



CATALYST  
FOR  
PAYMENT  
REFORM



# Report Card on State Price Transparency Laws

March 25, 2014

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Dear Colleagues,

When we released our inaugural Report Card on State Price Transparency Laws in 2013, it was the first time policy makers, consumer advocates, and other health care leaders had a comprehensive resource showing how readily consumers could find health care prices in every state across the country. With so many states earning only a failing grade, it was clear a lot more action had to be taken by states to ensure consumers have reliable information on which to make important health care decisions. We were pleased, therefore, to see the 2013 Report Card start a dialogue and in some cases, prompt lawmakers to introduce legislation, even if some bills were not voted into law. With consumers taking on a rising share of their health care costs, access to meaningful price information is more important than ever.

In this year's Report Card, we decided to raise the bar, no longer grading state laws on a curve, as we did in 2013. We also decided to take a deeper look at whether these laws were achieving the ultimate goal—ensuring consumers have access to meaningful information about the price of their health care. For this reason, we expanded the scope of our inquiry to examine not only state laws on the books, but also states' price transparency regulations, price transparency websites, and all-payer claims databases, the ideal source of data for these websites.

Some states have robust price transparency laws and regulations, requiring them to create a publicly available website with price information based on real paid claims information; but in reality, the public can't readily access that information because the website is poorly designed, or poorly functioning. Given that so many state-mandated websites are inadequate, once we included websites into our review and grading, no state received an "A" in this year's Report Card. Unfortunately, New Hampshire—a state that received an A in last year's Report Card—dropped to an F this year, because its website is inoperative and may remain so for an extended period.

Several states have "voluntary price transparency websites," hosted by hospital associations, foundations, or nonprofits. While these sites can be a valuable resource to consumers, if they are not legislated they can be short-lived, dependent on the good will and resources of the organization that hosts them. For this reason, we did not factor in these websites when awarding the 2014 state grades; however, we did provide a review of them in Appendix I for comparison purposes.

This Report Card on State Price Transparency Laws is a joint effort between Catalyst for Payment Reform and Health Care Incentives Improvement Institute to examine consumers' access to price information in all 50 states, using well-defined grading criteria applied to laws, regulations, and state-mandated websites. The Methodology section of this report contains detail about these criteria.

As always, we welcome your thoughts and feedback. In the event that our research team overlooked relevant information, we strongly welcome your suggested edits and additions. We hope the Report Card will inform advocates, lawmakers, and policy experts about today's best practices or what constitutes a top grade and, over time, generate improvements in public policies and consumer websites across the nation. American consumers deserve easy access to robust information about the cost and quality of their health care and today they're not getting it.

Sincerely,

A handwritten signature in black ink, appearing to read 'Suzanne F. Delbanco'.

Suzanne Delbanco, Ph.D.  
Executive Director  
Catalyst for Payment Reform

A handwritten signature in black ink, appearing to read 'Francois de Brantes'.

Francois de Brantes, MS, MBA  
Executive Director  
Health Care Incentives Improvement Institute

## I. METHODOLOGY

Catalyst for Payment Reform (CPR) and Health Care Incentives Improvement Institute (HCI<sup>3</sup>) teamed up to review: (1) state-specific laws focused on price transparency for health care; (2) related state regulations regarding price transparency; and (3) state-mandated price transparency websites. Each state was awarded an overall grade based on these three components.

The review generated six products contained in this document:

- a Report Card on State Price Transparency Laws awarding an overall letter grade to each state, based on its laws, regulations, and state-mandated website (if one existed);
- a reference table that provides a summary of the price transparency laws and regulations for each state, along with a 2014 “laws grade,” based on laws and regulations alone;
- a reference table showing state-mandated price transparency websites, their key features, and a grade based the website alone;
- a more detailed table with links to state laws and regulations;
- Appendix I, listing and grading a number of voluntary websites (those sponsored by community organizations and hospital associations, for example) to give states a sense of how their websites measure up against others; and finally
- Appendix II, which provides an overview of the type of price and quality information consumers need to be well-informed shoppers.

### A. RESEARCH AND SCORING: LAWS, REGULATIONS, AND STATE-MANDATED WEBSITES

#### 1. Research

First, CPR and HCI<sup>3</sup> examined and scored statutes, enacted bills, and regulations. We used WestLawNext database, the National Conference on State Legislature’s website, and websites from various state legislatures, among other sources, in researching laws. We used a search string of terms including: hospital; health care; prices; charges; payments; reports; website; request; all-payer claims database, and others in the WestLawNext tool to identify relevant information, which we excerpted into the Reference Table that begins on page 18. We then used the information to help develop the grades you see on page 8.

#### ALL-PAYER CLAIMS DATABASES

It is important to note that in this year’s examination, we took a closer look at state laws and regulations regarding all-payer claims databases (APCDs) due to their potential relationship to price transparency. This was a step beyond the review we performed in creating the 2013 Report Card.

The National Conference of State Legislatures provides a working definition and insight into APCDs:

*“In recent years, several states have established databases that collect health insurance claims information from all health care payers into a statewide information repository. Known as “all-payer claims databases” or “all-payer, all claims databases,” they are designed to inform cost containment and quality improvement*

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## ACKNOWLEDGMENTS

Special thanks to Elizabeth Bailey, MPH, Program Implementation Leader, HCI<sup>3</sup>, Emilio Galan, project consultant, and Nicole Perelman, MPP, Director of Communications and Special Projects, CPR, for their research and dedication to this project.

## COLORADO'S APCD: GREATER TRANSPARENCY AHEAD

Colorado passed a law in 2010 to establish an APCD that included a requirement for a public price/quality comparison website.

Colorado's Center for Improving Value in Health Care (CIVHC), the organization contracted by the state to collect and share the data, launched a website geared primarily to policymakers and researchers in 2012. CIVHC plans to launch the consumer-oriented website in summer 2014.

*efforts. Payers include private health insurers, Medicaid, children's health insurance and state employee health benefit programs, prescription drug plans, dental insurers, self-insured employer plans and Medicare (where it is available to a state). The databases contain eligibility and claims data (medical, pharmacy and dental) and are used to report cost, use and quality information. The data consist of "service-level" information based on valid claims processed by health payers. Service-level information includes charges and payments, the provider(s) receiving payment, clinical diagnosis and procedure codes, and patient demographics..."<sup>1</sup>*

APCDs are a superior source of price information for consumers because they contain data on what was actually paid for all services and procedures from a broad group of payers. As such, they can be used to give a consumer a reasonable estimate of the complete price for an episode of care, such as labor and delivery. In states without an APCD, any available price information that is reported to the state typically comes from providers, who can only share information on the costs incurred in delivering individual procedures within their organization. In general, "provider" price transparency laws require hospitals to share their "price" information, and

since inpatient hospital costs often only represent half or less of the total costs of a procedure, the disclosure of this pricing information is only marginally useful to consumers. (Note that states typically require hospitals to report charges, not paid amounts, an even less reliable indicator of what a consumer will actually pay).

## REGULATIONS

After reviewing state laws, we then researched and reviewed state regulations, an additional step beyond what we did in the 2013 Report Card. We thought it was important to add this step in case some states had regulations, but no laws, making price information available to consumers. We also believed regulations might give us more insight into the laws, and the type of information truly available to consumers, after the law took effect.

For the states without any previous price transparency laws, we conducted a thorough search on regulations using the same search terms listed above. For the other laws, we used existing statutes as search terms to find regulations given authority by the laws. In addition, a stricter general search was performed using the following search terms: transparency; hospitals; health care; charges; and payments. We also searched specifically for regulations regarding all-payer claims databases. All relevant regulations and laws were then noted and reviewed one-by-one in the WestLawNext tool according to the same criteria we used for grading laws. Excerpts were taken from the laws and placed into the Reference Table on page 18.

It is important to note that the research team found that states very rarely pass regulations without pre-existing laws. In most cases, significant details about price transparency that appeared in regulations already appeared in that state's law. In a handful of cases, regulations provided additional clarity or detail. In no case, did a regulation alter a state's grade for laws, or a state's overall grade.

## STATE-MANDATED PRICE TRANSPARENCY WEBSITES

To identify state-mandated price transparency websites, the team examined laws and regulations, and performed standardized Internet searches to find state websites. The team also leveraged the work of Jeffrey Kullgren and his team in their 2013 JAMA article, "A Census of State Health Care Price Transparency Websites."<sup>2</sup> While some states have state-mandated websites that only show quality information, the team focused exclusively on price transparency websites.

1 National Conference for State Legislatures. All-Payer Claims Databases. October 2013. Accessed at [www.ncsl.org/research/health/collecting-health-data-all-payer-claims-database.aspx](http://www.ncsl.org/research/health/collecting-health-data-all-payer-claims-database.aspx)

2 Kullgren JT, Duey KA, Werner RM. A Census of State Health Care Price Transparency Websites. JAMA. 2013; 309 (23): 2438-2439.

## 2. Scoring: Laws and Regulations and State-Mandated Websites (a total of 150 points)

Unlike last year, we did not award this year's grades on a curve. A state could receive a maximum of 150 points; 100 points for its laws and regulations, and 50 points for its website. To achieve an A, a state needed at least a 90 percent or 135 points.

### B. SCORING: LAWS AND REGULATIONS (FOR A TOTAL OF 100 POINTS)

Our research revealed a wide variety of state laws and corresponding regulations with five common and critical elements: (1) the source of the price information being reported — providers versus payers (via an APCD); (2) the scope of price information available to consumers (charges vs. paid amounts); (3) the scope of service information reported (inpatient vs. outpatient services or both); (4) the scope of providers reported (hospitals or providers or both); and (5) varying levels of public access to price information (on a public website, and/or available by patient request, and/or available in a public report).

Regarding the first element, because price information taken from an all-payer claims database can be much more stable, accurate, and meaningful for consumers, the team awarded a state an automatic 50 points if it had laws and/or regulations specifying an all-payer claims database would be created. The remaining 50 points were allocated based on the level of transparency required by the law(s), as well as the scope of price transparency. For example, if the law that mandated the creation of an APCD also required pricing information be made available to consumers via a searchable public website, and that site included information about hospitals and physicians for a wide variety of inpatient and outpatient services and procedures, the state received a very high score (the full 100 points).

If a state did not have laws requiring the creation of an APCD, but rather a law or laws that compel providers to report prices to the public, the state was eligible for 50 out of 100 points only. As noted above, price transparency from the perspective of the provider presents an incomplete picture to the end consumer.

To earn the full 50 points, a state laws/regulations should require the state to have a public website with:

- Price information based on paid amounts (partial points were awarded for sharing information on charges, which are a far less reliable indicator of price and what a consumer will actually pay)
- Price information on both hospitals and physicians (partial points were awarded for one or the other)
- Price information for a variety of inpatient and outpatient services (partial points were awarded for one or the other)

Of course, not all states have laws and/or regulations creating a public website, so a state could also earn partial points for the categories listed above if it shared the information via a public report, or required providers to provide price information in response to a patient's request. Price information on a public website was determined to be the "highest" or best level of transparency, as consumers are most likely to find and use information via the web.

Many states have laws and regulations that are like a "patchwork quilt," requiring different types of information to be reported in different ways (e.g. charges are shared on a public website but paid amounts are shared only in a static public report). The research team took a close look at the type of information shared through these various channels, and awarded points accordingly.

### THE CAROLINAS: NEW LAWS AND REGULATIONS, BUT THE PROOF IS IN THE WEBSITE

North Carolina passed significant legislation in 2013, mandating that hospitals share on a new public website price information based on paid amounts for common procedures. The new law represents a huge step forward; last year, the state only required charge data be shared in a report and by request. However, given that the state has yet to put the information online, we allotted zero points for its website, resulting in an "F" grade in this year's Report Card. South Carolina included language around its intentions to bolster price transparency in a recent Proviso (which, in this state, essentially carries the same weight as law). This is an important step, but the state has yet to put health care price information online. Therefore, the Palmetto state also received an "F" this year.

The team employed a scoring matrix (shown in **Figure 1**) which looked at the type of information available and how it is shared (via website, public report, and/or by patient request). As a reminder, if a state had an APCD, it earned an automatic 50 points. The remaining 50 could be earned in the categories listed in the figure below (depending on the scope of information shared via the APCD). If the state had no APCD, it could just earn 50 points, via the categories below, based on its provider facing laws and regulations.

**Figure 1: Scoring Matrix for Laws and Regulations**

			SUBTOTAL	TOTAL	
STATE HAS LEGISLATION THAT MANDATES THE CREATION OF AN APCD				50	
<b>Ability for patient to request pricing information prior to rendering of services</b>			<b>1</b>		
Scope of Price (two levels, can only have 1 score out of 2)	Paid Amounts	4	4	10	
	Charges	1			
Scope of Services (three levels, can only have 1 score out of 3)	All IP and OP*	3	3		
	All IP or OP	2			
	Most common IP or OP	1			
Scope of Health Care Providers (three levels, can only have 1 score out of 3)	All hospitals and providers	3	3		
	All hospitals or providers	2			
	Subset of hospitals/providers	1			
<b>Provision for publishing a public report on pricing information</b>			<b>1</b>		
Scope of Price (two levels, can only have 1 score out of 2)	Paid Amounts	4	4		10
	Charges	1			
Scope of Services (three levels, can only have 1 score out of 3)	All IP and OP	3	3		
	All IP or OP	2			
	Most common IP or OP	1			
Scope of Health Care Providers (three levels, can only have 1 score out of 3)	All hospitals and providers	3	3		
	All hospitals or providers	2			
	Subset of hospitals/providers	1			
<b>Provision for posting pricing information on a public website</b>			<b>3</b>		
Scope of Price (two levels, can only have 1 score out of 2)	Paid Amounts and Charges	4	12	30	
	Charges	1			
Scope of Services (three levels, can only have 1 score out of 3)	All IP and OP	3	9		
	All IP or OP	2			
	Most common IP or OP	1			
Scope of Health Care Providers (three levels, can only have 1 score out of 3)	All hospitals and providers	3	9		
	All hospitals or providers	2			
	Subset of hospitals/providers	1			

\*IP=inpatient, OP=outpatient

We made one change in scoring compared to our 2013 Report Card. In 2013, we awarded points based on each “level” of price transparency (by request, in a public report, or via website). In this 2014 Report Card, if a law and/or regulation required pricing information be made available on a public website, the state automatically receives all points for all lower levels of transparency (receiving “credit” for information available by request and public report as well). We made this change to reflect our belief that (1) websites are the superior source of accessible and searchable information for consumers and deserve high points and (2) any state with a state-mandated website gets little added value from laws and regulations mandating price information be available by patient request and/or in a public report.

As noted above, our review of regulations in this year’s Report Card revealed that they did not replace, nor significantly enhance states’ price transparency laws. In a handful of cases, the addition of a regulation changed a score (for example, broadened scope) slightly. However, in no case did a regulation change a state’s overall grade.

### C. SCORING METHODOLOGY FOR STATE-MANDATED WEBSITES (FOR A TOTAL OF 50 MORE POINTS)

After reviewing laws and regulations specific to the transparency of health care pricing information in each state, we conducted an evaluation of websites mandated by the laws and regulations. We chose to review websites in this year’s Report Card to assess if the execution of the law was truly living up to the “spirit and letter of the law.” We learned that in some cases, states have robust laws and regulations regarding the creation of a public website, but that in reality, that website is not accessible or useful to consumers.

In evaluating state-mandated price transparency websites, we used four criteria (see **Figure 2** below for more detail). These criteria are consistent with those in [CPR’s Specifications for the Evaluation of Price Transparency Tools \(2012\)](#).<sup>3</sup> **Note: a state with no state-mandated website automatically received zero points. Sites that were not available, or “down,” for a period of longer than three days (and thus, could not be scored) received zero points as well.** In states that had more than one website as required or authorized by law or regulation, we scored the best of the websites.

For a state-mandated website to earn the full 50 points, it needed to meet the following four criteria:

- **Scope:** The website has a large number of services listed; information is provided for physicians and hospitals; and price information is based on paid amounts. (If the site listed only a small number of services, information for just providers or hospitals, and/or just charge data we awarded partial points).
- **Ease of Use:** The website has clear language, no jargon; easy navigation; a small number of clicks to get to the information; a straightforward layout; and a search function by provider, procedure/service, and condition. (We awarded partial points for meeting some of these).
- **Utility:** The website contains estimates of a consumers’ out of pocket expenses based on their insurance plan; the site contains quality and price information side-by-side; and the site can show provider prices side-by-side. (We awarded partial points if the website had some of these features).
- **Accuracy/Data Exchange:** The website has current data (from 2012 or more recent); and the website is fed by a reliable, accurate data source. (We deemed APCDs to be the most reliable and accurate, yielding the highest number of points. Websites fed by chargemaster data received fewer points, and websites also lost points for having older data).

#### INFORMATION BY PATIENT REQUEST: OFTEN NOT HELPFUL

While some states have laws or regulations in effect, mandating that a consumer can get price information from a hospital or provider “upon request,” in reality getting this information can be quite difficult, if not impossible. NPR recently followed a patient shopping for care in Massachusetts and found that patients may have a hard time finding the right source for a price quote within a provider system, and may not be able to get any specific information beyond a vague estimate. For these and other reasons, the research team determined a public website with details on actual paid amounts is the easiest, most accurate way for a consumer to get price information. Hence, we gave states with laws mandating price transparency websites a higher score.

3 CPR’s Specifications are a tool employers and purchasers can use to evaluate price transparency websites and other tools, typically available from health plans or other independent vendors. CPR updated its Specifications for the Evaluation of Price Transparency Tools in 2014 to reflect improvement the private sector has made in website design and function. The 2012 Specifications were used to evaluate state-mandated sites because the team determined that state-mandated sites tend to lag behind the price transparency websites developed by the private-sector.

**Figure 2: Scoring Matrix for State Price Transparency Websites**

SCOPE	
Number of services listed	A site can earn full (12.5) points in this category if it shows paid amounts for a large number of services performed by both physicians and hospitals
Number of hospitals and physicians or other providers	
Type of price information (charges vs. paid amounts)	
EASE OF USE (Consumer Experience)	
Clear language, no jargon	A site can earn full (12.5) points in this category if it contains all these features
Consumer can search by provider, procedure or service, medical condition	
Ease of navigation, minimal number of clicks to get to desired information	
UTILITY	
Site has some information on “prices” (charges or paid amounts)	A website can earn full (12.5) points in this category if it contains all these features
Site has estimates on what consumer will pay	
Site has price and quality information	
Site has provider prices side-by-side for comparison shopping	
DATA/ACCURACY	
Site has data from a reliable source	A website can earn full (12.5) points in this category if it contains all these features
Site is fed data from an all-payer Claims Database	
Data is current (2012 or newer)	

**D. COMBINING SCORES FOR LAWS AND REGULATIONS AND STATE-MANDATED WEBSITES**

Each state received a score (out of 100 points) specific to its laws and regulations and a corresponding letter grade (see page 9 for a complete list of grades based on laws and regulations only). They also received a website score (out of a total of 50 points) and a corresponding letter grade if they had a state-mandated website (see page 16 for a complete list of grades based on state-mandated websites only). We then combined these two scores and grades into one overall score (out of 150 points) and a corresponding grade (see **Figure 3**).

