



UNITED STATES of CARE

INCREASING TRANSPARENCY IN *Health Care Ownership*

Health care markets are growing increasingly complex and consolidated, driven by hospitals and health systems, corporate actors, and private equity. More than 75% of physicians are now employed by these entities, and nearly one-in-three for-profit hospitals nationwide are private equity-owned. Aside from some basic ownership disclosure requirements, these health care entities are rarely required to disclose additional ownership information, leaving both patients and policymakers in the dark about who operates or controls these facilities. Unlike action taken by federal policymakers to promote hospital pricing transparency, few federal requirements exist to bring more transparency into health care ownership structures at a time when they are growing ever more complex and interconnected.

State regulations often fail to keep pace with recent trends in health care ownership, such as greater hospital or issuer control of physician practices. In addition, private equity and other corporate actors continue to game the system and make business decisions that prioritize profits over patients, such as closing unprofitable service lines or cutting staff. Without greater transparency into these ownership arrangements, corporate actors will continue to act in ways that harm patient care. And patients will continue to lack the information needed to make informed decisions about where to seek affordable care.

A SOLUTION: TRANSPARENCY IN HEALTH CARE OWNERSHIP

States have begun to take action to require providers, including hospitals, health systems, and corporate actors – including private equity – to disclose detailed information about their ownership structure, controlling interests, and financial relationships and affiliations. These laws give states critical information to fill gaps due to federal inaction on this issue, serve as an effective tool to counter larger trends toward consolidation nationwide, and can be used to strengthen enforcement of related laws, such as merger and acquisition oversight, corporate practice of medicine doctrines and limits on facility fees.

BENEFITS OF TRANSPARENCY IN HEALTH CARE OWNERSHIP

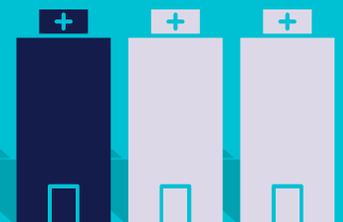
Policies to expand health care ownership transparency provide the foundation for other policy solutions to address health care affordability and access. As corporate actors and private equity continue to expand their presence within health care, ownership data can also be used to expose harmful or deceptive ownership practices that negatively impact patient care. More broadly, regulators can review this information to identify trends in ownership and affiliation, the first step toward pursuing policies to address the root causes of consolidation.

At the same time, people struggling to navigate an increasingly complex health care landscape can benefit from increased ownership transparency rules to better understand who controls the hospitals and clinics they depend on for their care and make informed decisions accordingly.

MORE THAN 75% OF PHYSICIANS are now employed by hospitals or corporate actors,



and nearly **ONE-IN-THREE** FOR-PROFIT HOSPITALS NATIONWIDE are private equity-owned.



AFFORDABILITY

MARCH 2026

STATE TRANSPARENCY IN HEALTH CARE OWNERSHIP **APPROACHES**

States have legislative options to increase ownership transparency in ways that fit their own individual needs and reflect unique dynamics in-state:

- **Reporting existing ownership arrangements:** In many cases, publicly available information on health care provider ownership doesn't exist. States can require annual ownership reporting from health care entities that meet certain revenue or patient volume thresholds. These reports can include any parent companies, private equity involvement, or any other related affiliations. States should make this information publicly available by requiring covered health care providers to include this information in a health care registry available online.
- **Disclosing changes in ownership:** States can also require advance notice and reporting when ownership structures change above a certain threshold, similar to how some states require entities actively pursuing a merger or acquisition to submit ownership information a certain number of days or months ahead of a proposed transaction.
- **Securing compliance:** States can grant their Attorney General or other state agency the authority to ensure entities comply with ownership transparency requirements. Non-compliant providers can face civil or financial penalties or, for more serious violators, temporary loss of licensure.

STATE SUCCESSES

State laws to promote health care ownership transparency provide a path for other states looking to do the same:

Indiana passed a bill requiring providers, as well as issuers, pharmacy benefit managers (PBMs) and others, to submit ownership and related information on an annual basis for any individual or entity, including private equity, that has at least a five percent interest in the overall entity, or face financial penalties for non-compliance.

Massachusetts recently passed legislation building upon the state's existing Massachusetts Registration of Provider Organizations (MA-PRO) Program by expanding its annual ownership and financial transparency reporting requirements to include private equity, management services organizations, and other corporate actors. Providers are required to submit detailed organizational charts and disclose any clinical or corporate affiliates and parent entities.



See [here](#) for a full list of states with similar policies

MOVING FORWARD

States increasingly are taking the lead to promote greater health care ownership transparency in the absence of federal action. While transparency alone won't solve the problems posed by rampant consolidation and corporate involvement in health care, it is a commonsense and foundational policy that states should consider as they continue to pursue solutions that address harmful consolidation and rising prices.

