructions
8 written in plain language explaining how individuals
9 may search for information described in paragraph
10 (2) in files submitted in accordance with paragraph
11 (3). The Secretary shall develop and publish a tem-
12 plate that such a plan or coverage may use in devel-
13 oping instructions for purposes of the preceding sen-
14 tence.

15 “(5) ATTESTATION.—Each group health plan
16 and group or individual health insurance coverage
17 shall post, along with rate and payment information
18 made public by such plan or coverage, an attestation
19 that such information is complete and accurate.

20 “(c) DEFINITIONS.—In this paragraph:

21 “(1) PARTICIPATING PROVIDER.—The term
22 ‘participating provider’ has the meaning given such
23 term in section 2791A–1(a)(3)(G)(ii).

24 “(2) IN-NETWORK RATE.—The term ‘in-net-
25 work rate’ means, with respect to a health plan or

1 coverage and an item or service furnished by a pro-
2 vider that is a participating provider with respect to
3 such plan and item or service, the contracted rate in
4 effect between such plan or coverage and such pro-
5 vider for such item or service.”.

6 (3) ERISA.—

7 (A) IN GENERAL.—Section 719 of the Em-
8 ployee Retirement Income Security Act of 1974
9 (29 U.S.C. 1185h) is amended to read as fol-
10 lows:

11 **“SEC. 719. PRICE TRANSPARENCY REQUIREMENTS.**

12 **“(a) COST SHARING TRANSPARENCY.—**

13 **“(1) IN GENERAL.—**For plan years beginning
14 on or after the date that is 2 years after the date
15 of the enactment of this section, a group health plan
16 or a health insurance issuer offering group health
17 insurance coverage shall permit individuals to learn
18 the amount of cost-sharing (including deductibles,
19 copayments, and coinsurance) under the individual’s
20 plan or coverage that the individual would be re-
21 sponsible for paying with respect to the furnishing
22 of a specific item or service by a provider in a timely
23 manner upon the request of the individual. At a
24 minimum, such information shall include the infor-
25 mation specified in paragraph (2) and shall be made

1 available to such individual through a self-service
2 tool that meets the requirements of paragraph (3)
3 or, at the option of such individual, through a paper
4 disclosure or phone or other electronic disclosure (as
5 selected by such individual and provided at no cost
6 to such individual) that meets such requirements as
7 the Secretary may specify.

8 “(2) SPECIFIED INFORMATION.—For purposes
9 of paragraph (1), the information specified in this
10 paragraph is, with respect to an item or service for
11 which benefits are available under a group health
12 plan or group health insurance coverage furnished
13 by a health care provider to a participant or bene-
14 ficiary of such plan, or enrollee in such coverage, the
15 following:

16 “(A) If such provider is a participating
17 provider with respect to such item or service,
18 the in-network rate (as defined in subsection
19 (c)) for such item or service.

20 “(B) If such provider is not described in
21 subparagraph (A), the maximum allowed
22 amount for such item or service.

23 “(C) The estimated amount of cost sharing
24 (including deductibles, copayments, and coin-
25 surance) that the participant or beneficiary will

1 incur for such item or service (which, in the
2 case such item or service is to be furnished by
3 a provider described in subparagraph (B), shall
4 be calculated using the maximum amount de-
5 scribed in such subparagraph).

6 “(D) The amount the participant, bene-
7 ficiary, or enrollee has already accumulated
8 with respect to any deductible or out of pocket
9 maximum, whether for items and services fur-
10 nished by a participating provider or for items
11 and services furnished by a provider that is not
12 a participating provider, under the plan or cov-
13 erage (broken down, in the case separate
14 deductibles or maximums apply to separate par-
15 ticipants, beneficiaries or enrollees enrolled in
16 the plan or coverage, by such separate
17 deductibles or maximums, in addition to any
18 cumulative deductible or maximum).