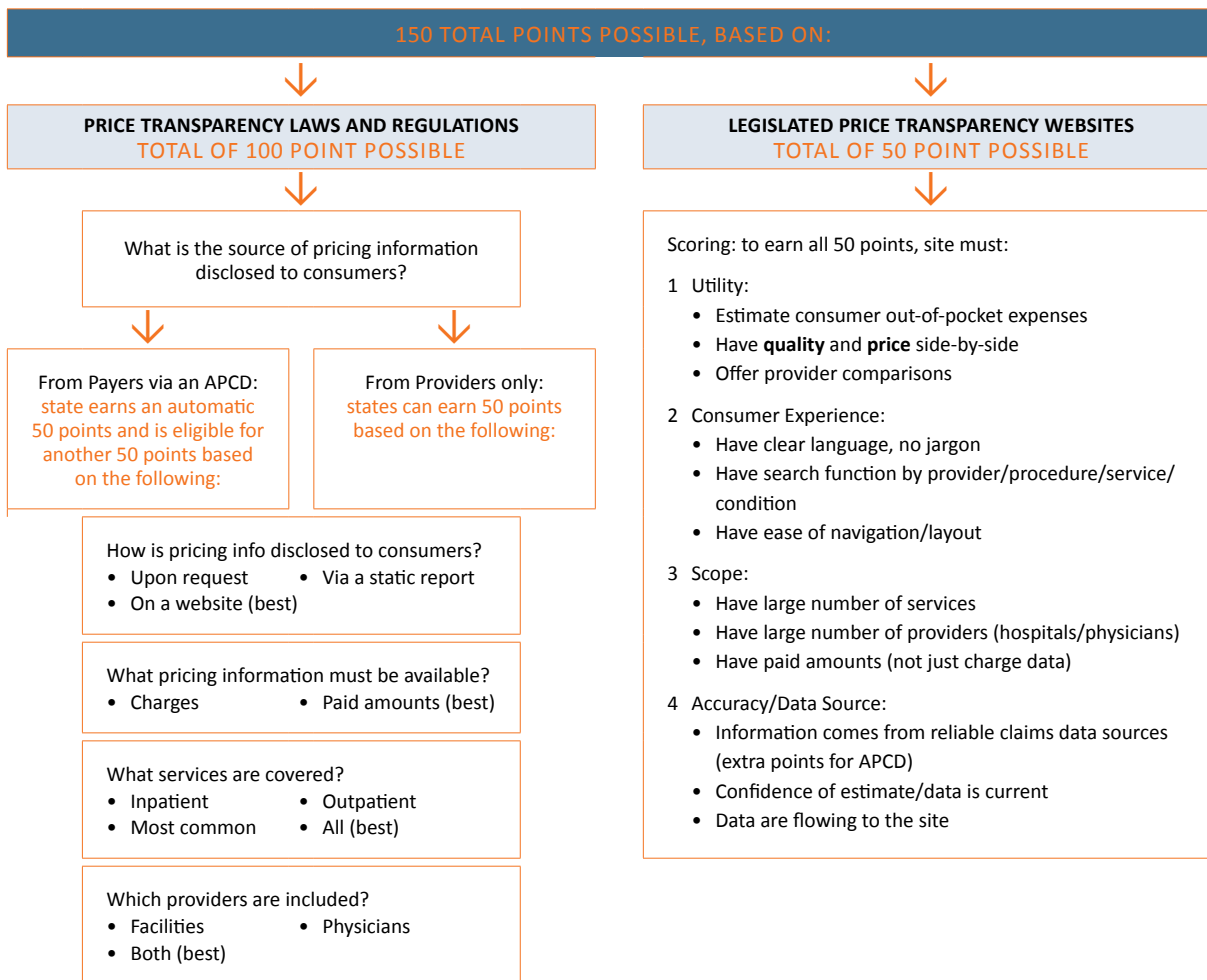
We intentionally placed a heavier emphasis on state laws and regulations (100 points) than on state-mandated websites (50 points). At this point in the evolution of transparency legislation in the United States, we decided to award states for the intentions they expressed in their laws (how the laws and/or regulations were written), and place less emphasis on the state’s actual execution. State-mandated websites can often be hampered by technology issues, or other issues beyond lawmakers’ control. However, if a state has mandated the creation of a public website for the purpose of communicating information on the price of health care to consumers, it is essential that the site be useful to consumers; our grading system reflects that. As an example, New Hampshire did not get any points for its website because it was disabled and unavailable to consumers for an extended period of time.

**E. VOLUNTARY PRICE TRANSPARENCY WEBSITES**

Because many states have “voluntary” price transparency websites (sites that exist without a legislative mandate, often maintained by nonprofits or hospital associations), we opted to review several of these sites for comparison purposes. In many cases, these websites supplement or outshine state-mandated sites. A list of the sites we reviewed, and their assigned scores and grades are in Appendix I.



**Figure 3: Scoring Methodology for Laws, Regulations, and State-Mandated Websites**



**F. LIMITATIONS OF THIS REPORT**

Numerous permutations exist in the ways states define terms such as “health care provider,” or in what is included in a “public report.” Even when developed for the explicit purpose of enabling consumers to make informed decisions, these public reports rarely contain information adequate to help a consumer estimate or understand a specific provider’s price. Instead, public reports may contain aggregate or average charges for all providers for a specific service. Interested readers should refer to the statute text and example reports hyperlinked in the Reference Table.

**CONCLUSION**

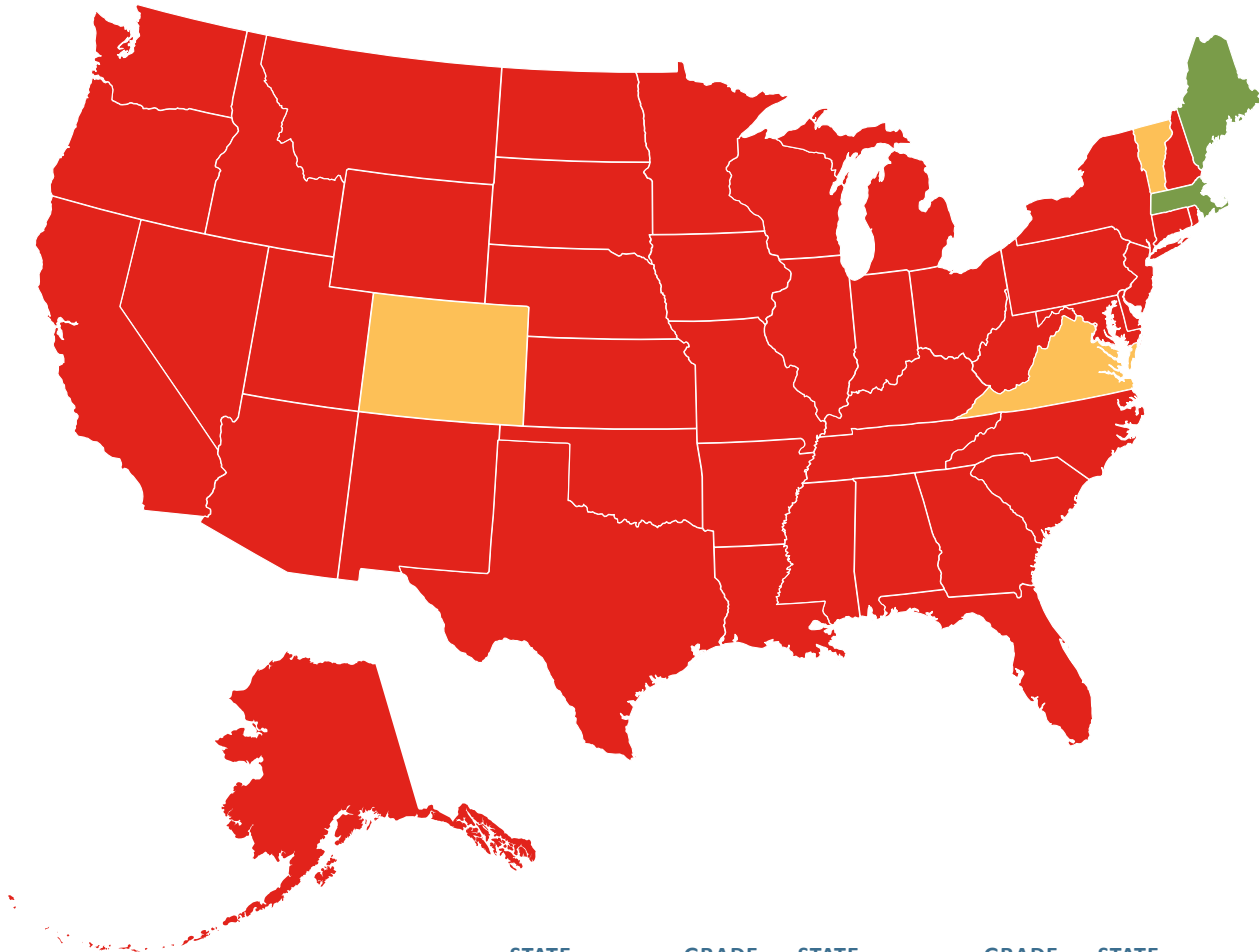
While many states have made progress, particularly in proposing and enacting laws and regulations, there is a lot more that has to be done for the majority of residents in the United States to have access to essential information on the prices of health care. During 2013, we saw a veritable explosion of articles in the popular press exposing the challenges consumers face in getting information on health care prices. That challenge hasn’t lessened and yet too few States have risen to take it on and create the important building blocks of transparency. We hope the 2015 Report Card will paint a far brighter picture for all Americans.

**MINNESOTA HEALTH SCORES: AN EXAMPLE OF A ROBUST “VOLUNTARY” WEBSITE**

Minnesota Community Measurement, a non-profit organization, hosts Minnesota Health Scores, located at [www.mnhealthscores.org](http://www.mnhealthscores.org). MN Health Scores is a robust website with information on the quality of providers that also has data on prices (paid amounts) for the majority of Minnesota clinics. However, the state also has a law mandating a hospital price website, which unfortunately just contains charge information for hospitals. MN Health Scores is the superior website, but it did not receive credit in our grading as it is not written into state law.

## II. 50 STATE REPORT CARD ON PRICE TRANSPARENCY LAWS, 2014

Figure 4: Map Overlay 2014 Grades



STATE	GRADE	STATE	GRADE	STATE	GRADE
Alabama	F	Louisiana	F	Ohio	F
Alaska	F	Maine	B	Oklahoma	F
Arizona	F	Maryland	F	Oregon	F
Arkansas	F	Massachusetts	B	Pennsylvania	F
California	F	Michigan	F	Rhode Island	F
Colorado	C	Minnesota	F	South Carolina	F
Connecticut	F	Mississippi	F	South Dakota	F
Delaware	F	Missouri	F	Tennessee	F
Florida	F	Montana	F	Texas	F
Georgia	F	Nebraska	F	Utah	F
Hawaii	F	Nevada	F	Vermont	C
Idaho	F	New Hampshire	F	Virginia	C
Illinois	F	New Jersey	F	Washington	F
Indiana	F	New Mexico	F	West Virginia	F
Iowa	F	New York	F	Wisconsin	F
Kansas	F	North Carolina	F	Wyoming	F
Kentucky	F	North Dakota	F		

### III. SIMPLIFIED SCORING AND GRADES BY STATE (FOR LAWS AND REGULATIONS ONLY)

State	Data Source	✓ = Data Source is Legislated	Level of Transparency	Scope of Providers Legislated			Scope of Pricef		Scope of Services Legislated			Score	
				Both Practitioners & Facilities	Health Care Practitioner or Facility	Subset of Either Practitioner or Facility	Paid Amounts	Charges	All IP & OP	All IP or OP	Most common IP or OP		
AK	Provider		Upon Request									F	
			Report										
			Website										
	APCD		Upon Reques										
			Report										
			Website										
AL	Provider		Upon Request									F	
			Report										
			Website										
	APCD		Upon Request										
			Report										
			Website										
AR	Provider	✓	Upon Request									F	
			Report		✓			✓			✓		
			Website		✓			✓			✓		
	APCD		Upon Request										
			Report										
			Website										
AZ	Provider	✓	Upon Request		✓				✓			F	
			Report			✓		✓		✓			
			Website										
	APCD		Upon Request										
			Report										
			Website										
CA	Provider	✓	Upon Request			✓		✓	✓			F	
			Report										
			Website		✓			✓			✓		
	APCD		Upon Request										
			Report										
			Website										
CO	Provider	✓	Upon Request		✓				✓		✓	A	
			Report		✓		✓			✓			
			Website		✓		✓			✓			
	APCD		Upon Request	✓				✓					
			Report	✓				✓					
			Website	✓				✓			✓		
CT	Provider	✓	Upon Request	✓					✓		✓	F	
			Report										
			Website										
	APCD		Upon Request					✓					
			Report										
			Website										

### III. SIMPLIFIED SCORING AND GRADES BY STATE (FOR LAWS AND REGULATIONS ONLY)

State	Data Source	✓ = Data Source is Legislated	Level of Transparency	Scope of Providers Legislated			Scope of Pricef		Scope of Services Legislated			Grade
				Both Practitioners & Facilities	Health Care Practitioner or Facility	Subset of Either Practitioner or Facility	Paid Amounts	Charges	All IP & OP	All IP or OP	Most common IP or OP	
DE	Provider	✓	Upon Request									F
			Report		✓			✓		✓		
			Website									
	APCD		Upon Reques									
			Report									
			Website									
FL	Provider	✓	Upon Request	✓				✓	✓			F
			Report		✓		✓			✓		
			Website		✓		✓			✓		
	APCD		Upon Request									
			Report									
			Website									
GA	Provider		Upon Request									F
			Report									
			Website									
	APCD		Upon Request									
			Report									
			Website									
HI	Provider		Upon Request									F
			Report									
			Website									
	APCD		Upon Request									
			Report									
			Website									
IA	Provider	✓	Upon Request									F
			Report									
			Website		✓			✓	✓		✓	
	APCD		Upon Request									
			Report									
			Website									
ID	Provider		Upon Request									F
			Report									
			Website									
	APCD		Upon Request									
			Report									
			Website									
IL	Provider	✓	Upon Request		✓			✓		✓		F
			Report		✓			✓	✓			
			Website		✓			✓			✓	
	APCD		Upon Request									
			Report									
			Website									

### III. SIMPLIFIED SCORING AND GRADES BY STATE (FOR LAWS AND REGULATIONS ONLY)

State	Data Source	✓ = Data Source is Legislated	Level of Transparency	Scope of Providers Legislated			Scope of Pricef		Scope of Services Legislated			Grade
				Both Practitioners & Facilities	Health Care Practitioner or Facility	Subset of Either Practitioner or Facility	Paid Amounts	Charges	All IP & OP	All IP or OP	Most common IP or OP	
IN	Provider	✓	Upon Request		✓			✓		✓		F
			Report		✓			✓		✓		
			Website									
	APCD		Upon Reques									
			Report									
			Website									
KS	Provider		Upon Request								F	
			Report									
			Website									
	APCD	✓	Upon Request				✓					
			Report									
			Website									
KY	Provider	✓	Upon Request								F	
			Report	✓				✓		✓		
			Website	✓				✓		✓		
	APCD		Upon Request									
			Report									
			Website									
LA	Provider	✓	Upon Request								F	
			Report									
			Website	✓				✓		✓		
	APCD		Upon Request									
			Report									
			Website									
MA	Provider	✓	Upon Request				✓			✓	A	
			Report		✓			✓				
			Website	✓				✓				
	APCD	✓	Upon Request									
			Report	✓				✓				
			Website	✓				✓				
MD	Provider	✓	Upon Request								C	
			Report		✓			✓		✓		
			Website									
	APCD	✓	Upon Request									
			Report	✓				✓		✓		
			Website									
ME	Provider	✓	Upon Request	✓				✓			A	
			Report									
			Website		✓			✓				
	APCD	✓	Upon Request		✓			✓				
			Report									
			Website	✓				✓				

### III. SIMPLIFIED SCORING AND GRADES BY STATE (FOR LAWS AND REGULATIONS ONLY)

State	Data Source	✓ = Data Source is Legislated	Level of Transparency	Scope of Providers Legislated			Scope of Pricef		Scope of Services Legislated			Grade
				Both Practitioners & Facilities	Health Care Practitioner or Facility	Subset of Either Practitioner or Facility	Paid Amounts	Charges	All IP & OP	All IP or OP	Most common IP or OP	
MI	Provider	✓	Upon Request									F
			Report									
			Website									
	APCD		Upon Reques									
			Report									
			Website									
MN	Provider	✓	Upon Request	✓			✓			✓	F	
			Report		✓			✓		✓		
			Website		✓			✓		✓		
	APCD	✓	Upon Request									
			Report									
			Website									
MO	Provider	✓	Upon Request								F	
			Report	✓				✓	✓			
			Website									
	APCD		Upon Request									
			Report									
			Website									
MS	Provider	✓	Upon Request								F	
			Report									
			Website									
	APCD		Upon Request									
			Report									
			Website									
MT	Provider		Upon Request								F	
			Report									
			Website									
	APCD		Upon Request									
			Report									
			Website									
NC	Provider	✓	Upon Request	✓			✓				F	
			Report							✓		
			Website		✓		✓			✓		
	APCD		Upon Request									
			Report									
			Website									
ND	Provider	✓	Upon Request								F	
			Report		✓			✓		✓		
			Website									
	APCD		Upon Request									
			Report									
			Website									

### III. SIMPLIFIED SCORING AND GRADES BY STATE (FOR LAWS AND REGULATIONS ONLY)

State	Data Source	✓ = Data Source is Legislated	Level of Transparency	Scope of Providers Legislated			Scope of Pricef		Scope of Services Legislated			Grade
				Both Practitioners & Facilities	Health Care Practitioner or Facility	Subset of Either Practitioner or Facility	Paid Amounts	Charges	All IP & OP	All IP or OP	Most common IP or OP	
NE	Provider	✓	Upon Request	✓				✓		✓		F
			Report									
			Website									
	APCD		Upon Reques									
			Report									
			Website									
NH	Provider	✓	Upon Request	✓			✓			✓	B	
			Report									
			Website	✓			✓			✓		
	APCD	✓	Upon Request									
			Report									
			Website				✓					
NJ	Provider	✓	Upon Request								F	
			Report		✓		✓		✓			
			Website									
	APCD		Upon Request									
			Report									
			Website									
NM	Provider	✓	Upon Request								F	
			Report		✓		✓		✓			
			Website									
	APCD		Upon Request									
			Report									
			Website									
NV	Provider	✓	Upon Request		✓			✓		✓	F	
			Report		✓		✓		✓			
			Website		✓		✓		✓			
	APCD		Upon Request									
			Report									
			Website									
NY	Provider	✓	Upon Request								F	
			Report	✓			✓		✓			
			Website									
	APCD	✓	Upon Request									
			Report									
			Website									
OH	Provider	✓	Upon Request		✓			✓		✓	F	
			Report									
			Website		✓		✓		✓			
	APCD		Upon Request									
			Report									
			Website									

### III. SIMPLIFIED SCORING AND GRADES BY STATE (FOR LAWS AND REGULATIONS ONLY)

State	Data Source	✓ = Data Source is Legislated	Level of Transparency	Scope of Providers Legislated			Scope of Pricef		Scope of Services Legislated			Grade
				Both Practitioners & Facilities	Health Care Practitioner or Facility	Subset of Either Practitioner or Facility	Paid Amounts	Charges	All IP & OP	All IP or OP	Most common IP or OP	
OK	Provider		Upon Request									F
			Report									
			Website									
	APCD		Upon Reques									
			Report									
			Website									
OR	Provider	✓	Upon Request								D	
			Report	✓			✓		✓			
			Website									
	APCD	✓	Upon Request									
			Report		✓		✓					
			Website									
PA	Provider	✓	Upon Request								F	
			Report	✓			✓		✓			
			Website									
	APCD		Upon Request									
			Report									
			Website									
RI	Provider	✓	Upon Request								F	
			Report	✓			✓		✓			
			Website									
	APCD	✓	Upon Request				✓					
			Report									
			Website									
SC	Provider	✓	Upon Request								F	
			Report		✓		✓		✓			
			Website									
	APCD		Upon Request									
			Report									
			Website									
SD	Provider	✓	Upon Request		✓			✓		✓	F	
			Report		✓		✓		✓			
			Website		✓		✓			✓		
	APCD		Upon Request									
			Report									
			Website									
TN	Provider	✓	Upon Request								F	
			Report	✓			✓		✓			
			Website									
	APCD	✓	Upon Request									
			Report									
			Website									



### III. SIMPLIFIED SCORING AND GRADES BY STATE (FOR LAWS AND REGULATIONS ONLY)

State	Data Source	✓ = Data Source is Legislated	Level of Transparency	Scope of Providers Legislated			Scope of Pricef		Scope of Services Legislated			Grade
				Both Practitioners & Facilities	Health Care Practitioner or Facility	Subset of Either Practitioner or Facility	Paid Amounts	Charges	All IP & OP	All IP or OP	Most common IP or OP	
TX	Provider	✓	Upon Request	✓				✓	✓			F
			Report	✓				✓	✓			
			Website									
	APCD		Upon Request									
			Report									
			Website									
UT	Provider	✓	Upon Request									F
			Report	✓				✓		✓		
			Website	✓				✓		✓		
	APCD	✓	Upon Request									
			Report									
			Website									
VA	Provider	✓	Upon Request									A
			Report	✓			✓			✓		
			Website	✓				✓			✓	
	APCD	✓	Upon Request									
			Report									
			Website	✓			✓					
VT	Provider	✓	Upon Request									A
			Report	✓				✓			✓	
			Website	✓				✓			✓	
	APCD	✓	Upon Request									
			Report									
			Website	✓			✓					
WA	Provider	✓	Upon Request	✓					✓	✓		F
			Report									
			Website									
	APCD		Upon Request									
			Report									
			Website									
WI	Provider	✓	Upon Request	✓					✓	✓		F
			Report	✓				✓		✓		
			Website		✓			✓			✓	
	APCD		Upon Request									
			Report									
			Website									
WV	Provider	✓	Upon Request		✓				✓	✓		F
			Report	✓				✓		✓		
			Website									
	APCD	✓	Upon Request				✓					
			Report									
			Website									

