

HB 389 - AS INTRODUCED

2023 SESSION

23-0589

05/04

HOUSE BILL **389**

AN ACT relative to consumer protection relating to hospital price transparency.

SPONSORS: Rep. Phillips, Rock. 7; Rep. Yokela, Rock. 32

COMMITTEE: Commerce and Consumer Affairs

ANALYSIS

This bill prohibits a hospital from pursuing a collection action for services provided if the hospital was not in compliance with certain federal price transparency laws.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~in brackets and struck through.~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Three

AN ACT relative to consumer protection relating to hospital price transparency.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Findings. The general court finds:

2 I. Section 1001 of the "Patient Protection and Affordable Care Act Of 2010", Pub.L. 111-148,
3 as amended by Section 10101 of the "Health Care And Education Reconciliation Act Of 2010", Pub.L.
4 111-152, amended Title XXVII of the "Public Health Service Act", Pub.L. 78-410, in part, by adding a
5 new section 2718(e), requiring, in part, that each hospital operating within the United States
6 establish, update, and make public a list of the hospital's standard charges for the items and services
7 that the hospital provides.

8 II. Effective January 1, 2021, the federal Centers for Medicare and Medicaid Services (CMS)
9 published the final rule to implement the law, codified at 45 C.F.R. 180.

10 III. In its summary of the final rule, CMS states that information on hospital standard
11 charges is necessary for the public to "make more informed decisions about their care" and that the
12 "impact of these final policies will help to increase market competition, and ultimately drive down
13 the cost of health care services, making them more affordable for all patients."

14 IV. On July 9, 2021, President Biden, building upon efforts of past presidents, issued the
15 "Executive Order on Promoting Competition in the American Economy" directing the Secretary of
16 the United States Department of Health and Human Services to support new and existing price
17 transparency initiatives for hospitals.

18 2 New Chapter; Hospital Price Transparency. Amend RSA by inserting after chapter 358-S the
19 following new chapter:

20 CHAPTER 358-T

21 HOSPITAL PRICE TRANSPARENCY

22 358-T:1 Definitions.

23 I. "Collection action" means any of the following actions taken with respect to a debt for
24 items and services that were purchased from or provided to a patient by a hospital on a date during
25 which the hospital was not in material compliance with hospital price transparency laws.

26 II. "Hospital price transparency laws" means Section 2718(e) of the "Public Health Service
27 (PHS) Act", Pub.L. 78-410, as amended, and rules adopted by the United States Department of
28 Health and Human Services implementing Section 2718(e).

29 III. "Items and services" means "items and services" as defined in 45 C.F.R. 180.20.

30 IV. "Consumer" means the patient that receives treatment from a hospital or the patient's
31 guardian.

HB 389 - AS INTRODUCED
- Page 2 -

1 V. "Material compliance" means information regarding the cost of items or services provided
2 by a hospital must be available:

3 (a) As a comprehensive machine-readable file with all items and services listed; and

4 (b) As a display of shoppable services in a consumer-friendly format.

5 358-T:2 General Provision; Hospital Price Transparency.

6 I. A hospital that is not in material compliance with hospital price transparency laws on the
7 date that items or services are purchased from or provided to a patient by the hospital shall not
8 initiate or pursue a collection action against the patient or patient guarantor for a debt owed for the
9 items or services.

10 II. A patient or patient guarantor is not responsible for the cost of items or services provided
11 to the patient by the hospital if the hospital was not in material compliance with hospital price
12 transparency laws on a date on or after the effective date of this section that items or services were
13 purchased on or provided to the patient.

14 III. A hospital shall directly inform the patient or patient guarantor about the machine-
15 readable file and the display of shoppable services and provide information to easily locate the
16 display.

17 3 Effective Date. This act shall take effect January 1, 2024.

CONSENT CALENDAR

March 8, 2023

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Commerce and Consumer Affairs to
which was referred HB 389,**

**AN ACT relative to consumer protection relating to
hospital price transparency. Having considered the
same, report the same with the following resolution:**

RESOLVED, that it is INEXPEDIENT TO LEGISLATE.

Rep. Shaun Filiault

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Commerce and Consumer Affairs
Bill Number:	HB 389
Title:	relative to consumer protection relating to hospital price transparency.
Date:	March 8, 2023
Consent Calendar:	CONSENT
Recommendation:	INEXPEDIENT TO LEGISLATE

STATEMENT OF INTENT

This bill would prohibit a hospital from pursuing a collection action for services rendered to a consumer if the hospital was not in material compliance with certain federal price transparency requirements that were included in the Patient Protection and Affordable Care Act of 2010. Although well-intentioned, this bill could pose problems in practice. Some health procedures are exceptionally rare, rendering cost estimates impossible. Further, testimony provided to the committee made evident that healthcare is rarely “one-size-fits-all” and estimated prices listed on facilities’ websites are, at best, a very rough cost guide. A consumer’s specific case may require products and services which cannot be anticipated by looking at a broad cost guide. This bill would render facilities responsible for not anticipating, in advance, on a generic public website, the precise products and services required by a consumer’s specific health needs.

Vote 18-1.

Rep. Shaun Filiault
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Commerce and Consumer Affairs

HB 389, relative to consumer protection relating to hospital price transparency. **INEXPEDIENT TO LEGISLATE.**

Rep. Shaun Filiault for Commerce and Consumer Affairs. This bill would prohibit a hospital from pursuing a collection action for services rendered to a consumer if the hospital was not in material compliance with certain federal price transparency requirements that were included in the Patient Protection and Affordable Care Act of 2010. Although well-intentioned, this bill could pose problems in practice. Some health procedures are exceptionally rare, rendering cost estimates impossible. Further, testimony provided to the committee made evident that healthcare is rarely “one-size-fits-all” and estimated prices listed on facilities’ websites are, at best, a very rough cost guide. A consumer’s specific case may require products and services which cannot be anticipated by looking at a broad cost guide. This bill would render facilities responsible for not anticipating, in advance, on a generic public website, the precise products and services required by a consumer’s specific health needs. **Vote 18-1.**

Original: House Clerk

Cc: Committee Bill File

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON HB 389

BILL TITLE: relative to consumer protection relating to hospital price transparency.

DATE: January 26, 2023

LOB ROOM: 302-304 **Time Public Hearing Called to Order:** 1:50 p.m.

Time Adjourned: 2:45 p.m.

Committee Members: Reps. Hunt, Ammon, Beaulieu, Potucek, Post, Terry, Cole, Porcelli, Thackston, L. Walsh, Burroughs, Herbert, McAleer, Vincent, Filiault, Gibbs, Spier and J. Sullivan

Bill Sponsors:

Rep. Phillips

Rep. Yokela

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

*Rep Phillips - Introduced HB389

- An amendment was passed out regarding corrective action

Rep Yoleka

- If a price is posted for a procedure, the hospital cannot bill more for the procedure
- Line 28 If the department (DHHS) finds a hospital in non-compliance of this chapter, the dept shall issue a corrective action plan

*Paul Minnehan - NH Hospital Association - Opposes

- Two hospitals in the US are not compliant
- NHHA is concerned with Federal vs. State law - conflicting laws
- This bill is redundant

Patrick Neville - Supports

- Comes from Colorado
- This bill has been enacted in Colorado - it is a bi-partisan bill
- An estimate is not a quote
- No fiscal note on the Colorado bill
- The bill in Colorado has been a small business opportunity for tech companies

Respectfully Submitted,

Rep Jane Beaulieu, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 389

BILL TITLE: relative to consumer protection relating to hospital price transparency.

DATE: February 8, 2023

Subcommittee Members: Reps. Terry, Hunt, Post, Porcelli, Calabro and Gibbs

Comments and Recommendations:

MOTIONS: INEXPEDIENT TO LEGISLATE

Moved by Rep. Rep. Calabro

Seconded by Rep. Rep. Post

Vote: 7-0

Respectfully submitted,

Rep. John Hunt
Subcommittee Clerk



June 16, 2022

Attorney General John Formella
New Hampshire Department of Justice
33 Capitol Street
Concord, NH 03301

Dear Attorney General Formella:

You were recently copied on e-mails that several hospital leaders in New Hampshire received from an organization, Patient Rights Advocate.org, making misleading claims about the individual hospitals' compliance with the No Surprises Act, a federal price transparency requirement that went into effect January 1, 2021. Not only are those claims misleading, but they are also blatantly false.

Hospitals in New Hampshire take seriously their requirements to comply with federal rules and regulations, including the ones referenced by this organization. Further, hospitals in New Hampshire have long worked to help provide patients with information about the potential cost of the services they are to receive. In fact, well before these new federal regulations, hospitals came together through the New Hampshire Hospital Association to develop a toolkit to help patients understand the cost of their care.

