UNITED STATES of CARE

2023 State Action on Hospital Costs

State	Bill	Status	Overview
Cost of Care			
Connecticut	SB 983	Failed – awaiting action on Senate floor after favorable committee report (5/16/23)	• Prohibits out-of-network hospitals from charging patients more than 150% of the Medicare reimbursement rate for the service in the same geographic area • Requires hospital price transparency, meaning hospitals must provide data on how they determine their in-network and out-of-network services
Georgia	H 295	Signed by Governor on 5/2/23	• Requires insurers that cover emergency services costs to cover these fees for both in-network and out-of-network facilities • Prohibits out-of-network emergency providers from billing more than what is outlined in the person's insurance policy and requires that insurers pay any additional costs that exceed this amount
	HB 70	Failed–awaiting initial committee referral after first reading (1/26/23)	• Requires out-of-network providers to notify covered patients if they will be charging $100 or more of out-of-pocket costs before the service is performed
Indiana	HB 1004	Signed by Governor on 5/4/23	• Requires the Office of the Secretary to research Medicaid reimbursement rates for inpatient, outpatient, and professional hospital services and report them by December 1, 2023 • Requires third-party investigation of nonprofit hospital prices and comparison of prices charged by these hospitals to 285% Medicare before November 1, 2024 (and November 1 of each subsequent year)
	HB 1472	Failed–referred to House Committee on Public Health (1/17/23)	• Requires equalization of hospital reimbursement rates for all payers by July 1, 2025, and a total cost of care model of health care improvement and cost control for all heath care providers by July 1, 2030

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	HB 1597	Failed–referred to House Committee on Insurance (1/19/23)	• Limits the amount that a state employee health plan may reimburse a provider for a service provided to an enrollee to either 200% of the Medicare reimbursement rate if the service is provided by an in network provider, or 185% of the Medicare reimbursement rate if the service is provided by an out of network provider.
Minnesota	SF 883	Failed–referred to Senate Health and Human Services Committee (2/20/23)	• Allows a health carrier to offer in the individual, small, and large group market a reference-based pricing health plan • Reimbursement rates under the plan for contracted providers must be set at a percentage of the most recent Medicare rate schedule • For services that do not have a corresponding Medicare reimbursement value, carriers must negotiate the rates based on other fee schedules used within the health care market • Prohibits a carrier from requiring providers to participate in the reference-based plan as a condition of participation in another plan or product
Montana	SB 364	Failed–tabled in House Human Services Committee after favorable vote (4/13/23)	• Prohibits hospital-related charge for inpatient or outpatient care from exceeds 250% of the reimbursement rate allowed for the same care by Medicare
New Hampshire	SB 173	Favorably passed out of and re-referred to Senate Health and Human Services Committee (3/9/23)	• Prohibits providers from charging surprise medical bills and balance billing patients • Requires insurers to cover emergency services provided by nonparticipating providers in the same manner as if the services were provided by a participating provider
New Jersey	A1249	Referred to the Assembly Budget Committee (1/11/22). Awaiting further action.	• Allows the New Jersey State Health Benefits Commission to adopt a metrics based allowable reimbursement amount for elective medical procedures • Establishes a Bundled Payment Program allowing a contracted vendor of the state employee health plan to contract with providers to accept a global negotiated payment for both hospital and follow up services related to an episode of care

Oklahoma	S B881	Failed–referred to Retirement and Insurance Committee (2/7/23)	• Prohibits nonparticipating providers at health facilities from charging an insured person an amount that exceeds the normal cost-sharing in cases where the patient was unaware that the provider was nonparticipating, receives unforeseen services, emergency care was given, or no participating provider was available • Requires health insurance providers to reimburse nonparticipating providers for emergency care necessary to stabilize the enrollee
South Carolina	S 185	Failed–referred to Committee on Banking and Insurance (1/10/23)	• Prohibits health insurers and providers from engaging in surprise billing • Categorizes surprise billing as an unfair trade practice
Texas	HB 5186 / SB 2502	Failed – awaiting consideration on House floor after favorable committee vote (4/26/23) Failed – referred to Senate Health and Human Services Committee (3/23/23)	• Establishes the State Health Benefit Plan Reimbursement Review Board tasked with controlling cost growth for state employee health benefit plans • The Board shall adopt an annual provider reimbursement structure that each state health benefit plan will use to determine reimbursement to providers for health services, informed by previous year costs and reimbursements • Payments under the reimbursement structure shall apply to plan years beginning on or after September 1, 2024
Hospital Price Transparency *Transparency bills listed below saw public hearings in at least one chamber, for a full list of hospital transparency bills in 2023 see here.*			
Arizona	SB 1603	Signed by Governor on 4/12/23	• Requires compliance with federal hospital price transparency laws which will be annually verified by the Centers for Medicare and Medicaid Services (CMS) • Requires that noncompliant hospitals be listed on a public website
Arkansas	H 1452	Signed by Governor on 4/6/23	• Requires Arkansas hospitals to comply with federal regulations on hospital pricing transparency and requires the Department of Health to enforce this provision