### III. SIMPLIFIED SCORING AND GRADES BY STATE (FOR LAWS AND REGULATIONS ONLY)

State	Data Source	✓ = Data Source is Legislated	Level of Transparency	Scope of Providers Legislated			Scope of Pricef		Scope of Services Legislated			Grade
				Both Practitioners & Facilities	Health Care Practitioner or Facility	Subset of Either Practitioner or Facility	Paid Amounts	Charges	All IP & OP	All IP or OP	Most common IP or OP	
WY	Provider		Upon Request									F
			Report									
			Website									
	APCD		Upon Reques									
			Report									
			Website									

### IV. SIMPLIFIED SCORING AND GRADES BY STATE FOR STATE-MANDATED WEBSITES<sup>4</sup>

State	Website Host	Link	Score					Letter Grade
			Utility	Ease of Use	Scope	Accuracy/Data		
AL								
AK								
AZ								
AR	Arkansas Hospital Association	<a href="http://www.hospitalconsumerassist.com/index.html">www.hospitalconsumerassist.com/index.html</a>	poor	poor	poor	average		F
CA	California Office of Statewide Health Planning & Development	<a href="http://oshpd.ca.gov/HID/DataFlow/">http://oshpd.ca.gov/HID/DataFlow/</a>	poor	poor	poor	average		F
CO	Colorado Hospital Association and the Department of Regulatory Agencies, Division of Insurance	<a href="http://www.cohospitalprices.org/hprices/index.php">www.cohospitalprices.org/hprices/index.php</a>	poor	poor	average	average		F
	Center for Improving Value in Health Care	<a href="http://www.cohealthdata.org">www.cohealthdata.org</a> <sup>5</sup>						
CT								
DE								
FL	Florida Agency for Health Care Administration	<a href="http://www.floridahealthfinder.gov/index.html">www.floridahealthfinder.gov/index.html</a>	poor	good	poor	average		F
GA								
HI								
ID								
IL	Illinois Department of Public Health	<a href="http://www.healthcarereportcard.illinois.gov">www.healthcarereportcard.illinois.gov</a>	poor	poor	poor	poor		F
IN								
IA	Iowa Hospital Association	<a href="http://www.iowahospitalcharges.com">www.iowahospitalcharges.com</a>	poor	poor	poor	average		F
KS								
KY	Kentucky Hospital Association	<a href="https://info.kyha.com/Pricing/MSDRG/main.htm">https://info.kyha.com/Pricing/MSDRG/main.htm</a>	poor	poor	poor	average		F
LA	Louisiana Department of Health and Hospitals	<a href="http://www.healthfinderla.gov/default.aspx">www.healthfinderla.gov/default.aspx</a>	poor	poor	poor	poor		
ME	Maine Health Data Organization	<a href="http://gateway.maine.gov/MHDO/healthcost/Default.aspx">http://gateway.maine.gov/MHDO/healthcost/Default.aspx</a>	average	average	good	excellent		C
MD								
MA	Commonwealth of Massachusetts Health Care Quality and Cost Council	<a href="http://hcqcc.hcf.state.ma.us/">http://hcqcc.hcf.state.ma.us/</a>	good	average	good	average		C
MI								

<sup>4</sup> Note, some states have no state-mandated website and are intentionally left blank

<sup>5</sup> The consumer-facing portion of this website is currently under development, and would have received a score of zero at this time. We elected to score the Colorado Hospital Association website, which is also mandated by state law; because it is publicly available at the time this report was written.

#### IV. SIMPLIFIED SCORING AND GRADES BY STATE FOR STATE-MANDATED WEBSITES

State	Website Host	Link	Score				
			Utility	Ease of Use	Scope	Accuracy/Data	Letter Grade
MN	Minnesota Hospital Association	<a href="http://www.mnhospitalpricecheck.org/index.aspx">www.mnhospitalpricecheck.org/index.aspx</a>	poor	poor	average	good	F
MS							
MO							
MT							
NE							
NV	State of Nevada Division of Health Care Financing and Policy	<a href="http://www.nevadacomparecare.net">www.nevadacomparecare.net</a>	poor	poor	poor	average	F
NH	New Hampshire Insurance Department	<a href="http://www.nhhealthcost.org">www.nhhealthcost.org</a>	poor (unavailable)	poor (unavailable)	poor (unavailable)	poor (unavailable)	F
NJ							
NM							
NY							
NC	North Carolina Department of Health and Human Services	Not built yet					
ND							
OH	Ohio Department of Health: Hospital Performance Measure Reporting	<a href="http://publicapps.odh.ohio.gov/facilityinformation/HospitalMeasuresHomePage.aspx">http://publicapps.odh.ohio.gov/facilityinformation/HospitalMeasuresHomePage.aspx</a>	poor	poor	poor	poor	F
OK							
OR							
PA							
RI							
SC							
SD	South Dakota Association of Healthcare Organizations	<a href="http://www.sdpricepoint.org">www.sdpricepoint.org</a>	poor	poor	poor	average	F
TN							
TX							
UT	Utah Hospitals & Health Systems Association	<a href="http://www.utpricepoint.org">www.utpricepoint.org</a>	poor	poor	poor	poor	F
VT	State of Vermont Department of Financial Regulation	<a href="http://www.dfr.vermont.gov/insurance/insurance-consumer/2012-pricing-financial-reports">www.dfr.vermont.gov/insurance/insurance-consumer/2012-pricing-financial-reports</a>	poor	poor	poor	poor	F
VA	Virginia Health Information, Inc.	<a href="http://www.vhi.org">www.vhi.org</a>	poor	poor	poor	average	F
WA							
WV							
WI	Wisconsin Hospital Association	<a href="http://wipricepoint.org">http://wipricepoint.org</a>	poor	poor	average	average	F
WY							

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website
Description	Relevant statute(s) with a hyperlink to the text and all relevant enacted bills with available hyperlinks	Relevant bills that enacted or amended the statute or regulation	May legislate hospitals, surgical centers, or all providers including individual physicians	May legislate health plans, insurers, or carriers to report to the state	Includes average annual charges, charge estimates, actual charges	Demonstrates accepted reimbursement rates from different payers	May legislate only most common procedures, only outpatient services, or all billable services	Price information is reported to the state	Price information is available to an individual upon request	Price information is available in a publicly available report	Price information is available on a website
Alabama	REGULATION(S): AL ADC 560-X-23-.11-.16	Added: 2010	“New hospital facility”		“budget of cost”		“Medicaid inpatient services”	“Alabama Medicaid Agency”			
Arizona	REGULATION(S): AZ ADC R9-10-212	Added: 2013	“hospital”		“schedule of hospital rates and charges”				“a patient is informed of how to obtain”		
	STATUTE(S): <a href="#">Arizona Revised Statutes § 36-125.05</a> ENACTED BILL(S): Added: 1983; Amended: S.B. 1201 (1988), S.B. 1486 (1988), S.B. 1086 (1990), S.B. 1352 (1994), <a href="#">H.B. 2048 (1996)</a> , <a href="#">S.B. 1142 (2005)</a> , <a href="#">H.B. 2150 (2010)</a>	Added: 1983; Amended: 1988, 1990, 1994, 2005, 2010	“hospitals [except] state hospitals”		“The average charge per day [and] The average charge per confinement”		“all inpatient services”	“[report to] the department”		“All reports filed pursuant to this section are open to public inspection”	
	STATUTE(S): <a href="#">Arizona Revised Statutes § 36-125.05</a> ENACTED BILL(S): Added: 1983; Amended: S.B. 1201 (1988), S.B. 1486 (1988), S.B. 1086 (1990), S.B. 1352 (1994), <a href="#">H.B. 2048 (1996)</a> , <a href="#">S.B. 1142 (2005)</a> , <a href="#">H.B. 2150 (2010)</a>	Added: 1983; Amended: 1988, 1990, 1996, 2005, 2010	“Emergency departments”		“Charges for services”		“outpatient services”	“[report to] the department”		“All reports filed pursuant to this section are open to public inspection”	
	STATUTE(S): <a href="#">Arizona Revised Statutes § 36-125.06</a> ENACTED BILL(S): Added: 1983; Amended: S.B. 1086 (1990), <a href="#">H.B. 2048 (1996)</a> , <a href="#">S.B. 1230 (2000)</a> , <a href="#">S.B. 1142 (2005)</a>	Added: 1983; Amended: 1990, 1996, 2000, 2005	“hospitals and emergency departments”		“average charges per confinement”		“the most common diagnoses and procedures for inpatient and emergency department”		“shall make available in its reception area a sufficient number of these brochures for free distribution of one copy to each individual requesting a copy”	“The director shall publish a <a href="#">comparative report</a> ”	

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website
Description	Relevant statute(s) with a hyperlink to the text and all relevant enacted bills with available hyperlinks	Relevant bills that enacted or amended the statute or regulation	May legislate hospitals, surgical centers, or all providers including individual physicians	May legislate health plans, insurers, or carriers to report to the state	Includes average annual charges, charge estimates, actual charges	Demonstrates accepted reimbursement rates from different payers	May legislate only most common procedures, only outpatient services, or all billable services	Price information is reported to the state	Price information is available to an individual upon request	Price information is available in a publicly available report	Price information is available on a website
Arizona	STATUTE(S): <a href="#">Arizona Revised Statutes § 36-436</a>  ENACTED BILL(S): Added: 1971; Amended: S.B. 1355 (1989), S.B. 1352 (1994)	Added: 1971; Amended: 1989, 1994	“hospital or nursing care institution”z		“schedule of its rates and charges”		“all services performed and commodities furnished”	“file [...] with the director”	“posted in a conspicuous place in the reception area of each [and] Another copy also shall be kept in the reception area and be available for inspection by the public at all times upon request”	“publish information”	
	STATUTE(S): <a href="#">Arizona Revised Statutes § 36-436.03</a>  ENACTED BILL(S): Added: S.B. 1352 (1994)	Added: 1994	“A home health agency, supervisory care home and a hospice”		“a copy of the institution’s rates and charges”				“to the public on request”	“report”	
Arkansas	REGULATION(S): AR ADC 007.11.2 et.seq.	Added: 2012	“All facilities operating and licensed as a hospital”	“Payment received”	“complete billing, medical, and personal information describing a patient, the services received, and charges billed”			“submit directly to ADH, Hospital Data Section”			
	STATUTE(S): <a href="#">Arkansas Code §§ 20-7-303, 4, 5</a>  ENACTED BILL(S): Added: S.B. 596 (1995) Amended: H.B. 1470 (2005), H.B. 1513 (2007)	Added: 1995; Amended: 2005, 2007	“All hospitals and outpatient surgery centers”		“health data” AND “price [...] information”			“collected by the Division of Health of the Department of Health and Human Services”		“disseminate”	“provide data to the Arkansas Hospital Association for its price transparency and consumer-driven health care project”

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website
Description	Relevant statute(s) with a hyperlink to the text and all relevant enacted bills with available hyperlinks	Relevant bills that enacted or amended the statute or regulation	May legislate hospitals, surgical centers, or all providers including individual physicians	May legislate health plans, insurers, or carriers to report to the state	Includes average annual charges, charge estimates, actual charges	Demonstrates accepted reimbursement rates from different payers	May legislate only most common procedures, only outpatient services, or all billable services	Price information is reported to the state	Price information is available to an individual upon request	Price information is available in a publicly available report	Price information is available on a website
California	REGULATION(S): Cal. Code Regs. tit. 22, § 97230	Amended: 2005			“total charges”		“for services rendered during the length of stay for patient care at the facility, based on the hospital’s full established rates. Charges shall include, but not be limited to, daily hospital services, ancillary services and any patient care services. Hospital-based physician fees shall be excluded”				
	REGULATION(S): Cal. Code Regs. tit. 22, § 96010	Amended: 2005	“each hospital”		“average charges”			“shall file with the Office”			
	REGULATION(S): 22 CCR § 96005	Amended: 2005	“each hospital”		“the hospital’s charge description master”		“25 common outpatient procedures”	“shall file with the Office”			
	REGULATION(S): 22 CCR § 96041	Amended: 2007	“each hospital”		“its discount payment policy, charity care policy”			“to the Office”			
	STATUTE(S): West’s Ann. Cal. Health & Safety Code § 1367.49 ENACTED BILL(S): Added: S.B. 751 (2011)	Added: 2011	“at the hospital or facility”		“the cost range of procedures [...] or quality”		“inpatient hospital services or ambulatory care services”	“No contracts prohibiting the posting of cost and quality information to consumers”			

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website
Description	Relevant statute(s) with a hyperlink to the text and all relevant enacted bills with available hyperlinks	Relevant bills that enacted or amended the statute or regulation	May legislate hospitals, surgical centers, or all providers including individual physicians	May legislate health plans, insurers, or carriers to report to the state	Includes average annual charges, charge estimates, actual charges	Demonstrates accepted reimbursement rates from different payers	May legislate only most common procedures, only outpatient services, or all billable services	Price information is reported to the state	Price information is available to an individual upon request	Price information is available in a publicly available report	Price information is available on a website
California	STATUTE(S): West’s Ann. Cal.Ins.Code § 10133.64		“at the hospital or facility”		“ the cost range of procedures [...] or quality”			“contracts [...] shall not contain any provision that restricts the ability of the health insurer to furnish information to policyholders or insureds”			
	STATUTE(S): California Health and Safety Code §1339.51, §1339.55 ENACTED BILL(S): Added: A.B. 1627 §6 (2003)	Added: 2003	“hospital[s]” except “small and rural hospital[s]”		“charge description master”			“shall make a written [...] copy available at the hospital location.” AND “shall post a clear and conspicuous notice in its emergency department, if any, in its admissions office, and in its billing office that informs patients that the hospital’s charge description master is available”			[...] electronic copy [...] by posting an electronic copy [...] on the hospital’s Internet Web site”
	STATUTE(S): California Health and Safety Code §1339.56 ENACTED BILL(S): Added: A.B. 1627 §6 (2003); Amended: by A.B. 1045 §1 (2005)	Added: 2003; Amended: 2005	“each hospital”		“average charges”		“25 common outpatient procedures” and “25 most commonly performed inpatient procedures”	“submit annually to the office”	“shall provide a copy [...] to any person upon request”		“the office shall publish this information on its Internet Web site”

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website
Description	Relevant statute(s) with a hyperlink to the text and all relevant enacted bills with available hyperlinks	Relevant bills that enacted or amended the statute or regulation	May legislate hospitals, surgical centers, or all providers including individual physicians	May legislate health plans, insurers, or carriers to report to the state	Includes average annual charges, charge estimates, actual charges	Demonstrates accepted reimbursement rates from different payers	May legislate only most common procedures, only outpatient services, or all billable services	Price information is reported to the state	Price information is available to an individual upon request	Price information is available in a publicly available report	Price information is available on a website
California	STATUTE(S): <a href="#">California Health and Safety Code §1339.585</a> ENACTED BILL(S): Added: <a href="#">A.B. 1045 §1 (2005)</a>	Added: 2005	“hospital”		“written estimate of the amount the hospital will require the person to pay [...] based on an average length of stay and services provided for the person’s diagnosis”		“for health care services, procedures, and supplies [...] does not apply to emergency services”		“Upon the request of a person without health coverage”		
	STATUTE(S): <a href="#">California Health and Safety Code §128735</a> ENACTED BILL(S): Added: <a href="#">S.B. 1360 §5 (1995)</a> ; Amended: <a href="#">S.B. 1659 §2 (1996)</a> , <a href="#">S.B. 1973 §8 (1998)</a> , <a href="#">S.B. 680 §2 (2001)</a> , <a href="#">S.B. 1498 §163 (2008)</a>	Added: 1995 Amended: 1996, 1998, 2001, 2008	“Every organization that operates, conducts, or maintains a health facility”		“Total charges”			“submit annually to the office”			
Colorado	STATUTE(S): <a href="#">Colo. Rev. Stat. Ann. § 25-0.031253-703</a> ENACTED BILL(S): Added: <a href="#">H.B. 06–1278 (2006)</a>	Added: 2006	“specific hospitals”		“the information for specific hospitals”					“a Colorado hospital report card consisting of public disclosure”	“shall be made available on an internet web site in a manner that allows consumers to conduct an interactive search that allows them to view and compare”



STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY				
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website	
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Colorado	STATUTE(S): Colo. Rev. Stat. Ann. § 25-3-705  ENACTED BILL(S): Added: H.B. 08-1393 (2008); Amended: H.B. 11-1303 (2011)	Added 2008; Amended: 2011	“each hospital”		“the mean charge”		“the twenty-five most common inpatient diagnostic-related groups”				“the information shall be made available on the web site in a manner that allows consumers to conduct an interactive search to view and compare”	
	REGULATION(S): 3 CCR 702-4:4-2-31	Added: 2010; Amended: 2011, 2012, 2013	“only hospitals/ facilities reporting to the Colorado Hospital Association”	“all carriers”		“the average of all reimbursement rates that a carrier paid, by MS-DRG code”		“reported to the Division”				
	REGULATION(S): 3 CCR 702-4:4-2-31	Added: 2010; Amended: 2011, 2012, 2013	“only hospitals/ facilities reporting to the Colorado Hospital Association”	“all carriers”			“the twenty-five most common inpatient procedures”				“The Division will annually publish on its website “	
	REGULATION(S): 10 Colo. Code Regs. 2505-5:1.200.4	Added: 2011				“from the APCD data”	“from the APCD data”				“issue reports”	“on consumer facing websites”
	REGULATION(S): 10 Colo. Code Regs. 2505-5:1.200.2	Added: 2011; Amended: 2013				“the medical and pharmacy claims data files”			“to the APCD”			

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
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Colorado	STATUTE(S): § 25.5-1-204 Added: H.B. 10-1330 (2010); Amended: S.B. 13-149 (2013), H.B. 13-1300 (2013), H.B. 13-1115 (2013)	Added: 2010; Amended: 2013	“providers”	“payers”	“utilization, expenditures, and quality and safety performance”	“data necessary to implement the all-payer claims database”				“usable and comparable information that allows [...] consumers to identify and compare health plans, health insurers, health care facilities, and health care providers regarding the provision of safe, cost-effective, high-quality health care services.”	“Be available to the public [...] in a consumer-friendly manner”
	STATUTE(S): <a href="#">Colorado Revised Statutes §10-16-133</a> ENACTED BILL(S): Added: <a href="#">H.B. 08-1385 §1 (2008)</a>	Added: 2008		“each carrier”	“information [...] useful to consumers and purchasers of health care insurance”			“alternative methods of making the consumer guide accessible to consumers who do not have internet access”			“maintain a consumer guide on the division of insurance <a href="#">web site</a> ”
	STATUTE(S): <a href="#">Colorado Revised Statutes §10-16-111 §1</a> ENACTED BILL(S): Added: <a href="#">S.B. 92-104 §1 (1992)</a> ; Amended: <a href="#">S.B. 92-90 §113 (1992)</a>	Added: 1992; Amended: 1992	“Nonprofit hospital, medical-surgical, and health service corporations”	“all insurance companies”		“amounts actually paid”	“for hospital, medical-surgical, and other health services”	“file annually with the commissioner”			
	STATUTE(S): <a href="#">Colorado Revised Statutes §10-16-111 §4</a> ENACTED BILL(S): Added: <a href="#">H.B. 08-1389 §9 (2008)</a>	Added: 2008		“all carriers”	“medical provider price increases” AND “pharmaceutical price increases”			“file annually with the commissioner”			“publish the information on the division’s <a href="#">web site</a> ”

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website
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Colorado	<p>STATUTE(S):  <a href="#">Colorado Revised Statutes §25.5-6-202</a></p> <p>ENACTED BILL(S):                      Added: <a href="#">S.B. 06-219 (2006)</a>; Amended: <a href="#">H.B. 08-1114 (2008)</a>, <a href="#">S.B. 09-263 (2009)</a>, <a href="#">H.B. 10-1324 (2010)</a>, <a href="#">H.B. 10-1379 (2010)</a>, <a href="#">S.B. 11-215 (2011)</a>, <a href="#">H.B. 12-1340 (2012)</a></p>	Added: 2006; Amended: 2009, 2010, 2011, 2012	“each nursing facility provider”		“cost reports”			“filed with the state department”			
	<p>STATUTE(S):  <a href="#">Colorado Revised Statutes §6-20-101</a></p> <p>ENACTED BILL(S):                      Added: <a href="#">S.B. 03-015 (2003)</a>; Amended: <a href="#">S.B. 04-239 (2004)</a></p>	Added: 2003; Amended: 2011	“each hospital”		“Average facility charge [...] the average charge information”		“Frequently performed inpatient procedure” (explicitly excludes emergency care)		“disclose to a person seeking care or treatment”		
	<p>STATUTE(S):  <a href="#">Colorado Revised Statutes §25-3-705</a></p> <p>ENACTED BILL(S):                      Added: <a href="#">H.B. 08-1393 (2008)</a>; Amended: <a href="#">H.B. 1303 (2011)</a></p>	Added: 2008; Amended: 2011	“each hospital”		“Mean charge”		“the top twenty-five diagnostic-related groups with more than ten occurrences”	“shall report annually to the association of hospitals”			“division of insurance <a href="#">web site</a> ” AND “shall be made available on the [Colorado Hospital Association’s] <a href="#">web site</a> in a manner that allows consumers to conduct an interactive search to view and compare the information for specific hospitals”