The agency that determines compliance with these regulations is the federal Centers for Medicare and Medicaid Services (CMS) and, as of this date, CMS has cited two hospitals in the nation (neither of which are in New Hampshire) and found only those two hospitals to be not in compliance with the federal rules and were issued a penalty. Of the other 352 notices issued by CMS that were sent to other hospitals around the country, more than half of those are now in compliance while the others are working to become compliant. With roughly 5,000 hospitals across the country, that is a remarkable level of compliance with these new, very complex regulations that were implemented just 18 months ago, hardly the 14% compliance that this organization cited in their study. Several methodological flaws in the Patient Rights Advocate study contribute to the false conclusions their review reached. The metric we should be paying attention to is the one from the regulatory agency (CMS) that is charged with oversight of these regulations.

Again, hospitals in New Hampshire are proud of the work that they do to support patients in all aspects of their care, including understanding the potential costs of that care. We hope this information puts into context the report you received.

Sincerely,

A handwritten signature in cursive script that reads "Steve Ahnen".

Steve Ahnen
President



HOUSE COMMERCE COMMITTEE

Thursday, January 26, 2023

HB 389 – Relative to Consumer Protection Relating to Hospital Price Transparency

Testimony

Good afternoon, Mr. Chairman, and members of the committee. My name is Paula Minnehan, Senior Vice President, State Government Relations with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all specialty hospitals.

The NHHA is opposed to HB 389.

New Hampshire hospitals and health systems are committed to ensuring that residents can access high quality, safe, and affordable health care. In that goal, it is critical that patients make informed health care decisions with as much information and as little stress as possible. Hospitals work every day to ensure patients are appropriately cared for and fully understand the cost of the treatment they receive.

Federal hospital price transparency rules went into effect on January 1, 2021, to require all hospitals to make available on their websites a single machine-readable digital file containing the standard charges for all items and services provided by the hospital. The federal regulations also give hospitals two options to let consumers determine their potential out-of-pocket costs for common services: an interactive Price Estimator Tool or a static spreadsheet listing 300 common services.

Hospitals have worked hard to comply with the federal regulations.

HB 389 would create conflicting standards between federal and state law in a way that is more restrictive than federal law. It unjustly penalizes hospitals and creates confusion for consumers and hospitals alike.

Any state interpretation of what constitutes federal minimum requirements and how these requirements are enforced should conform to Centers for Medicare and Medicaid Services (CMS) interpretation, including federal law and corresponding regulations, and should be informed by applicable CMS guidance, including CMS Hospital Price Transparency Frequently Asked Questions (FAQs), as the FAQs may be updated from time to time.

The punitive measures included in HB 389 are not required nor contemplated as part of the minimum federal requirement and go far beyond remedies for non-compliance with hospital

licensure laws and regulations. Further, the penalty is significant and is not aligned with a reasonable assessment of harm to the patient.

Any legislation that creates a private right of action to prohibit collection of payment or limit debt collection practices related to compliance with federal hospital price transparency requirements is unacceptable.

I have included some additional material with my testimony that you may find helpful when considering this bill. During the summer of 2022 our hospitals began receiving emails from an organization, Patient Rights Advocate.org, making misleading claims about the individual hospitals compliance with the Federal No Surprises Act (NSA). Not only were those claims misleading, but they were also blatantly false. The attached letter to New Hampshire Attorney General John Formella, dated June 16, 2022 from Steve Ahnen, NHHA President, outlines in more detail our concerns. In addition, I attached a chart that shows the inconsistency and inaccurate criteria used by this national advocacy group in their analysis of hospitals' compliance with the NSA. As you can see, they did not follow the CMS requirements on most of the criteria they selected for their analysis.

This bill is unnecessary, and we ask that you find it Inexpedient to Legislate.

Thank you for the opportunity to provide our comments on HB 389.

Rep Phillips's testimony

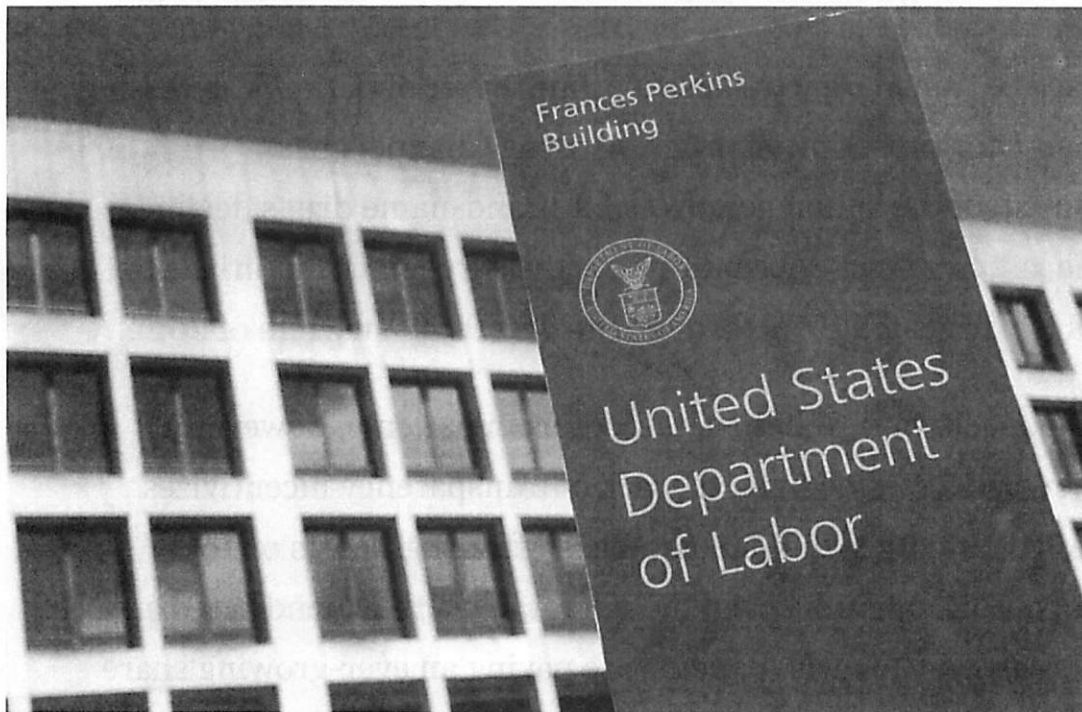
FORBES > BUSINESS > POLICY

Transparency Is A Necessary First Step Toward A Better Healthcare System

Wayne Winegarden Contributor ©

Jan 18, 2023, 12:18pm EST

Listen to article 6 minutes



The US Department of Labor Building AFP VIA GETTY IMAGES

The U.S. Departments of Labor and Health and Human Services has issued a new joint federal rule. Another federal mandate is hardly newsworthy, but one devised under the Trump

Administration and eagerly implemented by the Biden Administration is certainly unique.

Beyond the politics, the Transparency in Coverage rule, while not without its shortcomings, helps to address on one of the fundamental flaws worsening the effectiveness of the nation's healthcare system – its opacity.

The lack of transparency that pervades the healthcare system exposes patients to problems such as surprise medical bills. These unexpected, and often large, charges occur when patients are unaware that their in-network clinic is using provider(s) who do not participate in their insurance network. As a result, the in-network prices insurers negotiated do not apply to these providers, leaving patients stunned when they receive the unexpected additional charges that they were unaware they would have to pay.

The lack of transparency is also a prime driver of patients' excessive payments for prescription drugs. As Drug Channels has documented, the actual net prices for brand-name drugs declined for the last five years. Accounting for the surge in inflation, the net prices for drugs fell 8.7% through the first three quarters of 2022.

Pricing opacity hides these net prices from patients, however. Further, as I describe here, the lack of transparency incentivizes untoward outcomes that inequitably shifts drugs' costs on to patients. Consequently, even though total health expenditures on drugs is growing slowly, patients are paying an ever-growing share of these costs and are often left exposed to covering the costs for some of the most expensive drugs, which is precisely the time that insurance should be protecting patients via its risk-mitigating services.

Best Travel Insurance Companies

By Amy Danise Editor

Best Covid-19 Travel Insurance Plans

By Amy Danise Editor

Unfortunately, these are not isolated examples. Whether it is looking for the right doctor to perform a knee replacement or simply visiting their general practitioner, patients rarely know the full costs of the visit until weeks or months later.