Colorado	SB23-252	Signed by Governor 6/5/23	• Strengthen existing transparency standards for hospital prices in Colorado by requiring each hospital to post their medicare reimbursement rates • Authorizes the state Department of Health Care Policy and Financing to complete a performance assessment for each hospital to determine the hospital's adherence to federal transparency rules, publishing the results.
	HB23-1226	Signed by Governor 6/5/23	• Requires hospitals to provide fiscal information from previous years to the state department by July 1, 2024 and authorizes penalties for hospitals that do not comply • Requires that hospital transparency information also be submitted to the House of Representatives Health and Insurance Committee • Requires patient bills to follow industry standard billings practices (e.g., charges for each service, list of services provided), effective July 1, 2024
Florida	HB 1413 / SB 268	Failed – awaiting Second Reading in House (5/5/23) Failed – awaiting hearing in Senate Appropriations Committee on Health and Human Services (4/13/23)	• Requires licensed facilities to post on their website a consumer-friendly list of standard charges for a minimum number of shoppable health care services.
Louisiana	HB 658	Sent to the Governor (6/7/23)	• Requires all health facilities to comply with federal price transparency requirements • Allows the Department of Health to require a corrective action plan if a facility is noncompliant
Maine	LD 953	Awaiting House concurrence with Senate changes (6/13/23)	• Requires hospitals to comply with federal regulations on hospital pricing transparency • Prohibits noncompliant hospitals from billing a patient for items or services provided to the patient and requires a refund of any services paid for on a date the hospital was in violation of the price transparency laws

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Minnesota	HF 293 / SF 1675	Failed – heard in House Health Finance and Policy Committee (2/15/23) Failed – referred to Senate Health and Human Services Committee (2/16/23)	• Requires medical and dental practices to make available to the public their current standard charges • Authorizes the Commissioner of Health to establish a price comparison tool for items and services offered by medical and dental practices
New York	A 5307	Failed – referred to Assembly House Health Committee (3/7/23)	• Creates an Office of Healthcare Accountability responsible for providing recommendations regarding hospital costs, auditing healthcare expenditures for state employees, posting information on costs of hospital procedures as provided by hospitals under state and federal transparency law, and summarizing the cost transparency of each hospital
Ohio	HB 49	Failed–passed favorably out of House Insurance Committee (3/29/23)	• Requires hospitals to make their standard prices for items and services publicly available and displayed prominently on their website's home page as required by federal transparency regulations • Requires the Director of Health to compile a list of hospitals in violation of this law annually and submit it to the General Assembly • Allows patients to submit complaints to the Director of Health about hospitals that are in violation of this law
Virginia	HB 2427	Failed–heard and left in Health, Welfare, and Institutions Committee (2/7/23)	• Requires standard charges for items and services to be made available on the hospital's website • Requires patient notification of estimated costs 3 days before the appointment • Holds hospitals not in compliance with hospital transparency laws at the time of the service liable for the costs of the procedure and prohibits them from pursuing collective action against the patient • Allows patients recover prior payments made to hospitals that were not in compliance with transparency laws at time of their service
Community Benefit and Hospital Tax Status			
California	AB403	Awaiting hearing in the Assembly Health Committee (4/12/23)	• Requires hospitals to submit their completed tax filings annually • Mandates that community benefit plans address community needs defined by a community needs assessment and readiness community benefit to include "unreimbursed cost of services as reported in a specified federal tax filing" • Increases fine for hospitals who fail to submit a community benefit

			plan from $5,000 to $25,000
Colorado	HB23-1243	Signed by Governor on 5/10/23	• Requires hospitals to invite the community to their annual meeting by posting an invitation on their website, social media, newsletters, email lists, and other means of communication at least 30 days before the meeting • Requires hospital to complete a community benefit implementation plan that addresses needs from community health needs assessment • Requires hospitals to present community benefit activities from the past year at the annual meeting and report the details discussed at the meeting should be made publicly available • Requires hospitals to solicit community feedback on community benefit implementation plan for the year
Illinois	HB 3788	Failed – awaiting House committee re-referral (3/27/23)	• Requires that hospitals make community benefits plan report submitted to the Attorney General publicly available on their website effective January 1, 2024 • Requires that report includes reporting period, charity care costs, total net patient revenue, total community spending benefits, data on financial assistance applications, and the extent to which socio-demographic information is collected on financial assistance applications,
Montana	HB 509	Failed–tabled in House Human Services Committee after public hearing (3/11/23)	• Requires hospitals to describe how their community benefit plan meets community health assessment needs and a charity care report • Requires hospitals to submit taxes from preceding year, annually
	HB 45	Signed by Governor on 5/3/23	• Allows Department of Health and Human Services to establish financial assistance and community benefit standards for nonprofit hospitals • Creates requirements for reporting financial assistance and community benefit plans
Texas	HB 1 / SB 1	Sent to the Governor (6/7/23)	• Requires the Texas Health and Human Services Commission (HHSC) to study and report on the financial and utilization data of licensed hospitals that generate revenue from public sources and programs or benefit from tax exemptions or the use of public debt • The report must include recommendations on ways to improve hospital reporting and transparency, the summary of tax exempt hospital revenue streams, and the value of hospital community benefits provided, amongst other things.

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