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
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Colorado	STATUTE(S): Colorado Revised Statutes §10-16-134  ENACTED BILL(S): Added: H.B. 08-1393 (2008)	Added: 2008		“each carrier”		“average reimbursement rates”	“for the average inpatient day [...]the twenty-five most common inpatient procedures”	“submit to the division”			“division of insurance <a href="#">web site</a> ” AND “shall ensure that the [Colorado Hospital Association’s] <a href="#">web site</a> and information is easy to navigate, contains consumer-friendly language”
Connecticut	REGULATION(S): Regs. Conn. State Agencies § 19a-643-206	Added: 1991; Amended: 2007	“Each acute care general or children’s hospital” and “Each specialty hospital”		“gross charges by payer classification for each DRG”		“inpatient and outpatient”	“report to the office”			
	REGULATION(S): Regs. Conn. State Agencies § 19a-643-207	Added: 1991; Amended: 2007	“Each acute care general or children’s hospital” and “Each specialty hospital”		“charges, payments, discharges and patient days by payer”	“payments”	“Medicare [and] Medicaid managed care inpatient and outpatient”	“report to the office “			
	STATUTE(S): C.G.S.A. § 38a-1091  ENACTED BILL(S): Added: S.H.B. 5038 (2012); Amended: 2013, P.A. 13-247, § 144	Added: 2012; Amended: 2013	“a health care center” [,] a hospital service corporation”[,], a nonprofit medical service corporation [,] Each acute care general or children’s hospital” and “Each specialty hospital”	“an insurer [,] a third-party administrator [,] a pharmacy benefits manager [or] a preferred provider network”		“medical insurance claims, dental insurance claims, pharmacy claims and other insurance claims information”		“there is established an all-payer claims database program”			“provide health care consumers in the state with information concerning the cost and quality of health care services that allows such consumers to make economically sound and medically appropriate health care decisions”

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
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Connecticut	REGULATION(S): 2012 CT REG TEXT 308802		“a health care center” [,] a hospital service corporation” [,] a nonprofit medical service corporation [,] Each acute care general or children’s hospital” and “Each specialty hospital”	“an insurer [,] a third-party administrator [,] a pharmacy benefits manager [or] a preferred provider network”	“amount charged”	“amount paid by the plan, and Member responsibility”		“the Connecticut All Payer Claims Database”			
	STATUTE(S): <a href="#">Connecticut General Statutes §20-7a</a> ENACTED BILL(S): Added: 1973 Amended: S.H.B. 7214 (1991), S.H.B. 5139 (1992), <a href="#">S.H.B. 6713 (2005)</a> , <a href="#">S.H.B. 5820 (2006)</a> , <a href="#">H.B. 6678 (2009)</a> , <a href="#">H.B. 5292 (2010)</a>	Added: 1973; Amended: 1991, 1992, 2005, 2006, 2009, 2010	“Any practitioner of the healing arts who agrees with a clinical laboratory, either private or hospital, to make payments to such a laboratory for [patients’] tests...”		“amounts charged by such laboratory for individual tests or test series and the amount of his procurement or processing charge”				“shall disclose on the bills to patients or third party payors”		
	STATUTE(S): <a href="#">Connecticut General Statutes §20-7b</a> ENACTED BILL(S): Added: 1973 Amended: S.H.B. 7214 (1991), S.H.B. 5139 (1992), <a href="#">S.H.B. 6713 (2005)</a> , <a href="#">S.H.B. 5820 (2006)</a> , <a href="#">H.B. 6678 (2009)</a> , <a href="#">H.B. 5292 (2010)</a>	Added: 1973; Amended: 1991, 1992, 2005, 2006, 2009, 2010	“Each practitioner of the healing arts”		“approximate range of costs”		“test[s] to aid in the diagnosis”		“inform the patient”		

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
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Connecticut	STATUTE(S): <a href="#">Connecticut General Statutes §19a-613</a>  ENACTED BILL(S): Added: <a href="#">H.B. 6002 (1994)</a> ; Amended: H.B. 6002 (1994), S.B. 1164 (1995), S.B. 572 (1998), <a href="#">S.B. 547 (1998)</a> , <a href="#">S.B. 1373 (1999)</a> , <a href="#">H.B. 6802 (2009)</a>	Added: 1994; Amended: 1994, 1995, 1998, 1999, 2009	“health care facilities or institutions”		“Patient-level outpatient data”		“outpatient data”	Collected by “The Office of Health Care Access”			
	STATUTE(S): <a href="#">Connecticut General Statutes §19a-646</a>  ENACTED BILL(S): Added: 1984; Amended: H.B. 6002 (1994), S.B. 1164 (1995), <a href="#">S.H.B. 5154 (2002)</a> , <a href="#">H.B. 5321 (2012)</a>	Added: 1984; Amended: 1994, 1995, 2002, 2012	“the hospital”		“charges”	“payments for each payer”		“reported as required by the office”		Unlegislated report	
	STATUTE(S): <a href="#">Connecticut General Statutes §19a-649</a>  ENACTED BILL(S): Added: 1958, S.H.B.7290 (1989); Amended: S.H.B. 7214 (1991), S.H.B. 6949 (1993), S.H.B. 7079 (1993), <a href="#">H.B. 6678 (2009)</a> , <a href="#">H.B. 5321 (2012)</a>	Added: 1989; Amended: 1991, 1993, 1993, 2009, 2012	“Each hospital”		“the total and average charges and costs”		“of charity care and reduced cost services provided”	“report [to the office]”		Unlegislated report	

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Connecticut	STATUTE(S): <a href="#">Connecticut General Statutes §§19a-644, 19a-654</a>  ENACTED BILL(S): Added: 1958, S.H.B. 7290 (1989); Amended: S.H.B. 7214 (1991), S.H.B. 6949 (1993), S.H.B. 7079 (1993), <a href="#">H.B. 6678 (2009)</a> , <a href="#">H.B. 5321 (2012)</a>	Added: 1989; Amended: 1991, 1993, 2009, 2012	“short-term acute care general or children’s hospitals”		“discharge data [...] from medical record abstracts and hospital bills”			“submit [to the] office”		Unlegislated report	
	STATUTE(S): <a href="#">Connecticut General Statutes §19a-681</a>  ENACTED BILL(S): Added: <a href="#">H.B. 7030 (1995)</a> ; Amended: <a href="#">S.B. 1145 (2005)</a> , <a href="#">S.B. 622 (2008)</a> , <a href="#">S.B. 494 (2010)</a>	Added: 1995; Amended: 2005, 2008, 2010	“Each hospital”		“current price-master which shall include each charge in its detailed schedule of charges”			“shall file with the office”			
Delaware	STATUTE(S): <a href="#">Delaware Code §2003</a>  ENACTED BILL(S): Added: 1989; Amended: <a href="#">H.B. 507 (1994)</a> , <a href="#">S.B. 47 (2009)</a>	Added: 1989; Amended: 1994, 2009	“Hospitals and nursing homes”		“Charge levels [and] trends in health care charges”			“submitted by all [...] to the state agency”		“state agency shall prepare and distribute or make available reports to health care purchasers, health care insurers, health care providers and the general public”	
	STATUTE(S): <a href="#">Delaware Code Ann. §§2004, 2006</a>  ENACTED BILL(S): Added: 1989; Amended: <a href="#">H.B. 507 (1994)</a> , <a href="#">S.B. 235 (2008)</a>	Added: 1989; Amended: 1994, 2009	“all hospitals [and] all nursing home”				“all hospital [and] nursing home inpatient discharges”	“submitted by all [...] to the state agency”		“All compilations prepared and authorized by the state agency for release and dissemination shall be public records”	

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
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Florida	STATUTE(S): Fla. Stat. §381.026  ENACTED BILL(S): Added: S.B. 292 (1991); Amended C.S.C.S.H.B. 155 (2011), C.S.C.S.H.B. 935: (2011), H.B. 7007 (2012)	Added: 1991; Amended: 2011, 2012	“primary care provider”		“a schedule of charges [and] must include the prices charged to an uninsured person”		“the 50 services most frequently provided”			“must be posted in a conspicuous place in the reception area of the provider’s office”	
	STATUTE(S): Fla. Stat. §381.026  ENACTED BILL(S): Added: S.B. 292 (1991); Amended C.S.C.S.H.B. 155 (2011), C.S.C.S.H.B. 935: (2011), H.B. 7007 (2012)	Added: 1991; Amended: 2011, 2012	“health care provider or a health care facility”		“a reasonable estimate of charges”				“shall, upon request, furnish a person, before the provision of medical services”		
	STATUTE(S): Fla. Stat. §381.026  ENACTED BILL(S): Added: S.B. 292 (1991); Amended C.S.C.S.H.B. 155 (2011), C.S.C.S.H.B. 935: (2011), H.B. 7007 (2012)	Added: 1991; Amended: 2011, 2012	“Each licensed facility”		“a link to the performance outcome and financial data”						“shall make available to the public on its Internet website”
	STATUTES: Fla. Stat. §408.05  ENACTED BILL(S): Added; H.B. 1673 (1988); Amended: C.S.C.S.S.B. 1488 (2008), S.B. 1784 (2010), C.S.H.B. 1071 (2013)	Added: 1988; Amended: 2008, 2010, 2013	“health care facilities”		“undiscounted charges”		“no fewer than 150 of the most commonly performed adult and pediatric procedures, including outpatient, inpatient, diagnostic, and preventative procedures”	“implement a long-range plan for making available health care quality measures and financial data that will allow consumers to compare health care services”			“Publish on its website”



STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Florida	<p>STATUTE(S): Fla. Stat. §408.063</p> <p>ENACTED BILL(S): Added: C.S.S.B. 2390 (1992); Amended: C.S.S.B. 314 (1998)</p>	Added: 1992; Amended: 1998			“average charges”		“specified services”		“educate consumers and health care purchasers by conducting or sponsoring seminars and other educational programs at locations throughout the state”	“shall publish and disseminate information to the public which will enhance informed decisionmaking in the selection of health care providers, facilities, and services”	
	<p>STATUTE(S): Fla. Stat. §641.54</p> <p>ENACTED BILL(S): Added: Added: 1985; Amended: H.B. 1629 (2004), H.B. 7073 (2006)</p>	Added: 1985; Amended: 2004, 2006	“each physician”	“Every health maintenance organization”		“estimated copay, coinsurance percentage, or deductible”	“for any covered services”		“make available to its subscribers”		
	<p>STATUTE(S): Fla. Stat. §641.54</p> <p>ENACTED BILL(S): Added: Added: 1985; Amended: H.B. 1629 (2004), H.B. 7073 (2006)</p>	Added: 1985; Amended: 2004, 2006		“Each health maintenance organization”	“performance outcome and financial data that is published by the Agency for Health Care Administration”						“on its Internet website”
	<p>STATUTE(S): <a href="#">Florida Statutes §381.026</a></p> <p>ENACTED BILL(S): Added: S.B. 292 (1991), H.B. 367–H (1992), S.B. 598 (1995); Amended: C.S.H.B. 475 (2001), S.B. 1324 (2001), H.B. 1629 (2004), <a href="#">H.B. 7073 (2006)</a>, <a href="#">S.B. 1488 (2008)</a>, <a href="#">H.B. 155 (2011)</a>, <a href="#">H.B. 935 (2011)</a>, <a href="#">H.B. 7007 (2012)</a></p>	Added; 1991, 1992, 1995; Amended: 1998, 1999, 2001, 2004, 2006, 2008, 2009, 2011, 2012	“primary care provider”		“schedule of charges [...] the schedule must include the prices charged to an uninsured person”		“must include, but is not limited to, the 50 services most frequently provided”		“posted in a conspicuous place in the reception area”		

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
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Florida	<p>STATUTE(S): <a href="#">Florida Statutes §381.026</a></p> <p>ENACTED BILL(S):                      Added: S.B. 292 (1991), H.B. 367–H (1992), S.B. 598 (1995);                      Amended: C.S.H.B. 475 (2001), S.B. 1324 (2001), H.B. 1629 (2004), <a href="#">H.B. 7073 (2006)</a>, <a href="#">S.B. 1488 (2008)</a>, <a href="#">H.B. 155 (2011)</a>, <a href="#">H.B. 935 (2011)</a>, <a href="#">H.B. 7007 (2012)</a></p>	Added; 1991, 1992, 1995; Amended: 1998, 1999, 2001, 2004, 2006, 2008, 2009, 2011, 2012	“health care provider or a health care facility shall”		“a reasonable estimate of charges”			“furnish a person [...] before the provision of a planned nonemergency medical service”			
	<p>STATUTE(S): <a href="#">Florida Statutes §395.301</a></p> <p>ENACTED BILL(S):                      Added: H.B. 367–H (1992), S.B. 598 (1995)                      Amended: S.B. 2128 (1998), H.B. 1629 (2004), <a href="#">H.B. 7073 (2006)</a>, <a href="#">S.B. 1488 (2008)</a></p>	Added: 1982, 1991, 1992, 1995; Amended: 1998, 2004, 2006, 2008	“Each licensed facility not operated by the state”		“good faith estimate of reasonably anticipated charges [...] The estimate may be the average charges for that diagnosis related group or the average charges for that procedure”		“any non-emergency medical services”	“upon request from the patient”			
	<p>STATUTE(S): <a href="#">Florida Statutes §395.107</a></p> <p>ENACTED BILL(S):                      Added: <a href="#">H.B. 935 (2011)</a>;                      Amended: <a href="#">H.B. 787 (2012)</a></p>	Added: 2011; Amended: 2012	“urgent care center [and] affiliated facility”		“schedule of charges”		“no fewer than 150 of the most commonly performed adult and pediatric procedures, including outpatient, inpatient, diagnostic, and preventative procedures”	“publish [and] posted in a conspicuous place in the reception area”			

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website
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Florida	STATUTE(S): <a href="#">Florida Statutes §408.05</a>  ENACTED BILL(S): Added: H.B.1673 (1988); Amended: C.S.S.B. 314 (1998), H.B. 1053 (1999), S.B. 1766 (2000), S.B. 2568 (2003), <a href="#">H.B. 1629 (2004)</a> , <a href="#">H.B. 763 (2005)</a> , <a href="#">H.B. 7073 (2006)</a> , <a href="#">S.B. 1488 (2008)</a> , <a href="#">S.B. 1784 (2010)</a>	Added: 1988, 1990, 1991, 1992, 1995, 1997; Amended: 1998, 1999, 2000, 2003, 2004, 2005, 2006, 2007, 2008, 2010	“health care facilities”		“undiscounted charges”		“no fewer than 150 of the most commonly performed adult and pediatric procedures”				“Publish on its website”
	STATUTE(S): <a href="#">Florida Statutes §408.061</a>  ENACTED BILL(S): Added: S.B. 2390 (1992); Amended: S.B. 1914, 2006, 1784 & S.B 406 (1993), S.B. 226 (1995), S.B. 226 (1996), S.B. 430 (1997), S.B. 314 (1998), H.B. 1053 (1999), S.B. 1766 (2000), S.B. 2568 (2003), <a href="#">H.B. 1629 (2004)</a> , <a href="#">H.B. 763 (2005)</a> , <a href="#">H.B. 7073 (2006)</a>	Added: 1992; Amended: 1993, 1996, 1997, 1998, 1999, 2000, 2003, 2004, 2005, 2006	“health care facilities”		“actual charge data by diagnostic groups”			“[to the] agency”			
	STATUTE(S): <a href="#">Florida Statutes §408.061</a>  ENACTED BILL(S): Added: S.B. 2390 (1992); Amended: <a href="#">H.B. 7073 (2006)</a>	Added: 1992; Amended: 2006	“health insurers”		“claims [...] However [...] shall not include specific provider contract reimbursement information”			“[to the] agency”			
Georgia	STATUTE(S): <a href="#">Georgia Code §31-7-280</a>  ENACTED BILL(S): Added: 1988; Amended: <a href="#">S.B. 433 (2008)</a>	Added: 1988; Amended: 2008		“each health care provider”	“total charges and summary of charges by revenue code”			“submitted to the department”			

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
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Illinois	STATUTE(S): <a href="#">20 Illinois Compiled Statutes §2215/4-2 (4)</a> ENACTED BILL(S): Added: 1984; Amended: <a href="#">H.B. 2343 (2005)</a> , <a href="#">H.B. 1562 (2011)</a> , <a href="#">S.B. 1282 (2011)</a> , <a href="#">S.B. 3798 (2012)</a>	Added: 1984; Amended: 2005, 2011, 2012	“hospitals”		“claims and encounter data”		“inpatient and outpatient claims and encounter data related to surgical and invasive procedures”	“compiled by the department”		“Publicly disclosed information must be provided in language that is easy to understand and accessible to consumers using an interactive query system”	
	STATUTE(S): <a href="#">Illinois Compiled Statutes §2215/4-2 (5)</a> ENACTED BILL(S): Added: 1984; Amended: <a href="#">H.B. 2343 (2005)</a> ; <a href="#">H.B. 1562 (2011)</a> ; <a href="#">S.B. 1282 (2011)</a> ; <a href="#">S.B. 3798 (2012)</a>	Added: 1984; Amended: 2005, 2011, 2012	“each ambulatory surgical treatment center”		“outpatient claims and encounter data collected [...] for each patient”			“collect[ed] compile[d] by the department”		“Publicly disclosed information must be provided in language that is easy to understand and accessible to consumers using an interactive query system”	
	STATUTE(S): <a href="#">Illinois Compiled Statutes §2215/4-2 (6)</a> ENACTED BILL(S): Added: 1984; Amended: <a href="#">H.B. 2343 (2005)</a> , <a href="#">H.B. 1562 (2011)</a> , <a href="#">S.B. 1282 (2011)</a> , <a href="#">S.B. 3798 (2012)</a>	Added: 1984; Amended: 2005, 2011, 2012	“Ambulatory surgical treatment centers and hospitals”		“average charges”		“at least 30 inpatient [and] 30 outpatient conditions and procedures [...] demonstrate[ing] the highest degree of variation in patient charges and quality of care”	“compiled by the department”			“shall make available on its <a href="#">website</a> the ‘Consumer Guide to Care’”

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
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Illinois	STATUTE(S): <a href="#">Illinois Compiled Statutes §2215/4-4(a)</a>  ENACTED BILL(S): Added: 1984; Amended: <a href="#">H.B. 4580 (2002)</a>	Added: 1984; Amended: 2002	“Hospitals”		“the normal charge incurred”		“any procedure or operation the prospective patient is considering”		“to prospective patients”		
	STATUTE(S): <a href="#">Illinois Compiled Statutes §2215/4-4(b)</a>  ENACTED BILL(S): Added: 1984; Amended: <a href="#">H.B. 4580 (2002)</a>	Added: 1984; Amended: 2002	“hospitals”		“the established charges”		“including but not limited to the hospital’s private room charge, semi-private room charge, charge for a room with 3 or more beds, intensive care room charges, emergency room charge, operating room charge, electrocardiogram charge, anesthesia charge, chest x-ray charge, blood sugar charge, blood chemistry charge, tissue exam charge, blood typing charge and Rh factor charge”		“to post in letters”		

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
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Indiana	STATUTE(S): <a href="#">Indiana Code §16-21-6</a> ENACTED BILL(S): Added: S.E.A. 24 (1993); Amended: H.E.A. 1200 (2002), S.E.A. 366 (2011)	Added: 1993; Amended: 2002, 2011	“each hospital”		“Total charge for patient’s stay”			“file with the state department”	“shall provide copies of the reports [...] to the public upon request”	“Annually publish a <a href="#">consumer guide</a> to Indiana hospitals”	
Iowa	STATUTE(S): I.C.A. § 135.78 ENACTED BILL(S): Added: 1977; Amended 1978, (S.F. 2275) 2002, H.F. 171 (2003)	Added: 1977, Amended: 1978, 2003	“each hospital and health care facility”		“all relevant financial and utilization data [to] monitor hospital and health care facility charges and costs” and “a current rate schedule”			“department shall compile”			
	STATUTE(S): <a href="#">Iowa Code §135.165; §135.166</a> ENACTED BILL(S): Added: H.B. 2539 (2008); Amended: S.F. 389 (2009)	Added: 2008; Amended: 2009	“hospitals”		“quality and cost measures”		“inpatient, outpatient, and ambulatory information”	“department of public health shall [...] utilize the Iowa hospital association to act as the department’s intermediary in collecting, maintaining, and disseminating”			“shall be [...] published on a public <a href="#">internet site</a> available to the general public” (originally the task of a work force now completed and deleted from statute)
Kansas	REGULATION(S): Kan. Admin. Regs. § 28-67-2	Added: 1994			“health care costs and financing”			“shall be obtained”			
	STATUTE(S): <a href="#">Kansas Statutes §65-6801; §65-6805</a> ENACTED BILL(S): Added: S.B. 118 (1993) ; Amended: S.B. 577 (1994), S.B. 272 (2005), S.B. 397 (2012)	Effective 1993; Amended 1994, 2005, 2012	“all providers of health care services”	“and third party payers”	“costs”			“shall file [...] with the department of health and environment”	“made available in a form [...] to improve the decision-making processes”		