19 “(E) In the case such plan or coverage im-
20 poses any frequency or volume limitations with
21 respect to such item or service (excluding med-
22 ical necessity determinations), the amount that
23 such participant, beneficiary, or enrollee has ac-
24 crued towards such limitation with respect to
25 such item or service.

1 “(F) Any prior authorization, concurrent
2 review, step therapy, fail first, or similar re-
3 quirements applicable to coverage of such item
4 or service under such plan or coverage.

5 The Secretary may provide that information de-
6 scribed in any of subparagraphs (A) through (F) not
7 be treated as information specified in this para-
8 graph, and specify additional information that shall
9 be treated as information specified in this para-
10 graph, if determined appropriate by the Secretary.

11 “(3) SELF-SERVICE TOOL.—For purposes of
12 paragraph (1), a self-service tool established by a
13 group health plan or group health insurance cov-
14 erage meets the requirements of this paragraph if
15 such tool—

16 “(A) is based on an Internet website;

17 “(B) provides for real-time responses to re-
18 quests described in paragraph (1);

19 “(C) is updated in a manner such that in-
20 formation provided through such tool is timely
21 and accurate at the time such request is made;

22 “(D) allows such a request to be made
23 with respect to an item or service furnished
24 by—

1 “(i) a specific provider that is a par-
2 ticipating provider with respect to such
3 item or service;

4 “(ii) all providers that are partici-
5 pating providers with respect to such item
6 or service; or

7 “(iii) a provider that is not described
8 in clause (ii);

9 “(E) provides that such a request may be
10 made with respect to an item or service through
11 use of the billing code for such item or service
12 or through use of a descriptive term for such
13 item or service; and

14 “(F) meets any other requirement deter-
15 mined appropriate by the Secretary.

16 The Secretary may require such tool, as a condition
17 of complying with subparagraph (E), to link multiple
18 billing codes to a single descriptive term if the Sec-
19 retary determines that the billing codes to be so
20 linked correspond to similar items and services.

21 “(b) RATE AND PAYMENT INFORMATION.—

22 “(1) IN GENERAL.—For plan years beginning
23 on or after the date that is 2 years after the date
24 of the enactment of this section, each group health
25 plan (other than a grandfathered health plan (as de-

1 fined in section 1251(e) of the Patient Protection
2 and Affordable Care Act (42 U.S.C. 18011(e)) or
3 group health insurance coverage, shall, not less fre-
4 quently than once every 3 months (or, in the case
5 of information described in paragraph (2)(B), not
6 less frequently than monthly), make available to the
7 public the rate and payment information described
8 in paragraph (2) in accordance with paragraph (3).

9 “(2) RATE AND PAYMENT INFORMATION DE-
10 SCRIBED.—For purposes of paragraph (1), the rate
11 and payment information described in this para-
12 graph is, with respect to a group health plan or
13 group health insurance coverage, the following:

14 “(A) With respect to each item or service
15 (other than a drug) for which benefits are avail-
16 able under such plan or coverage, the in-net-
17 work rate in effect with each provider that is a
18 participating provider with respect to such item
19 or service, other than such a rate in effect with
20 a provider that, during the 1-year period ending
21 10 business days before the date of the publica-
22 tion of such information, did not submit any
23 claim for such item or service to such plan or
24 coverage.

1 “(B) With respect to each drug (identified
2 by national drug code) for which benefits are
3 available under such plan, the average amount
4 paid by such plan or coverage (net of rebates,
5 discounts, and price concessions) for such drug
6 dispensed or administered during the 90-day
7 period beginning 180 days before such date of
8 publication to each provider that was a partici-
9 pating provider with respect to such drug, bro-
10 ken down by each such provider, other than
11 such an amount paid to a provider that, during
12 such period, submitted fewer than 20 claims for
13 such drug to such plan or coverage.