As Mark Galvin, founder of the healthcare price transparency platform TALON, noted in a MedCity News interview

“The problem was that there was no symmetry in the data available to us as consumers,” he said in an interview. “You couldn’t find out pricing ahead of time, you couldn’t find out what your negotiated discount was. The doctor couldn’t tell you. Your insurance company couldn’t tell you. You couldn’t do a normal comparison.”

It is simply irrational to expect patients to be effective stewards with their healthcare spending when they have no reasonable way to know the cost of care.

While not sufficient, creating a transparent pricing system is a necessary first step toward rectifying this problem. Price transparency will not only help alleviate the problems of surprise medical bills or excessive drug costs, but it will also improve the quality and affordability of the broader U.S. healthcare system.

The No Surprises Act, which became effective January 1, 2022, was a response to the first problem. Under this Act, patients are only

responsible for the in-network costs when they either receive care at in-network facilities or emergency care at out-of-network facilities. The act also promotes transparency by requiring providers and insurers to make cost information available to patients.

The newly effective Transparency in Coverage rule intends to create the same transparency benefits for broader medical costs and services. Under the rule, “most group health plans and issuers of group or individual health insurance” plans must ensure that key pricing information is disclosed to the public.

The essential information plans must provide under this rule is good-faith estimates of the out-of-pocket costs for scheduled in-network medical services, delivered via “an online price comparison tool”. The disclosure requirements also mandate that the plan publicly discloses the in-network rates, out-of-network allowed costs, and prescription drug prices under the plan formulary.

As of the beginning of this month, the regulation mandates that the costs associated with 500 commonly "shoppable" services including office visits, cancer screenings, MRIs and joint-replacement surgeries are provided. The disclosure mandates expand to all other items and services that are covered by the plan beginning on January 1, 2024.

Empowered with the price comparison tool, patients will be able to compare how their cost-sharing amounts vary between different service options when they are seeking specific medical services. If not for the perverse incentives that plague the current healthcare financing system, this knowledge would already be available to patients. And armed with this information, patients will be able to

control their out-of-pocket costs, particularly for scheduled medical services.

Despite being an improvement, ultimately, the total costs of providing the medical services should guide patients' decisions not simply their out-of-pocket costs. Consequently, reforms should encourage patients to benefit from considering the total costs of services not just the impact on their out-of-pocket expenses.

Another shortcoming of the rule is the ability of the government to impose large and crippling fees on those organizations not complying with the mandate, which is something employers will need to manage unfortunately.

Despite these deficiencies, this rule pushes the healthcare system in the right direction. Transparency, when combined with broader reforms that empower patients to control their healthcare dollars and encourage insurers to provide actual health insurance (rather than providing pre-paid healthcare expenditures as the current system does), will meaningfully address the flaw of our current healthcare system.

Follow me on Twitter.



Wayne Winegarden

I am a Senior Fellow in Business and Economics at the Pacific Research Institute and the Director of PRI's Center for Medical Economics and Innovation.... **Read More**

Jan 19, 2023 - Health

Study finds hospitals are still not posting prices



Arielle Dreher

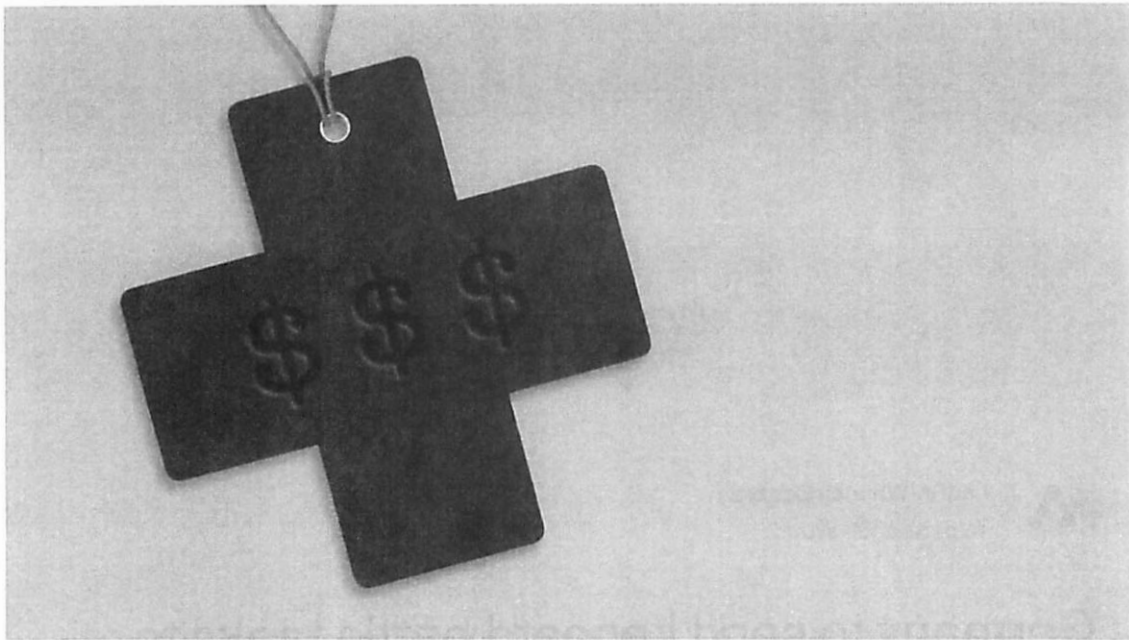


Illustration: Gabriella Turrisi/Axios

Only 19% of hospitals fully comply with the Centers for Medicare and Medicaid Services rule that requires facilities to post estimated costs for items and services, [an analysis](#) published in the *Journal of General Internal Medicine* has found.

Why it matters: The U.S. continues to [spend more](#) on health care than other countries for less value, and federal efforts to bring

GoodRx analyzed a nationally representative sample of nonprofit, for-profit, teaching and other hospitals to evaluate whether or not they were posting their prices online.

- Of the 64 acute care hospitals selected, just 19% fully complied with CMS price transparency rules.
- Teaching hospitals were significantly more likely to comply with half of the requirements.
- Nonprofit hospitals were more likely than for-profit hospitals to comply with accessibility requirements, the analysis found.

Go deeper



Laurin-Whitney Gottbrath

43 mins ago - World

Germany to send Leopard battle tanks to Ukraine



A German Leopard 2 tank. Photo: Philipp Schulze/Picture alliance via Getty Images

Germany will send several Leopard 2 tanks to Ukraine, Chancellor Olaf Scholz said on Wednesday after pressure from NATO allies and Ukraine to supply the advanced battle vehicles.

Why it matters: The decision is a major boost for Ukraine, which has pleaded with the West for months to send battle tanks as it tries to take back territory from Russia and prepare for a possible new Russian offensive.

Go deeper (1 min. read) →



Josh Kraushaar
1 hour ago - Politics & Policy

Republicans savor 2024 Senate map

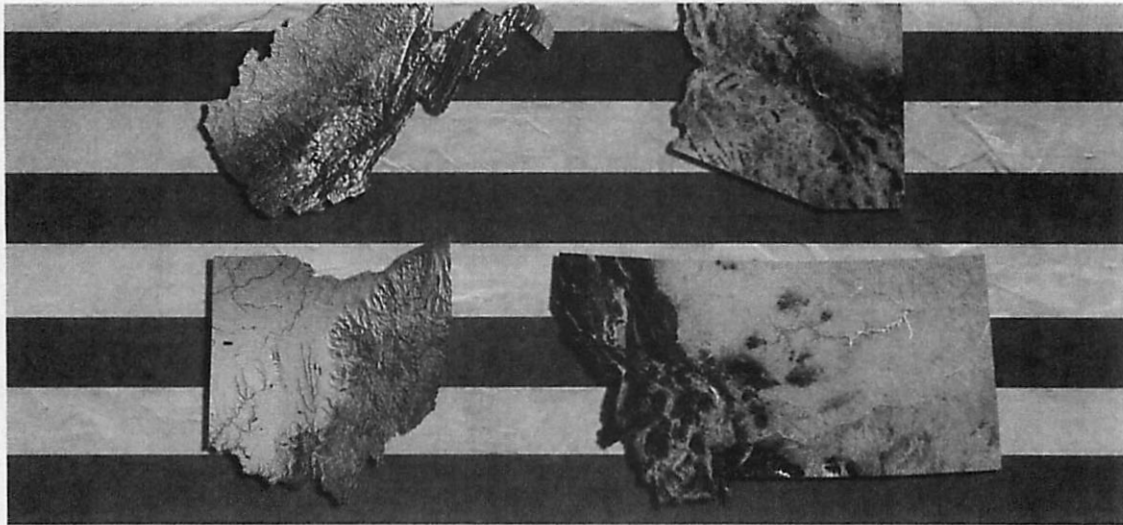


Illustration: Sarah Grillo, Shoshana Gordon/Axios

After last year's midterm fail, Republicans are licking their chops at an enviable outlook for snatching the Senate majority in '24.