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
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Kentucky	<p>STATUTE(S): <a href="#">Kentucky Revised Statute §216.2929</a></p> <p>ENACTED BILL(S): Added: H.B. 250 (1994); Amended: S.B. 343 (1996), H.B. 132 (1998), <a href="#">S.B. 47 (2005)</a>, <a href="#">H.B. 44 (2008)</a>, <a href="#">H.B. 265 (2012)</a></p>	Added: 1994; Amended: 1996, 1998, 2005, 2008, 2012	“every hospital and ambulatory facility, differentiated by payor if relevant, and for other provider groups”		“charges [...] include the median charge”			“compiled and reported by the cabinet”		“reported by the cabinet”	“make available on its <a href="#">Web site</a> [...] sufficient explanation to allow consumers to draw meaningful comparisons” AND “provide <a href="#">linkages</a> to organizations that publicly report comparative-charge data for Kentucky providers”
	<p>STATUTE(S): <a href="#">Kentucky Revised Statutes §216.2923</a>, <a href="#">§216.2929</a></p> <p>ENACTED BILL(S): Added: H.B. 250 (1994); Amended: S.B. 343 (1996), H.B. 132 (1998), <a href="#">S.B. 47 (2005)</a>, <a href="#">H.B. 44 (2008)</a>, <a href="#">H.B. 265 (2012)</a></p>	Added: 1994; Amended: 1996, 1998, 2005, 2008, 2012			“information that relates to the health-care financing and delivery system, information on charges for health-care services”			“the secretary shall [...] collect”			
Louisiana	REGULATION(S): La. Admin Code. tit. 48, pt. V, § 15107	Added: 1998			“patient level data			“for use in health research, public education, administrative and health industry research			
	<p>STATUTE(S): La. Rev. Stat. Ann. § 40:1300.362</p> <p>ENACTED BILL(S): Added: S.B. 55 (2013)</p>	Added: 2013	“Hospitals”			“dollar value of all claims paid”	“to nonnetwork providers” [...] under Bayou health”	“to the Senate and House committees”			

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Louisiana	STATUTE(S): <a href="#">Louisiana Revised Statutes §§40:1300.111, 112, 113, 114</a> ENACTED BILL(S): Added: <a href="#">H.B. 1462 (1997)</a> ; Amended: <a href="#">S.B. 287 (2008)</a>	Added: 1997 Amended: 2008	"All health care providers licensed by the state, including but not limited to hospitals, outpatient surgical facilities, and outpatient clinical facilities"		"health care cost, quality, and performance data"			"reported to the Department of Health and Hospitals"			"Internet publication of provider and health plan specific cost, quality, and performance data [...] for access and use by a consumer" AND Unlegislated Louisiana Hospital Inpatient Discharge Database (LAHIDD)
Maine	STATUTE(S): MRSA §1718-A ENACTED BILL(S): Added: S.P. 335/L.D. 990 (2013)	Added: 2013	"Each health care practitioner"		"shall maintain a price list" and "charges clients directly, when there is no insurance coverage"		"most frequently provided health care services and procedures"		"and provide copies of the price list upon request"		
	STATUTE(S): Me. Rev. Stat. tit. 22, § 8708-A. ENACTED BILL(S): Added: H.P. 1187 / L.D. 1611 (2003)	Added: 2003	"health care practitioners and health care facilities"		"quality data"			"shall submit quality data to the organization"			
	STATUTE(S): Me. Rev. Stat. tit. 22, § 8709. ENACTED BILL(S): Added: H.P. 1307/L.D. 1788 (1996); Amended: H.P. 1003/L.D. 1401 (1999), S.P. 620/L.D. 1673 (2005)	Added: 1996; Amended: 1999, 2005	"Each health care facility"		"financial information including costs of operation, revenues, assets, liabilities, fund balances, other income, rates, charges and units of services"			"shall file with the organization"			



STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Maine	STAUTE(S): Me. Rev. Stat. Tit.22 § 8703  ENACTED BILL(S): Added: H.P. 1307/(L.D. 1788 (1995); Amended: H.P. 237/L.D. 301 (1997), H.P. 1407/L.D. 1971 (1999), H.P. 1003/L.D. 1401 (1999), S.P. 395/L.D. 1310 (2001), H.P. 329/L.D. 421 (2003), H.P. 1187/L.D. 1611 (2003), H.P. 942/L.D. 1359 (2005), S.P. 290/L.D. 902 (2007), H.P. 85/L.D. 101 (2009)	Added: 1995; Amended: 1997, 1999, 2001, 2003, 2007, 2009	“hospitals”		“clinical, financial, quality and restructuring data”			“The Maine Health Data Organization is established [to] create and maintain a useful, objective, reliable and comprehensive health information database”			
	STATUTE(S): <a href="#">Maine Revised Statutes §§ 8704, 6</a>  ENACTED BILL(S): Added: H.P. 1307 (1996); Amended: <a href="#">S.P. 560 (1997)</a> , <a href="#">S.P. 18 (1999)</a> , <a href="#">H.P. 1003 (1999)</a> , <a href="#">S.P. 395 (2001)</a> , <a href="#">H.P. 1187 (2003)</a> , <a href="#">H.P. 942 (2005)</a> , <a href="#">S.P. 677 (2006)</a> , <a href="#">S.P. 290 (2007)</a> , <a href="#">H.P. 5 (2007)</a> , <a href="#">S.P. 578 (2012)</a>	Added: 1996  Amended: 1997, 1999, 2001, 2003, 2005, 2006, 2007, 2012	“health care facilities, providers or payors”		“clinical, financial, quality and restructuring data”			“board shall develop and implement policies and procedures for the collection, processing, <a href="#">storage</a> and analysis”			

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
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Maine	STATUTE(S): <a href="#">Maine Revised Statutes §8712</a> ENACTED BILL(S): Added: <a href="#">H.P. 1187 (2003)</a> ; Amended: <a href="#">H.P. 975 (2005)</a> , <a href="#">H.P. 85 (2009)</a> , <a href="#">S.P. 529 (2009)</a> , <a href="#">H.P. 1088 (2010)</a> , <a href="#">H.P. 602 (2012)</a>	Added: 2003 Amended: 2005, 2009, 2009, 2010, 2012	“health care facilities and practitioners”			“payments for services rendered”	“services presented must include, but not be limited to, imaging, preventative health, radiology and surgical services and other services that are predominantly elective and may be provided to a large number of patients who do not have health insurance”	“State shall collect, synthesize and publish information”	“shall make reports available to members of the public upon request”		“create a publicly accessible interactive <a href="#">website</a> ”
	STATUTE(S): <a href="#">Maine Revised Statutes §8712</a> ENACTED BILL(S): Added: <a href="#">H.P. 1187 (2003)</a> ; Amended: <a href="#">H.P. 975 (2005)</a> , <a href="#">H.P. 85 (2009)</a> , <a href="#">S.P. 529 (2009)</a> , <a href="#">H.P. 1088 (2010)</a> , <a href="#">H.P. 602 (2012)</a>	Added: 2003 Amended: 2005, 2009, 2009, 2010, 2012		“commercial health insurance companies, 3rd-party administrators and, unless prohibited by federal law, governmental payors”		“prices paid by individual commercial health insurance companies, 3rd-party administrators and, unless prohibited by federal law, governmental payors”	“15 most common diagnosis-related groups and the 15 most common outpatient procedures for all hospitals in the State and the 15 most common procedures for nonhospital health care facilities”	“State shall collect, synthesize and publish information”	“shall make reports available to members of the public upon request”		“create a publicly accessible interactive <a href="#">website</a> ”

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Maryland	STATUTE(S): <a href="#">Maryland Code, Health – General §19-133</a> ENACTED BILL(S): Added: 1993; Amended: <a href="#">S.B. 221 (1999)</a> , <a href="#">H.B. 995 (1999)</a> , <a href="#">S.B. 189 (2000)</a> , <a href="#">S.B. 196 (2001)</a> , <a href="#">S.B. 786 (2001)</a> , <a href="#">H.B. 800 (2007)</a>	Added: 1993; Amended: 1994, 1995, 1997, 1999, 2000, 2001, 2007	“health care practitioner or facility”	“payors and governmental agencies”	“the charge for the procedure,” [...]“health care costs, utilization, or resources”			“the Commission shall [collect]”		“shall publish an annual report [...] Describ[ing] the variation in fees charged by health care practitioners and facilities”	
	STATUTE(S): <a href="#">Maryland Code, Health – General §§ 19-202, 7</a> ENACTED BILL(S): Added: 1982; Amended: 1984, 1997, 1999, <a href="#">S.B. 479 (2003)</a> , <a href="#">S.B. 380 (2006)</a> , <a href="#">H.B. 844 (2007)</a>	Added: 1982; Amended: 1984, 1997, 1999, 2003, 2006, 2007				“Health care costs”		Creates the “Health Services Cost Review Commission [that] shall Periodically participate in or do analyses and studies of”		“Each report filed and each summary, compilation, and report required under this subtitle available for public inspection”	
Massachusetts	REGULATION(S): 129 MA ADC 2.05	Added: 2012		“Each carrier”		“a completed health care claims data set”	“for all Massachusetts resident members”	“submit to the Council”			
	REGULATION(S): 129 MA ADC 2.09	Added: 2012		“carriers”		“medical and pharmacy claims” and “claims for capitated services”	“at the visit, service, or prescription level”	“shall report”			

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website
Description	Relevant statute(s) with a hyperlink to the text and all relevant enacted bills with available hyperlinks	Relevant bills that enacted or amended the statute or regulation	May legislate hospitals, surgical centers, or all providers including individual physicians	May legislate health plans, insurers, or carriers to report to the state	Includes average annual charges, charge estimates, actual charges	Demonstrates accepted reimbursement rates from different payers	May legislate only most common procedures, only outpatient services, or all billable services	Price information is reported to the state	Price information is available to an individual upon request	Price information is available in a publicly available report	Price information is available on a website
Massachusetts	REGULATION(S): 101 MA ADC 345.05		"Each agency"		"Temporary Nursing Service Cost Report"			"with EOHHS"			
	REGULATION(S): 114.1 CMR 17.03		"Hospitals"		"charges"		"for each inpatient discharge, outpatient observation stay, and emergency department visit"	"shall submit"			
	REGULATION(S): 114.1 CMR 17.01		"acute hospitals"		"Charge data"		"each inpatient admission, outpatient observation stay and emergency department visit"	"submission requirements"			
	REGULATION(S): 114.1 CMR 39.03, 40.03, 42.03, 42.04		"Each acute" and "non-acute hospital"		"full cost information" and "hospital's charge book"			"shall file with the Division"			
	REGULATION(S): 114.5 CMR 21.03			"Payers"		"Medical Claims, Pharmacy Claims, Dental Claims, Member Eligibility Files, Provider Files, and Product Files" including "Charge, paid prepaid, copay, coinsurance, and deductible amount"		"to the Division"			
	REGULATION(S): 957 CMR 2.01			"health care payers"		"Expenses, Relative Prices, and Alternative Payment Method"		"to the Center for Health Information and Analysis"			

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
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Massachusetts	REGULATION(S): 957 CMR 2.05			“Payers”		“Relative Price data separately by Medicare, Medicaid, Commonwealth Care, and commercial (fully-insured and self-insured)”	“or inpatient and outpatient” and “physician groups”	“must report”			
	STATUTE(S): Massachusetts General Laws 12C §8 (a) ENACTED BILL(S): Added: S.B. 2400 (2012)	Added: 2012	“institutional providers and their parent organizations and any other affiliated entities, non-institutional providers and provider organizations”		“revenues, charges, costs, prices, and utilization [...] filing of a charge book, the filing of cost data and audited financial statements and the submission of merged billing and discharge data”		“medical, surgical, diagnostic and ancillary services”	“The center shall also collect and analyze”			
	STATUTE(S): Massachusetts General Laws 12C §8 (b) ENACTED BILL(S): Added: S.B. 2400 (2012)	Added: 2012	“any acute or non-acute hospital”		“a charge book, the filing of cost data and audited financial statements and the submission of merged billing and discharge data”					“at least annually, publish a report analyzing the comparative information to assist third-party payers and other purchasers of health services in making informed decisions”	“shall publicly report and place on its website [...] relative prices and hospital inpatient and outpatient costs, including direct and indirect costs”
	STATUTE(S): Massachusetts General Laws 12C §8 (d) ENACTED BILL(S): Added: S.B. 2400 (2012)	Added: 2012			“relative prices”		“inpatient and outpatient”				“shall publicly report and place on its website”

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Massachusetts	STATUTE(S): <a href="#">Massachusetts General Laws 12C §10</a>  ENACTED BILL(S): Added: <a href="#">S.B. 2400 (2012)</a>	Added: 2012		“from private and public health care payers, including third-party administrators”	“relative prices for the payer’s participating health care providers by provider type which shows the average relative price, the extent of variation in price, stated as a percentage, and identifies providers who are paid more than 10 per cent, 15 per cent and 20 per cent above and more than 10 per cent, 15 per cent and 20 per cent below the average relative price”	“submit claims data [...] and relative prices paid to every hospital, registered provider organization, physician group, ambulatory surgical center, freestanding imaging center, mental health facility, rehabilitation facility, skilled nursing facility and home health provider in the payer’s network, by type of provider, with hospital inpatient and outpatient prices listed separately by [insurance] product type”		“The center shall require the submission of data and other information”		“Except as specifically provided otherwise by the center or under this chapter, insurer data collected by the center under this section shall not be a public record”	
	STATUTE(S): <a href="#">Massachusetts General Laws 12C §16</a>  ENACTED BILL(S): Added: <a href="#">S.B. 2400 (2012)</a>	Added: 2012	“health care provider, provider organization”	“private and public health care payer”	“costs and cost trends [...] price [and] price variation between health care providers, by payer and provider type”	“costs and cost trends [...] and price variation between health care providers, by payer and provider type”		“The center collects”		“The center shall publish an annual report”	

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Massachusetts	STATUTE(S): <a href="#">Massachusetts General Laws 6A C §16K</a> ENACTED BILL(S): Added: <a href="#">H.B. 4479 (2006)</a> Amended: <a href="#">H.B. 5240 (2006)</a> , <a href="#">S.B. 2863 (2008)</a> , <a href="#">S.B. 2585 (2010)</a> , <a href="#">S.B. 2400 (2012)</a>	Added: 2006; Amended: 2006, 2008, 2010, 2012			“health care quality and cost data”	“Cost information shall include, at a minimum, the average payment [...] on behalf of insured patients”	“for obstetrical services, physician office visits, high-volume elective surgical procedures, high-volume diagnostic tests and high-volume therapeutic procedures”	“shall be collected”			“shall establish and maintain a consumer health information <a href="#">website</a> [...] comparing the cost and quality of health care services [...] by facility and, as applicable, by clinician or physician group practice”
	STATUTE(S): <a href="#">Massachusetts General Laws 111C § 228</a> ENACTED BILL(S): Added: <a href="#">S.B. 2400 (2012)</a>	Added: 2012	“a health care provider”		“disclose the [...] charge”	“disclose the [...] the contractually agreed upon amount paid by a carrier to a health care provider for health care services provided to an insured” AND “out-of-pocket costs”	“of the admission, procedure or service, including the amount for any facility fees required”		“upon request by a patient or prospective patient”		
Minnesota	STATUTE(S): Minn. Stat. §62J.823 ENACTED BILL(S): Added: <a href="#">S.F. 3480 (2006)</a>	Added: 2006	“Any hospital [...] and outpatient surgical center”			“actual price expected to be billed [...] reflecting any known discounts”			“shall provide a written estimate of the cost of a specific service or stay upon the request of a patient, doctor, or the patient’s representative”		
	REGULATION(S): Minnesota Rules, part 4653.0200, 4653.0300 ENACTED BILL(S): Added: Authority: M.S.A. § 62U.04, M.S.A. § 62U.06			“Health plan companies, third-party administrators, and pharmacy benefit managers”		“the dollar amount of paid health care claims for covered individuals” and “pricing data”		“must register with the data processor”			

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
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Minnesota	STATUTE(S): <a href="#">Minnesota Statutes §62J.82</a> ENACTED BILL(S): Added: <a href="#">H.F. 139 (2005)</a> Amended: <a href="#">H.F. 1078 (2007)</a>	Added: 2005; Amended: 2007	“hospital”		“Charge information, [including] average charge, average charge per day and median charge”		“for each of the 50 most common inpatient diagnosis-related groups and the 25 most common outpatient surgical procedures”				“The Minnesota Hospital Association shall develop a Web-based system”
	STATUTE(S): <a href="#">Minnesota Statutes §62J.052</a> ENACTED BILL(S): Added: <a href="#">S.F. 1204 (2005)</a> Amended: <a href="#">S.F. 3480 (2006)</a>	Added: 2005; Amended: 2006	“Each pharmacy”		“usual and customary price for a prescription drug”				“readily available at no cost to the patient”		
	STATUTE(S): <a href="#">Minnesota Statutes §62U.04 (Subd. 1)</a> ENACTED BILL(S): Added: <a href="#">S.F. 3780 (2008)</a> Amended: <a href="#">S.F. 2082 (2009)</a> , <a href="#">H.F. 3056 (2010)</a> , <a href="#">H.F. 25 (2011)</a> , <a href="#">S.F. 1809 (2012)</a>	Added: 2008; Amended: 2009, 2010, 2011, 201	“providers”		“comparative information to consumers on variation”						
	STATUTE(S): <a href="#">Minnesota Statutes §62U.04 (Subd. 3c)</a> ENACTED BILL(S): Added: <a href="#">S.F. 3780 (2008)</a> Amended: <a href="#">S.F. 2082 (2009)</a> , <a href="#">H.F. 3056 (2010)</a> , <a href="#">H.F. 25 (2011)</a> , <a href="#">S.F. 1809 (2012)</a>	Added: 2008; Amended: 2009, 2010, 2011, 2012	“providers”		“total cost” AND “condition-specific cost”					“public report”	



STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Minnesota	<p>STATUTE(S): <a href="#">Minnesota Statutes §62U.04 (Subd. 5)</a></p> <p>ENACTED BILL(S):                      Added: S.F. 3780 (2008)                      Amended: S.F. 2082 (2009), H.F. 3056 (2010), H.F. 25 (2011), S.F. 1809 (2012)</p>	Added: 2008; Amended: 2009, 2010, 2011, 2012		“all health plan companies and third-party administrators”			“submit data on their contracted prices with health care providers”	“to a private entity designated by the commissioner of health”			
	<p>STATUTE(S): <a href="#">Minnesota Statutes §62J.82</a></p> <p>ENACTED BILL(S):                      Added: H.F. 139 (2005)                      Amended: H.F. 1078 (2007)</p>	Added: 2005; Amended: 2007	“hospital”		“Charge information, [including] average charge, average charge per day and median charge”		“for each of the 50 most common inpatient diagnosis-related groups and the 25 most common outpatient surgical procedures”				“The Minnesota Hospital Association shall develop a Web-based system”
	<p>STATUTE(S): <a href="#">Minnesota Statutes §144.698</a></p> <p>ENACTED BILL(S):                      Added: S.F. 60 (1976)                      Amended: S.F. 109 (1977), H.F. 1966 (1984), H.F. 1759 (1989), S.F. 910 (1991), S.F. 2080 (2004), H.F. 1078 (2007)</p>	Added: 1976; Amended: 1977, 1984, 1989, 1991, 2004, 2007	“Each hospital and each outpatient surgical center”		“cost information”			“shall file annually with the commissioner of health”		“All reports [...] shall be open to public inspection”	
	<p>STATUTE(S): <a href="#">Minnesota Statutes § 144.699</a></p> <p>ENACTED BILL(S):                      Added: S.F. 60 (1976)                      Amended: S.F. 109 (1977), H.F. 1966 (1984), S.F. 51 (1987), H.F. 1078 (2007)</p>	Added: 1976; Amended: 1977, 1984, 1987, 2007	“hospitals, outpatient surgical centers, home care providers, and professionals”				“for procedures and services that are representative of the diagnoses and conditions for which citizens of this state seek treatment”			“The Commissioner of Health shall “disseminate available price information” AND “encourage [providers] to publish prices”	