14 “(C) With respect to each item or service
15 for which benefits are available under such plan
16 or coverage, the amount billed, and the amount
17 allowed by the plan or coverage, for each such
18 item or service furnished during the 90-day pe-
19 riod specified in subparagraph (B) by a pro-
20 vider that was not a participating provider with
21 respect to such item or service, broken down by
22 each such provider, other than items and serv-
23 ices with respect to which fewer than 20 claims
24 for such item or service were submitted to such
25 plan or coverage during such period.

1 “(3) MANNER OF PUBLICATION.—Rate and
2 payment information required to be made available
3 under this subsection shall be so made available in
4 dollar amounts through 3 separate machine-readable
5 files (or any successor technology, such as applica-
6 tion program interface technology, determined ap-
7 propriate by the Secretary) corresponding to the in-
8 formation described in each of subparagraphs (A)
9 through (C) of paragraph (2) that meet such re-
10 quirements as specified by the Secretary. Such re-
11 quirements shall ensure that such files are limited to
12 an appropriate size, do not include disclosure of un-
13 necessary duplicative information contained in other
14 files made available under this subsection, are made
15 available in a widely-available format through a pub-
16 licly-available website that allows for information
17 contained in such files to be compared across group
18 health plans and group and individual health insur-
19 ance coverage, and are accessible to individuals at no
20 cost and without the need to establish a user ac-
21 count or provide other credentials.

22 “(4) USER INSTRUCTIONS.—Each group health
23 plan and group health insurance coverage shall make
24 available to the public instructions written in plain
25 language explaining how individuals may search for

1 information described in paragraph (2) in files sub-
2 mitted in accordance with paragraph (3). The Sec-
3 retary shall develop and publish a template that
4 such a plan or coverage may use in developing in-
5 structions for purposes of the preceding sentence.

6 “(5) ATTESTATION.—Each group health plan
7 and group health insurance coverage shall post,
8 along with rate and payment information made pub-
9 lic by such plan or coverage, an attestation that such
10 information is complete and accurate.

11 “(c) DEFINITIONS.—In this paragraph:

12 “(1) PARTICIPATING PROVIDER.—The term
13 ‘participating provider’ has the meaning given such
14 term in section 2791A–1(a)(3)(G)(ii).

15 “(2) IN-NETWORK RATE.—The term ‘in-net-
16 work rate’ means, with respect to a health plan or
17 coverage and an item or service furnished by a pro-
18 vider that is a participating provider with respect to
19 such plan and item or service, the contracted rate in
20 effect between such plan or coverage and such pro-
21 vider for such item or service.”.

22 (B) CLERICAL AMENDMENT.—The table of
23 contents in section 1 of the Employee Retire-
24 ment Income Security Act of 1974 is amended

1 by striking the item relating to section 719 and
2 inserting the following new item:

“Sec. 719. Price transparency requirements.”.

3 (b) ACCESSIBILITY THROUGH IMPLEMENTATION.—

4 In implementing the amendments made by subsection (a),
5 the Secretary of the Treasury, the Secretary of Health and
6 Human Services, and the Secretary of Labor shall take
7 reasonable steps to ensure the accessibility of information
8 made available pursuant to such amendments, including
9 reasonable steps to ensure that such information is pro-
10 vided in plain, easily understandable language and that
11 interpretation, translations, and assistive services are pro-
12 vided by group health plans and health insurance issuers
13 offering group or individual health insurance coverage to
14 make such information accessible to those with limited
15 English proficiency and those with disabilities.

16 (c) CONTINUED APPLICABILITY OF RULES FOR PRE-
17 VIOUS YEARS.—Nothing in the amendments made by sub-
18 section (a) may be construed as affecting the applicability
19 of the rule entitled “Transparency in Coverage” published
20 by the Department of the Treasury, the Department of
21 Labor, and the Department of Health and Human Serv-
22 ices on November 12, 2020 (85 Fed. Reg. 72158) for any
23 plan year beginning before the date that is 2 years after
24 the date of the enactment of this Act.

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