Why it matters: The four Senate tossup races are in red (West Virginia, Ohio, Montana) or swing (Arizona) states — part of a strongly GOP-favorable '24 Senate map.

Go deeper (1 min. read) →



Emily Peck, author of Axios Markets
2 hours ago - Economy & Business

Tax refunds may shrink this year



Illustration: Shoshana Gordon/Axios

Many Americans will be getting a smaller tax refund this year, without the padding of a few crucial pandemic-era tax breaks, the IRS warns.

Why it matters: Many people depend on their refunds to make ends meet, pay down debt or fund extras like vacations. And checks are shrinking at a time when rising prices are already making it harder to pay the bills.

Go deeper (1 min. read) →

News worthy of your time.

Download the app →

About

About Axios

Subscribe

Axios newsletters

AXIOS



[Axios on HBO](#)

[Courses](#)

[Axios HQ](#)

[Earn Axios rewards](#)

[Privacy and terms](#)

[Online tracking choices](#)

[Do not sell my personal information](#)

[Contact us](#)

AXIOS

Rep. Phillips


Hospital	City	State	Compliance	Complete Standard Charge File												Explanation	Download Date
				Codes (of any type)	Gross Charge	Discounted Cash Price	Negotiated Min	Negotiated Max	Negotiated Rates	All Payers and Plans	300 Shoppable List	Price Estimate Tool (PET)	PET Provides Cash Price				
1136	Northeast Rehabilitation Hospital	Salem	NH	Noncompliant	N	Y	N	N	N	N	N	N	Y	N	N	Standard Charges File omits gross charges, negotiated minimum, negotiated maximum, and negotiated rates by payer and plan. Standard Charges File fails to provide an adequate amount of discounted cash prices.	05/27/2022
1137	Northeast Rehabilitation Hospital at Southern New Hampshire Medical Center	Nashua	NH	Noncompliant	N	Y	N	N	N	N	N	N	Y	N	N	Standard Charges File omits gross charges, negotiated minimum, negotiated maximum, and negotiated rates by payer and plan. Standard Charges File fails to provide an adequate amount of discounted cash prices.	05/27/2022
1138	Northeast Rehabilitation Hospital at The Elliot	Manchester	NH	Noncompliant	N	Y	N	N	N	N	N	N	Y	N	N	Standard Charges File omits gross charges, negotiated minimum, negotiated maximum, and negotiated rates by payer and plan. Standard Charges File fails to provide an adequate amount of discounted cash prices.	05/27/2022
1139	Northeast Rehabilitation Hospital in Portsmouth	Portsmouth	NH	Noncompliant	N	Y	N	N	N	N	N	N	Y	N	N	Standard Charges File omits gross charges, negotiated minimum, negotiated maximum, and negotiated rates by payer and plan. Standard Charges File fails to provide an adequate amount of discounted cash prices.	05/27/2022
1140	Parkland Medical Center	Derry	NH	Noncompliant	N	Y	Y	Y	N	N	N	Y	N	Y	Y	Standard charges file fails to provide adequate pricing information for major payer negotiated rates as well as de-identified min/max charges; has non-searchable incomplete, overbroad or inapplicable descriptions; contains calculation instructions in place of numerical prices in negotiated rates, minimum and maximum fields, and non-searchable code ranges.	07/12/2022
1141	Portsmouth Regional Hospital	Portsmouth	NH	Noncompliant	N	Y	Y	Y	N	N	N	Y	N	Y	Y	Standard charges file fails to provide adequate pricing information for major payer negotiated rates as well as de-identified min/max charges; has non-searchable incomplete, overbroad or inapplicable descriptions; contains calculation instructions in place of numerical prices in negotiated rates, minimum and maximum fields, and non-searchable code ranges.	07/12/2022
1142	Saint Joseph Hospital	Nashua	NH	Noncompliant	N	Y	Y	Y	N	N	Y	Y	N	Y	Y	Standard Charges File fails to provide an adequate amount of negotiated minimum and negotiated maximum rates.	05/27/2022
1143	Southern New Hampshire Medical Center	Nashua	NH	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N		05/27/2022

Hospital	City	State	Compliance	Complete Standard Charge File												Explanation	Download Date
				Codes (of any type)				Gross Charge	Discounted Cash Price	Negotiated Min	Negotiated Max	Negotiated Rates	All Payers and Plans	300 Shoppable List	Price Estimate List		
1119	Alice Peck Day Memorial Hospital	Lebanon	NH	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		05/26/2022
1120	Androscoggin Valley Hospital	Berlin	NH	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		05/26/2022
1121	Catholic Medical Center	Manchester	NH	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	Y	N	N	Standard Charges File fails to provide an adequate amount of negotiated rates.	05/26/2022
1122	Cheshire Medical Center	Keene	NH	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y		05/26/2022
1123	Concord Hospital	Concord	NH	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Standard Charges File fails to adequately identify specific plans for all commercial payers.	06/17/2022
1124	Concord Hospital - Franklin	Franklin	NH	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Standard Charges File fails to adequately identify specific plans for all commercial payers.	06/17/2022
1125	Concord Hospital - Laconia	Laconia	NH	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Standard Charges File fails to adequately identify specific plans for all commercial payers.	06/17/2022
1126	Cottage Hospital	Woodsville	NH	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Standard Charges File fails to provide an adequate amount of negotiated rates.	06/17/2022
1127	Dartmouth-Hitchcock Medical Center	Lebanon	NH	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y		05/27/2022
1128	Elliot Hospital	Manchester	NH	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	Y	N	N		05/27/2022
1129	Encompass Health Rehabilitation Hospital of Concord	Concord	NH	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	N	N	Standard Charges File fails to provide an adequate amount of negotiated rates and fails to adequately identify specific plans for all commercial payers.	05/27/2022
1130	Exeter Hospital	Exeter	NH	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Standard Charges File fails to adequately identify specific plans for all commercial payers.	05/27/2022
1131	Frisbie Memorial Hospital	Rochester	NH	Noncompliant	N	Y	Y	Y	N	N	N	Y	N	Y	Y	Standard charges file fails to provide adequate pricing information for major payer negotiated rates as well as de-identified min/max charges; has non-searchable incomplete, overbroad or inapplicable descriptions; contains calculation instructions in place of numerical prices in negotiated rates, minimum and maximum fields, and non-searchable code ranges.	07/12/2022
1132	Huggins Hospital	Wolfeboro	NH	Noncompliant	N	Y	N	N	Y	Y	N	Y	N	Y	Y	Standard Charges File omits gross charges, discounted cash prices and fails to provide an adequate amount of negotiated rates.	05/27/2022
1133	Littleton Regional Healthcare	Littleton	NH	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Standard Charges File fails to provide an adequate amount of negotiated rates.	05/27/2022
1134	Monadnock Community Hospital	Peterborough	NH	Noncompliant	N	Y	Y	Y	N	N	N	Y	N	Y	Y	Standard Charges File fails to provide an adequate amount of negotiated minimum, negotiated maximum, or negotiated rates.	05/27/2022
1135	New London Hospital	New London	NH	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y		05/27/2022