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Minnesota	STATUTE(S): <a href="#">Minnesota Statutes § 144.701</a> ENACTED BILL(S): Added: <a href="#">S.F. 60 (1976)</a> Amended: <a href="#">S.F. 109 (1977)</a> , <a href="#">H.F. 2175 (1982)</a> , <a href="#">H.F. 1966 (1984)</a> , <a href="#">H.F. 1759 (1989)</a> , <a href="#">S.F. 3346 (1998)</a> , <a href="#">H.F. 2446 (2004)</a> , <a href="#">S.F. 2082 (2009)</a>	Added: 1976; Amended: 1977, 1982, 1984, 1989, 2998, 4004, 2009	“each hospital and outpatient surgical center”		“a current rate schedule”			“shall be filed with the commissioner of health”			
	STATUTE(S): <a href="#">Minnesota Statutes §144.0506</a> ENACTED BILL(S): <a href="#">S.F. 367 (2006)</a>	Added: 2006	“health care provider”		“charges”		“for common procedures”				“agency Web sites, including <a href="#">minnesota-healthinfo.com</a> ”
Mississippi	STATUTE(S): Mississippi Code Annotated §41- 95-7 ENACTED BILL(S): Added: S.B. 2503 (1994)	Added: 1994	“health care provider, health care facility”	“state agency, insurance company”	“expenditures” and “which affect the quality and cost of health services”			“The Mississippi Health Finance Authority shall conduct such research”			
Missouri	REGULATION(S): 19 Mo. Code of State Regulations 10-33.030	Amended: 2001	“Hospitals”		“financial data”		“all inpatient [and] outpatient”	“shall report [...] to the Department of Health”			
	REGULATION(S): 19 Mo. Code of State Regulations 10-33.010	Amended: 2001	“All hospitals” AND “All ambulatory surgical centers”		“Total charges”		“all inpatient [and] outpatient”	“shall report [...] to the Department of Health”		“The department shall develop and publish reports”	
	REGULATION(S): 19 Mo. Code of State Regulations 10-33.010	Amended: 2001	“all hospitals”		“Average charges” and “Total charges”		“all inpatient and outpatient services”	“shall file with the department”		“may release patient abstract data to a public health authority to assist the agency in fulfilling its public health mission”	

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Missouri	STATUTE(S): Missouri Revised Statute §192.667  ENACTED BILL(S): Added: H.B. 1574 (1992), S.B. 721 (1992), S.B. 796 (1992); Amended: S.B. 52 (1993), S.B. 3 (1995), S.B. 1279 (2004)	Added: 1992; Amended: 1993, 1995, 2004	“All health care providers”		“charge data”		“outpatients and inpatients”	“provide to the department”		“studies and publish information, including at least an annual consumer guide”	
	STATUTE(S): <b>Missouri Revised Statutes §192.665, §192.667</b>  ENACTED BILL(S): Added: H.B. 1574 (1992) Amended: S.B. 721 (1992), S.B. 796 (1992), <b>S.B. 1279 (2004)</b>	Added: 1992; Amended: 1992, 2004	“All health care providers [includes hospitals and ambulatory surgical centers]”		“charge data”			“provide to the department”		“The report shall be made available to the public for a reasonable charge” AND “The Hospital Industry Data Institute shall publish a report” AND “publish information including at least an annual consumer guide”	

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Montana	2011 Montana House Bill No. 573  ENACTED BILL(S): Added: HB073 (2011) July 1, 2011 - December 31, 2012	Added: 2011, 2012			“data related to health care safety and quality, utilization, health outcomes, and cost”			“design, implement, and maintain a statewide all-payer, all-claims database for health care”		“usable and comparable information that allows public and private health care purchasers, consumers, and data analysts to identify and compare health plans, health insurers, health care facilities, and health care providers regarding the provision of safe, cost-effective, high-quality health care services”	
Nebraska	STATUTE(S): <a href="#">Nebraska Statutes §71-2075</a>  ENACTED BILL(S): Added: 1985; Amended: L.B. 1210 (1994)	Added: 1985; Amended: 1994	“each hospital [...] and ambulatory surgical centers”		“average charges”				“Upon the written request of a prospective patient” AND “shall provide notice to the public that such hospital or center will provide an estimate of charges”		

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Nevada	REGULATION(S): NAC 449.963, NAC 439A.810	Added: 2002, 2008	“Each hospital” AND “surgical center”		“universal billing form specified by the Centers for Medicare and Medicaid Service”			“submit to the Department”			
	REGULATION(S): NAC 439A.825	Added: 2008	“surgical centers”		“Information [...] on the universal billing forms”		“a list of the 50 medical treatments for outpatients of surgical centers for ambulatory patients”			“make publicly available”	
	REGULATION(S): NAC 439A.830		“hospitals’		“information reported on the universal billing forms”		“50 most frequent diagnosis-related groups for inpatients of hospitals” AND “outpatients”				
	REGULATION(S): NAC 439A.835 ENACTED BILL(S): Added: A.B. 146 (2007); Amended: S.B. 319 (2009), S.B. 209 (2011), A.B. 160 (2011), S.B. 264 (2011), S.B. 338 (2011), S.B. 340 (2011)	Added: 2007; Amended: 2009, 2011	“hospitals and surgical centers”		“information concerning the charges imposed and the quality “ AND “average billed charges”		“for inpatients and the 50 medical treatments for outpatients”				“establish and maintain an Internet website”
	STATUTE(S): Nevada Revised Statutes §§ 439A.220, 439A.240, 439A.260, 439A.270 ENACTED BILL(S): Added: A.B. 146 (2007); Amended: S.B. 319 (2009), A.B. 160 (2011), S.B. 264 (2011), S.B. 338 (2011), S.B. 340 (2011)	Added: 2007; Amended: 2009, 2011	“each hospital” AND “each surgical center for ambulatory patients”		“average billed charges” AND “charges imposed”		“reported by diagnosis-related groups for inpatients and for the 50 medical treatments for outpatients” AND “for [...] potentially preventable readmissions”	“The Department shall establish and maintain a program that [...] must include the collection	“Upon request, make the information that is contained on the Internet website available in printed form”	“shall make a summary of the information available to Consumers of health care [and] the general public”	“shall establish and maintain an Internet website”

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Nevada	STATUTE(S): <a href="#">Nevada Revised Statutes §449.490</a> ENACTED BILL(S): Added: 1975; Amended: 1985, 1987, A.B. 342 (2005), A.B. 146 (2007), A.B. 160 (2011)	Added: 1975; Amended: 1985, 1987, 2005, 2007, 2011	“each hospital”		“chargemaster”			“made available to the Department”	“information that may relate to individual citizens may be released”		
New Hampshire	REGULATION(S): NH ADC Ins 4202.01, 2, 3	Added: 2010	“All licensed hospitals, community health centers, hospital owned or controlled physician practices, and hospital owned or controlled licensed healthcare service providers”		“uninsured encounter data” AND “charge amount”			“shall be required to submit [...] to the department”			
	REGULATION(S): NH ADC Ins 4000 et. seq. ENACTED BILL(S): Added: #8279, (2005); Amended: #9500 (2009)	Added: 2005; Amended: 2009		“from third-party payers, third-party administrators, and carriers and health care claims processors”		“health care claims data sets” and “records for medical and pharmacy claims”	“at the visit, service, or prescription level”	“shall be reported”			

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Description	Relevant statute(s) with a hyperlink to the text and all relevant enacted bills with available hyperlinks	Relevant bills that enacted or amended the statute or regulation	May legislate hospitals, surgical centers, or all providers including individual physicians	May legislate health plans, insurers, or carriers to report to the state	Includes average annual charges, charge estimates, actual charges	Demonstrates accepted reimbursement rates from different payers	May legislate only most common procedures, only outpatient services, or all billable services	Price information is reported to the state	Price information is available to an individual upon request	Price information is available in a publicly available report	Price information is available on a website
New Hampshire	STATUTE(S): <a href="#">New Hampshire Revised Statutes §§420-G:11, 420-G:11-a</a>  ENACTED BILL(S): Added: <a href="#">H.B. 670 (2003)</a> Amended: <a href="#">S.B. 74 (2005)</a>	Added: 2003; Amended: 2005		"All health carriers"	"encrypted claims data [and] Health Employer Data and Information Set (HEDIS) data"	"encrypted claims data [and] Health Employer Data and Information Set (HEDIS) data"		"to the department"			"develop a comprehensive health care information system" (NHCHIS) AND "shall be available as a resource for insurers, employers, providers, purchasers of health care, [...] to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices"
	STATUTE(S): <a href="#">New Hampshire Revised Statutes §126:25</a>  ENACTED BILL(S): Added: 1985 Amended: <a href="#">S.B. 197 (2009)</a> , <a href="#">H.B. 544 (2009)</a> , <a href="#">H.B. 629 (2011)</a>	Added: 1985; Amended: 2009, 2011	"Acute care hospitals, specialty hospitals, nursing homes"		"charge by discharge data [...] average patient day charge data"			"shall file health care data as required by the commissioner"			
New Jersey	REGULATION(S): <a href="#">N.J.A.C. 8:31B-4.1</a>	Added: 2006	"each hospital"		"report cost, revenue and statistical information in accordance with the uniform system"			"the Department [for] providing information to consumers "			

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
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New Jersey	STATUTE(S): <a href="#">New Jersey Statutes §26:2H-5</a> , <a href="#">§26:2H-18.55</a>  ENACTED BILL(S): Added: 1971 and Assembly 2100 (1992); Amended: Assembly 2616 (1995), <a href="#">Assembly 1532 (1996)</a> , <a href="#">Senate 1181 (1998)</a> , <a href="#">Senate 539 (2006)</a> , <a href="#">Senate 1796 (2008)</a>	Added: 1971, 1992; Amended: 1995, 1996, 1998, 2008	“hospital”		“costs” AND “charges for health care services”	“schedules of rates, payments, reimbursement”		“Reported to the department” AND “use of centralized data <a href="#">storage</a> and transmission technology”		“reports to provide assistance to consumers of health care in this State in making prudent health care choices”	Unlegislated <a href="#">website</a>
New Mexico	REGULATION(S): N.M. Admin. Code 7.1.22	Added: 2001	“health care providers and organizations”		“performance measures that are intended to assist consumers in evaluating”					“consumer health information reports designed to assist health care consumers in comparatively evaluating the quality of care and performance of health care providers and organizations in New Mexico”	
	REGULATION(S): N.M. Admin. Code 7.1.21			“health plans”	“HEDIS data element”			“shall submit to the commission”			
	REGULATION(S): N.M. Admin. Code 7.1.4		“All licensed nonfederal general and specialty inpatient health care facilities”		“total charges”			“report to the commission”			



STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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New Mexico	REGULATION(S): N.M. Admin. Code 7.1.27		“all licensed inpatient and outpatient general and specialty health care facilities”		“line item charges” AND “non-covered charges”		“for the specific accommodation, ancillary service or unique billing calculations, or arrangements made during the patient’s stay”	“shall report to the division”			
	STATUTE(S): New Mexico Statutes §§ 24-14A-3, 24-14A-34, 24-14A-37  ENACTED BILL(S): Added: 1989; Amended: S.B. 556 (1994), H.B. 1008 (2005), S.B. 786 (2005), H.B. 293 (2009), H.B. 18 (2012)	Added: 1989; Amended: 1994, 2005, 2012	“all data sources”		“collect health data sufficient for consumers to be able to evaluate health care services, plans, providers and payers and to make informed decisions regarding quality, cost and outcome of care across the spectrum of health care services, providers and payers”			“serve as a health information clearinghouse, including facilitating private and public collaborative, coordinated data collection”	“Any person may obtain any aggregate data”	“a report in printed format that provides information of use to the general public shall be produced annually”	
New York	REGULATION(S): 10 NYCRR 400.18		“All hospitals”		“charge data”			“[to] the commissioner”			
	2011 Public Health Law, Article 2816		“health care providers”	“third-party health care payers”	“data”			“to report”			
	STATUTE(S): New York Public Health Law §2816  ENACTED BILL(S): Added: A. 1644 (2001), Amended: A. 4122-C (2005), S. 2809-D (2011), S. 2812-C (2011)	Added: 2001; Amended: 2005, 2011	“hospitals [and] all ambulatory facilities” AND “emergency departments” AND “outpatient clinic[s]”		“patient and other data element”		“Top 50 diagnostic categories” AND “Top 50 surgical procedures”			“the publication and release of data reported” (SPARCS)	

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
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North Carolina	STATUTE(S): NC ST § 131E-214.6 ENACTED BILL(S): Added: H.B. 834 (2013)	Added: 2013	“hospital inpatient and outpatient settings and ambulatory surgical facilities”		“on the costs”		“the most frequently reported diagnostic related groups (DRGs)[and] the most common surgical procedures and imaging procedures”			“providing information to the public”	“shall make available to the public on its internet Web site”
	STATUTE(S): NC ST § 131E-214.7 ENACTED BILL(S): Added: H.B. 834 (2013)	Added: 2013	“each hospital ambulatory surgical facility”	“For the five largest health insurers”	“amount that will be charged”	“average negotiated settlement” and “amount of Medicaid reimbursement” and “amount of Medicare reimbursement” AND “the range and the average of the amount of payment made for each DRG”	“the 100 most frequently reported admissions by DRG for inpatients” AND “the 20 most common surgical procedures and the 20 most common imaging procedures”	“shall provide to the Department of Health and Human Services”	“Upon request of a patient”		“disclosing this information to the public on the Department’s Internet Web site”
	N.C. Gen. Stat. Ann. § 131E-214.12 ENACTED BILL(S): Added: H.B. 834 (2013)	Added: 2013	“hospitals and ambulatory surgical facilities”		“most current price information”						“shall make available to the public on its internet Web site”

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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North Carolina	STATUTE(S): N.C. Gen. Stat. Ann. § 131E-214.13  ENACTED BILL(S): Added: H.B. 834 (2013)	Added: 2013	“each hospital”		“amount that will be charged”	“average negotiated settlement” and “amount of Medicaid reimbursement” and “amount of Medicare reimbursement” AND “the range and the average of the amount of payment made for each DRG”	“the 100 most frequently reported admissions by DRG for inpatient”	“shall provide to the Department of Health and Human Services			
	STATUTE(S): NC ST § 131E-91  ENACTED BILL(S): Added: H.B. 588 (1991); Amended: S.B. 473 (2013)	Added: 1991; Amended: 2013	“All hospitals and ambulatory surgical facilities”		“present an itemized list of charges to all discharged”			“The Mississippi Health Finance Authority shall conduct such research”	“upon request of the patient”		
	REGULATION(S): 10A NCAC 14H.0103		“hospitals” AND “ambulatory surgery patients released from hospitals and freestanding ambulatory surgical facilities”		“All Revenue Codes and Associate Charges” AND “Total charges”		“for every inpatient discharged” AND “outpatient”	“to the Division”			

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North Carolina	STATUTE(S): <a href="#">North Carolina General Statutes §131E-214.4</a> ENACTED BILL(S): Added: <a href="#">S.B. 345 (1995)</a> ; Amended: <a href="#">S.B. 352 (1997)</a>	Added: 1995; Amended: 1997			“charges”		“35 most frequently reported charges”	“The center shall require the submission of data and other information”	“makes medical care data available to interested persons, including medical care providers, third party payors, medical care consumers, and health care planners [...] compile reports from the patient data and make the reports available upon request to interested persons at a reasonable charge”		
North Dakota	STATUTE(S): <a href="#">North Dakota Century Code §§23-01.1-02.1</a> ENACTED BILL(S): Added: <a href="#">S.B. 2589 (1991)</a>	Added: 1991	“each licensed physician practicing medicine”	“Insurers, nonprofit health service corporations, health maintenance organizations, and state agencies”	“average fees charged”			“health care data committee shall create a data collection”		“shall prepare a report which must [...] for consumers to use in comparing”	

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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North Dakota	STATUTE(S): <a href="#">North Dakota Century Code §§23-01.1-02</a> ENACTED BILL(S): Added: S.B. 2589 (1991); Amended: H.B. 1058 (1995), <a href="#">H.B. 1065 (2003)</a>	Added: 1991; Amended: 1995, 2003	“each nonfederal acute care hospital in this state”		“average aggregate charges by diagnosis [...] and the average charges by source of payment”		“twenty-five most common diagnoses”	“the health care data committee may collect, store, analyze, and provide”		“Prepare an annual report comparing the cost of hospitalization by diagnosis [...] Establish procedures that assure public availability of the information required to make informed health care purchasing decisions”	
Ohio	STATUTE(S): Ohio Rev. Code Ann. §3727.33 ENACTED BILL(S): Added: Sub. H.B. 197 (2006)	Added: 2006	“each hospital”		“performance measures”		“inpatient and outpatient service”	“submit information to the director of health”			
	STATUTE(S): Ohio Rev. Code Ann. §3727.34 ENACTED BILL(S): Added: Sub. H.B. 197 (2006)	Added: 2006			“The mean, median, and range of total hospital charges”		“sixty diagnosis related groups [...] most frequently treated on an inpatient [and] sixty categories of outpatient services”	“submit to the director of health”			
	STATUTE(S): Ohio Rev. Code Ann. §3727.39 ENACTED BILL(S): Added: Sub. H.B. 197 (2006)	Added: 2006			“performance measures”		“for hospital inpatient and outpatient services”				“web site in a manner that enables the public to compare the performance of hospitals”

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Ohio	REGULATION(S): OH ADC 3701-14-01	Added: 2012	"every hospital"		"The mean, median, and range of total hospital charges"		"sixty diagnosis related groups [...] most frequently treated on an inpatient [and] sixty categories of outpatient services"			"releases by the department"	
	STATUTE(S): <a href="#">Ohio Revised Code §3727.42</a>  ENACTED BILL(S): Added: <a href="#">H.B. 197 (2006)</a> ; Amended: <a href="#">H.B. 487 (2012)</a>	Added: 2006 Amended: 2012	"Every hospital"		"a price information list [...] including (1) The usual and customary room and board charges; (2) Rates charged for nursing care, if the hospital charges separately for nursing care [...] (3) The usual and customary charges, stated separately for inpatients and outpatients if different charges are imposed"		"Room and board [...] selected number of x-ray, laboratory, emergency room, operating room, delivery room, physical therapy, occupational therapy and respiratory therapy services"		"available for inspection by the public" AND "At the time of admission, or as soon as practical thereafter, inform each patient of the availability of the list and on request provide the patient with a free copy of the list" AND "On request, provide a paper copy of the list to any person"		"Make the list available free of charge on the hospital's internet <a href="#">web site</a> " AND <a href="#">Hospital Association's site</a>

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Ohio	<p>STATUTE(S): <a href="#">Ohio Revised Code §3727.34, §3727.39</a></p> <p>ENACTED BILL(S): Added: <a href="#">H.B. 197 (2006)</a></p>	Added: 2006	"each hospital"		"The mean, median, and range of total hospital charges"		"pertaining to inpatient services [...] of the sixty diagnosis related groups [...] most frequently treated" AND "pertaining to outpatient services [...] of the sixty categories [...] most frequently provided"	"submit to the director of health"	"On request, the hospital shall make copies available"		"available on an internet web site"
Oklahoma	<p>STATUTE(S): 63 Okl.St. Ann. § 1-132;</p> <p>REGULATION(S): Okla. Admin. Code 310:9-3-1</p> <p>ENACTED BILL(S): Added: <a href="#">H.B. 2379 (1992)</a>; Amended: <a href="#">S.B. 1585 (2000)</a></p>	Added: 1992; Amended: 2000	"providers"		"rates, charges"	"reimbursement"	"hospital inpatient" and "ambulatory surgery"	"Division of Health Care Information [...] shall collect"			
	<p>STATUTE(S): <a href="#">Oklahoma Statutes §1-119; §1- 121</a></p> <p>ENACTED BILL(S): Added: <a href="#">H.B. 2379 (1992)</a>; Amended: <a href="#">H.B. 1573 (1993)</a>, <a href="#">H.B. 2570 (1994)</a>, <a href="#">H.B. 2501 (1996)</a>, <a href="#">H.B. 2868 (1998)</a>, <a href="#">S.B. 1585 (2000)</a></p>	Added: 1992; Amended 1993, 1994, 1996, 1998, 2000	"information providers"			"reimbursement, costs of operation, [...] rates, charges"		"To the Division of Health Care Information within the State Department of Health"			
Oregon	<p>STATUTE(S): Oregon Rev. Stat. §442.466</p> <p>ENACTED BILL(S): Added: <a href="#">H.B. 2009 (2009)</a></p>	Added: 2009			"costs, prices, quality"	"paid health care claims data"		"Administrator of the Office for Oregon Health Policy and Research"		"Shall be available [...] to insurers, employers, providers, purchasers of health care and state agencies"	