Rep Phillips

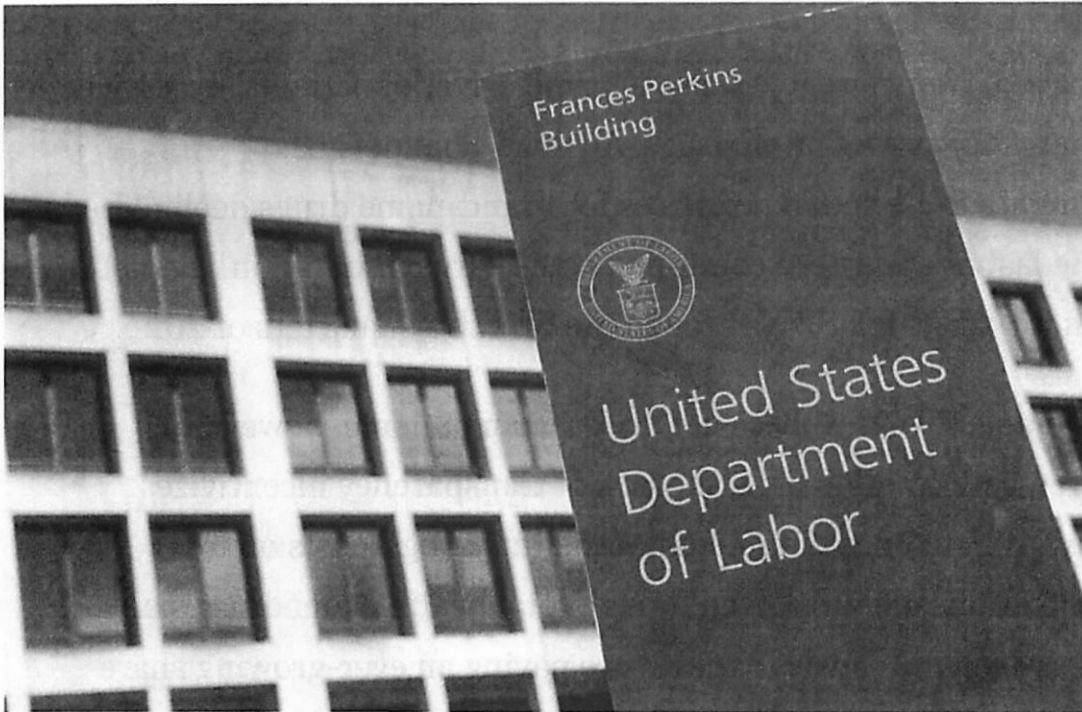
Hospital	City	State	Compliance	Compliance Criteria												Explanation	Download Date
				Complete Standard Charge File	Codes (of any type)	Gross Charge	Discounted Cash Price	Negotiated Min	Negotiated Max	All Payers and Plans	300 Shoppable List	Price Estimate Tool (PET)	PET Provides Cash Price				
1144 Speare Memorial Hospital	Plymouth	NH	Noncompliant	N	Y	N	N	N	N	N	N	N	N	Y	Y	Standard Charges File fails to provide an adequate amount of gross charges, discounted cash prices, de-identified minimum and maximum charges, and negotiated rates by payer and plan, and fails to adequately identify specific plans for all commercial payers.	05/27/2022
1145 The Memorial Hospital	North Conway	NH	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	Y	N	N	Standard Charges File fails to provide an adequate amount of negotiated rates.	05/27/2022	
1146 Upper Connecticut Valley Hospital	Colebrook	NH	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		05/27/2022	
1147 Valley Regional Hospital	Claremont	NH	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Standard Charges File fails to adequately identify specific plans for all commercial payers.	06/26/2022	
1148 Weeks Medical Center	Lancaster	NH	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		06/14/2022	

Transparency Is A Necessary First Step Toward A Better Healthcare System

Wayne Winegarden Contributor 

Jan 18, 2023, 12:18pm EST

Listen to article 6 minutes



The US Department of Labor Building AFP VIA GETTY IMAGES

The U.S. Departments of Labor and Health and Human Services has issued a new joint federal rule. Another federal mandate is hardly newsworthy, but one devised under the Trump

Administration and eagerly implemented by the Biden Administration is certainly unique.

Beyond the politics, the Transparency in Coverage rule, while not without its shortcomings, helps to address one of the fundamental flaws worsening the effectiveness of the nation's healthcare system – its opacity.

The lack of transparency that pervades the healthcare system exposes patients to problems such as surprise medical bills. These unexpected, and often large, charges occur when patients are unaware that their in-network clinic is using provider(s) who do not participate in their insurance network. As a result, the in-network prices insurers negotiated do not apply to these providers, leaving patients stunned when they receive the unexpected additional charges that they were unaware they would have to pay.

The lack of transparency is also a prime driver of patients' excessive payments for prescription drugs. As Drug Channels has documented, the actual net prices for brand-name drugs declined for the last five years. Accounting for the surge in inflation, the net prices for drugs fell 8.7% through the first three quarters of 2022.

Pricing opacity hides these net prices from patients, however. Further, as I describe here, the lack of transparency incentivizes untoward outcomes that inequitably shifts drugs' costs on to patients. Consequently, even though total health expenditures on drugs is growing slowly, patients are paying an ever-growing share of these costs and are often left exposed to covering the costs for some of the most expensive drugs, which is precisely the time that insurance should be protecting patients via its risk-mitigating services.

Best Travel Insurance Companies

By Amy Danise Editor

Best Covid-19 Travel Insurance Plans

By Amy Danise Editor

Unfortunately, these are not isolated examples. Whether it is looking for the right doctor to perform a knee replacement or simply visiting their general practitioner, patients rarely know the full costs of the visit until weeks or months later.

As Mark Galvin, founder of the healthcare price transparency platform TALON, noted in a MedCity News interview

“The problem was that there was no symmetry in the data available to us as consumers,” he said in an interview. “You couldn’t find out pricing ahead of time, you couldn’t find out what your negotiated discount was. The doctor couldn’t tell you. Your insurance company couldn’t tell you. You couldn’t do a normal comparison.”

It is simply irrational to expect patients to be effective stewards with their healthcare spending when they have no reasonable way to know the cost of care.

While not sufficient, creating a transparent pricing system is a necessary first step toward rectifying this problem. Price transparency will not only help alleviate the problems of surprise medical bills or excessive drug costs, but it will also improve the quality and affordability of the broader U.S. healthcare system.

The No Surprises Act, which became effective January 1, 2022, was a response to the first problem. Under this Act, patients are only

responsible for the in-network costs when they either receive care at in-network facilities or emergency care at out-of-network facilities. The act also promotes transparency by requiring providers and insurers to make cost information available to patients.

The newly effective Transparency in Coverage rule intends to create the same transparency benefits for broader medical costs and services. Under the rule, “most group health plans and issuers of group or individual health insurance” plans must ensure that key pricing information is disclosed to the public.

The essential information plans must provide under this rule is good-faith estimates of the out-of-pocket costs for scheduled in-network medical services, delivered via “an online price comparison tool”. The disclosure requirements also mandate that the plan publicly discloses the in-network rates, out-of-network allowed costs, and prescription drug prices under the plan formulary.

As of the beginning of this month, the regulation mandates that the costs associated with 500 commonly “shoppable” services including office visits, cancer screenings, MRIs and joint-replacement surgeries are provided. The disclosure mandates expand to all other items and services that are covered by the plan beginning on January 1, 2024.

Empowered with the price comparison tool, patients will be able to compare how their cost-sharing amounts vary between different service options when they are seeking specific medical services. If not for the perverse incentives that plague the current healthcare financing system, this knowledge would already be available to patients. And armed with this information, patients will be able to

control their out-of-pocket costs, particularly for scheduled medical services.

Despite being an improvement, ultimately, the total costs of providing the medical services should guide patients' decisions not simply their out-of-pocket costs. Consequently, reforms should encourage patients to benefit from considering the total costs of services not just the impact on their out-of-pocket expenses.

Another shortcoming of the rule is the ability of the government to impose large and crippling fees on those organizations not complying with the mandate, which is something employers will need to manage unfortunately.

Despite these deficiencies, this rule pushes the healthcare system in the right direction. Transparency, when combined with broader reforms that empower patients to control their healthcare dollars and encourage insurers to provide actual health insurance (rather than providing pre-paid healthcare expenditures as the current system does), will meaningfully address the flaw of our current healthcare system.

Follow me on Twitter.



Wayne Winegarden

I am a Senior Fellow in Business and Economics at the Pacific Research Institute and the Director of PRI's Center for Medical Economics and Innovation.... **Read More**