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Oregon	STATUTE(S): O.R.S. 413.032 ENACTED BILL(S): Added: H.B. 2009 (2009); Amended: H.B. No. 2148 (2013)	Added: 2009; Amended: 2013		“about Oregon’s health care systems and health plan networks”				“Create an all-claims, all-payer database to collect”		“to provide comparative cost and quality information to consumers, providers and purchasers of health care”	
	REGULATION(S): OAR 409-025-0130			“all mandatory reporters” including “All carriers, OHPR, PBMs, MCOs, CCOs”		“healthcare claims data files” including “(a) Medical claims; (b) Eligibility; (c) Medical provider; (d) Pharmacy claims; and (e) Control totals”		“shall submit”			
	ENACTED BILL(S): Added: S.B. 329 (2007)	Added: 2007	“medical and dental providers”	“health plans”	AND “information about the cost”			“to the department”		“provides enrollees”	
	STATUTE(S): Oregon Revised Statutes §442.405; §442.430; §442.460 ENACTED BILL(S): Added: 1985, Amended: S.B. 1079 (1995), H.B. 2894 (1997), H.B. 2146 (1999)	Added: 1985; Amended 1995, 1997, 1999	“health care facilities”	“insurers or other third-party payers or employers or other purchasers of health care”	“costs of health care” AND “advance disclosure of the estimated out-of-pocket costs of a service or procedure”			“Requires the office to conduct or cause to have conducted such analyses and studies”		“file for public disclosure reports that will enable both private and public purchasers of services from such facilities to make informed decisions”	



STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Pennsylvania	STATUTE(S): <a href="#">Pennsylvania Unconsolidated Statutes §449.6</a> ENACTED BILL(S): Added: 1986; Amended: S.B. 1052 (1993), <a href="#">S.B. 387 (2003)</a> , <a href="#">S.B. 89 (2009)</a>	Added: 1986 Amended: 1993, 2003, 2009	“Hospitals, ambulatory services facilities, and physicians.”		“Total charges” AND “charges”	“actual payments to each physician or professional rendering service”	“including, but not limited to, room and board, radiology, laboratory, operating room, drugs, medical supplies and other goods and services” AND “of each physician or professional rendering service relating to an incident of hospitalization or treatment in an ambulatory service facility”	“the council shall be required to collect”		“Make available and provide <a href="#">comparisons</a> ”	
	STATUTE(S): <a href="#">Pennsylvania Unconsolidated Statutes §449.7</a> ENACTED BILL(S): Added: 1986; Amended: S.B. 1052 (1993), <a href="#">S.B. 387 (2003)</a> , <a href="#">S.B. 89 (2009)</a>	Added: 1986; Amended: 1993, 2003, 2009	“for every provider of both inpatient and outpatient services”		“cost”	“payment”				“prepare and issue <a href="#">reports</a> ”	

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Rhode Island	STATUTE(S): R.I. Gen. Laws § 23-17.17-9  ENACTED BILL(S): Added: A.B. Added: 08-S 2481B (2008), 08-H 7465A (2008)	Added: 2008		“an insurer covering at least five percent (5%) of the lives”	“price information, quality information and such other information as the director determines is necessary to empower individuals”					“to make available to consumers”	
	STATUTE(S): Gen.Laws 1956, § 23-17.17-10  ENACTED BILL(S): Added: 08-S 2481B (2008), 08-H 7465A (2008)	Added: 2008	“health care providers, health care facilities and governmental agencies”			“health insurance claims” AND “any other information relating to health care costs, prices, quality”		“shall be accepted by the director”			
	STATUTE(S): Gen.Laws 1956, § 23-17.17-11  ENACTED BILL(S): Added: 08-S 2481B (2008), 08-H 7465A (2008)	Added: 2008		“all insurers”		“their health insurance claims data”				“the data shall be available as a resource for insurers, employers, providers, purchasers of health care, and state agencies”	
	STATUTE(S): <a href="#">Rhode Island General Laws §§23-17.17-10</a>  ENACTED BILL(S): Added: 1956; Amended: S 2481B (2008), H 7465A (2008)	Added: 1956; Amended: 2008	“health care providers, health care facilities”	“Insurers and governmental agencies”	“health care costs, prices”	“health insurance claims”	“health care facility services”	“The director shall establish and maintain a unified health care quality and value database”		“Provide information to consumers and purchasers of health care”	

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website
Description	Relevant statute(s) with a hyperlink to the text and all relevant enacted bills with available hyperlinks	Relevant bills that enacted or amended the statute or regulation	May legislate hospitals, surgical centers, or all providers including individual physicians	May legislate health plans, insurers, or carriers to report to the state	Includes average annual charges, charge estimates, actual charges	Demonstrates accepted reimbursement rates from different payers	May legislate only most common procedures, only outpatient services, or all billable services	Price information is reported to the state	Price information is available to an individual upon request	Price information is available in a publicly available report	Price information is available on a website
South Carolina	REGULATION(S): S.C. Code of Regulations R. 19-801, 19-1010		“hospitals”		“Financial data elements pertaining to patient charges”		“all patients, inpatients and outpatient”	“reported to the Office of Research and Statistics”			
	Proviso 33.34 (DHHS: Medicaid Accountability and Quality Improvement Initiative)	Added: 2013						“participating in price and quality transparency efforts initiated by the department”			
	STATUTE(S): <a href="#">South Carolina Code §44-6-170</a> ENACTED BILL(S): Added: 1985; Amended: 1989, S.B. 474 (1991), S.B. 507 (1993), H.B. 3546 (1993), S.B. 691 (1995)	Added: 1985; Amended: 1993, 1995	“All general acute care hospitals and specialized hospitals including, but not limited to, psychiatric hospitals, alcohol and substance abuse hospitals, and rehabilitation hospitals”	“or insurer”	“financial information” AND “charges”		“of inpatient and outpatient information”	“reported to the office”		“appropriate dissemination of health care-related data reports”	
South Dakota	REGULATION(S): ARSD 44:66:02:01, 44:66:02:03, 44:66:03:01	Amended: 2009	“each hospital”		“the charge information” AND “total charges”		“inpatient APR DRGs for which there are at least ten cases”	“report annually to SDAHO”		“SDAHO shall publish hospital charge information”	
	STATUTE(S): <a href="#">South Dakota Codified Laws §34-12E-8</a> ENACTED BILL(S): Added: H.B. 1384 (1994)	Added: 1994	“health care provider or facility”		“All fees and charges”				“Upon request of patient”		

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South Dakota	STATUTE(S): <a href="#">South Dakota Codified Laws §§34-12E-11, 11.1</a> ENACTED BILL(S): Added: <a href="#">S.B. 169 (2005)</a> , <a href="#">SB 182 (2008)</a>	Added: 2005, 2008	"Any hospital"		"the charge information"		"All Patient Refined Diagnosis-Related Groups for which that hospital had at least ten cases"	"shall report annually to the South Dakota Association of Health Care Organizations"			"develop a <a href="#">web-based system</a> , available to the public at no cost, for reporting the charge information of hospitals"
Tennessee	REGULATION(S): TN ADC 1200-08-01-11	Amended: 2012	"hospital"		"claims data on the UB-92 form"		"for all discharges"	"shall report [...] to the department"			
	REGULATION(S): Tenn. Comp. R. & Regs. 1200-07-04-04	Amended: 2013	"Each ASTC and ODC"		"Total charge"			"must report to the Department"			
	REGULATION(S): Tenn. Comp. R. & Regs. 1200-07-03-02	Amended: 2006	"All hospitals"		"Charges Associated with Revenue Codes"		"All inpatient discharges" AND "All outpatient and emergency room discharges"				
	STATUTE(S): T.C.A. § 56-2-125 ENACTED BILL(S): Added: <a href="#">H.B. 2289 (2009)</a> ; Amended: <a href="#">H.B. 3526 (2010)</a> , <a href="#">S.B. 190 (2011)</a> , <a href="#">S.B. 2229 (2012)</a>	Added: 2009; Amended: 2010, 2011, 2012			"health insurance issuer and group health plan"		"claims information"	For "[r]eviewing costs among various treatment settings, providers and approaches"	"The commissioner shall establish and maintain an all payer claims database"		"reports from the all payer claims database available as a resource for insurers, employers, providers and purchasers of health care"

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Tennessee	STATUTE(S): <a href="#">Tennessee Code §68-1-108</a> , <a href="#">§68-1-119</a> ENACTED BILL(S): Added: 1985, S.B. 2407 (2002); Amended: S.B. 63 (1994), H.B. 3449 (2004), H.B. 2827 (2006), <a href="#">H.B. 596 (2011)</a> , <a href="#">S.B. 3011 (2012)</a> , <a href="#">S.B. 2416 (2012)</a>	Added: 1985, 2002; Amended: 1994, 2004, 2006, 2011, 2012	“Each licensed hospital” AND “Each licensed ambulatory surgical treatment center (ASTC) and each licensed outpatient diagnostic center (ODC)”			“all claims data”	“on every inpatient and outpatient discharge”	“to the commissioner of health [who] shall promptly make the data available for review and copying by the Tennessee hospital association (THA)”		“shall prescribe conditions under which the processed and verified data are <a href="#">available</a> to the public”	
Texas	REGULATION(S): 25 TAC § 421.62	Amended:2013	“Each facility”		“an event claim corresponding to each bill”		“on all patient events in which the patient received one or more of the surgical procedures or radiological services”				
	REGULATION(S): 25 TX ADC § 421.68	Amended: 2011	“Hospitals and Ambulatory Surgical Centers”		“Total charges” AND “Total non-covered charges”		“outpatient event”			“Creation of public use data file”	
	REGULATION(S): 25 TX ADC § 421.8	Amended: 2011			“Total Charges Accommodations” AND “Total Charges-Ancillary” AND “Service Line Charge Amount”		“each inpatient discharge”			“Creation of public use data file”	
	REGULATION(S): 25 TX ADC § 421.67	Amended:2011	“Facilities”		“institutional claims [...] for professional claims” AND “Total Claim Charges”		“for all patients that are uninsured or considered self-pay or covered by third party payer”	“shall submit”			

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Texas	STATUTE(S): Vernon's Texas Statute and Codes <a href="#">Texas Health &amp; Safety Code §§108.006, 9, 11, 12</a>  ENACTED BILL(S): Added: H.B. 1048 (1995); Amended: S.B. 802 (1997), H.B. 1513 (1999), S.B. 872 (2005)	Added: 1994; Amended: 1997, 1999, 2005	"hospitals, ambulatory surgical centers, and free-standing radiology centers"		"collect health care charges"		"prioritize data collection efforts on in-patient and outpatient surgical and radiological procedures"	"The council shall develop a statewide health care data collection system to"	"provide public use data and data collected [...] to those requesting it"	"make <a href="#">reports</a> to the legislature, the governor, and the public on the charges and rate of change in the charges for health care services"	"shall provide a means for computer-to-computer <a href="#">access</a> "
	STATUTE(S): Vernon's Texas Statute and Codes <a href="#">Health &amp; Safety Code § 324.051 AND Occupations Code § 154.002</a>  ENACTED BILL(S): Added: S.B. 1731 (2007) Amended: H.B. 2256 (2009)	Added: 2007; Amended: 2009	"the facility" AND "physician"		"information in the guide concerning facility pricing practices and the correlation between a facility's average charge" AND "the actual, billed charge"		"an inpatient admission or outpatient surgical procedure"	"to submit to the Department"		"shall make available on the department's Internet website a consumer <a href="#">guide</a> to health care"	
	STATUTE(S): Vernon's Texas Statute and Codes <a href="#">Health &amp; Safety Code §324.101 AND Occupations Code §101.352</a>  ENACTED BILL(S): Added: S.B. 1731 (2007); Amended: H.B. 2256 (2009)	Added: 2007; Amended: 2009	"Facility" and "physician"		"an estimate of the facility's [or physician's] charges"		"for any elective inpatient admission or nonemergency outpatient surgical procedure or other service"		"on request and before the scheduling of the admission or procedure or service"		
Utah	STAUTE(S): Utah Code Ann. §26-33a-106.5  ENACTED BILL(S): Added: S.B. 171 (1996); Amended: H.B. 144 (2012)	Added: 1996; Amended: 2012			"quality standards; (B) charges; and (C) nationally recognized patient safety standards."					"The committee may publish compilations or reports"	

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

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Utah	REGULATION(S): UT ADC R428-10	Added: 1994; Amended: 1997, 1999, 2005	“Each hospital”		“Total charges by revenue code”	“Prior payments [and] Estimated amount due”	“hospital inpatient”	“submit to the Office “			
	REGULATION(S): UT ADC R428-11		“licensed hospitals and ambulatory surgical facilities		“Total facility charge”		“ambulatory surgery services	“submit to the Office “			
Vermont	STAUTE(S): 2012 Vermont Laws No. 79 (H. 107) ENACTED BILL(S): Amended: H. 107 (2013)	Amended: 2013	“health care providers, health care facilities, and governmental agencies”	“Health insurers”	“health insurance claims” AND “any other information relating to health care costs, prices, quality, utilization”	“Every contract or certificate form, or amendment thereof, including the rates charged”		“shall be filed with the commissioner”			
	REGULATION(S): Vt. Admin. Code 4-5-17:1	Added: 2010	“each hospital”		“measures that provide information for comparison of charges”		“for higher volume services”	“to publish and provide to the Commissioner and the Public Oversight Commission”			
	REGULATION(S): Vt. Admin. Code 4-5-10:4		“hospital” AND “or a particular Hospital, Physician, pharmacy, or other entity of the procedures, services, prescription drugs, and major medical equipment and supplies”	“Each Health Insurer”	“hospital quality and Charge information” AND “Price”		“in-patient, out-patient diagnostic and other procedures” AND “The 400 prescription drugs most frequently prescribed” AND “80 items of durable medical equipment most frequently purchased” AND “40 items of medical supplies”				“Hospital Community Report website” AND “Health Insurer’s website”

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Vermont	REGULATION(S): Vt. Admin. Code 4-5-10:6		"Each Hospital and Health Care Provider Practice"		"quality and charge information" AND "free care and discount policies"		"in-patient, out-patient or diagnostic procedure or service"			"shall establish, maintain, and administer Uninsured Consumer Information Plan"	
	REGULATION(S): Vt. Admin. Code 4-5-11:4		"health care providers and facilities"	"Health Insurers"		"medical claims data, pharmacy claims data, member eligibility data, provider data, and other information"		"shall regularly submit"			
	REGULATION(S): Vt. Admin. Code 4-5-11:5, Vt. Admin. Code 4-5-11: Appendix D-1		"for health care providers or facilities"	"Mandated reporters"	"Charge Amount"	"Claims for capitated services" AND "medical and pharmacy claims" AND "all payments made by the insurer" AND "Co-insurance and co-payment"		"shall submit to BISHCA"			
	STATUTE(S): <a href="#">Vermont Statutes 18 §9405b</a> ENACTED BILL(S): Added: H. 128 (2003) Amended: H. 516 (2005), H. 227 (2006), H. 881 (2006), <a href="#">H. 380 (2007)</a> , <a href="#">H. 202 (2011)</a>	Added: 2003; Amended: 2005, 2006, 2007, 2011	"hospitals and other groups of health care professionals"		"measures that provide valid, reliable, useful, and efficient information for payers and the public for the comparison of charges"		"for higher volume health care services"	"The commissioner[...] shall [establish] a standard format for community reports"		"The commissioner shall publish the <a href="#">reports</a> on a public website and shall develop and include a format for comparisons of hospitals within the same categories of quality and financial indicators"	



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Vermont	<p>STATUTE(S): <a href="#">Vermont Statutes 18 §9410</a></p> <p>ENACTED BILL(S):                      Added: H.B. 733 (1992), Amended: S. 345 (1996), H. 516 (2005), H. 678 (2006), H. 861 (2006), H. 229 (2007), S. 115 (2007), S. 42 (2009), H. 444 (2009), H. 202 (2011)</p>	Added: 1992; Amended: 1996, 2005, 2006, 2007, 2009, 2010, 2011	“health care providers, health care facilities”	“All health insurers”	“any other information relating to health care costs, prices”	“health insurance claim”		“required to be filed by the commissioner”			“a consumer health care price and quality information system designed to make available to consumers transparent health care price information”
Virginia	<p>STATUTE(S): Va. Code Ann. §32.1-276.7:1</p> <p>ENACTED BILL(S):                      Added: H.B. 343 (2012), S.B. 135 (2012)</p>	Added: 2012		“Issuers of individual or group accident and sickness insurance” AND “Third-party administrators” AND “Federal health insurance plans”		“paid claims data for covered benefits” AND “collect charges, contributions, or premiums for, or adjust or settle health care claims” AND “plan payments, member payment responsibility”		“All-Payer Claims Database created”			
	REGULATION(S): 12 VAC 5-215-180		“each health care institution”		“the rates charged” AND “annual charge schedules”		“30 of the most frequently used services”			“the board will publish” AND “will be kept on file at the board office for public inspection and made available to the news media”	
	REGULATION(S): 12 VAC 5-215-200		“hospitals, nursing homes and certified nursing facilities”		“information which will allow consumers to compare costs”					“board will also periodically publish and disseminate”	

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Virginia	REGULATION(S): 12 VAC 5-218-20		“Every reporting entity performing outpatient surgical procedures”		“Total charges”		“outpatient surgical procedures”	“shall submit”			
	STATUTE(S): <a href="#">Virginia Code §32.1-276.5:1</a> ENACTED BILL(S): Added: <a href="#">H.B. 603 (2008)</a> Amended: <a href="#">S.B. 396 (2008)</a>	Added: 2008; Amended: 2008	“for all providers and provider types, to include hospitals, outpatient or ambulatory surgery centers and physician offices”	“carriers offering private group health insurance policies”		“the average reimbursement paid for a specific service” AND “the same services provided for reimbursement by fee-for-service Medicare and Medicaid”	“a minimum of 25 most frequently reported health care services which may include inpatient and outpatient diagnostic services, surgical services or the treatment of certain conditions or diseases”	“managed by the Commissioner”			
	STATUTE(S): <a href="#">Virginia Code §32.1-276.4</a> , <a href="#">32.1-276.5:1</a> , <a href="#">32.1-276.6</a> ENACTED BILL(S): Added: <a href="#">H.B. 1307 (1996)</a> , <a href="#">H.B. 603 (2008)</a> ; Amended: <a href="#">S.B. 396 (2008)</a> , <a href="#">H.B. 710 (2010)</a> , <a href="#">H.B. 343 (2012)</a> , <a href="#">S.B. 135 (2012)</a>	Added: 1996, 2008; Amended: 2008, 2010, 2012	“for all providers and provider types, to include hospitals, outpatient or ambulatory surgery centers and physician offices”	“carriers offering private group health insurance policies”	“price information” AND “total charges”	“the aggregate information so that readers will be able to determine the average amount of reimbursement paid”		“The Commissioner shall negotiate and enter into contracts or agreements with a nonprofit organization for the compilation, storage, analysis, and evaluation of data submitted by health care providers pursuant to this chapter; for the operation of the All-Payer Claims Database”		“public survey reports”	“shall be made available to the public through an <a href="#">Internet Website</a> operated by the contracting organization” AND “shall take steps to increase public awareness of the data and information available through the nonprofit organization’s <a href="#">website</a> and how consumers can use the data and information when making decisions about health care providers and services”

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Washington	STATUTE(S): 48.46.030 ENACTED BILL(S): Added: S.S.B. No. 5434 (2013)	Added: 2013		“health maintenance organization”	and a schedule of the proposed charges for enrollee coverage for health care services	A schedule of all proposed rates of reimbursement to contracting health care facilities or providers		filed with the commissioner			
	STATUTE(S): West’s RCWA 48.46.243 ENACTED BILL(S): Added: S.S.B. No. 5434 (2013)	Added: 2013	“participating providers of health care services”	“health maintenance organization”		“every contract [...] in the event the health maintenance organization fails to pay for health care services as set forth in the agreement, the enrolled participant shall not be liable to the provider for any sums owed by the health maintenance organization”					
	STATUTE(S): West’s Revised Code of Washington Annotated 48.44.070 ENACTED BILL(S): Added: S.S.B. No. 5434 (2013)	Added: 2013	“participating providers”	“health care service contractors”		“Forms of contracts”		“filed with the insurance commissioner”			
	STATUTE(S): West’s Revised Code of Washington Annotated 43.70.052 ENACTED BILL(S): S.H.B. 2229 (1995); Amended: S.H.B. 2229 (2012)	Added: 1995; Amended: 2012	“hospitals”		“financial and patient discharge information”		“contractual allowances”		“submit [to the] department”		

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Washington	STATUTE(S): <a href="#">Revised Code of Washington §70.41.250</a> ENACTED BILL(S): Added: S.S.S.B. 5304 (1993)	Added: 1993	"the hospital"		"charges"		"all health care services ordered"		"made available to any physician and/or other health care provider ordering care in hospital inpatient/ outpatient services. The physician and/ or other health care provider may inform the patient of these charges and may specifically review them"		
West Virginia	REGULATION(S): W. Va. Code St. R. 65-5-22	Added: 1997	"hospital"			"discounts to the purchaser or third-party payor"		"must file with the Authority"			
	ENACTED BILL(S): SB 350 (2011)	Added: 2011			"health care utilization, expenditures and performance"			"data submitted and retained by the APCD"			