Editorial Standards

Reprints & Permissions

Jan 19, 2023 - Health

Study finds hospitals are still not posting prices



Arielle Dreher

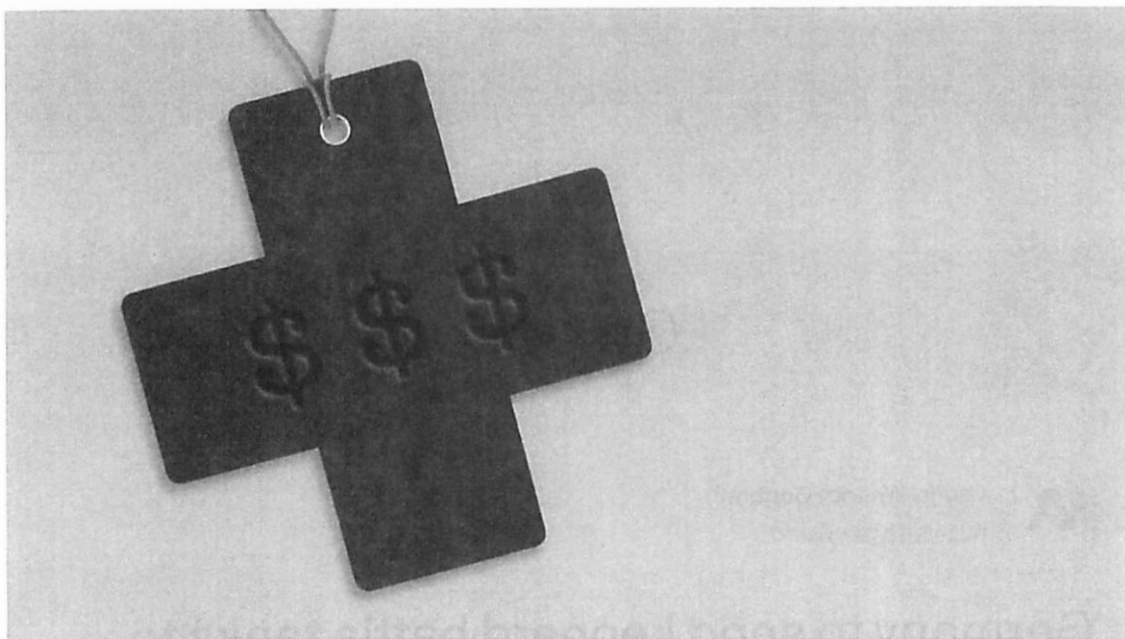


Illustration: Gabriella Turrisi/Axios

Only 19% of hospitals fully comply with the Centers for Medicare and Medicaid Services rule that requires facilities to post estimated costs for items and services, [an analysis](#) published in the *Journal of General Internal Medicine* has found.

Why it matters: The U.S. continues to [spend more](#) on health care than other countries for less value, and federal efforts to bring

GoodRx analyzed a nationally representative sample of nonprofit, for-profit, teaching and other hospitals to evaluate whether or not they were posting their prices online.

- Of the 64 acute care hospitals selected, just 19% fully complied with CMS price transparency rules.
- Teaching hospitals were significantly more likely to comply with half of the requirements.
- Nonprofit hospitals were more likely than for-profit hospitals to comply with accessibility requirements, the analysis found.

Go deeper



Laurin-Whitney Gottbrath
43 mins ago - World

Germany to send Leopard battle tanks to
Ukraine



Illustration: Shoshana Gordon/Axios

Many Americans will be getting a smaller tax refund this year, without the padding of a few crucial pandemic-era tax breaks, the IRS warns.

Why it matters: Many people depend on their refunds to make ends meet, pay down debt or fund extras like vacations. And checks are shrinking at a time when rising prices are already making it harder to pay the bills.

Go deeper (1 min. read) →

News worthy of your time.

Download the app →

About

About Axios

Subscribe

Axios newsletters

AXIOS

Q

[Axios on HBO](#)

[Courses](#)

[Axios HQ](#)

[Earn Axios rewards](#)

[Privacy and terms](#)

[Online tracking choices](#)

[Do not sell my personal information](#)

[Contact us](#)

AXIOS

Hospital Price Transparency Rules Compliance Comparison Chart for Machine-Readable Files*

Category	PatientRightsAdvocate.org Compliance Criteria	CMS Requirements	Requirements Match?
Codes	Did the hospital post one or more of the mandated codes used by the hospital for accounting or billing (e.g. CPT, HCPCS, DRG, NDC) for each of its items and services?	Include any code used by your hospital for purposes of accounting or billing for the item or service, including, but not limited to, the CPT code, the HCPCS code, the DRG, or other commonly used payer identifier	Yes
Gross Charge	Did the hospital post gross charges for at least 50 percent of the items and services identified?	The 50% requirement is nowhere in CMS regulation or guidance. In fact, CMS gives examples in which it may be appropriate to have blanks for gross charges (see here), depending on the file layout selected.	No
Discounted Cash Price	Did the hospital post discounted cash prices for at least 50 percent of the items and services identified?	The 50% requirement is nowhere in CMS regulation or guidance. Additionally, per CMS, "If you have not established a standard charge for an item or service across all payers, we recommend you use an indicator such as "N/A" instead of a blank space." (Source here).	No
Negotiated Min	Did the hospital post the de-identified minimum negotiated charge for at least 50 percent of the items and services identified?	The 50% requirement is nowhere in CMS regulation or guidance. Hospitals have numerous items and services in their charge masters that are not covered by negotiated contract arrangements.	No
Negotiated Max	Did the hospital post the de-identified maximum negotiated charge for at least 50 percent of the items and services identified?	The 50% requirement is nowhere in CMS regulation or guidance. Hospitals have numerous items and services in their charge masters that are not covered by negotiated contract arrangements.	No
Negotiated Rates	Did the hospital post the payer-specific negotiated charge that applies to each item or service, for at least 50 percent of the items and services identified?	The 50% requirement is nowhere in CMS regulation or guidance. Hospitals have numerous items and services in their charge masters that are not covered by negotiated contract arrangements.	No
Payer and Plan	Did the hospital post all payer-specific negotiated charges (for all payers and plans at the hospital) in a manner clearly associated with the name of the third-party payer and specific plan, for at least two payers including Blue Cross Blue Shield, United, Cigna, Anthem, or Humana?	CMS requires that hospitals post negotiated charges for all third-party payers which with the hospital has a contract. However, it is impossible for PatientRightsAdvocate.org to know which services the hospital and each payer have covered in their contracts.	Partially

* This chart was prepared as a resource for NHHHA members only. It is not intended for distribution or reproduction. It should also not be interpreted as containing authoritative information nor legal advice.

Written Testimony for HB 389

Linda Bent
President
PatientRightsAdvocate.org

I am president of PatientRightsAdvocate.org, a national nonprofit committed to lowering the price of health care and increasing affordable access to care. We believe that the single most important way to reign in the out-of-control costs of healthcare and coverage is through systemwide health-care price transparency.

That is, by requiring hospitals, health insurers, and all the middle players, to post all of their prices online to inform and empower consumers, and then enforcing penalties if they don't.

That's why our organization supports HB 389. This bill promotes price transparency and protects patients from the predatory practice of hospitals that hide their prices and then pursue patients for payment of price-gouging bills they could've never seen coming.

And patients need this critical consumer protection: 56% of Americans polled have delayed medical care for fear of the unknown cost, and 60% believe they have been overcharged by a hospital or medical provider. I'm sure most of you have received an unexpected, outrageous medical bill.

As you may know, a federal rule went into effect two years ago requiring hospitals to post all their prices online in a clear, easily accessible, machine-readable format. The rule's intention was to empower consumers with financial certainty, protect them from unexpected medical bills, and give them remedy and recourse if they are overcharged.

Unfortunately, many reports, along with our own review, found that most hospitals are not complying with the rule, including the majority of the New Hampshire hospitals we reviewed. That's why we need support and strong enforcement at the state level.

Attached you can see examples of pricing files for three New Hampshire hospitals. Portsmouth Regional Hospital posted an incomplete file with percentages instead of prices, missing codes, and non-searchable fields. How is a patient, consumer, or tech developer supposed to know what 85% of BC means when trying to find a price?

Similarly, Exeter Hospital posted N/A's for many prices and neglected to post all prices by plan, as required by the rule.

Finally, I'm sharing an example of a compliant file: Alice Peck Day Memorial Hospital in Lebanon clearly posted all prices by payer and plan, including the discounted cash price. This file allows consumers to clearly see what they'll be charged, and enables tech companies to parse and aggregate the prices into meaningful data.

New Hampshire can do much more to reap the great patient protections and benefits of price transparency by enacting HB 389.

I am here to represent the 92 percent of Americans surveyed – including many in the Granite State – who believe they should know the price of their health care before they get it. This widely bipartisan issue gathers broad support from all demographics, and from those on both sides of the aisle.

And for good reason: If hospitals pulled back the curtain on their prices ...

- Patients would be able to shop for health care and compare prices the way they do when making any other important purchase.
- Patients could avoid being blindsided by huge surprise bills they could not foresee, and would stop avoiding necessary medical care out of fear.
- Competition would be unleashed, driving down the prices of care and coverage,
- The number of Americans burdened by medical debt – currently 41% of US adults – would plummet.
- The wide price variations that exist within and among hospitals would disappear once consumers can see the vast price variation by as much as 10 times. For instance, we know that the price of an MRI can be \$300 or \$3,000 depending on where a patient goes, a colonoscopy can range from \$700 to \$4,500, and the cost of a C-Section can range from \$6,000 to \$60,000 at the same hospital. This disparity would end.

House Bill 389 is an excellent next step. By preventing hospitals that aren't posting all their prices from pursuing collective action against patients who couldn't know the cost of their care, New Hampshire will help all its consumers – patients, employers, workers and unions – save more of their hard-earned dollars, and hold hospitals accountable.

Please support HB 389. Protect patients by putting the power of prices in their hands.

NONCOMPLIANT: Portsmouth Regional Hospital, Portsmouth, NH

Aetna		
Service Description	Coding	Rate
ER	CPT/HCPC 99281, 99282, 99283, 99284, 99285	\$1,789.00
Observation		85% of BC
Other Inpatient		85% of BC
Other Outpatient		85% of BC
Other Surgical Services		85% of BC
Urgent Care		\$125.00
Aetna MCR		
Service Description	Coding	Rate
All Other Outpatient		20% of BC
APC Hospital Outpatient Services		100% of MCR
Inpatient DRG		100% of MCR
Ambetter NH		
Service Description	Coding	Rate
Acute Rehab		\$1,000.00
Dual Diagnosis		\$2,271.00
Inpatient DRG		\$11,266.00
Neonate	MS-DRG 795	\$655.00
NICU Levels I		\$1,130.00
NICU Levels II		\$1,793.00
NICU Levels III		\$1,900.00
NICU Levels IV		\$2,109.00
Obstetrics	MS-DRG 767, 768, 774, 775, 796-798, 805-807	\$2,709.00
Obstetrics	MS-DRG 780-782, 817-819, 831-833	\$1,876.00
Obstetrics	MS-DRG 765, 766, 783-788	\$6,959.00

NONCOMPLIANT: Exeter Hospital, Exeter, NH

Exeter Hospital
 5 Alumni Drive
 Exeter Hospital
 Updated 1/1/2022

LINE TYPE	CHARGE CODE/PACKAGE	CHARGE DESCRIPTION	DRG	CPT/HCPCS	MODIFIERS	REV CODE	NDC	GROSS CHARGES	SELF PAY CASH PRICE	MIN NEGOTIATED RATE	MAX NEGOTIATED RATE	Aetna Commercial IP Rate	Aetna Commercial OP Rate	Cigna IP Rate	Cigna OP Rate	UMR Healthplans Inc (Harvard Pilgrim) IP Rate	UMR Healthplans Inc (Harvard Pilgrim) OP Rate	United Healthcare IP Rate	United Healthcare OP Rate	United Healthcare Medicare Advantage Rate
CDM		10009 4 EAST NORTH PRIVATE				110		2,215.00	886	1,160.00	2,104.25	1,616.95	N/A	1,561.1	N/A	1,364.66	N/A	1,665.68	N/A	N/A
CDM		20007 4 EAST SOUTH PRIVATE				110		2,215.00	886	1,160.00	2,104.25	1,616.95	N/A	1,561.1	N/A	1,364.66	N/A	1,665.68	N/A	N/A
CDM		30007 4 WEST PRIVATE				110		2,215.00	886	1,160.00	2,104.25	1,616.95	N/A	1,561.1	N/A	1,364.66	N/A	1,665.68	N/A	N/A
CDM		41005 PED ADULT PRIVATE				110		2,215.00	886	1,160.00	2,104.25	1,616.95	N/A	1,561.1	N/A	1,364.66	N/A	1,665.68	N/A	N/A
CDM		50003 SCU PRIVATE				110		2,215.00	886	1,160.00	2,104.25	1,616.95	N/A	1,561.1	N/A	1,364.66	N/A	1,665.68	N/A	N/A
CDM		90007 PCU PRIVATE ROOM				110		2,215.00	886	1,160.00	2,104.25	1,616.95	N/A	1,561.1	N/A	1,364.66	N/A	1,665.68	N/A	N/A
CDM	50003C	CCL PRIVATE				110		2,215.00	886	1,160.00	2,104.25	1,616.95	N/A	1,561.1	N/A	1,364.66	N/A	1,665.68	N/A	N/A
CDM	50003E	ENDO PRIVATE				110		2,215.00	886	1,160.00	2,104.25	1,616.95	N/A	1,561.1	N/A	1,364.66	N/A	1,665.68	N/A	N/A
CDM	50003O	OR PRIVATE				110		2,215.00	886	1,160.00	2,104.25	1,616.95	N/A	1,561.1	N/A	1,364.66	N/A	1,665.68	N/A	N/A
CDM	50003P	PERRY PRIVATE				110		2,215.00	886	1,160.00	2,104.25	1,616.95	N/A	1,561.1	N/A	1,364.66	N/A	1,665.68	N/A	N/A
CDM	50003S	OSC PRIVATE				110		2,215.00	886	1,160.00	2,104.25	1,616.95	N/A	1,561.1	N/A	1,364.66	N/A	1,665.68	N/A	N/A
CDM		12005 4 EAST NORTH SEMI				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM		13001 3 WEST				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM		20008 4 EAST SOUTH SEMI				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM		32003 4 WEST SEMI				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM		41004 PEDIATRICS				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM		41007 PED ADULT SEMI-PRIVATE				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM		50005 SCU SEMI				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM		63002 OBS				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM		72002 NEWBORN PROGRESSIVE				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM		90008 PCU SEMI PRIVATE ROOM				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM	50005C	CCL SEMI				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM	50005E	ENDO SEMI				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM	50005O	OR SEMI				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM	50005P	PERRY SEMI				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A
CDM	50005S	OSC SEMI				120		1,891.00	756.4	990.32	1,796.45	1,380.43	N/A	1,333.1	N/A	1,165.05	N/A	1,422.03	N/A	N/A