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West Virginia	STATUTE(S): <a href="#">West Virginia Codes §§16-29B-1, §16-29B-18, §16-29B-21, §16-29B-25</a>  ENACTED BILL(S): Added: 1983; Amended: H.B. 2194 (1991), S.B. 458 (1997)	Added: 1983; Amended: 1991, 1997	“health care providers”		“health care costs”			“an entity of state government must be given authority [...] to gather and disseminate health care information”		“to analyze and report on changes in the health care delivery system” AND “publish and disseminate any information which would be useful to members of the general public in making informed choices about health care providers”	
	STATUTE(S): <a href="#">West Virginia Codes §16-5F-2</a>  ENACTED BILL(S): Added: 1979; Amended: H.B. 2194 (1991)	Added: 1979; Amended: 1991, 1996	“Every covered facility and related organization”		“A complete schedule of such covered facility’s or related organization’s then current rates” AND “A statement of all charges”			“file with the board”	“Copies of such reports shall be made available to the public upon request”		
Wisconsin	REGULATION(S): Wis. Adm. Code § DHS 120.12	Added: 2000; Amended: 2014	“Hospitals”			“uncompensated care charge data” and “Total charges and components of those charges”	“Inpatient [and] outpatient”	“file with the department”			
	REGULATION(S): Wis. Adm. Code § DHS 120.13	Added: 2000; Amended: 2001, 2003	“Freestanding ambulatory surgery centers”		“Adjusted total charges and components of those charges”		“outpatient”	“report to the department”			

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website
Description	Relevant statute(s) with a hyperlink to the text and all relevant enacted bills with available hyperlinks	Relevant bills that enacted or amended the statute or regulation	May legislate hospitals, surgical centers, or all providers including individual physicians	May legislate health plans, insurers, or carriers to report to the state	Includes average annual charges, charge estimates, actual charges	Demonstrates accepted reimbursement rates from different payers	May legislate only most common procedures, only outpatient services, or all billable services	Price information is reported to the state	Price information is available to an individual upon request	Price information is available in a publicly available report	Price information is available on a website
Wisconsin	REGULATION(S): Wis. Adm. Code § DHS 120.14	Added: 2000; Amended: 2001, 2003	“Physicians”		“Outside lab charges” and “Charges” and “Total charges”			“submit [...] to the department”			
	REGULATION(S): Wis. Adm. Code § DHS 120.15 ENACTED BILL(S): W.S.A. 13.92 (2013)	Added: 2013	“Dentists [,] Chiropractors [and] Podiatrists”		and a schedule of the proposed charges for enrollee coverage for health care services			“for office visits, routine tests and preventive measures and frequently occurring procedures”			
	REGULATION(S): Wis. Adm. Code § DHS 120.22	Added: 2000; Amended: 2012	“health care providers”		“charge and quality data “		“hospital inpatients [...] and selected surgical procedures at hospitals, freestanding ambulatory surgery centers and physician’s offices [and] emergency departments.			“The department shall make available from the department’s website an electronic version of the report”	
	REGULATION(S): Wis. Adm. Code § DHS 120.23	Cr. Register December 2000, No. 540, eff. 1-1-01	“health care providers”		“health plan costs, such as premium per member” and “Usual and customary charges”		“for office visits, routine tests and diagnostic work-ups, preventive measures and frequently occurring procedure”			“consumer guide shall contain information on [h]ow to find and choose a doctor, hospital, health care plan, nursing home or other health care provider.”	
	STATUTE(S): <a href="#">Wisconsin Statutes §153.05 (1)(a)</a> ENACTED BILL(S): Added: <a href="#">AB 907 §11-31 (2005)</a>	Added: 2005	“health care providers other than hospitals and ambulatory surgery centers”		“health care information”					“disseminate [...] in language that is understandable to laypersons.	

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE

STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website
Description	Relevant statute(s) with a hyperlink to the text and all relevant enacted bills with available hyperlinks	Relevant bills that enacted or amended the statute or regulation	May legislate hospitals, surgical centers, or all providers including individual physicians	May legislate health plans, insurers, or carriers to report to the state	Includes average annual charges, charge estimates, actual charges	Demonstrates accepted reimbursement rates from different payers	May legislate only most common procedures, only outpatient services, or all billable services	Price information is reported to the state	Price information is available to an individual upon request	Price information is available in a publicly available report	Price information is available on a website
Wisconsin	STATUTE(S): <a href="#">Wisconsin Statutes §153.05 (1)(c)</a> ENACTED BILL(S): Added: <a href="#">AB 907 §11-31 (2005)</a>	Added: 2005		“insurers” and administrators”	“health care claims information with respect to the cost, quality, and effectiveness”			“the data organization under contract”			“shall analyze and publicly report [...] in language that is understandable by lay persons”
	STATUTE(S): <a href="#">Wisconsin Statutes §153.05 (2m)(a) &amp; (8)(b)</a> ENACTED BILL(S): Added: <a href="#">AB 907 §11-31 (2005)</a>	Added: 2005	“hospitals and ambulatory surgery centers”		“claims information and other health care information”			“a [contracted] entity”			
	STATUTE(S): <a href="#">Wisconsin Statutes §153.05 (8)(a)</a> ENACTED BILL(S): Added: <a href="#">AB 907 §11-31 (2005)</a>	Added: 2005	“from health care providers, other than hospitals and ambulatory surgery centers”		“claims information and other health care information”			“the department shall collect”		“disseminate, in language that is understandable to laypersons”	
	STATUTE(S): <a href="#">Wisconsin Statutes §153.05 (8)(c)</a> ENACTED BILL(S): Added: <a href="#">AB 907 §11-31 (2005)</a>	Added: 2005		“insurers and administrators”	“health care claims information”			“the data organization”		publicly report, in language that is understandable to laypersons	
	STATUTE(S): <a href="#">Wisconsin Statutes §153.08</a> ENACTED BILL(S): Added: <a href="#">AB 907 §11-31 (2005)</a>	Added: 2005	“hospital”		“rates or charge [change]”					“published a class 1 notice [...] in a newspaper”	
	STATUTE(S): <a href="#">Wisconsin Statutes §153.22</a> ENACTED BILL(S): Added: <a href="#">AB 907 §11-31 (2005)</a>	Added: 2005	“hospitals and ambulatory surgery centers”		“utilization, charge, and quality data on patients”					“annual report”	
	STATUTE(S): <a href="#">Wisconsin Statutes §153.45</a> ENACTED BILL(S): Added: <a href="#">AB 907 §11-31 (2005)</a>	Added: 2005	“health care provider that is not a hospital or ambulatory surgery center”		“Charges assessed with respect to the procedure code”					“public use data files”	

STATE LAWS ON HEALTH CARE PRICE TRANSPARENCY AND DISCLOSURE											
STATE	LEGISLATION	ENACTED BILLS (YEAR)	SCOPE OF HEALTH CARE PROVIDERS		SCOPE OF PRICE		SCOPE OF SERVICES	LEVEL OF TRANSPARENCY			
			Scope of Health Care Providers	Reporting Requirement for Insurers	Charge	Paid Amount	Scope of Services	Reported to the State	Available upon request	Available in Report	Available on Website
Description	Relevant statute(s) with a hyperlink to the text and all relevant enacted bills with available hyperlinks	Relevant bills that enacted or amended the statute or regulation	May legislate hospitals, surgical centers, or all providers including individual physicians	May legislate health plans, insurers, or carriers to report to the state	Includes average annual charges, charge estimates, actual charges	Demonstrates accepted reimbursement rates from different payers	May legislate only most common procedures, only outpatient services, or all billable services	Price information is reported to the state	Price information is available to an individual upon request	Price information is available in a publicly available report	Price information is available on a website
Wisconsin	STATUTE(S): <a href="#">Wisconsin Statutes §146.903 (3)(a)</a> ENACTED BILL(S): Added: <a href="#">AB 907 §11-31 (2005)</a>	Added: 2005	“health care provider or the health care provider’s designee”		“the median billed charge, assuming no medical complications”		“for a health care service, diagnostic test, or procedure”		“upon request by and at no cost to a health care consumer”		
	STATUTE(S): <a href="#">Wisconsin Statutes §146.903 (3)(b)</a> ENACTED BILL(S): Added: <a href="#">AB 614 §5 (2009)</a>	Added: 2009	“a health care provider” EXCEPT “A health care provider that is an association of 3 or fewer individual health care providers”		“charge information” AND “1. The median billed charge; 2. If the health care provider is certified as a provider of Medicare, the Medicare payment to the provider; 3. The average allowable payment from private, 3rd-party payers”		“25 presenting conditions identified”		“upon request by and at no cost to a health care consumer, provide the consumer a copy of the document”		“may make the information available by attaching it to the document or by including the address of an <a href="#">Internet site</a> where the information is posted”
	STATUTE(S): <a href="#">Wisconsin Statutes §146.903 (4)(a)</a> ENACTED BILL(S): Added: <a href="#">AB 614 §5 (2009)</a>	Added: 2009	“Each hospital”		“charge information” AND “1. The median billed charge; 2. The average allowable payment under Medicare; 3. The average allowable payment from private, 3rd-party payers”		“for inpatient care for each of the 75 diagnosis-related groups [...] and for each of the 75 outpatient surgical procedures identified”		“A hospital shall, upon request by and at no cost to a health care consumer, provide the consumer a copy of the document”		“may make the information available by attaching it to the document or by including the address of an <a href="#">Internet site</a> where the information is posted”



## APPENDIX I. SIMPLIFIED SCORING AND GRADES BY STATE FOR VOLUNTARY WEBSITES<sup>6</sup>

State	Website Host	Link	Score					
			Utility	Ease of Use	Scope	Accuracy/Data	Letter Grade	
AL								
AK								
AZ								
AR								
CA								
CO								
CT								
DE								
FL								
GA								
HI								
ID								
IL								
IN								
KS								
KY								
LA	Louisiana Hospital Association	<a href="http://www.lahospitalinform.org">www.lahospitalinform.org</a>	average	poor	poor	poor		F
ME								
MD	Maryland Health Care Commission	<a href="http://mhcc.maryland.gov/consumerinfo/hospitalguide/hospital_guide/cost_report.html">http://mhcc.maryland.gov/consumerinfo/hospitalguide/hospital_guide/cost_report.html</a>	average	poor	poor	average		F
MA								
MI	Michigan Health & Hospital Association	<a href="http://www.mihospitalinform.org">www.mihospitalinform.org</a>	good	poor	poor	poor		F
MN	Minnesota Hospital Association	<a href="http://www.mnhealthscores.org">www.mnhealthscores.org</a>	average	average	average	excellent		C
MS								
MO								
MT	Montana Hospital Association	<a href="http://www.montanapricepoint.org">www.montanapricepoint.org</a>	poor	poor	average	average		F
NE	Nebraska Hospital Association	<a href="http://www.nhacarecompare.com">www.nhacarecompare.com</a>	poor	poor	poor	average		F
NV	Nevada Hospital Association	<a href="http://www.nvpricepoint.net/Basic_EDS.aspx">www.nvpricepoint.net/Basic_EDS.aspx</a>	poor	poor	poor	average		F
NH	New Hampshire Purchasers Group on Health	<a href="http://www.nhpgscorecard.org/index.html">www.nhpgscorecard.org/index.html</a>	average	poor	poor	poor		F
NJ	New Jersey Hospital Association	<a href="http://www.njhospitalpricecompare.com/default.aspx">www.njhospitalpricecompare.com/default.aspx</a>	poor	poor	poor	poor		F
NM								
NY	New York State Department of Health	<a href="https://health.data.ny.gov/Health/Hospital-Inpatient-Cost-Transparency-Beginning-200/7dtz-qxmr">https://health.data.ny.gov/Health/Hospital-Inpatient-Cost-Transparency-Beginning-200/7dtz-qxmr</a>	poor	poor	poor	poor		F
NC	North Carolina Hospital Association	<a href="http://www.ncha.org/issues/finance/top-35-drugs">www.ncha.org/issues/finance/top-35-drugs</a>	poor	poor	average	average		F
ND								
OH								
OK								
OR	Oregon Association of Hospitals and Health Systems	<a href="http://www.oahhs.org/patient-services/price-point.html">www.oahhs.org/patient-services/price-point.html</a>	poor	poor	poor	average		F

<sup>6</sup> Note, some states do not have a statewide website dedicated to price transparency, and are therefore left blank. This Report may have overlooked additional websites. Suggestions and corrections are welcome.

## APPENDIX I. SIMPLIFIED SCORING AND GRADES BY STATE FOR VOLUNTARY WEBSITES

State	Website Host	Link	Score				
			Utility	Ease of Use	Scope	Accuracy/Data	Letter Grade
PA	Pennsylvania Health Care Cost Containment Council	<a href="http://www.phc4.org/medicarepayments/Search.aspx">www.phc4.org/medicarepayments/Search.aspx</a>	poor	poor	poor	poor	F
RI							
SC	South Carolina Department of Health and Human Services	<a href="http://www.schealthdata.org">www.schealthdata.org</a>	no price data (forthcoming)				
SD							
TN	Tennessee Hospital Association	<a href="http://tnhospitalsinform.com/">http://tnhospitalsinform.com/</a>	poor	poor	poor	poor	F
TX	Texas Hospital Association	<a href="http://www.txpricepoint.org">www.txpricepoint.org</a>	poor	poor	poor	average	F
UT	Utah Department of Health	<a href="https://health.utah.gov/myhealthcare/monahrq/index.html">https://health.utah.gov/myhealthcare/monahrq/index.html</a>	poor	average	average	poor	F
VT							
VA	Virginia Hospital & Healthcare Association	<a href="http://www.vapricepoint.org">www.vapricepoint.org</a>	poor	poor	poor	average	F
WA	Washington State Hospital Association	<a href="http://www.wahospitalpricing.org">www.wahospitalpricing.org</a>	poor	poor	poor	average	F
WV	West Virginia Health Care Authority	<a href="http://www.comparecarewv.gov">www.comparecarewv.gov</a>	poor	average	poor	poor	F
WI							
WY	Wyoming Hospital Association	<a href="http://www.wypricepoint.org">www.wypricepoint.org</a>	poor	poor	average	average	F



# Consumer Preferences for Price and Quality Transparency in Health Care

Finding objective, timely, and comprehensive information on the cost of care is almost completely unattainable for consumers, with a few exceptions, and many of the existing reporting tools have a long way to go to be user-friendly. Yet recent studies suggest consumers are indeed asking for this information.

### What Type of Consumers Want Price Transparency the Most?

Not every consumer values price information or is requesting well-designed tools to access it. However, the five main groups of consumers with a significant interest in price information include (1) those with high-deductible plans; (2) consumers in plans that promote participants to choose cost-conscious providers; (3) those who are shopping for elective or non-emergency procedures and surgery or “shoppable” conditions, (4) those who are seeking maternity care and/or routine procedures such as screenings,<sup>i, ii</sup> and (5) consumers under the age of 44.<sup>iii</sup>

### Is There Demand Among Consumers for Price Information?

A 2008 *Update on Consumers’ Views of Patient Safety and Quality Information* study from the Kaiser Family Foundation found that 64 percent of consumers have difficulty finding information on cost comparisons.<sup>vi</sup> According to the *Mass Insight April 2013 Health Care Poll*, 79 percent would like access to a website that compares total costs of medical services. In addition, 67 percent said that being able to compare prices would affect their decision on where to seek care.<sup>v</sup> Numbers like these provide proof that consumers are looking for actionable information on costs of care.

### What Price Information and Features Do Consumers Want Online?

Some specific features in websites that would be desirable include:

- More specific information such as the cost of the entire episode care instead of each individual part of their care, which can result in “surprise” charges when looking for estimates for surgical procedures.
- Cost information on “shoppable,” standard or elective services such as screenings and immunizations.
- The use of stars or estimated dollar amounts for choosing high value providers.
- Using dollar signs as indicators is the least effective approach to signaling costs.<sup>vi</sup>

### Why is Quality Information Also Important?

While providing price information can encourage consumers to become more engaged and play a part in controlling their cost of care, there is a common misperception that a provider who costs more administers better quality.<sup>vii</sup> Because of this, the unintended consequence of providing cost data as a stand-alone measure is that consumers gravitate towards high cost providers.<sup>viii</sup> To counter this, it is important to display quality ratings in correlation with the cost of the provider, which is the secondary indicator.

One of the most efficient ways to display both quality and cost involves the use of PROMETHEUS measures<sup>ix</sup> of Potentially Avoidable Complications (PAC). By using PAC rates and explaining that higher PAC rates usually result in higher overall costs, consumers can easily identify a higher total cost and a lower quality rating, which helps to clarify the illusion of “high-cost equals high quality.” Consumers may also benefit from an overall “value” rating that shows the best choice based on price and quality. The most consumer friendly websites and tools would allow the consumer to “adjust” the value algorithm, based on an extensive list of cost and quality features most important to them.

## How Should Quality Information Be Displayed?

Much like price information for consumers, there are certain desired features to consider when displaying quality indicators on websites, especially when these metrics are together, including:

- Simple language that features all measures available on a single page to easily identify overall quality.<sup>x</sup> However, the more information presented to the consumer the more confusion it may cause. By using drill-downs, all information can be housed on one page while keeping it “hidden” from the consumer until they are ready to access the information.
- Symbols, such as stars, and colors and/or shading.
- Contextual information, especially when paired with symbols, such as “below average” or “above average.”
- Clear and descriptive labeling when use of technical language is unavoidable.
- A key, or brief explanation, that presents a general overview of what the symbols and technical language means to them.<sup>xi</sup>

## Conclusion

When publishing prices, a reporting tool can present ranges for complete episodes as well as the range for recommended care. Additionally, ranges by provider can also be displayed to the extent that there are significant differences. It needs to be made clear to consumers why prices are higher than average, such as market influence or high rates of avoidable complications, which increase total costs. Additionally, websites should allow consumers to search based on condition, treatment and/or specialty type and report quality measures based on those specified searches to include Potentially Avoidable Complications (PAC) rates and referral patterns, to the extent that it can be extracted from the obtained data for the reporting tools. This provides a clear scope for the consumer on how cost measures correlate with quality measures, putting the emphasis on quality when choosing a provider. It also presents all the information that we know consumers want in reporting tools, but keeps it simple and separate so as to not overwhelm the user and create confusion or frustration.

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i Paul Ginsburg. Shopping for Price In Medical Care, *Health Affairs*, 26, no.2, (2007):208-216

ii Government Accountability Office. Health care price transparency: meaningful price information is difficult for consumers to obtain prior to receiving care, no. GOA-11-791, (2011).

iii Wendy Lynch, Kristen Perosino, Michael Slover. Altarum Institute Survey of Consumer Health Care Opinions. (2013).

iv The Henry J Kaiser Family Foundation. 2008 Update on Consumers' Views of Patient Safety and Quality Information, (2008).

v Mass Insight Survey Research Group. The Mass Insight / Opinion Dynamics Health care Affordability Index, (2013).

vi Judith Hibbard, Jessica Greene, Shoshanna Sofaer, Kirsten Firminger and Judith Hirsh. An Experiment Shows That A Well-Designed Report on Costs and Quality Can Help Consumers Choose High-Value Health Care, *Health Affairs*, 31, no.3, (2012):560-568

vii Judith Hibbard, Jessica Greene, Shoshanna Sofaer, Kirsten Firminger and Judith Hirsh. An Experiment Shows That A Well-Designed Report on Costs and Quality Can Help Consumers Choose High-Value Health Care, *Health Affairs*, 31, no.3, (2012):560-568

viii Shoshanna Sofaer. Engaging Consumers with a High Value Health Care System: Public Reporting of Cost and Resource Use presentation. (2011).

ix Judith Hibbard, Jessica Greene, Shoshanna Sofaer, Kirsten Firminger and Judith Hirsh. An Experiment Shows That A Well-Designed Report on Costs and Quality Can Help Consumers Choose High-Value Health Care, *Health Affairs*, 31, no.3, (2012):560-568

x Judith Hibbard, Jessica Greene, Shoshanna Sofaer, Kirsten Firminger and Judith Hirsh. An Experiment Shows That A Well-Designed Report on Costs and Quality Can Help Consumers Choose High-Value Health Care, *Health Affairs*, 31, no.3, (2012):560-568

xi Jill Mathews Yegian, Pam Dardess, Maribeth Shannon and Kristin L. Carman. Engaged patients Will Need Comparative Physician-Level Quality Data and Information About Their Out-of-Pocket Costs, *Health Affairs*, 32, no.2, (2013):328-337