COMPLIANT: Alice Peck Day Memorial Hospital, Lebanon, NH

CPT	Modifier	Procedure Description	Gross Charge/Unit (JUL 1, 2021)	Self Pay Discounted Payment	Minimum Rate	Maximum Rate	AETNA ASSURANT HEALTH, AETNA MEDICARE SUPPLEMENT, AETNA MERITAIN, AETNA GLOBAL BENEFITS, AETNA HMO POS, AETNA PPO OPEN ACCESS CHOICE, AETNA CHOICE, AETNA EXCHANGE	AMBETTER PREMIUM ASSISTANCE, AMBETTER	ANHEM BCBS NH LUMENOS, BH ANHEM BCBS NH BEHAVIORAL, ANHEM BCBS NH PATHWAY X ENHANCED, ANHEM BCBS NH SHOP, ANHEM BCBS NH HMO POS, ANHEM BCBS OPEN ACCESS, ANHEM BCBS NEW ENGLAND	BCBS NATIONAL OOS PPO, BCBS NY EMPIRE, BCBS NATIONAL OOS REFERRAL, BCBS NATIONAL OOS INDEMNITY, BH BCBS NATIONAL DOS INDEM, BH BCBS NATIONAL OOS HMO PPO, BH BCBS VT OOS INDEM	BCBS VT TVHP	CBA BLUE DENTAL, CBA BCBS VT, BCBS VT, MEDICOMP BCBS VT, BCBS VT EXCHANGE, BCBS VT VHP, BCBS VT MEDICOMP, BH BCBS VT INDEM, BH BCBS VT EXCHANGE	CIGNA HC PPO MH, CIGNA HMO MED, CIGNA HMO POS, CIGNA HMO POS MH, CIGNA POS MED, HEALTH PARTNERS, CIGNA POS OPEN ACC, CIGNA POS OPEN ACC, CIGNA POS OPEN ACC	FIRST HEALTH AETNA COVENTRY, HCC LIFE INSURANCE COMPANY	WC COVENTRY HEALTH	EMPIRE BLUE CROSS ALT PLAN	GHI/EMPIRE BLUE CROSS NY
		DAILY ROOM	\$738.00	\$510.70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
36592		COLLECTION	\$139.00	\$96.19	\$14.29	\$132.05	\$125.10	\$14.29	\$110.78	\$110.78	\$112.31	\$119.12	\$123.85	\$132.05	\$132.05	\$110.78	\$110.78
96360		INTRAVENOI	\$449.00	\$310.71	\$34.28	\$426.55	\$404.10	\$34.28	\$357.85	\$357.85	\$362.79	\$384.79	\$400.06	\$426.55	\$426.55	\$357.85	\$357.85
96361		INTRAVENOI	\$163.00	\$112.80	\$9.77	\$154.85	\$146.70	\$9.77	\$129.91	\$129.91	\$131.70	\$139.69	\$145.23	\$154.85	\$154.85	\$129.91	\$129.91
96365		INTRAVENOI	\$485.00	\$335.62	\$41.89	\$480.75	\$436.50	\$41.89	\$386.55	\$386.55	\$391.88	\$415.65	\$432.14	\$460.75	\$460.75	\$386.55	\$386.55
96366		IV INFUSION	\$180.00	\$124.56	\$13.06	\$171.00	\$162.00	\$13.06	\$143.46	\$143.46	\$145.44	\$154.26	\$160.38	\$171.00	\$171.00	\$143.46	\$143.46
96367		IV INFUSION	\$232.00	\$160.54	\$20.92	\$220.40	\$208.80	\$20.92	\$184.90	\$184.90	\$187.46	\$198.82	\$206.71	\$220.40	\$220.40	\$184.90	\$184.90
96368		IV NFS THEF	\$76.00	\$52.59	\$12.17	\$72.20	\$68.40	\$12.17	\$60.57	\$60.57	\$61.41	\$65.13	\$67.72	\$72.20	\$72.20	\$60.57	\$60.57
96372	TC	THERAPEUT	\$138.00	\$95.50	\$10.65	\$131.10	\$124.20	\$10.65	\$109.99	\$109.99	\$111.50	\$118.27	\$122.96	\$131.10	\$131.10	\$109.99	\$109.99
96374	26	INJECTION,T	\$52.00	\$35.98	\$32.34	\$49.40	\$46.80	\$33.30	\$41.44	\$41.44	\$42.02	\$44.56	\$46.33	\$49.40	\$49.40	\$41.44	\$41.44
96374	TC	THER PROPI	\$210.00	\$145.32	\$33.30	\$199.50	\$189.00	\$33.30	\$167.37	\$167.37	\$169.68	\$179.97	\$187.11	\$199.50	\$199.50	\$167.37	\$167.37
96375		THERAPEUT	\$151.00	\$104.49	\$14.26	\$143.45	\$135.90	\$14.26	\$120.35	\$120.35	\$122.01	\$129.41	\$134.54	\$143.45	\$143.45	\$120.35	\$120.35
96376		THER PROPI	\$88.00	\$60.90	\$54.74	\$83.60	\$79.20	NA	\$70.14	\$70.14	\$71.10	\$75.42	\$78.41	\$83.60	\$83.60	\$70.14	\$70.14
96523		IRRIGATION	\$192.00	\$132.86	\$16.45	\$182.40	\$172.80	\$16.45	\$153.02	\$153.02	\$155.14	\$164.54	\$171.07	\$182.40	\$182.40	\$153.02	\$153.02
		EMERGENC*	\$276.00	\$190.99	\$44.16	\$248.40	\$248.40	NA	\$219.97	\$219.97	\$223.01	\$236.53	\$63.26	\$67.45	\$67.45	\$56.59	\$56.59
		HIFLO CPAP	\$71.00	\$49.13	\$51.12	\$265.05	\$63.90	NA	\$56.59	\$56.59	\$57.37	\$60.85	\$248.59	\$265.05	\$265.05	\$222.36	\$222.36
		BIPAP CIRCU	\$71.00	\$49.13	\$51.12	\$262.20	\$63.90	NA	\$56.59	\$56.59	\$57.37	\$60.85	\$245.92	\$262.20	\$262.20	\$219.97	\$219.97
		MASK NON II	\$48.00	\$33.22	\$34.56	\$157.70	\$43.20	NA	\$38.26	\$38.26	\$38.78	\$41.14	\$147.91	\$157.70	\$157.70	\$132.30	\$132.30
		SELF INFLAT	\$56.00	\$38.75	\$40.32	\$67.45	\$50.40	NA	\$44.63	\$44.63	\$45.25	\$47.99	\$63.26	\$67.45	\$67.45	\$56.59	\$56.59



IWV Supports New Hampshire House Bill 389

January 26, 2023

Dear Commerce and Consumer Affairs Committee Members,

On behalf of Independent Women's Voice, an organization that fights for women and their loved ones by advocating for policy solutions that enhance freedom, opportunities, and well-being, I urge you to pass HB 389, the healthcare price transparency legislation.

Healthcare price transparency is common sense. We would never agree to buy anything without knowing how much it is going to cost. Prices in health care should work the same way. Patients should be able to plan ahead for how to pay and shop among providers. We should know what our out-of-pocket costs will be, as well as what costs, markups, discounts, and payments others make on our behalf.

Making price transparency a reality in New Hampshire is a key step toward a better healthcare system. When patients can make informed, value-driven decisions about our care, there will also be incentives for healthcare providers to offer the best quality care at the best possible price. This is the way nearly every other industry works, and the pressures of market competition serve as a check on costs and encourage better quality service. Clearly, this is missing from our present healthcare system.

Healthcare price transparency would offer patients in New Hampshire important consumer protection. The upfront price offered should match the amount that patients are ultimately billed. If this isn't the case, patients would have a remedy that they lack today.

Sometimes, in an urgent situation, patients will not think about cost because their life or health is at risk: They will go to the closest emergency department or seek care in the most timely or convenient way. However, most healthcare services are "shoppable," meaning patients have time to look around and plan for how and where to spend their dollars.

States—and the federal government—should act to establish requirements for system-wide, net price transparency, meaning a full picture of costs, markups, discounts, and payments. Simply put, keeping price information from patients should be illegal. Only systemic, full net price transparency will bring systemic change.

While it's true that our current healthcare payment structure includes many middlemen, it still matters to patients what services cost. Consider uninsured or cash patients: it certainly matters to them. Even patients with insurance often have high deductibles and must pay the costs for their healthcare

services until they spend a certain amount. The copay or cost-sharing that patients are responsible for is often a function of the total bill, meaning the sticker price does matter because it affects how much patients pay. In fact, healthcare costs continue to be a top concern for many Americans as consumers, employers and voters.

Gallup has reported that Americans borrow more than \$88 billion annually to pay for healthcare bills, and sadly one in four people skip a healthcare treatment, service, or screening because of costs. Price transparency is not just a financial issue, but it will lead to better health and wellbeing as patients can shop for the most affordable options, put downward pressure on all prices, and access the healthcare services they need without fear of exorbitant, hidden fees.

Price transparency is within reach. Hospitals are merging and purchasing doctors' practices all the time. We know net pricing information is shared in these negotiations. Why can't it be shared with the public? We also know that much pricing information is typically disclosed to patients *after* their treatment in their explanation of benefits. It is critical that patients have easy access to pricing information *before* their treatment, when they need it most.

Importantly, there are many policy recommendations to achieve price transparency. These include simple requirements that hospitals post average prices, address surprise billing (out-of-network bills), or, at minimum, provide good-faith price "estimates." But these proposals may not provide helpful or actionable information for patients. To achieve real, system-wide price transparency, patients need to have access to net prices—that is, the full picture of markups, discounts, and payments made on their behalf, not just their out-of-pocket costs. Only system-wide, net price transparency will bring systemic change to the way we pay for health care.

We encourage you to pass HB 389 and then take continued steps to ensure that all New Hampshire residents understand how to access the price information that is rightfully theirs and that incentives are best aligned to reward patients for acting on this information in a way that saves them money and drives overall healthcare costs down.

Thank you.

Respectfully,



Hadley Heath Manning

Vice President for Policy

Independent Women's Voice

walter kirsch

Please pass this bill, How is it even possible that hospitals can charge whatever they want !?

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 389

BILL TITLE: relative to consumer protection relating to hospital price transparency.

DATE: March 8, 2023

LOB ROOM: 302-304

MOTIONS: INEXPEDIENT TO LEGISLATE

Moved by Rep. Filiault

Seconded by Rep. Hunt

Vote: 18-1

CONSENT CALENDAR: YES

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Jane Beaulieu, Clerk



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/5/2023 1:24:24 PM
Roll Call Committee Registers
Report

2023 SESSION

Commerce and Consumer Affairs

Bill #: 389 Motion: ITL AM #: _____ Exec Session Date: 3/8/23

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Hunt, John B. Chairman	✓		
Ammon, Keith Michael Vice Chairman	✓		
Osborne, Jason M.	✓		
Potucek, John M.	✓		
Terry, Paul A	✓		
Post, Lisa C.M.	✓		
Cole, Brian D	✓		
Porcelli, Susan M	✓		
Thackston, Dick H	✓		
Walsh, Lilli M	✓		
Burroughs, Anita D.	✓		
Herbert, Christopher J.	✓		
Beaulieu, Jane E. Clerk	✓		
McAleer, Chris R.	✓		
Vincent, Kenneth S.	✓		
Calabro, Karen E	✓		
Filiault, Shaun M	✓		
Gibbs, Merryl	✓	✓	
Spier, Carry	✓		
Sullivan, Jared	✓		
TOTAL VOTE:	18	1	